



West Midlands Ambulance Service

University NHS Foundation Trust



AGENDA

TITLE OF MEETING: Meeting of the Board of Directors

Wednesday 31 May 2023 at 11:00 hours

This meeting will be convened by electronic means through Microsoft Teams software and invitation will be sent upon request to the Trust Secretary – phil.higgins@wmas.nhs.uk

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
Ms M Brotherton	MB	Non-Emergency Services Operations Delivery & Improvement Director
Mr J Brown	JB	Integrated Emergency & Urgent Care & Performance Director
Mr M Fessal*	MF	Non Executive Director
Mr N Henry	Nhen	Paramedic Practice & Patient Safety Director
Prof. A. Hopkins*	AH	Non Executive Director
Mr N Hudson	NHud	Emergency Services Operations Delivery Director
Mrs J Jasper*	JJ	Non Executive Director
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
Ms K Rutter*	KR	Director of Finance
Ms D Scott	DJS	Interim Organisational Assurance & Clinical 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 P Wall	PW	FTSU Guardian
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	Timings
01	Welcome, apologies and Chairman's matters		Chairman	Verbal	
02	Declarations of Interest				05 minutes
	To enable declarations to be made, of any conflict of interest members may have in relation to any matters contained within the agenda for this meeting.		Chair	Verbal	
	Review of Registers a) To receive the Registers of Directors Interests b) To receive the registers of the Governors Interests		Chair	Paper 01a Paper 01b	
03	Any Questions from the Public relating to matters to be discussed at this Board of Directors meeting.		Chair	Verbal	
04	Board Minutes				
04A	To agree the Minutes of the meetings of the Board of Directors held 29 March 2023.		Chair	Paper 02	05 minutes
04B	Board Log and any matters arising from both sets of Minutes not on the Agenda		Interim Organisational Assurance & Clinical Director	Paper 03	05 minutes
05	Chief Executive Officers Update Reports				
05a	To receive the report of the Chief Executive Officer.				10 minutes
	Action	To Receive and note the contents of the paper seeking clarification where necessary.	CEO	Paper 04a	
05b	Executive Scorecard and ICS Scorecard relating to performance for the month of April 2023				05 minutes
	Action	To receive the Executive Scorecards	CEO	Paper 04b-1 Paper 04b-2	
05c	Licence Conditions				05 minutes
	Action	To note the changes to the Licence Conditions.	Governance Director & Trust Secretary	Paper 04d	

Item No	Description		Lead	Paper No	Timings
06	Report of the Director of Finance				
06a	A financial update from the Interim Director of Finance		Director of Finance	Paper 05	10 minutes
	Action	To receive a report from the Director of Finance.			
07	Quality Reports				
07a	Combined Clinical Directors Quality Report May 2023		/ The Medical Director/ Paramedic Practice and Patient Safety Director/ Interim Organisational Assurance & Clinical Director	Paper 06a	05 minutes
	Action	To receive the report			
07b	Public Health Strategy		Medical Director/ Interim Organisational Assurance & Clinical Director	Paper 06b	05 minutes
	Action	To approve the Public Health Strategy			
07c	Quality Account		The Medical Director/ Paramedic Practice and Patient Safety Director/ Interim Organisational & Clinical Director	Paper 06c	05 minutes
	Action	To receive and endorse the recommendation of the Quality Governance Committee to approve the content of the Quality Account and authorise its publication.			
07d	Departmental Annual Reports 2022/23		Paramedic Practice and Patient Safety Director/ Interim Organisational & Clinical Director	Paper 06d	05 minutes
	Action	To receive and approve the draft annual reports previously circulated to Board members			
07e	Board Assurance Framework & Significant Risks		Interim Organisational & Clinical Director	Paper 06e	05 minutes
	Action	To receive and approve the Board Assurance Framework & Significant Risks			
08	Report of the Freedom To Speak Up Guardian				
	Freedom To Speak Up – Update		FTSU Guardian	Paper 07a	10 minutes
	1. To receive the report 2. To approve the additions to the Strategy based on the NHSE comments				

Item No	Description		Lead	Paper No	Timings
09	Operations Update				
09a	Non-Emergency Services Operations Delivery & Improvement Director Update		Non-Emergency Services Operations Delivery & Improvement Director	Verbal	05 minutes
	Action	To receive and note the update			
09b	Integrated Emergency & Urgent Care & Performance Director Update		Integrated Emergency & Urgent Care Performance Director	Paper 08a	05 minutes
	Action	To receive and note the update			
09c	Emergency Services Operations Delivery Director Update		Emergency Services Operations Delivery Director	Paper 08b	05 minutes
	Action	To receive and note the update			
10	Report of the People Director				
10a	Staff Survey Results		People Director	Paper 09a	10 minutes
	Action	To receive the Staff Survey Results.			
11	Board Committee Meeting Minutes				
	Action	a) Performance Committee held on 23 February 2023 b) People Committee held on 27 February 2023 c) Quality Governance Committee held on 22 March 2023	Respective Chairs of Committee	Paper 10a Paper 10b Paper 10c	05 minutes
12	New or Increased Risks Arising from the Meeting				

Item No	Description	Lead	Paper No	Timings
13	Board of Directors Schedule of Business			
	To receive the Schedule of Business and Development Sessions	Trust Secretary	Paper 11	
	Action To review and note the Board Schedule of Business			
14	Any Other Business (previously notified to the Trust Secretary)	Chair		
18	Review of Guiding Principles	Trust Secretary	Circulated by email for response	
19	Date and time of the next meeting: The next meeting will be on Wednesday 26 July at 10:00 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)

**WEST MIDLANDS AMBULANCE SERVICE NHS UNIVERSITY FOUNDATION TRUST
CODE OF CONDUCT AND CODE OF ACCOUNTABILITY REGISTER OF BOARD OF DIRECTORS' INTERESTS 2023-24**

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

Non-Executive Directors					
Title	Name	Role	Notifiable Interest	Indirect/ Direct	Signed to agree to Code of Conduct and the Nolan Principles
Prof.	Cumming, Ian (Voting member of the Board)	Chairman	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	14.04.2023
			Chair of Global Healthcare Workforce and Strategy - Keele University -	Direct	
			Visiting Professor – University of Pavia	Indirect	
			Health Ambassador to the UKOTs	Indirect	
			Board member & Audit Committee chair – Avonreach Multi-academy Trust	Indirect	
			Vice Chairman of Gibraltar Health Authority	Indirect	
			Daughter is a Student Paramedic with the Trust	Indirect	
Mrs	Farrington- Chadd, Wendy (Voting member of the Board)	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	14.04.2023
			Chief Executive - Community Health Partnerships Ltd	Indirect	
Ms	Kooner, Narinder Kaur (Voting member of the Board)	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust Charity	Indirect	14.04.2023
			GBH Lakes/Land Ltd	Direct	
			Sikh Women's Action Network	Direct	
			Positive Living and Wellbeing Group	Direct	
			Birmingham City Council	Indirect	
			West Midlands Transport Delivery Committee	Indirect	

Non-Executive Directors

Title	Name	Role	Notifiable Interest	Indirect/ Direct	Signed to agree to Code of Conduct and the Nolan Principles
Mr	Ahmed-Khan, Mushtaq, (Voting member of the Board)	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	13.04.2023
			Lead Lawyer– Wolverhampton City Council	Indirect	
			Director (Non Executive) – In communities Group - Yorkshire	Indirect	
Mr	Fessal, Mohammed (Voting member of the Board)	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	25.04.2023
			Chief Pharmacist of Change Grow Live	Indirect	
			Member of the Advisory Council of the Misuse of Drugs	Indirect	
Prof	Hopkins, Alexandra (Voting member of the Board)		Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	18.04.2023
			Appointed as a Visiting Professor at: Newman University Birmingham (from 02/2023 for 3 years)	indirect	
Mrs	Jasper, Julie (Voting member of the Board)	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	18.04.2023
			Westlands Associates Ltd	Direct	
			Member of CIPFA	Indirect	
			Son is a Governor at DGHFT	Indirect	

Executive Directors

Title	Name	Role	Notifiable Interest	Indirect/ Direct	Signed to agree to Code of Conduct and the Nolan Principles
Mr	Marsh, Anthony (Voting Member of the Board)	Chief Executive Officer	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	13.04.2023
			IMAS Partner	Indirect	
			NHS IMAS Strategic Advisory Board Member	Indirect	
			Association of Ambulance Chief Executives Board of Directors	Indirect	
			CQC Specialist Advisor	Indirect	
			CQC Executive Reviewer	Indirect	
			Pro-Chancellor – University of Wolverhampton	Indirect	
			Patron of the “Help if we can” charity	Indirect	
			CQC Well Led Reviewer	Indirect	
			Honorary Professorship – Wolverhampton University	Indirect	
			Honorary Doctorate – Coventry University	Indirect	
			Member of St John County Priory Group in Staffordshire	Indirect	
			National Strategic Adviser of Ambulance Services (NHS England)	Direct	
			Ambassador for the Ambulance staff Charity	Indirect	
Mrs	Rutter, Karen (Joined the Board on 1 May 2023 as a voting member of the Board)	Director of Finance	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity (Was until 1 May 2023 Substantive employment held with Health Education England (seconded to WMAS 0.60 wte)	Indirect Direct	

Mr	Jarvis, Paul (Retired from the Board on 30 April 2023)	Interim Director of Finance until 30 April 2023	None		13.04.2023
Dr.	Walker, Alison (Voting Member of the Board)	Medical Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust	Indirect	14.04.2023
			A member of the NHSE EPRR Clinical Advisory Group.	Indirect	
			Harrogate and District NHS FT (HDFT) Emergency Medicine/A&E Consultant	Indirect	
			Clinical Lead for Emergency Planning and Resilience for HDFT.	Indirect	
			Yorkshire Ambulance Service: <ul style="list-style-type: none"> • Immediate Care Doctor (YAS BASICS) – voluntary responder role. • Interim Medical Advisor for Major Incidents and clinical advice only. 	Indirect	
			JRCALC Chair and Committee Member	Indirect	
			Trauma and Emergency Care Lead, Yorkshire and Humber Clinical Research Network	Indirect	
			National Trauma and Emergency Care Research Group Member	Indirect	
			Member of the UK Trauma and Research Network Board	Indirect	
Independent medicolegal reports on prehospital care/ambulance service clinical care and systems on an ad hoc basis	Indirect				
Ms	Beechey, Carla (Non Voting)	People Director	Partner is an employee of the Trust Stepson is Student Paramedic with WMAS	Indirect	13.04.2023

Mrs	Brotherton, Michelle (Non Voting)	Non-Emergency Services Operations Delivery & Improvement Director	Husband – Interim Chief Executive – University Hospitals Birmingham	Indirect	14.04.2023
			Sister - Paramedic – Worcester	Indirect	
			Nephew – Clinical Navigator – Navigation Point	Indirect	
			Sister - EOC Controller – Millennium Point HQ	Indirect	
			Niece - NEPT Controller/Planner	Indirect	
Daughter - Bank PTS call Taker	Indirect				
Mr	Brown, Jeremy (Non Voting)	Integrated Emergency & Urgent Care & Director	nil		20.04.2023
Mr	Henry, Nick (Non Voting)	Paramedic Practice & Patient Safety Director	My wife works for NHSE as Regional Transformation Lead for the Midlands	Indirect	14.04.2023
Mr	Hudson, Nathan (Non Voting)	Emergency Services Operations Delivery Director	nil		14.04.2023
Mr	Khashu, Vivek (Non Voting)	Strategy & Engagement Director	Shares Held in BT	Indirect	17.04.2023
			Wife and Father in Law are GP partners at Highgate Medical Centre, Highgate, Birmingham.	Indirect	
			Brother is the Regional Director of Finance for the North West Region, NHS England	Indirect	
			IMAS talent pool member	Indirect	
			Non voting member of the Black Country Integrated Care Board representing WMAS as a provider organization	Indirect	

Executive Directors

Title	Name	Role	Notifiable Interest	Indirect/ Direct	Signed to agree to Code of Conduct and the Nolan Principles
Mr	MacGregor, Murray (Non Voting)	Communications Director	None		13.04.2023
Ms	Scott, Diane (Non Voting)	Interim Organisational Assurance and Clinical Director	Chair of The Ambulance Staff Charity (TASC) Pool Member of NHS IMAS	Indirect Indirect	14.04.2023
Mr	Prior, Keith (Not a member of the Board but holds the title of Director)	Director of NARU	None		14.04.2023

**CORPORATE GOVERNANCE
GOVERNORS DECLARATION OF INTEREST 2023-24**

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

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

Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation)	Notifiable Interest	Indirect/Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
			Cllr. Chair Gaydon Parish Council	Indirect		
Dr	Brian Murray	Public – Coventry and Warwickshire	None		10/01/20	
Mrs	Eileen Cox	Public – Staffordshire	Company Director of Woodhouse Academy, Biddulph, Staffordshire	direct	24/10/12	
Ms	Judy D'Albertson	Public – West Mercia	None		2/2/2020	
Mrs	Helen Higginbotham	Public – West Mercia	Husband is employed as a HART paramedic by the Trust	Direct	06/01/19	
Staff Governors						
Mrs	Sarah Lawson	Staff – Emergency and Urgent Operational Staff	None		06/01/14	
Mr	Adam Aston	Staff – Emergency and Urgent Operational Staff	Elected Councillor – Dudley Metropolitan Borough Council Member – Labour Party Member and area president - St John Ambulance Member – College of Paramedics Member – Unison	Direct Indirect Direct Indirect Direct	28/01/19	Labour Party
Mr	Duncan Spencer	Staff – Emergency Operations Centre Staff	None			

Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation)	Notifiable Interest	Indirect/ Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
Mr	Matt Brown	Staff – Support Staff	None			
Mr	Inderpal Sidhu	Staff – Non Emergency Operation				
Appointed Governors						
Mr	Dave Fitton	Appointed – Community First Responder	I work NHS England as Urgent and Emergency Care Operations and Improvement Lead for the Central Midlands Region		15/05/19	
Cllr	Ed Lawrence	Appointed – Local Authority	Elected Councillor – Dudley Metropolitan Borough Council Member of the conversative party	Direct Indirect	12/05/	Conservative Party



Minutes of the Meeting of the Board of Directors held on 29 March 2023,
at 1030 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
Ms Lisa Bayliss -Pratt*	LBP	Non-Executive Director
Ms C Beechey	CB	People Director
Mrs M Brotherton	MB	Non-Emergency Services Operations Delivery & Improvement Director
Mr J Brown	JB	Integrated Emergency & Urgent Care & Performance Director
Mr M Docherty*	MD	Director of Nursing & Clinical Commissioning
Mr M Fessal*	MF	Non-Executive Director
Mr N Henry	NHen	Paramedic Practice & Patient Safety Director
Mr N. Hudson	NH	Emergency Services Operations Delivery Director
Mr P Jarvis*	PJ	Interim Director of Finance
Mrs J Jasper*	JJ	Non-Executive Director
Mr M Khan*	MK	Non-Executive Director
Mr V Khashu	VK	Strategy & Engagement Director
Mr M. MacGregor	MM	Communications Director
* Denotes a voting member appointed pursuant to the Constitution of the West Midlands Ambulance Service NHS Foundation Trust		
In attendance by means of Microsoft Teams and at Trust HQ:		
Ms D Scott	DJS	Organisational Assurance Director
Dr A Hopkins	AH	Appointed as a NED to take up her seat w.e.f. 1 April 2023
Mrs K Rutter	KR	Appointed as Director of Finance w.e.f. 1 May 2023
Ms K Freeman	KF	Private Secretary – Office of the Chief Executive
Mr P. Higgins	PH	Governance Director & Trust Secretary
Mr M Foster	MF	Staff Side Representatives
Mrs P Wall	PW	Head of Strategic Planning
Mrs J Watson	JW	GGI
Mrs N Rees-Issitt,	NRI	Member of the Public
Mrs K Herrington	KH	Member of the Public
Mr A Smith	AS	
Ms K Knowles	KK	Reporter, Birmingham Live in Partnership with the BBC
Ms J Hayes	JH	Editor, Birmingham Live/Mail & Post



03/23/01	Welcome, Apologies and Announcements	
	<p>Apologies for absence received from Mrs Reena Farrington, Mrs Narinder Kooner & Dr Alison Walker.</p> <p>The Chairman announced a number of changes to the Board and pointed out that today was the last meeting for Mark Docherty, the Trust's Director of Nursing and Clinical Commissioning. Mark retires on Friday. Mark has worked in the NHS for 40 years, initially as a nurse before moving into management. For a couple of years, he commissioned WMAS before eventually joining the Trust in his current role in 2014. No-one can ever say that the care of patients was not at the forefront of everything Mark has done, even when that meant speaking up and raising issues when others would have preferred him not to. He has been a staunch champion of patient safety throughout his career and his campaigning on solving hospital handover delays is well known. We wish Mark well but will very much miss his knowledge and skills going forward. It is also the last meeting for Non-Executive Director, Lisa Bayliss Pratt who has taken up a new role abroad. The Chairman said Lisa's clinical knowledge has been invaluable to our Board and her contributions notable. We will miss Lisa's input and counsel. It was also the final Board meeting for Interim Director of Finance, Paul Jarvis. Paul will return in his substantive role when Karen Rutter takes up her Directorship in May. The Chairman said Paul has made a remarkable contribution to our Trust during one of the most challenging times we have ever seen financially. His dedication and tenacity has been immense and we are delighted that he will be staying with us. The Chairman also pointed out that Nick Henry was attending his first meeting as Paramedic Practice & Patient Safety Director. The Chairman thanked Diane Scott who will become a member of EMB and join the Board as the Organisational Assurance & Clinical Director taking up the portfolio of the Director of Nursing whilst a recruitment exercise is undertaken.</p>	
03/23/02	Declarations of Interest	
	<p>There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda.</p>	
03/23/03	Patient Story	
	<p>The Chairman welcomed Mrs Naomi Rees-Issitt and her mother Karen Herrington to the meeting. The Chief Executive Office (CEO) welcomed Naomi and Karen back to the Board and asked for an update on their campaign the "Our Jay Foundation". Turning such a negative story into a positive story is truly inspirational.</p>	



	<p>Mrs Rees-Issitt thanked the Board for welcoming her back and said that Mr Docherty will be a huge loss. Mrs Rees-Issitt thanked Mark Docherty who she said had been a great help to her over the last 12 months. Mrs Rees-Issitt also paid tribute to the work of Tim Cronin for his help and support often in his own time. Mrs Rees-Issitt gave an update on the work of the Foundation and explained that 18-year old Jamie Rees died after suffering a cardiac arrest in the early hours of New Year's Day 2022. Due to handover delays it took the Trust nearly half an hour to get there and an Automated External Defibrillator (AED) at a nearby school was locked inside. Over the last year, Mrs Rees-Issitt Rees Issitt, has launched a magnificent campaign to get more defibs in our communities. Naomi said that now over 60 defibrillators have been installed. £75,000 has been raised in fundraising to date and they do not plan to stop. Jamie's website and App are now up and running. The App lists all locations of the Public Access Defibrillators (PAD). They are now also offering information and awareness sessions. Six training courses have taken place since January which has reached 800 people already. The latest campaign is to get housebuilders to install a public access defib for every 400 houses that they build. This is something already adopted by Rugby District Council. Mrs Rees-Issitt advised the Board that she is aware that the defib's have already saved two lives. Mrs Rees-Issitt said that she has been very well supported by West Midlands Ambulance Service (WMAS). In contrast Coventry University Hospital has been the most unsupportive hospital and not helped at all. They have been supported by hospitals further afield rather than their own local hospital. Mrs Rees-Issitt confirmed the issue with displaying notices has now been resolved. Mrs Rees-Issitt said if there was anyone who could help with donations for training manikins that would be helpful.</p> <p>The Chairman thanked Naomie for attending today and said their work is inspirational and has seen over 40 defibrillators installed around Warwickshire. The depth and spread of the campaign is quite remarkable, and something that Jamie would be so proud of. The CEO added: Naomie's work has touched the lives of so many people. Hearing that the defibrillators they have installed have already been used twice to save lives shows just how important the work is. To set up something so positive after something so negative is extraordinary and I want to make sure that WMAS continues to support Naomie's work.</p>	
	Resolved:	
	That the update be received and noted.	
03/23/04	Questions from the Public	
	None received.	



03/23/05	Board Minutes	
	To agree the Minutes of the meetings of the Board of Directors held on 25 January 2023 and the Extraordinary Meeting on 15 March 2023.	
	Resolved:	
	That the Minutes of the meeting of the Board of Directors held 25 January 2023 and the Extraordinary Meeting on 15 March 2023 be approved as a correct record.	
03/23/06	Board Minute 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).	
	Action 01/23/19 – Board Assurance Framework (BAF) – The Director of Nursing & Clinical Commissioning advised the Board that the risks have been reviewed. Although there has been some improvement it is not enough to reduce the risks from 25. The Director of Nursing & Clinical Commissioning recommended to the Board that the two risks remained at 25. The Board of Directors agreed with the recommendation. On this basis the Board agreed that this item could be discharged.	
	Action 01/23/20 – Safeguarding Business Case. The People Director and the Paramedic Practice & Patient Safety Director will prepare a business case for the number of posts required and submit back to EMB.	CB/ NHen
03/23/07	Chief Executive Officer (CEO) Update	
	A report of the Chief Executive Officer was submitted. The Chief Executive outlined the salient matters contained in the report and informed the Board that the rules for Consultants and Agency approval apply to the Trust, but we do not use consultants or agency. On Monday 30 January 2023, NHS England published its plan to recover UEC during 2023/24. The document (Appendix 1) sets out how trusts and systems should work to deliver headline improvements in UEC performance, reducing average category two ambulance call times and waiting times at A&E over the next two years.	
	Resolved:	
	a) That the contents of the report be received and noted.	



03/23/08	Executive Scorecard relating to Performance for the Month of February 2023	
	The Executive Scorecard of KPIs for the month of February 2023 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.	
	Resolved:	
	a) That the Executive Scorecard be received and noted.	
03/23/09	Scorecard on Trust Performance at an ICS Level	
	The scorecard was submitted. The Strategy & Engagement Director informed the Board that response times improved in February and the number of Serious Incidents (SIs) reduced. This is not being sustained in March as the number of lost hours is increasing again. The Chairman asked if we knew what happened between February and March. The Strategy & Engagement Director explained that activity had reduced, conveyance to hospital was down but the Emergency Departments were full, and grid locked. This is not an activity or conveyance issue this is about the flow issues at hospital. Mr Fessal asked if the Junior Doctors strike had an impact. It was noted that there was an issue with the timeliness of discharges on those days.	
	Resolved	
	a) That the ICS Scorecard be received and noted.	
03/23/10	Update Report in Emergency Preparedness, Resilience & Response (EPRR) Matters & Workplan Progress	
	The CEO informed the Board that this is the quarterly update papers that James Williams, Head of EP pulled together for December 2022 to March 2023 regarding all EPRR matters including workforce, activity, responses, resilience, work plans and forward look. The paper is attached to provide and inform the Board of the key EPRR matters pertaining to the organisation. Part of this update includes the Trusts review of Incident Support Unit fleet and the changes to streamline fleet based upon the current response model and national casualty planning assumptions.	
	Resolved:	
	a) That the EPRR paper be received and noted.	



03/23/11	Interim Terms of Reference for the Executive Management Board	
	<p>The Governance Director / Trust Secretary informed the Board that the recent structural changes pending the retirement of Mark Docherty have meant that the Terms of Reference for EMB should change to reflect the structural changes.</p> <p>The following are the salient changes:</p> <ol style="list-style-type: none"> 1) Mark Docherty will be retired as of 1 April 2023. 2) Nick Henry has been appointed as the Paramedic Practice and Patient Safety Director – this is a substantive appointment. 3) The Trust has not yet appointed to the substantive position of Director Nursing and pending a further recruitment exercise; Diane Scott the current Organisational Assurance Director has been asked to take on the position of Organisational Assurance and Clinical Director position. This position will take on the duties of the Director of Nursing pending an appointment to the substantive position. <p>These changes will necessitate a change to EMB membership and also the membership of the Board of Directors in relation to the interim appointment of Diane Scott as Organisational Assurance and Clinical Director, until such time as the Trust has recruited to the substantive position of Director of Nursing.</p>	
	Resolved:	
	<ol style="list-style-type: none"> a) That the Board of Directors approved the attached Terms of Reference, previously approved by the EMB. b) That the Board of Directors agreed the temporary changes to the EMB membership and also the membership of the Board of Directors in relation to the interim appointment of Diane Scott as Organisational Assurance and Clinical Director, until such time as the Trust has recruited to the substantive position of Director of Nursing 	
03/23/12	Report of the Director of Finance – Revenue Plan 2023/24	
	<p>The Interim Director of Finance gave an update and informed the Board that a draft plan for 2023/24 was submitted to NHSE on 23 February 2023 with a revenue deficit of £63.4M. The paper submitted today presents an update on the revenue planning position for 2023/24 to a £19.9M deficit. The changes from the February draft to the current position are set out in the accompanying paper. A key change is the inclusion of an assumed £28.7M additional funding from the national allocation of £200M for UEC recovery for ambulance services. The</p>	



Interim Director of Finance informed the Board of Directors that the assumptions are as follows:

Category A:

- Cap E&U workforce expenditure (employees + overtime) at 2022/23 plus inflation, per ICS proposed 'capping' arrangements £8.9M.
- Revise inflation assumptions to national modelling levels £0.9M.
- Income plan adjustments (already agreed) £2.3M.
- Expenditure plan amendments £1.5M.

Category B:

- This assumes national funding is granted and fully utilised to support the position £28.7M.
- HART funding gap is addressed by ICBs, per the revised national reference costs modelling £1M per national direction.

Category C:

- Address the PTS funding gap.
- Additional income.
- Capped activity/costs to funded level.
- Termination of contracts (in-year funding support still required due to contract notice periods).
- Increase CIP from 2.2% to 4.0% linked to ICSs' agreement to restoration of handover times to pre-covid level.

The Interim Director of Finance informed the Board that these changes would enable the Trust to achieve a balanced position in 2023/24 and proposed that we include the additional items acknowledging the risks. Mrs Farrington-Chadd thanked the Interim Director of Finance for a clear paper. She pointed out that the additional income is a pivotal part of this plan and asked if we are in a position to approve this. Mrs Farrington-Chadd pointed out that the primary part of item b - the national ambulance funding is confirmed but the HSART funding is not yet confirmed. The Interim Director of Finance informed the Board that he had met with all the ICS's and there is support for this. The Interim Director of Finance was fairly confident with the Category B assumptions. The issues are the increased CIP and PTS which is not without risk. The inclusion of the national ambulance funding brings us close to a balanced position. The Interim Director of Finance said it is extremely challenged for the Trust this year, for the ICS and nationally. The Interim Director of Finance said the plan is not without risk. To submit a balanced plan the Trust is able to control the actions it takes without national scrutiny. Continuing to work through a comprehensive efficiency plan can deliver this but it is obviously not without risk. The Chairman asked for assurance that the Quality Impact Assessments (QIA's) are also being undertaken or the proposed Cost Improvement



	<p>Programmes (CIP). The Interim Director of Finance confirmed that QIAs are being undertaken for all CIP schemes. Mrs Jasper informed the Board for the avoidance of doubt the plans submitted today have been revised intensely. We have spent many hours asking questions at various different committees. The Chairman asked if the Board consensus was to approve a balanced position. The Board of Directors approved to submit a balanced plan for 2023/24. The Chairman thanked the Interim Director of Finance for the work undertaken to get to this position acknowledging it will be a difficult year with hospital handover delays and financial pressures.</p>	
	<p>Resolved</p>	
	<ul style="list-style-type: none"> a) That the contents of the report be received and noted. b) That the Board approved the current planning assumptions which would deliver a balanced plan for 2023/24. c) That the Board noted the plan position within the Black Country ICS and that as such assumptions re resource levels and CIP requirements are subject to changes that will require a further revision of the plan. d) That the Board noted that the additional national ambulance funding has not yet been confirmed. 	
<p>03/23/13</p>	<p>Capital Plan 2023/24</p>	
	<p>The Interim Director of Finance gave an update and informed the Board that the paper submitted today presents the capital programme for 2023/24. The programme includes assets acquired for use in the business via outright purchase and assets made available via leasing agreements. The Trust capital resource allocation for 2023/24 for capital purchases has been confirmed as £14.592M and the capital expenditure programme for purchased items has been aligned to this level of resource. The Trust leasing commitment generates a further capital resource requirement under IFRS16 of £9.8M. NHSE capital guidance states that additional funding to cover leasing requirements will be allocated in addition to that of capital purchases. Leasing commitments will be captured via provider plan submissions in February 2023 and systems will subsequently be notified of their additional resource limits. The combined purchase/leasing programme set out in this paper, enables the Trust to maintain its scheduled capital replacement programme, including the 5-year replacement of the DCA fleet. The Interim Director of Finance pointed out that the Board has already approved the contents of this paper by email on 28 February 2023. The reason for approval via email was to enable the procurement of the fleet and other specified assets. This report is submitted within the papers of this meeting for the purposes of transparency and propriety.</p>	



	The CEO pointed out the Board had previously approved the procurement of 85 chassis and said we are seeking approval for the conversion of these as we need to place the orders to convert the chassis. The Board of Directors approved the conversion of the 85 chassis.	
	Resolved	
	<ul style="list-style-type: none"> a) That the Board endorsed the action taken in approving the capital programme via email pursuant to Standing Orders on 28 February 2023. b) That the Board of Directors approved the conversion of the 85 chassis. 	
03/23/14	Month 11 Financial Position	
	The Interim Director of Finance gave an update and informed the Board that the year-to-date income & expenditure position is a £0.66M deficit. There was a favourable movement of £0.87M from the position reported last month. This was achieved by releasing £0.42M of balance sheet provisions into the position in line with the Financial Recovery Plan. The forecast currently remains breakeven, subject to the full delivery of the Financial Recovery Plan. The FIP/CIP programme is ahead of target by £1.2M with a forecast full year overperformance of £0.38M. The programme is underperforming on E&U schemes, but this is completely offset by overperformance on 111 schemes. The Trust capital programme is on target. The cash position is strong. Better payments performance is slightly below the 95% target. The Chairman noted the healthy position at Month 11 and pointed out that the Board all have concerns about the risk sharing. We cannot have one organisation that overspends, and all other organisations have to share the risk.	
	Resolved	
	<ul style="list-style-type: none"> a) That the contents of the Month 11 report be received and noted. 	
03/23/15	Going Concern Statement	
	The Interim Director of Finance gave an update and informed the Board that preparing statements on a 'Going Concern' basis means that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case, it would be necessary to prepare the statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The paper was presented to the Audit Committee on the 14 March and the Committee	



	supported the recommendation that accounts are prepared on a going concern basis.	
	Resolved	
	<ul style="list-style-type: none"> a) That the contents of the paper be received and noted. b) That the Board noted that the paper was reviewed / supported by the Audit Committee at its meeting on the 14 March 2023. c) That the Board accepted the Audit Committees recommendation that the Board of Directors confirm the Going Concern status of the Trust. 	
	Reports of the People Director	
03/23/16	The King's Coronation Bank Holiday	
	<p>The People Director gave an update and advised the Board that in recognition of the King's Coronation Monday 8 May 2023 has been confirmed as a national Bank Holiday. It is for local Trust determination regarding the arrangements for this day including leave hours awarded and pay arrangements. This follows a similar approach for the additional bank holidays in 2022, for Queen Elizabeth II's Diamond Jubilee arrangements and her funeral. Danny Mortimer, Chief Executive of NHS Employers released guidance to NHS organisations to very much encourage Trusts to award the normal arrangements to staff, the decision should be made at local Trust level. This paper was considered at the EMB and supported. It is therefore recommended that staff:</p> <ul style="list-style-type: none"> • are awarded an additional 7.5 hours to add into their overall annual leave balance. • For staff in corporate roles, these hours will be taken on 8 May, and they will not be required to attend work. • For operational staff, whose normal working day falls on 8 May 2023, they will retain the additional 7.5 hours in their leave balance to take at an additional time and accrue TOIL for shifts worked that are longer than 7.5 hours. • Staff that volunteer to work any overtime shifts available on 8 May are paid at double time in accordance with NHS Terms and Conditions. <p>There is a financial implication, which is estimated to cost the Trust £253K, which will be required to be funded by the Trust with no additional external funding provided. This estimate has been based on the cost of the last additional September bank holiday, removing 111 costs, however it is considered this estimation is at the maximum level given the current arrangements in place regards the reduction in overtime usage. The contractual treatment of the two additional bank holidays in</p>	



	<p>2022 provides a context of precedent to consider, along with the negative impact upon staff engagement and wellbeing if this is not agreed. There may also be the risk of negative media attention if NHS staff are not afforded the additional hours. The Chairman believed this was the right thing to do so supported this proposal. The Board of Directors supported the proposal.</p>	
	Resolved	
	<ul style="list-style-type: none"> a) That the contents of the report be received and noted. b) That the Board received and approved the recommendation set out in the report (“to provide staff entitlements for 8 May 2023 in line with normal bank holiday arrangements”.) 	
03/23/17	Board Skills Matrix for Approval	
	<p>The People Director said the paper was as submitted. The Board is required to annually review its Skills Matrix to ensure that the make-up of the Board is complete and appropriate in terms of undertaking the stewardship of Trust. This report is submitted to the Board of Directors to cover the required annual review of the Board Skills Matrix for consideration, approval and publication in the Trust’s Annual Report 2023.</p>	
	Resolved	
	<ul style="list-style-type: none"> a) That the contents of the report be received and noted. b) That the Board approved the content of the attached Board Skills Matrix for publication in the Trust’s Annual Report. 	
03/23/18	Annual Board Assurance Checks (Fit & Proper Persons Check)	
	<p>The People Director gave an update and informed the Board that in line with the regulatory standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust has an obligation to ensure that only individuals fit for their role are employed. Relevant staff are therefore required to meet the ‘Fit and Proper Persons Test’ (Regulation 5) both upon appointment and on an annual basis. All new appointments are subject to a full Fit and Proper Persons Test. An annual review of compliance has been undertaken and the associated annual assurance checklist for all Board members is shown at appendix one. The completed declarations and the outcome of the searches have been saved on each personal file and will be reviewed again annually. The Chairman pointed out that everyone had agreed to complete the FTSU training, and he asked everyone to ensure this is completed by the 31 March 2023. If anyone needs help, please let us know.</p>	



	Resolved	
	<ul style="list-style-type: none"> a) That the contents of the report be received and noted. b) That the Board recorded that the annual Fit and Proper Persons Test (2023) has been conducted and all Board members satisfy the requirements. 	
03/23/19	Quality Reports – Quality Summary Report	
	<p>A report of the Director of Nursing & Clinical Commissioning and Medical Director including Serious Incidents Update and Learning from Deaths Report was submitted. The Director of Nursing & Clinical Commissioning informed the Board that we have reviewed some of our policies and strategies and we have put together a Patient Experience Strategy which has been agreed by the QGC and EMB. This is the first time we have had a separate stagey for Patient Experience. The Director of Nursing & Clinical Commissioning said in his final report he has highlighted how handover delays remain a big risk which we need to address. The graph shows the position is better but lost hours is still impacting the Trust horrendously on patient safety. The Chairman thanked the Director of Nursing & Clinical Commissioning who has ben an absolute champion for patient care and a very important voice n this.</p>	
	Resolved	
	<ul style="list-style-type: none"> a) That the contents of the report be received and noted. b) That the Board approved the new Patient Experience Strategy. c) That the Board gained assurance on the quality agenda and the robustness of our quality governance processes. d) That the Boarded noted the significant harm being caused as the result of long patient handover delays and resultant actions. 	
03/23/20	Commissioning Incident Pricing Structures	
	<p>A report of the Director of Nursing & Clinical Commissioning was submitted that provides a summary of the pricing structure for incidents undertaken by WMAS up to 2018 when soon after a block contracting arrangement was mandated. In 2013 commissioning became clinically led by new organisations called Clinical Commissioning Groups (CCGs). CCGs retained the PbR methodology until block contracts were mandated when the global COVID pandemic arose in 2020. CCGs existed until the advent of Integrated Care Systems led by Integrated Care Boards in 2022. This report is intended to act as a discussion document to understand the pricing structure for WMAS and to help consider solutions to the current financial pressures. The Director of Nursing and Clinical Commissioning told the Board that the incident fee that the Trust gets today is now lower than it was in 2009. This means,</p>	



	once you take inflation into account that the Trust has been able to make £73M in savings. When you add on the almost £50M that hospital handover delays cost the Trust, it is perhaps no surprise that we are in a difficult financial situation.	
	Resolved	
	a) That the contents of the report be received and noted.	
03/23/21	Review of 25 Graded Risks to Consider Reducing the Risk Score	
	The Director of Nursing & Clinical Commissioning said as mentioned in the action log earlier 25 is the highest rated risk we can have. In view of the actions it has been agreed that the handover delays and incident stacking risks would remain at 25. The Strategy & Engagement Director said the Lightfoot Review was 14 years ago. We need to decide whether as part of the financial planning that we seek to do another review with Commissioners in this regard. The Interim Director of Finance said it is not unreasonable to request such a review again so that we can establish what the requirements are to deliver the performance criteria set out by NHS England. At the end of the day, we are talking about patients and whether we have the funding to be able to get to them quickly and provide them with the right level of service, which is the most important thing. The Chairman said this was an excellent idea and asked the Interim Director of Finance to follow up on another review.	
	Resolved:	
	<ul style="list-style-type: none"> a) That the contents of the paper be received and noted. b) That the Board of Directors agreed that given the continued demand and pressure within the system and no confidence that the hospital handover delays are going to be eradicated the risk score cannot be reduced, and a review date of 3 months is added. c) That the Board of Directors agreed to undertaking another review. The Interim Director of Finance to follow up on this. 	KR
03/23/22	Board Assurance Framework (BAF), Significant Risks & Datix Implementation Update	
	The Director of Nursing & Clinical Commissioning informed the Board that the BAF brings together in one place all 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 Head of Strategic Planning gave an update on the Datix Project and advised the Board that this is still moving forward. There have been some issues but	



	weekly meetings with Datix have been taking place. Some modules are due to go live in the first quarter and some in October.	
	Resolved:	
	<ul style="list-style-type: none"> a) That the contents of the report be received and noted. b) That the Board agreed the changes to the BAF. 	
03/23/23	Risk Appetite Review	
	The Director of Nursing & Clinical Commissioning said that 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. It was noted that this is not a new document and is just a refresh of the previous statement.	
	Resolved:	
	<ul style="list-style-type: none"> a) That the contents of the report be received and noted. b) That Risk Appetite statement be approved. 	
03/23/24	Data Security & Protection Toolkit (DSPT)	
	The Director of Nursing & Clinical Commissioning said the paper is as submitted. The Internal Audit report on DSPT received an optimal rating which is the highest rating you can receive. The report has been received by the Director of Nursing & Clinical Commissioning as the SIRO. The DSPT report has also been reviewed at the HSRG, Audit Committee and EMB. This is a very good assurance report.	
	Resolved:	
	<ul style="list-style-type: none"> a) That the contents of the report be received and noted. b) That Board approved the submission of version 5 of the Data Security Protection Toolkit. 	
	Operations Update	
03/23/25	Integrated Emergency & Urgent Care & Performance Director	
	The Integrated Emergency & Urgent Care & Performance Director gave a verbal update and informed the Board that the Trust achieved the Category 2 target in February 2023. This is the new temporary standard going forward. The Trust is in a strong position with call answering. The	



	<p>Trust remains the best performing ambulance service for call answering and 2 minute delays. Clinical validation of category 3 & 4 emergencies remains a key function to support the overall emergency demand and to ensure patients receive an appropriate response. The Trust achieved a hear and treat rate of 12.7% during February. When reviewing the outcome of those patients assessed by Clinical Validation Team clinicians, 54% received a H&T outcome and therefore were navigated to alternative services for their ongoing care. A review of recontact rates for H&T patients demonstrates only 11.8% of patient required further 999 assessments within 48 hours during February. This is an increase to recent months, although remains a low rate. Of those re-contacts, only 40.56% of patients were conveyed to an emergency department. The Chairman thanked the Integrated Emergency & Urgent Care & Performance Director for all the work undertaken regarding the transfer of 111. The Integrated Emergency & Urgent Care & Performance Director informed the Board that Reena Farrington had been pivotal in the transfer of 111 and wished to place on record his thanks.</p>	
	Resolved:	
	a) That the contents of the paper be received and noted.	
03/23/26	Emergency Services Operations Delivery Director Update	
	<p>The report of the Emergency Services Operations Delivery Director was submitted. The Emergency Services Operations Delivery Director advised the Board that hospital turnaround issues have significantly contributed to our ability to respond to patients. However, as we have seen some improvement in the reduction in hospital turnaround delays compared to previous months, and because of this we can see a direct correlation with the improvements in performance and our response to patients. It is important to note that performance is not being met in line with the national targets. However there has been some improvements with the reduction in lost hours from 48,000 hours to 22,000 and 14,000 hours respectively. Double Crewed Ambulances have been able to attend more patients and staff are able to finish on time. The Emergency Services Operations Delivery Director said he was on course to complete all training this year. The only staff outstanding are staff off long term sick or staff of on maternity leave. Sickness is below 4%.</p>	
	Resolved:	
	a) That the contents of the report be received and noted	
03/23/27	Non-Emergency Services Operations Delivery & Improvement Director Update – Michelle Brotherton	



	<p>The Non-Emergency Services Operations Delivery & Improvement Director gave a verbal update and informed the Board that the Commissioners had recognised the excellent delivery of Patient Transport Services. The Non-Emergency Services Operations Delivery & Improvement Director thanked the PTS Management Teams and EOC for their hard work. Two KPIs were missed in February on the Sandwell contract due to high mobility and on the day activity bookings. Work is ongoing with the Commissioners regarding funding. Mandatory Training is complete apart from 12 members of staff who are off long term sick.</p>	
	Resolved:	
	a) That the contents of the verbal update be received and noted.	
	Report for the Freedom To Speak Up (FTSU) Guardian	
03/23/28	Freedom to Speak Up Action Plans	
	<p>The Head of Strategic Planning gave an update and informed the Board that there are a pack of papers submitted today.</p> <p><u>FTSU Guardian Report</u> The Guardian Report format is changing to reflect NHSE requirements. This will evolve as we start to access more data for triangulation and more in-depth analysis. 25 concerns have been raised to date. This is likely to be about 30 by the year end. WMAS is comparatively low compared to other organisations. One concern was raised about another organisation. The number of concerns received has increased and this is due to the promotion of FTSU and the Speak Up Month in October 2023. This demonstrates that the Trust takes concerns seriously. The report picks up on if there are any hot spots across the Trust, but this is not the case and the concerns raised are broadly spread across the Trust. We do not have a collection of issues in one place. The Head of Strategic Planning said that more work is ongoing to try and obtain more feedback from staff who have raised concerns. Work on triangulation is in the workplan for the future. It is important to note that Freedom To Speak Up (FTSU) is one of the many avenues for staff to raise concerns. Among the cases during 2022/23, one case has been raised specifically as a result of detriment following speaking up. It is important to note that the person raising the concern very clearly stated that the initial FTSU concern was handled thoroughly and discreetly by the Trust, and the outcome was mutually agreed before the case was closed. The detriment arose as a result of treatment by colleagues following the closure of the concern. In this particular case, no further action was sought by the individual, but it did give the FTSU</p>	



team an example of how a concern can evolve, and can potentially continue, even after all parties agree that the case can be closed.

FTSU National Guardian Office (NGO) Review

The head of Strategic Planning advised the board that the review was published on 23 February 2023. As a thematic report across all 10 Trusts, significant challenges are identified relating to the environment, culture and pressures under which ambulance staff operate. A range of recommendations are incorporated, for action by both Trusts themselves and national organisations, including:

- A review of broader cultural matters in ambulance trusts.
- Make speaking up in ambulance trusts business as usual.
- Effectively regulate, inspect, and support the improvement of speaking up culture.
- Implement the Guardian role in accordance with national guidance to meet the needs of workers.

WMAS took an active part in the review and whilst the recommendations are thematic at a national level, they have been welcomed as an opportunity to review and improve processes. The underpinning requirements within these recommendations have been incorporated into an ongoing action plan which will be closely monitored throughout the year.

Draft Communications Plan

This is linked to the NGO Review Action Plan and is a working document.

Planning and Reflection Tool

This is the first draft of this document. It is a fairly detailed self-assessment and will be brought back to the Board when we do stage 2. This working document will be regularly updated.

Training

All Board members are asked to complete their training by the end of the week. If anyone would like assistance logging in or finding the courses, they can speak to the Head of Strategic Planning.

FTSU Resource Options

The Head of Strategic Planning advised the Board that WMAS has in place, an effective and expanding team of Ambassadors, with at least one Ambassador on almost every site. This team will continue to grow with representation from a range of roles and protected characteristics to provide ease of access to a team that, as far as possible, most closely matches the workforce. With just one Guardian in post, who also fulfils another role within the Trust, it is important to review the resources available to meet the requirements set out by the national review, but also takes account of the anticipated work, given the extensive range of



	<p>support available through the Ambassadors. It is worth noting that the NGO report is not mindful of what happens in each trust. The Head of Strategic Planning informed the Board that she was progressing Option 1 as set out below:</p> <ul style="list-style-type: none"> • 1 x Lead Guardian. • 1 full time Deputy Guardian or 2 part time Deputy Guardians. • Maintain Ambassador model, protected abstraction to be maintained. <p>A costed business case will be submitted back to EMB for this option. The Chairman noted the need to ensure we achieve the right balance. Having such good ambassadors helps resolve issues there and then. The Strategy & Engagement Director informed the Board that all Trusts have to provide a response to NHSE in regard to the NGO Report. This is in progress. The Strategy & Engagement Director thanked the Head of Strategic Planning for everything she has done regarding FTSU. The Chairman echoed this. Mrs Bayliss-Pratt paid tribute to the Team and everything they are doing regarding FTSU. The Trust will continue to learn and evolve on this. The Trust has come a long way and will continue on this. Mrs Bayliss-Pratt said the numbers going up is positive.</p>	
	<p>Resolved</p>	
	<ul style="list-style-type: none"> a) That the Report was noted. b) The Board of Directors approved the: <ul style="list-style-type: none"> • FTSU Guardian Report covering the period 1 April 2022 to 21 March 2023 (a further update will be made to ensure full year reporting). • FTSU National Guardian’s Office Speak Up Review – Listening to Workers. • FTSU National Guardian’s Office Action Plan. • Draft FTSU Communications Plan. • FTSU Draft Planning and Reflection Tool. c) That the Board of Directors approved the progressing of a business case for option1 for increasing FTSU Resources and submitting this back to EMB. 	<p>VK/PW</p>
	<p>Reports of the Strategy & Engagement Director</p>	
<p>03/23/29</p>	<p>Worcestershire CQC Inspection</p>	
	<p>The Strategy & Engagement Director said in keeping with the CQCs strategy on risk-based inspection of pathways and systems, in addition to individual Trusts, on the evening of Monday the 21 November, the Care Quality Commission (CQC) commenced a three-day onsite inspection of the Worcestershire Health and Care system. As a partner</p>	



	<p>within the delivery of care in the Worcestershire system, WMAS was also inspected for its local services. This included speaking to our colleagues waiting at the hospitals, our Hospital Ambulance Liaison Officers and inspecting the arrangements at the Worcester Hub and speaking to colleagues there. On the evening of Wednesday 23 November, the CQC inspection team gave preliminary feedback to the CEO and Strategy and Engagement Director, which has been previously briefed to the Board. Following a process of factual accuracy review, the final report has been published on the CQC website. The CQC have picked up on areas of commendable practice and care we can be proud of. They have also highlighted very real issues with patient safety, experience, and staff morale. This report will explore some of that in more detail, as whilst the observations are all accurate, the executive team have expressed concern to the CQC on a limited number of the recommendations.</p>	
	Resolved	
	<ul style="list-style-type: none"> a) That the Board noted and received the briefing on the inspection. b) That the Board received the published Report. 	
03/23/30	ICS & WMAS Hub Engagement by WMAS Directors	
	<p>A report of the Strategy and Engagement Director was submitted. The Strategy & Engagement Director informed the Board that WMAS covers six Integrated Care Systems, a greater number of A&E Delivery Boards and a larger still number of sites, all requiring engagement and input from WMAS senior leadership team. The paper sets out the current arrangements which have previously been agreed, it also sets out the proposed updated arrangements following changes to our own leadership team.</p>	
	Resolved	
	<ul style="list-style-type: none"> a) That the Board reviewed and approved the set of ICS and AE Delivery Board links. b) That the Board reviewed the nominated Director hub buddy links and approved the proposed links. 	
03/23/31	Report of the Communications Director	
	<p>A report of the Communications Director was submitted. The paper sets out the activities of the Press Office over the last nine months. It highlights the number of articles and viewing rates for publications such as the Weekly Briefing. It also looks at the Trust's interaction with the media, our social media presence, and the work we carry out with external partners.</p>	



	Resolved:	
	<ul style="list-style-type: none"> a) That the contents of the report be received and noted. b) That 	
03/23/32	Board Committee Meeting Minutes	
	<p>The Chairman said that it was really important if people cannot attend meetings, we are made aware in advance to so that arrangements can be put in place to ensure meetings remain quorate.</p> <p>Mrs Jasper informed the Board that there are five items from the Audit Committee that require Board ratification as follows. All papers were circulated to members of the Audit Committee, but no comments were received. Mrs Jasper advised the Board that the Audit Fee will now go forward to the Council of Governors.</p> <ul style="list-style-type: none"> a) Audit Committee: <ul style="list-style-type: none"> 1. Ratification of papers be considered at the inquorate meeting of the Audit Committee on 14 March 2023: <ul style="list-style-type: none"> i. Fraud Sanctions and Redress Policy and ii. Fraud Sanctions and Redress Procedure iii. Finance Procedures iv. SFIs - update (updates highlighted) v. Confirmation of External Audit fee b) Audit Committee – To receive the notes of the meeting held on 24 January 2023. c) Performance Committee – To receive the Minutes of the meeting held on 27 October 2022. d) People Committee – To receive the Minutes of the meeting held on 21 November 2022. e) Quality Governance Committee – To receive the Minutes of the meeting held on 18 January 2023. 	
	Resolved:	
	<ul style="list-style-type: none"> a) That the Board ratified the papers considered by the Audit Committee at the inquorate meeting of the Audit Committee on 14 March 2023: <ul style="list-style-type: none"> vi. Fraud Sanctions and Redress Policy and vii. Fraud Sanctions and Redress Procedure viii. Finance Procedures ix. SFIs - update (updates highlighted) x. Confirmation of External Audit fee b) That the notes of the Audit Committee held on 24 January 2023 be received. 	



	<p>c) That the Minutes of the Performance Committee held on the 27 October 2022 be received.</p> <p>d) That the Minutes of the People Committee held on 21 November 2022 be received.</p> <p>e) That the Minutes of the Quality Governance Committee held on 18 January 2023 be received.</p>	
03/23/33	New or Increased Risks	
	<ul style="list-style-type: none"> • The levels of efficiencies required to deliver the balanced budget • The additional Ambulance funding has not yet been confirmed • Handover delays and the impact on Patient safety was reaffirmed as a Risk taking of 25 which keeps these as the highest risk after all possible mitigation by the Trust. 	
03/23/34	Board of Directors Schedule of Business	
	The Schedule of Business was submitted. The Chairman advised the Board that he had asked the Governance Director / Trust Secretary to send round the dates for the Board and NED meetings for the remainder of the year.	
	Resolved:	
	a) That the Board Schedule of Business be received and noted.	
03/23/35	Any Other Business	
	There was no other business.	
03/23/36	The Date of the next meeting	
	Wednesday 31 May 2023 from 10:00 hours	
	There being no other business for this meeting the Chairman brought proceedings to a close and thanked members for their attendance.	

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

University NHS Foundation Trust

Paper 03

Public Board Action Log

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
10/22/15	Financial Strategy That comments on the draft financial strategy as submitted be sent to the Interim Director of Finance and the updated strategy submitted back to a meeting of the Board.	PJ (KR)	May 2023	Update report from the Interim Director of Finance at the meeting.
03/23/05 b)	NHS Delivery Plan for recovering Urgent & Emergency Care That the Board agreed that the Board's Executive and ICS level scorecards will be updated to reflect the 30 minutes category 2 response standard from April 2023 onwards.	VK	May 2023	Complete and included on the Executive scorecard.
01/23/18	Quality Report Mr Fessal asked about cohorting. The Non-Emergency Services Operations Delivery & Improvement Director informed the Board that there has been a lot of engagement with Acute Trusts and ICBs offering them the Ambulance Decision Areas (ADAs) . The Trust has written out to the ICB's offering this and emphasizing the financial loss on the organisation through lost hours through cohorting and more importantly the impact on patients in the community who are waiting an ambulance response. Unfortunately, the Trust has not received much response back. With effect from 1 February 2023 the Trust will not be cohorting inside hospitals (this is utilising crews inside hospital corridors/area to look after patients). We will be ceasing from where they have not invested in the ADAs. The Non-	MB	May 2023	The Non-Emergency Services Operations Delivery & Improvement Director will provide a verbal update at the Board meeting.



NHS

West Midlands Ambulance Service

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Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
	<p>Emergency Services Operations Delivery & Improvement Director explained that there are ADAs across UHB (Queen Elizabeth, Heartlands and Good Hope), Worcester and Royal Shrewsbury Hospitals. What is ceasing is where crews are cohorting inside hospitals in corridors. Mr Fessal has a meeting planned with colleagues in Stafford. The Non-Emergency Services Operations Delivery & Improvement Director explained that the Trust is very happy to continue to work with colleagues and she is also happy to discuss this outside of today's meeting with Mr Fessal. The Medical Director explained that cohorting and ADAs are two separate items. Cohorting has been happening for years and this is where a paramedic looks after a number of patients inside the hospital in a corridor. The ADAs is a specific model the Trust has put in place with the Acute trust. This is a better model and the feedback from the Acute Trust is very good.</p> <p>The Chairman pointed out that he was hearing a lot of positive feedback regarding the ADAs, and he asked for an update paper to be brought back to the Board on this.</p>			
01/23/20	<p>Safeguarding Business Case That the business case would be submitted back to the EMB to agree how we are going to progress this and then an update provided back to the Board in March. This may include items we have to stop doing to fund this and that an update would be provided back to the Board in March 2023.</p> <p>Update: 03/23/06 The People Director and the Paramedic Practice & Patient Safety Director will prepare a business case for the number of posts required and submit back to EMB.</p>	CB/NHen		<p>The EMB has approved the establishment of the Head of Safeguarding within the Paramedic Practice & Patient Safety Directorate and post will shortly be advertised.</p> <p>It is recommended that this item now be discharged from the Action Log.</p>



Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
03/23/21	<p>Review of 25 Graded Risks to Consider Reducing the Risk Score</p> <p>The Strategy & Engagement Director referred to the copy of the Lightfoot Review undertaken was 14 years ago and whether as part of the financial planning that the Trust seek to do another review with Commissioners. The Interim Director of Finance said it is not unreasonable to request such a review again so that we can establish what the requirements are to deliver the performance criteria set out by NHS England. The issue underpinning this was whether we have the funding to be able to get to the patient quickly and provide them with the right level of service. The Chairman indicated this was an excellent idea and asked the Interim Director of Finance to follow up on another review, and report to a future meeting of the Board.</p>	KR	May 2023 For an update	The current Director of Finance took up post on 1 May 2023 and will report at the meeting.
03/23/28 c	<p>Freedom to Speak Up Action Plans</p> <p>The Board of Directors approved the progressing of a business case for option1 for increasing FTSU Resources and submitting this back for approval of EMB.</p> <p>For avoidance of doubt, Option 1 is set out below:</p> <ul style="list-style-type: none"> • 1 x Lead Guardian. • 1 full time Deputy Guardian or 2 part time Deputy Guardians. • Maintain Ambassador model, protected abstraction to be maintained. 	PW	May 2023 For an update	FTSU Guardian drafted the business case for EMB determination at its meeting 30 May. This matter is included in the FTSU update to the Board and on this basis the Board are requested to discharge this matter from the Board Action Log.

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UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 05 MONTH: May 2023 PAPER NUMBER: 04a

Chief Executive Officer's (CEO) 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	
<p>This report includes:</p> <ol style="list-style-type: none"> 1. Violence Prevent & Reduction Standard 2. Estates Costs Review 3. Covid-19 Module 3 Request for Evidence 4. CEO Meetings – 20 March to 19 May 2023 	
Related Trust Objectives/ National Standards	<p>Current Strategic Objectives:</p> <ul style="list-style-type: none"> • 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) <p>National Standards</p> <ul style="list-style-type: none"> • 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.

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AGENDA ITEM: 05

MONTH: May 2023

PAPER NUMBER: 04a

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

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Action required

The Board of Directors is asked to:

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

1. Violence Prevent & Reduction Standard

The Violence Prevention & Reduction Standard (VPRS) provides a risk-based framework that supports a safe and secure working environment for NHS staff. WMAS is required to review our status against the Violence Prevention & Reduction Standard and provide Board assurance that we have met it twice a year. Peer to Peer review was presented at AACE in February 2023. There are 56 standards. WMAS is at 94.64% compliance, only one other ambulance Trust above 60%. The Trust is currently working to achieve 100%. There are three lines not yet compliant following Peer to Peer review. The Trust's peer review was undertaken by LAS. The Internal Audit report last year provided an optimal rating. This was a good news story. Other services are not in such a good place. The growth in violence and aggression which is very sad was noted.

2. Estates Costs Review

Breakdown of Actual Running Costs & Savings for Estate Changes.

	Annual Costs	Annual Savings
Annual running costs Sandwell Hub	£1,446,587	
Closure of West Brom Hub		£64,786
Closure of HART Base		£148,161
Closure of Distribution Centre		£78,905
Closure of Empire Storage		£48,000
Closure of CAS Sites annual running costs		£300,000
Removal of x1 delivery van from fleet		£30,000
Costs of manager visits to CAS sites (medicines audits, staff welfare, inspections etc)		£57,575*
Cost of delivery to CAS Sites		£13,360**
SORT training delivered at Sandwell		£100,000
Closure of Academy***		£254,693
Totals	£1,446,587	£1,095,480

Completed Savings	£840,787
Potential Savings	£254,693
Total	£1,095,480

*Based on x1 WTE Operational manager to cover all CAS sites.

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******Based on 0.5 WTE Band 3 for deliveries to all CAS sites.

*******If signed off by Board.

The annual costs of running Sandwell Hub, minus the savings from the closures of West Brom Hub, the HART base, CAS sites, distribution centre & the Academy would equal £351,107. These costs only include running costs, and not the net book value costs associated with the sale of any property.

3. Covid-19 Module 3 Request for Evidence

HM Government has established an independent public inquiry to examine the UK's preparedness and response to the Covid-19 pandemic, and to learn lessons for the future. The Inquiry has now started its work and has been established under the Inquiries Act 2005, with full powers, including the power to compel the production of documents and to summon witnesses to give evidence on oath.

Baroness Hallett the Inquiry chair is taking a modular approach to the Inquiry and to date she has announced three modules with teams set up across the UK to investigate and report on each module. These will be followed by public hearings chaired by Baroness Hallett. The third module of the investigation was launched on 8 November 2022, and it will examine the impact on the health sector including the impact of Covid-19 and of the governmental and societal responses to it, on healthcare systems and patients, hospital and other healthcare workers and staff.

Module 3 will examine the impact of Government decision-making on healthcare systems across the United Kingdom:

- How the treatments available to those with Covid-19 developed.
- The quality of care provided to Covid-19 patients and non-Covid 19 patients.
- The impact on hospitals of policies and decisions to discharge patients (a later module will examine the impact of the policies and decisions on patients and the care sector).
- The availability of appropriate PPE for those working in the healthcare sector during the pandemic.
- The effect of national guidance on infection control within healthcare settings.
- The redeployment of healthcare staff from one area to another.
- The use of technology to conduct appointments and meetings.
- The impact on surgery including cancelled operations and the creation of surgical hubs in which the risk of Covid-19 infection was minimised.

The Trust set up a task and finish Covid-19 Inquiry Evidence Collection Group that oversees all relevant Trust evidence will be available if requested by the UK Covid-19 Inquiry team. The Task and finish Group has been created with Terms of Reference and reports to the Executive Management Board and onward to the Board of Directors.

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The Covid review group has met regularly and made considerable progress in preparing the organisation and ensuring its ability to respond to any request for information. A complex data collection exercise continues, and the group continue to work with relevant Directors and Senior Managers to ensure all information relevant is preserved and accessible. As part of this the Trust published a “Stop Notice” to all staff to preserve relevant information.

The Trust officially received a request dated the 30 March 2023, requiring an extensive request for a statement (under oath) from the Chief Executive and for the provision of relevant associated documentation from the Trust pursuant to Rule 9 of the Inquiry Rules 2006. This request relates to Module 3. In this, the Inquiry will examine the impact of the Covid-19 pandemic on healthcare systems. That means any documents or information provided in response will be reviewed as part of the Inquiry’s work and, if assessed as relevant by the Inquiry, disclosed to Core Participants in Module 3. The Inquiry may also decide to publish such material on the Inquiry website during the public hearings.

It should be noted that any person who provides a witness statement to the Inquiry may be asked to provide oral evidence based on that written statement at a public hearing before the Chair. It is therefore important that the individual(s) can speak knowledgeably about the matters set out in the statement.

Actions and timeline:

- A significant amount of data and response have now been obtained and collated in preparation of the draft statement.
- We provided an update on our progress on preparation of the statement and documentation by 4pm on 11 May 2023 and will provide a draft response to the Rule 9 request by 4pm on 25 May 2023.
- Once the Inquiry has reviewed the draft statement, we will be contacted again to explain the next steps, including how and when the statement should be finalised.
- When the draft has been prepared and reviewed by the CEO it is intended to seek legal advice in support to ensure compliance.

Appendix A is the Covid-19 Public Inquiry Terms of Reference (These are attached for information)

Appendix B is the Covid 19, Module 3 provisional scope of issues. This module will consider the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. This will include consideration of the healthcare consequences of how the governments and the public responded to the pandemic. It will examine the capacity of healthcare systems to respond to a pandemic and how this evolved during the Covid-19 pandemic. It will consider the primary, secondary and tertiary healthcare sectors and services and people’s experience of healthcare during

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the pandemic, including through illustrative accounts. It will also examine healthcare-related inequalities (such as in relation to death rates, PPE and oximeters), with further detailed consideration in a separate designated module.

An update to the Confidential Board of Directors meeting will be presented by Tony Yeaman.

4. Chief Executive Officer Meetings – 20 March to 19 May 2023

Staff

- Christine Gill's Funeral
- DoS Leads
- FTSU Ambassadors
- All Staff Briefing
- Staff Governors
- Council of Governors
- Efficiency & Transformation Group

National Meetings

- Sarah Jane Marsh – NHS England
- Julie Fraser, CQC
- Marc Thomas, NHS England
- NHS England – ECPAG Meeting
- NHS England IUEC Senior Leadership Team Meeting
- NHS England – Updated Ambulance Plans Meeting
- Association of Ambulance Chief Executives – Council Meeting
- NHS England - Ambulance Programme Board
- NHS England – Fire Service Driver Model Meeting
- NHS England - UEC Check In
- NHS England – C2 Segmentation Learning Event
- Daren Mochrie, Association of Ambulance Chief Executives
- NHS England – National Ambulance Advisory Group
- Andy Ford, CQC
- NHS England – Ambulances Deep Dive Meeting
- Association of Ambulance Chief Executives – Chief Executives Meeting
- NHS England – Quality & Performance Committee
- NHS England – Fire Service Collaboration Meeting

Regional Meetings

- Mark Axcell, Black Country ICB

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- Professor Jackie Dunn, Vice Chancellor, Newman University

**Professor Anthony C. Marsh
Chief Executive Officer
May 2023**

Covid-19 Inquiry Terms of Reference

The Inquiry will examine, consider and report on preparations and the response to the pandemic in England, Wales, Scotland and Northern Ireland, up to and including the Inquiry's formal setting-up date, 28 June 2022.

In carrying out its work, the Inquiry will consider reserved and devolved matters across the United Kingdom, as necessary, but will seek to minimise duplication of investigation, evidence gathering and reporting with any other public inquiry established by the devolved governments. To achieve this, the Inquiry will set out publicly how it intends to minimise duplication, and will liaise with any such inquiry before it investigates any matter which is also within that inquiry's scope.

In meeting its aims, the Inquiry will:

- a) consider any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, those relating to protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998;
- b) listen to and consider carefully the experiences of bereaved families and others who have suffered hardship or loss as a result of the pandemic. Although the Inquiry will not consider in detail individual cases of harm or death, listening to these accounts will inform its understanding of the impact of the pandemic and the response, and of the lessons to be learned;
- c) highlight where lessons identified from preparedness and the response to the pandemic may be applicable to other civil emergencies;
- d) have reasonable regard to relevant international comparisons; and
- e) produce its reports (including interim reports) and any recommendations in a timely manner.

The aims of the Inquiry are to:

1. Examine the COVID-19 response and the impact of the pandemic in England, Wales, Scotland and Northern Ireland, and produce a factual narrative account, including:
 - a) The public health response across the whole of the UK, including
 - i) preparedness and resilience;
 - ii) how decisions were made, communicated, recorded, and implemented;
 - iii) decision-making between the governments of the UK;
 - iv) the roles of, and collaboration between, central government, devolved administrations, regional and local authorities, and the voluntary and community sector;

- v) the availability and use of data, research and expert evidence;
 - vi) legislative and regulatory control and enforcement;
 - vii) shielding and the protection of the clinically vulnerable;
 - viii) the use of lockdowns and other ‘non-pharmaceutical’ interventions such as social distancing and the use of face coverings;
 - ix) testing and contact tracing, and isolation;
 - x) the impact on the mental health and wellbeing of the population, including but not limited to those who were harmed significantly by the pandemic;
 - xi) the impact on the mental health and wellbeing of the bereaved, including post-bereavement support;
 - xii) the impact on health and care sector workers and other key workers;
 - xiii) the impact on children and young people, including health, wellbeing and social care;
 - xiv) education and early years provision;
 - xv) the closure and reopening of the hospitality, retail, sport and leisure, and travel and tourism sectors, places of worship, and cultural institutions;
 - xvi) housing and homelessness;
 - xvii) safeguarding and support for victims of domestic abuse;
 - xviii) prisons and other places of detention;
 - xix) the justice system;
 - xx) immigration and asylum;
 - xxi) travel and borders; and
 - xxii) the safeguarding of public funds and management of financial risk.
- b) The response of the health and care sector across the UK, including:
- i) preparedness, initial capacity and the ability to increase capacity, and resilience;
 - ii) initial contact with official healthcare advice services such as 111 and 999;
 - iii) the role of primary care settings such as General Practice;
 - iv) the management of the pandemic in hospitals, including infection prevention and control, triage, critical care capacity, the discharge of patients, the use of ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) decisions, the approach to palliative care, workforce testing, changes to inspections, and the impact on staff and staffing levels;
 - v) the management of the pandemic in care homes and other care settings, including infection prevention and control, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, workforce testing and changes to inspections;

- vi) care in the home, including by unpaid carers;
 - vii) antenatal and postnatal care;
 - viii) the procurement and distribution of key equipment and supplies, including PPE and ventilators;
 - ix) the development, delivery and impact of therapeutics and vaccines;
 - x) the consequences of the pandemic on provision for non-COVID related conditions and needs; and
 - xi) provision for those experiencing long-COVID.
- c) The economic response to the pandemic and its impact, including governmental interventions by way of:
- i) support for businesses, jobs and the self-employed, including the Coronavirus Job Retention Scheme, the Self-Employment Income Support Scheme, loans schemes, business rates relief and grants;
 - ii) additional funding for relevant public services;
 - iii) additional funding for the voluntary and community sector; and
 - iv) benefits and sick pay, and support for vulnerable people.

2. Identify the lessons to be learned from the above, to inform preparations for future pandemics across the UK.



Appendix B

Module 3

November 2022

Module 3 Provisional Scope

This module will consider the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. This will include consideration of the healthcare consequences of how the governments and the public responded to the pandemic. It will examine the capacity of healthcare systems to respond to a pandemic and how this evolved during the Covid-19 pandemic. It will consider the primary, secondary and tertiary healthcare sectors and services and people's experience of healthcare during the pandemic, including through illustrative accounts. It will also examine healthcare-related inequalities (such as in relation to death rates, PPE and oximeters), with further detailed consideration in a separate designated module.

In particular, this module will examine:

1. The impact of Covid-19 on people's experience of healthcare.
2. Core decision-making and leadership within healthcare systems during the pandemic.
3. Staffing levels and critical care capacity, the establishment and use of Nightingale hospitals and the use of private hospitals.
4. 111, 999 and ambulance services, GP surgeries and hospitals and cross-sectional co-operation between services.
5. Healthcare provision and treatment for patients with Covid-19, healthcare systems' response to clinical trials and research during the pandemic. The allocation of staff and resources. The impact on those requiring care for reasons other than Covid-19. Quality of treatment for Covid-19 and non-Covid-19 patients, delays in treatment, waiting lists and people not seeking

or receiving treatment. Palliative care. The discharge of patients from hospital.

6. Decision-making about the nature of healthcare to be provided for patients with Covid-19, its escalation and the provision of cardiopulmonary resuscitation, including the use of do not attempt cardiopulmonary resuscitation instructions (DNACPRs).
7. The impact of the pandemic on doctors, nurses and other healthcare staff, including on those in training and specific groups of healthcare workers (for example by reference to ethnic background). Availability of healthcare staff. The NHS surcharge for non-UK healthcare staff and the decision to remove the surcharge.
8. Preventing the spread of Covid-19 within healthcare settings, including infection control, the adequacy of PPE and rules about visiting those in hospital.
9. Communication with patients with Covid-19 and their loved ones about patients' condition and treatment, including discussions about DNACPRs.
10. Deaths caused by the Covid-19 pandemic, in terms of the numbers, classification and recording of deaths, including the impact on specific groups of healthcare workers, for example by reference to ethnic background and geographical location.
11. Shielding and the impact on the clinically vulnerable (including those referred to as "clinically extremely vulnerable").
12. Characterisation and identification of Post-Covid Condition (including the condition referred to as long Covid) and its diagnosis and treatment.



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Activity and Performance							
Measure	Month	YTD	Monthly Trend	Measure	Month	YTD	Monthly Trend
Category 1 - Mean <small>Target 7 mins</small>	08:18	08:25		Category 4 - Mean <small>Target 180 mins</small>	157:55	219:05	
Category 1 - 90th <small>Target 15 mins</small>	14:25	14:46		Category 4 - 90th	406:43	596:33	
Category 1 T - Mean <small>Target 19 mins</small>	09:35	09:46		HCP 2hr - 90th	476:55	601:46	
Category 1 T - 90th <small>Target 30 mins</small>	17:31	17:34		HCP 4hr - 90th	782:14	844:44	
Category 2 - Mean <small>Target 18 mins</small>	25:49	49:40		Call Answer (999 only) 95th	00:32	00:40	
Category 2 - 90th <small>Target 40 mins</small>	54:25	114:58		Number of 2 min call delays	30	3732	
Category 3 - Mean <small>Target 60 mins</small>	114:42	192:53		Number of Handovers >60 minutes <small>(ED only, including cohorts)</small>	4560	97513	
Category 3 - 90th <small>Target 120 mins</small>	299:46	537:24		% of Handovers < 30 mins <small>(ED only, including cohorts) Target 95%</small>	71.9%	62.6%	
				% of Handovers < 15 mins <small>(ED only, including cohorts) Target 65%</small>	32.4%	26.6%	

111							
Measure	Month	YTD	Monthly Trend	Measure	Month	YTD	Monthly Trend
Call Answer - 95th <small>Target <= 120 seconds</small>	1725	1806		% of Calls Assessed by a Clinician <small>Target >= 50%</small>	44.7%	45.5%	
Call Answer - Avg (mm:ss) <small>Target <= 20 secs</small>	518	324		Proportion of Call Backs by a Clinician <small>(P1 within 20 mins)</small>	24.5%	23.2%	
% of Calls Abandoned <small>Target <= 3%</small>	2.6%	11.9%					

Workforce							
Measure	Month	YTD	Monthly Trend	Measure	Month	YTD	Monthly Trend
Sickness <small>(Target - top quartile of all Amb Services)</small>	5.0%	5.4%		Mandatory Training PTS (YTD)	88.7%	88.7%	
Appraisals (YTD)	94.0%	94.0%		Number of Freedom to Speak up Enquiries	1	19	
Mandatory Training E&U (YTD)	78.7%	78.7%					

Clinical Quality & Safety							
Measure	Month	YTD	Monthly Trend	Measure	Month	YTD	Monthly Trend
Total Incident Forms	869	9748		Patient Safety (Total)	448	4936	
No. of RIDDORS	7	77		Patient Safety Harm	65	1004	
No. of Verbal Assaults	112	1137		Being Open (low harm only)	20	318	
No. of Physical Assaults	42	548		Duty of Candour <small>(moderate harm and above)</small>	11	391	
Complaints	38	589		Serious Incidents	33	421	
PALS	155	1898		Claims	3	48	
Compliments	190	2472					

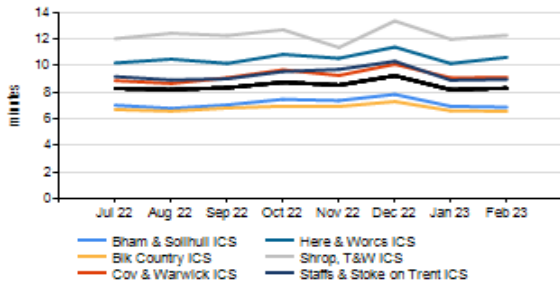
Financial							
Measure	Month	YTD	Monthly Trend	Measure	Month	YTD	Monthly Trend
EBITDA £million <small>(Plan £25.02m)</small>	3.03	22.16		Better Payment Practice Code	89.6%	89.6%	
Delivery of CIP Programme £million (Target £9.7M)	1.27	9.92		Agency Spend	0	0	
Capital Expenditure £million (2022/23 £13.03m)	0.19	10.81					

Clinical Quality & Safety							
Measure	Jan-23	YTD	Monthly Trend	Measure	Jan-23	YTD	Monthly Trend
Return of Spontaneous Circulation At Hospital (Comp)	37.50%	47.21%		STEMI Care Bundle	73.86%	74.66%	
Cardiac Arrest Survival to discharge (Comp)	13.73%	22.22%		Stroke Diagnostic Bundle	97.67%	84.62%	
Post ROSC Care Bundle	65.4%	68.72%		Sepsis Care Bundle	No longer required		

PTS							
Measure	Jan-23	YTD	Monthly Trend	Measure	Jan-23	YTD	Monthly Trend
Achieved KPIs	66	66		Failed KPIs	3	3	



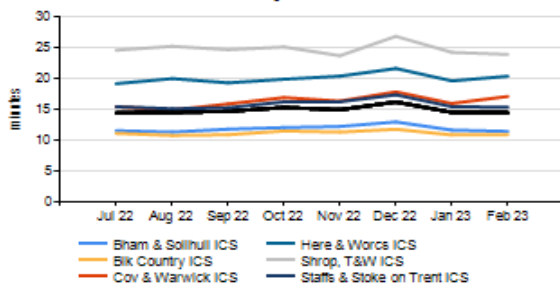
Cat 1 Mean by ICS - 2022/23



Priority	ICS	MTD	QTD	YTD
Cat 1 Mean	NHS BIRMINGHAM AND SOLIHULL ICS	6:52	6:54	7:12
	NHS BLACK COUNTRY ICS	6:34	6:35	6:50
	NHS COVENTRY AND WARWICKSHIRE ICS	9:07	9:06	9:16
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	10:37	10:23	10:35
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	12:17	12:07	12:21
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	8:58	8:56	9:23
	WMAS	8:18	8:15	8:31

----- WMAS

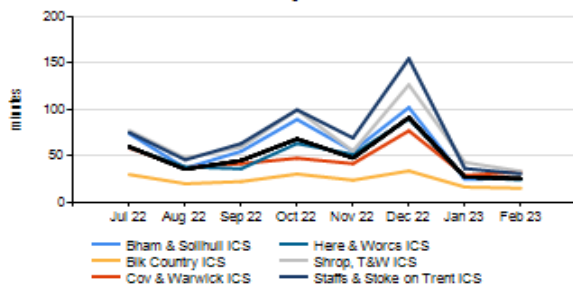
Cat 1 90th by ICS - 2022/23



Priority	ICS	MTD	QTD	YTD
Cat 1 90th	NHS BIRMINGHAM AND SOLIHULL ICS	11:23	11:28	11:53
	NHS BLACK COUNTRY ICS	10:53	10:51	11:08
	NHS COVENTRY AND WARWICKSHIRE ICS	17:02	16:12	16:14
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	20:18	19:56	20:04
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	23:50	24:04	24:47
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	15:19	15:21	15:51
	WMAS	14:25	14:27	14:54

----- WMAS

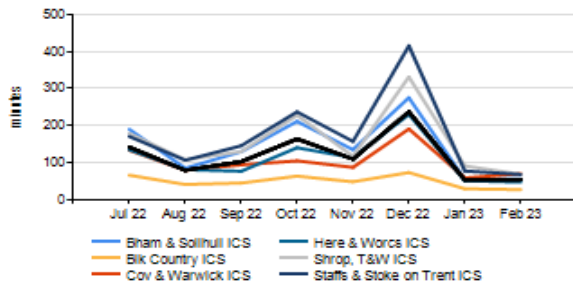
Cat 2 Mean by ICS - 2022/23



Priority	ICS	MTD	QTD	YTD
Cat 2 Mean	NHS BIRMINGHAM AND SOLIHULL ICS	25:41	25:21	58:00
	NHS BLACK COUNTRY ICS	15:23	16:02	24:33
	NHS COVENTRY AND WARWICKSHIRE ICS	32:54	30:56	46:04
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	24:31	25:59	49:14
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	33:42	38:30	68:15
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	30:55	33:46	72:09
	WMAS	25:49	26:37	50:35

----- WMAS

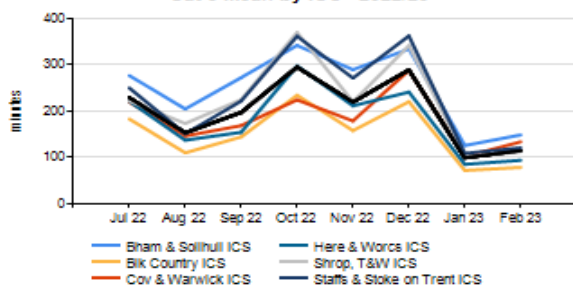
Cat 2 90th by ICS - 2022/23



Priority	ICS	MTD	QTD	YTD
Cat 2 90th	NHS BIRMINGHAM AND SOLIHULL ICS	56:06	55:32	144:40
	NHS BLACK COUNTRY ICS	27:38	28:40	51:18
	NHS COVENTRY AND WARWICKSHIRE ICS	70:34	64:43	101:54
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	47:47	49:30	108:04
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	69:18	78:17	158:50
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	68:12	72:21	173:22
	WMAS	54:25	54:04	117:09

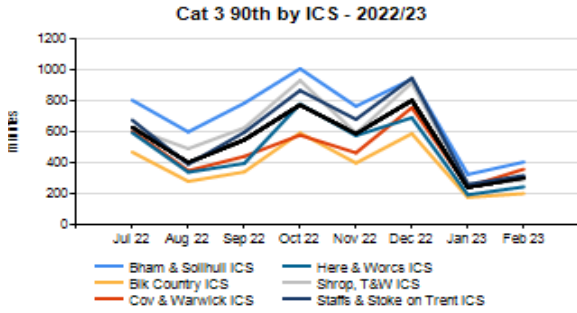
----- WMAS

Cat 3 Mean by ICS - 2022/23



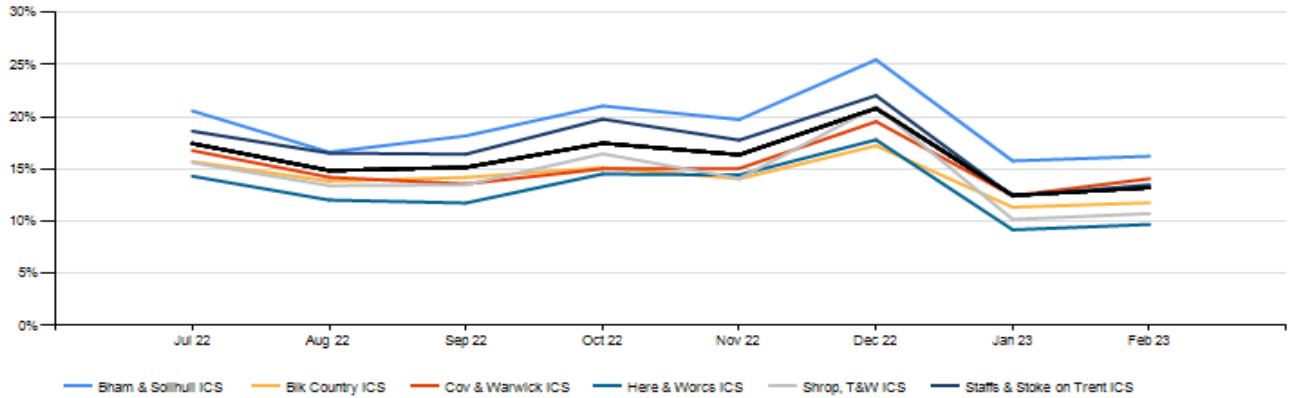
Priority	ICS	MTD	QTD	YTD
Cat 3 Mean	NHS BIRMINGHAM AND SOLIHULL ICS	148:33	136:26	237:51
	NHS BLACK COUNTRY ICS	78:34	75:07	144:07
	NHS COVENTRY AND WARWICKSHIRE ICS	133:40	116:54	177:30
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	93:54	89:16	171:53
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	112:05	107:27	206:13
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	120:52	114:43	213:19
	WMAS	114:42	106:37	190:23

----- WMAS

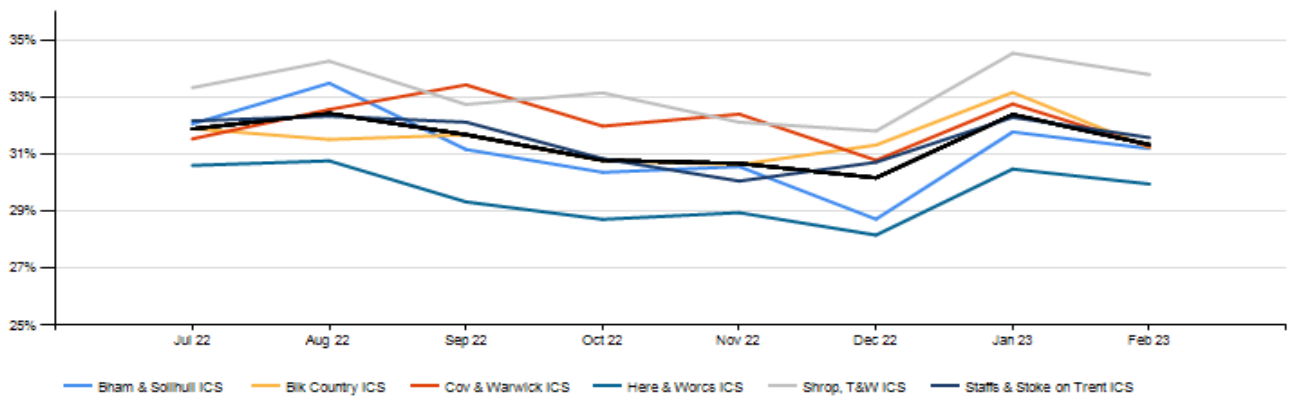


Priority	ICS	MTD	QTD	YTD
Cat 3 90th	NHS BIRMINGHAM AND SOLIHULL ICS	402:35	371:44	700:18
	NHS BLACK COUNTRY ICS	199:12	187:17	380:47
	NHS COVENTRY AND WARWICKSHIRE ICS	356:49	299:59	471:29
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	242:48	218:25	474:04
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	287:17	274:14	600:09
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	315:33	289:49	590:00
	WMAS	299:46	273:30	531:47

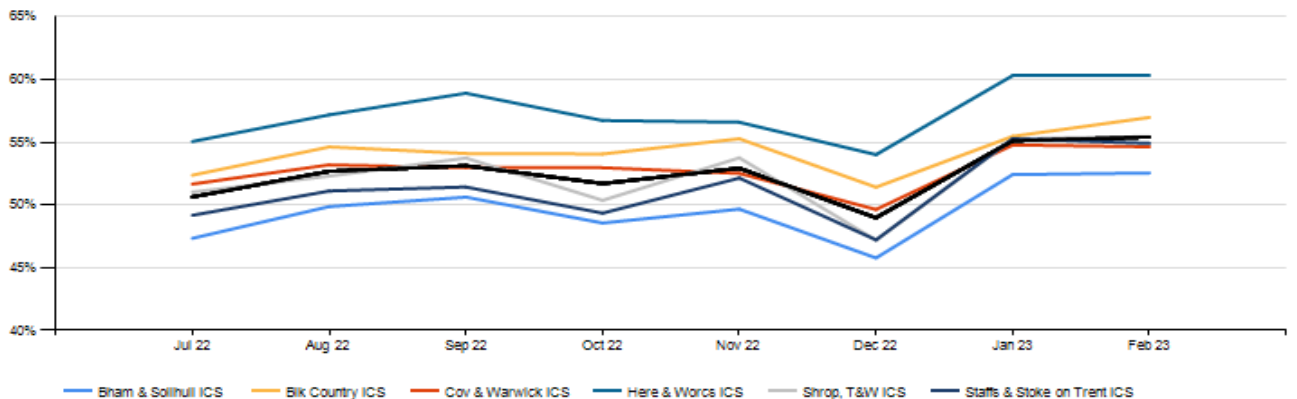
Emergency Hear & Treat % by ICS



Emergency See & Treat % by ICS

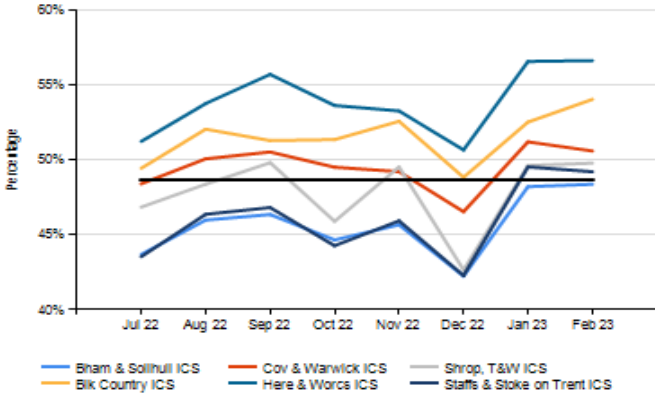


Emergency See & Convey % by ICS

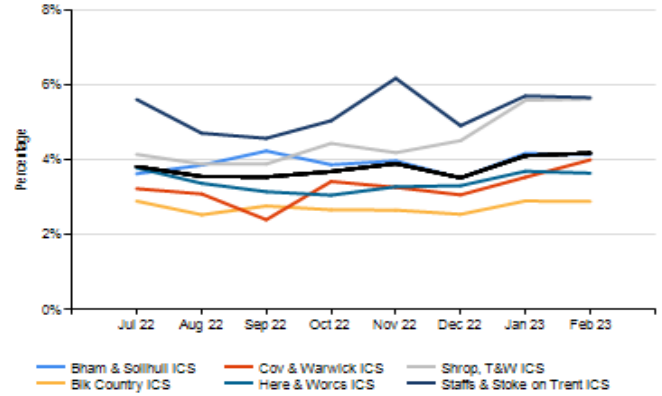




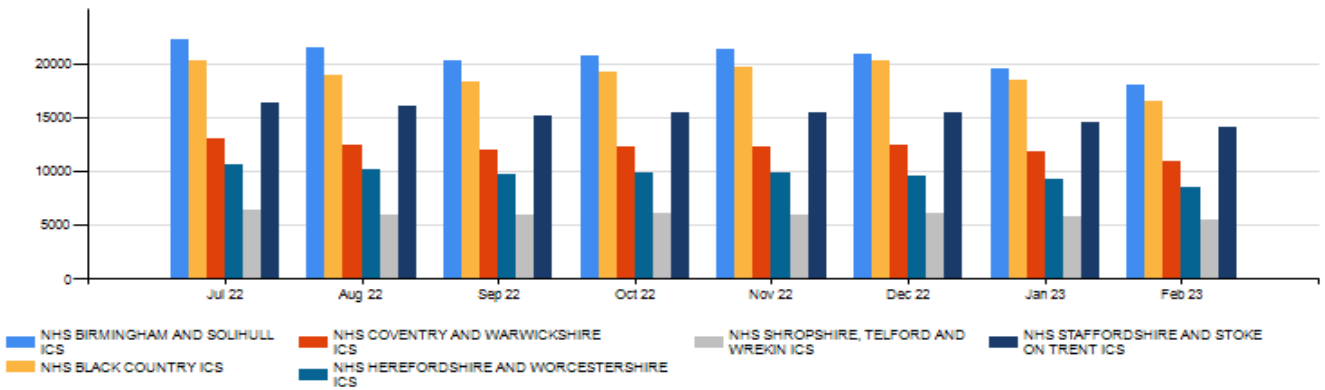
Emergency See & Convey to ED % by ICS



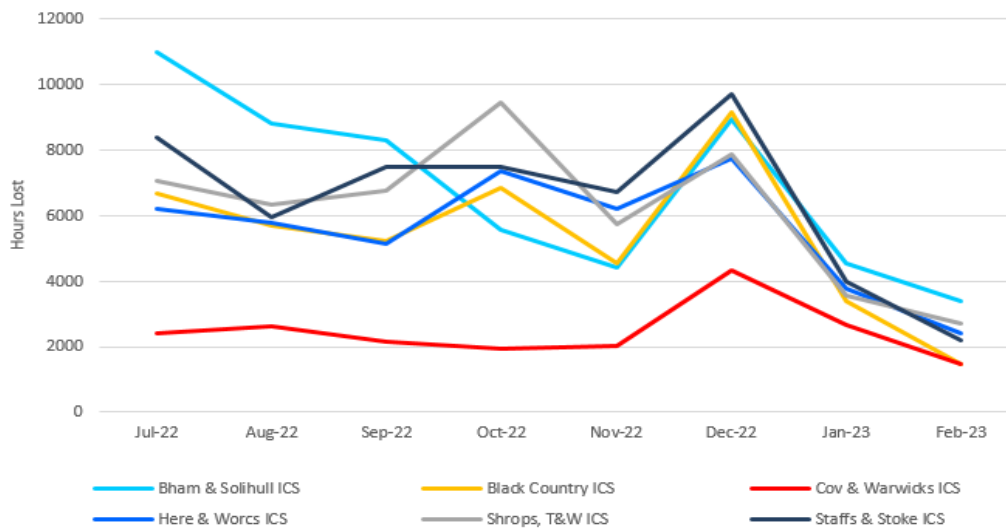
Emergency See & Convey to Non ED % by ICS



Activity (AQI Incidents) by Month by ICS



Hospital Handover Hours (excl 15 mins, incl Cohort) ED only by ICS



Birmingham and Solihull ICS - New Queen Elizabeth Hosp, Good Hope, City (Birmingham), Heartlands, Birmingham Childrens, Solihull
Black Country and West Birmingham ICS - Russells Hall, New Cross, Walsall Manor, Sandwell
Coventry and Warwickshire ICS - Uni Hospital Cov & War, George Elliot, Warwick
Herefordshire and Worcestershire ICS - Hereford County, Worcestershire Royal, Alexandra
Shropshire, Telford and Wrekin ICS - Princess Royal, Royal Shrewsbury
Staffordshire ICS - Royal Stoke Univ Hosp, County Hospital (Stafford), Burton

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 05C

DATE 31 MAY 2023

PAPER NUMBER 04d

Title	The Trust's Provider Licence Conditions
Sponsoring Director	Chief Executive Officer
Author(s)/Presenter	Philip Higgins Governance Director and Trust Secretary
Purpose	To advise the Board of the changes to the Trust's licence conditions.
Previously Considered by	The Council of Governors for its information.
Report approved by	The Chairman
Executive Summary	
<p>To report to the Board of Directors on the changes to the NHS Provider Licence Conditions. These changes reflect the changes to the statutory and operating environment within which the Trust now operates. This means the shift of emphasis from economic regulation and competition to system working and collaboration. The proposed changes will bring the licence up to date, reflecting the new legislation and supporting providers to work effectively as part of the integrated care systems (ICSs).</p> <p>The new licence includes changes, which are set out in more detail in the attached report and are aimed at:</p> <ol style="list-style-type: none"> 1. Supporting effective system working 2. Enhancing the oversight of key services provided by the independent sector 3. Addressing climate change 4. Streamlining Reporting obligations <p>A full copy of the licence is available upon request and will be published on the Trust's website.</p>	
Related Trust Objectives/ National Standards	All Strategic Objectives as the Trust must remain compliant with its Licence Conditions and conditions of its CQC registration.

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Risk and Assurance	<p>The Trust has a duty to comply with the contents of its licence and shall have regard to guidance issued by NHS England from time to time. Failure to comply without appropriate explanation may result in enforcement action by NHS England.</p> <p>The Trust will continue to have regard to guidance issued from time to time by NHS England and will also remain compliant with its registration under the CQC regulations.</p>
Legal implications/regulatory requirements	<p>Legal advice has not been sought in relation to this report.</p> <p>The purpose of this report is to bring to the attention, the changes to the Trust's licence conditions. A full copy of the licence conditions are available upon request.</p> <p>The Trust must on a comply or explain basis demonstrate within the Annual Report its adherence to the published Code of Governance.</p>
Financial Planning	<p>Not directly applicable although the Licence conditions requires the Board to be satisfied that the appropriate controls and systems required as part of sound and robust corporate governance are in place. In addition that it has the appropriate resources in place. Assurance is provided from a number sources, not least the Annual Governance Statement signed by the Accounting Officer of the Trust (The Chief Executive Officer) and the declaration contained in the Annual Report by the Head of Internal Audit.</p>

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Workforce and Training Implications	Not directly applicable.
Communications Issues	Not directly applicable.
Diversity & Inclusion Implications	<p>There is a new condition of the licence that incorporates the triple aim NHS trusts & foundation trusts to consider the triple aim and in particular health inequalities. It obliges these bodies to consider the effects of their decisions on:</p> <ul style="list-style-type: none"> • the health and wellbeing of the communities we serve (including inequalities in health and wellbeing) • the quality of services provided or arranged by both themselves and other relevant bodies (including inequalities in benefits from those services)
Quality Impact Assessment Undertaken	Not directly applicable.
Data and Information Sources	The Trust's Conditions of Licence to operate.
<p>Action required:</p> <p>To note the content of the report and the new licence Conditions and Governors are requested to determine the following statement:</p>	

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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 05C

DATE 31 MAY 2023

PAPER NUMBER 04d

Licence Conditions

The NHS provider licence forms part of the oversight arrangements for the NHS. It sets out conditions that providers of NHS-funded healthcare services in England must meet to help ensure that the health sector works for the benefit of patients, now and in the future.

All NHS foundation trusts and NHS trusts are required to hold a licence. NHS controlled providers and independent providers of NHS services are required to hold a licence unless exempt. The NHS provider licence was first introduced for NHS foundation trusts in 2013 and extended to NHS trusts from April 2023.

The licence has now been modified following a statutory consultation to bring it up to date to reflect current statutory and policy requirements. These modifications also merge the NHS provider licence and the NHS controlled provider licence.

The need to change the licence has arisen from changes to the statutory and operating environment, including a shift of emphasis from economic regulation and competition to system working and collaboration. The proposed changes will bring the licence up to date, reflecting the new legislation and supporting providers to work effectively as part of integrated care systems (ICSs).

The new licence includes changes aimed at:

1. Supporting effective system working
2. Enhancing the oversight of key services provided by the independent sector
3. Addressing climate change
4. Streamlining Reporting obligations

1. Supporting effective system working

New cooperation condition

The new licence condition outlining expectations of how NHS trusts, foundation trusts and NHS controlled providers should work together across the newly formed integrated care systems to deliver on core system objectives. This includes planning, service improvement and delivery, delivery of system financial objectives and system workforce plans. The new cooperation condition is aligned with the revised duty on NHS bodies and local authorities to cooperate as set out in sections 72 and 82 of the NHS Act 2006 and with expectations around collaboration set out in the NHS Long Term Plan and the guidance on good governance and collaboration. As such, the terms “collaboration” and “cooperation” are used interchangeably.

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REPORT TO THE BOARD OF DIRECTORS

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New condition on the triple aim

This condition incorporates the triple aim and health inequalities through a new licence condition that mirrors the expectations set out in the 2022 act, for NHS trusts, foundation trusts and NHS controlled providers to consider the triple aim and health inequalities in their services.

The Triple aim for your information is:

- A better health and wellbeing of the people of England (Scotland and Wales, and Northern Ireland have their own health service governance) including the reduction in inequalities with respect to health and wellbeing.
- A better quality of health care services for the purposes of the NHS.
- A more sustainable and efficient use of resources by NHS bodies.

New condition on digital obligations

This condition introduces an obligation to enable system working and promote digital maturity (Digital maturity is the measure of the wider systems ability to create greater value through digital integration). This condition supports the condition to cooperate and also collaboration.

Integrated care condition

This reframes the previous obligation as a positive obligation. The aim is to encourage providers to actively participate in service integration to improve the quality of health care services, provide place-based integrated care, and reduce inequalities of access and outcomes. The previous licence condition which NHSE has now amended was phrased as a broadly defined prohibition to not act in ways which would undermine the potential of delivering integrated care. The proposed change is consistent with the shift in national focus to integrated care systems to deliver against the triple aims.

Expanding the patient choice condition

This condition now reflects the importance of personalised care by expanding the patient choice. This is in line with existing guidance and should clarify expectations and provide consistent messaging to providers. The licensee must ensure that people who use their services are offered information, choice and control to manage their own health and well being to best meet their circumstances, needs and preferences and working in partnership with other services where required. Within the spirit of cooperation and collaboration the conditions specifically state that information and advice about patient choice of provider made available by the licensee shall not unfairly favour any provider over another. Instead, the information should be objective and in the interests of the patient.

Removing the competition condition

This cuts to the heart of the changed approach nationally, it removes the competition condition to reflect a shift in healthcare priorities from competition to collaboration and the removal of statutory functions relating to competition oversight, as NHSE does not have these functions. This proposed condition will apply to all NHS license holders.

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AGENDA ITEM 05C

DATE 31 MAY 2023

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2. Enhancing the oversight of key services provided by the independent sector

Broadening the range of providers where continuity of services (CoS) conditions will apply

Although this hasn't previously impacted on the Trust, the condition expands the NHSE oversight beyond the narrow definition of commissioner requested services (CRS), to providers which deliver services that are considered hard to replace. A hard to replace service are those services defined by the ICB as such. This does not apply to this Trust, at present.

3. Addressing climate change

This condition reflects the requirements set out in the 2022 Health and Care Act relating to the contribution of NHS trusts and foundation trusts to tackling climate change and delivering net zero carbon emissions. NHSE also proposes that the adherence to any NHSE guidance on tackling climate change is part of good corporate governance and aligns with the governance requirements in the 2022/23 NHS Standard Contract, requiring boards to nominate a board-level net zero lead and deliver a green plan. This proposal is for NHS trusts, foundation trusts and NHS controlled providers only.

4. Streamlining reporting requirements

The Foundation Trust reporting obligations are now removed, again reflecting the move towards greater integration and collaboration. There are no longer any obligations to make an annual declaration and self-certification for NHS trusts and foundation trusts, due to duplication with annual reporting and to reduce regulatory burdens.

Overall conditions that are no longer required in the new system of working have been abolished. The success of an individual foundation trust will increasingly be judged against its contribution to the objectives of the ICS. This means the board's performance must now be seen in part as the trust's contribution to system-wide plans and their delivery, and also its openness to collaboration with other partners, including with other providers through provider collaboratives.

In holding non-executive directors to account for the performance of the board the Trust's Council of Governors have been advised that it should consider whether the interests of the public at large have been factored into board decision-making and be assured of the board's performance in the context of the system as a whole, and as part of the wider provision of health and social care. Consideration should also be given to how the trust board's decision-making complies with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources, as well as the role the trust is playing in reducing health inequalities in access, experience and outcomes.

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DATE 31 MAY 2023

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If any member wishes to receive any clarity or if they want a copy of the licence conditions please do not hesitate to contact Philip Higgins, Governance Director and Trust Secretary.

**Professor Anthony C Marsh
Chief Executive Officer**

May 2023

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

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 06

MONTH: MAY 2023

PAPER NUMBER: 05

Finance Update 2023-24	
Sponsoring Director	Director of Finance
Author(s)/Presenter	Karen Rutter – Director of Finance
Purpose	To update the Board on 22-23 close and 23-24 progress to date
Previously Considered by	n/a – this paper is for update purposes only
Report Approved By	Karen Rutter – Director of Finance
Executive Summary	
<p>2022-23 Financial Statements</p> <p>The draft end of year accounts were produced and submitted to NHSE before the required deadline and the Trust’s external auditors are now undertaking their review and assurance of the statements and supporting information. The audited statements will be presented for approval at the Trust’s Audit Committee on 6th June. Please note that the Trust Board has delegated this approval authority to Audit Committee.</p> <p>2023-24 Month 01 (April 2023)</p> <p>There was a limited submission for Month 01 required by NHSE – this covered staff costs and a summary of the overall income and expenditure position. The Trust’s information is included in the Black Country ICB reporting. Key points to note are:</p> <ul style="list-style-type: none"> • Reported surplus £238k – this is against a planned surplus of £189k • This position assumes that the level of income represented in the plan will be fully agreed – these contract discussions are still ongoing with WM systems • The reported spend is below plan due to the current recruitment and overtime restrictions in place • Capital spend is below plan at month 01 due to no purchases made during the month – this funding will be fully utilised over the financial year. <p>Please note that the month 01 finance information is included in the Trust pack circulated Separately to members and also is available on the Trust’s website.</p>	

**WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 06

MONTH: MAY 2023

PAPER NUMBER: 05

Related Trust Objectives/ National Standards	Provision of relevant and timely information to the provided assurance of the financial control and governance of the Trust highlighting any key risks.
Risk and Assurance	Risk that the Trust fails to operate adequately and effectively if the Board are not updated with relevant information. Specific risks to the delivery of breakeven include: <ul style="list-style-type: none"> • Securing robust contracts and income from ICBs • Inflationary elements to supplier contracts • Ensuring the delivery of the full CIP programme
Legal implications/ regulatory requirements	Robust financial records and processes are required to be in place to ensure that the Trust is operating within the required financial framework to meet audit standards.
Financial Implications	Failure to deliver to plan agreed with and reported to NHSE would result in the Trust failing in it's statutory duties.
Workforce & Training Implications	None to date
Communications Issues	None
Diversity & Inclusivity Implications	Not directly applicable within the context of the report.
Quality Impact Assessment	None
Data Quality	All data held in Trust systems
Action required	
To note the update contained in this paper.	

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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 07a

MONTH: May 2023

PAPER NUMBER: 06a

Executive Medical Director Paramedic Practice and Patient Safety Director Interim Organisational Assurance Clinical Director Integrated Quality Report	
Sponsoring Directors/Presenters	Dr Alison Walker Executive Medical Director. Nick Henry, Paramedic Practice and Patient Safety Director. Diane Scott, Interim Organisational Assurance and Clinical Director
Purpose	The report is presented to the Board as a joint report by the WMAS Clinical Directors to give the Board assurance on the clinical quality agenda. It is an integrated report that has been developed to provide a single reporting mechanism to the Board on all clinical quality issues.
Previously Considered by	Quality Governance Committee on 24 May 2023.
Report Approved By	Sponsoring Directors
Executive Summary	
<p>This 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.</p> <p>As the Board will be aware, this is the first report drafted by the Executive Medical Director, Paramedic Practice and Patient Safety Director and the Interim Organisational Assurance & Clinical Director Integrated Quality Report. The Director of Nursing position is vacant and is the subject of a recruitment exercise. The Board will be updated on progress at the meeting.</p> <p>The report highlights specific areas that the Board need to be sighted on:</p> <ul style="list-style-type: none"> • Patient handover delays have improved, but hours lost to operational activity continue to result in significant patient harm and the impact of these delays resulting in long patient waiting times also causes harm, including death. • As a result of long delays, the number of serious incidents involving serious harm or death remains significant, and the risk rating therefore remains at a 25. 	

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UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 07a

MONTH: May 2023

PAPER NUMBER: 06a

Related Trust Objectives Supports the monitoring against our strategic objective to achieve:	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)	
SO5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care)	X
Relevant Trust Value	Excellence <input checked="" type="checkbox"/> Integrity <input checked="" type="checkbox"/>
	Compassion <input checked="" type="checkbox"/> Inclusivity <input checked="" type="checkbox"/>
	Accountability <input checked="" type="checkbox"/>
Risk and Assurance	The report is presented as a document that provides 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 the Trust.
Workforce & Training 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.
Diversity & Inclusivity Implications	The report will highlight any diversity and inclusion issues as they arise.
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. Data has been sourced from the WMAS portal ORBIT and from the WMAS contract monitoring report.
Action required: The Trust Board is asked to: 1. Receive and note the integrated quality report.	

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UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 07a

MONTH: May 2023

PAPER NUMBER: 06a

2. Gain assurance on the quality agenda and the robustness of the quality governance processes.
3. Note the significant harm being caused as the result of long patient handover delays and resultant actions.
4. Approve the recommendation of the EMB in relation to the proposals for Improving the Response to Mental Health Business Case at a cost of £3.8M in 2023/24 and £3.8M with revenue costs in 2024/25 (and recurrently thereafter) of £3.8M subject to funding being made available within the timeframe to implement the proposal.

Introduction

The Trust strives to provide the best quality and care for our patients, and a safe environment for our staff to work in. One of our main focus areas continues to be patient and staff safety and wellbeing issues related to the high number of Hospital Handover Delays, resulting in long waiting times for patients, and for those who are waiting in the community for an ambulance response.

Patient Handover Delays

The issue of patient handover delays continues to remain above pre-pandemic average of 7,000 hours, with April seeing just over 10,000 hours lost, there has been an improvement from the winter months.

Integrated Care Systems (ICS) continue to support the Trust to reduce long patient delays with a focus to improve Category 2 performance as part of the national NHSE priorities. Due to the continued delays, the Board Assurance Framework (BAF) continues to be graded as a 25.

Serious Incident Investigation Work

The Trust has seen a reducing trend of serious incidents being reported during the month of April, this trend is in line with the reducing number of hospital handover delays. This demonstrates a direct correlation to hospital handover delays, with delayed response remaining the highest trend for these investigations.

Patient Safety reporting

Following a full review of information, the Trust identified a gap in reporting regarding 'open' patient safety incidents, finding 7,919 historically reported incidents had not been formally closed, dating back to 2016. A formal executive review and recovery plan was immediately enacted, and this identified that incidents had been reported, although not closed appropriately. In completing the formal closure of the identified incidents, patient harm levels did reduce from previous reporting. Robust processes have been implemented to increase the visibility of open cases to Trust committees and ensure this does not happen again. The information and learning from this incident has been shared with Commissioners and the Care Quality Commission in being open.

Plans to improve Mental Health Services

The Business Case approved by EMB supports the implementation of deliverables in line with expectations laid out within the NHS Long Term Plan; following extensive discussions and negotiations with West Midlands ICBs and NHS England over the last 12 months. It seeks to introduce additional specialist resourcing and enhanced mental health education for staff to improve the delivery of care to patients presenting to the ambulance service with mental health needs.

This will be achieved through:

- Mental Health Clinicians embedded in the Clinical Validation Team
- 6 Mental Health Response Vehicles (5 Operational plus one for resilience)
- Mental Health Clinical Education and Improvement officers developing and delivering a programme of mental health education and quality improvement.

The revenue costs of this project are to be fully funded by external investment from each of the six West Midlands Integrated Care Boards from Mental Health Investment Standard funding allocations. The total of this funding will amount to £3.6m in 2023/24 and £4.2m recurrently. The funding includes investment both for deliverables as part of the Long-Term Plan to improve the ambulance response to mental health as well as investment to support demand reduction for High Intensity Service Users. However, the latter has been separated out and is in a separate business case. Capital investment will be met by funding allocations from NHSE. This case amounts to a total cost of £3.8m in 2023/24, consisting of £3.162m in revenue investment and £658k in capital investment, with revenue costs in 2024/25 (and recurrently thereafter) of £3.8m. This business case is proposed on the assumption that formal contractual arrangements will be finalised before any new costs are incurred and approval is sought on this basis. The Director of Finance is supportive provided that the funding is agreed within the agreed timeframe. The business case was approved by EMB in principle subject to the following items being clarified:

- Funding is received.
- Confirmation of the number of Educators required.
- Clarification on who owns / manages this.

The Board will be advised if there is any update to this proposal, but the Board is requested to approve the recommendation of the EMB subject to funding being confirmed.

Tables – Serious Incident Summary Dashboard

The table gives an overview of the SI's reported status, by departments and totals at the end of April.

Serious Incident Summary Dashboard

Total Serious Incidents 2020 - 2024			Total Open SI's by Single Area		
		%			%
SI's Declared	766	100%	A&E	6	24%
SI's Open	57	7%	PTS	1	4%
SI Closure Req	61	8%	IEUC	18	72%
SI's Closed	632	83%	Other	0	0%
SI's Stand Down Req	3	0%	Total	25	100%
SI's Stood Down	13	2%	Total Open SI's by Multiple Area		
Not Open but Query raised by ICB	9	1%	A&E Multiple	1	17%
Total	766	100.0%	A&E+IEUC	4	67%
SI's Split by Harm 2020-2024			PTS+IEUC	1	17%
Death	10	1%	IEUC Multiple	0	0%
Severe	648	85%	Total	6	100%
Moderate	19	2%	Summary Actions		
Low	41	5%	No. New SI's Open	32	24
No Harm	48	6%	No. SI's Req Closure	65	44
Total	766	100%	No. SI's Closed by ICB	37	28
Open SI's by Year			No. SI's Req Stand down	0	0
		Overdue	No. SI's Stood Down by ICB	0	0
2020-2021	1	0			
2021-2022	0	0			
2022-2023	32	0			
2023-2024	24	0			
Total	57	0			

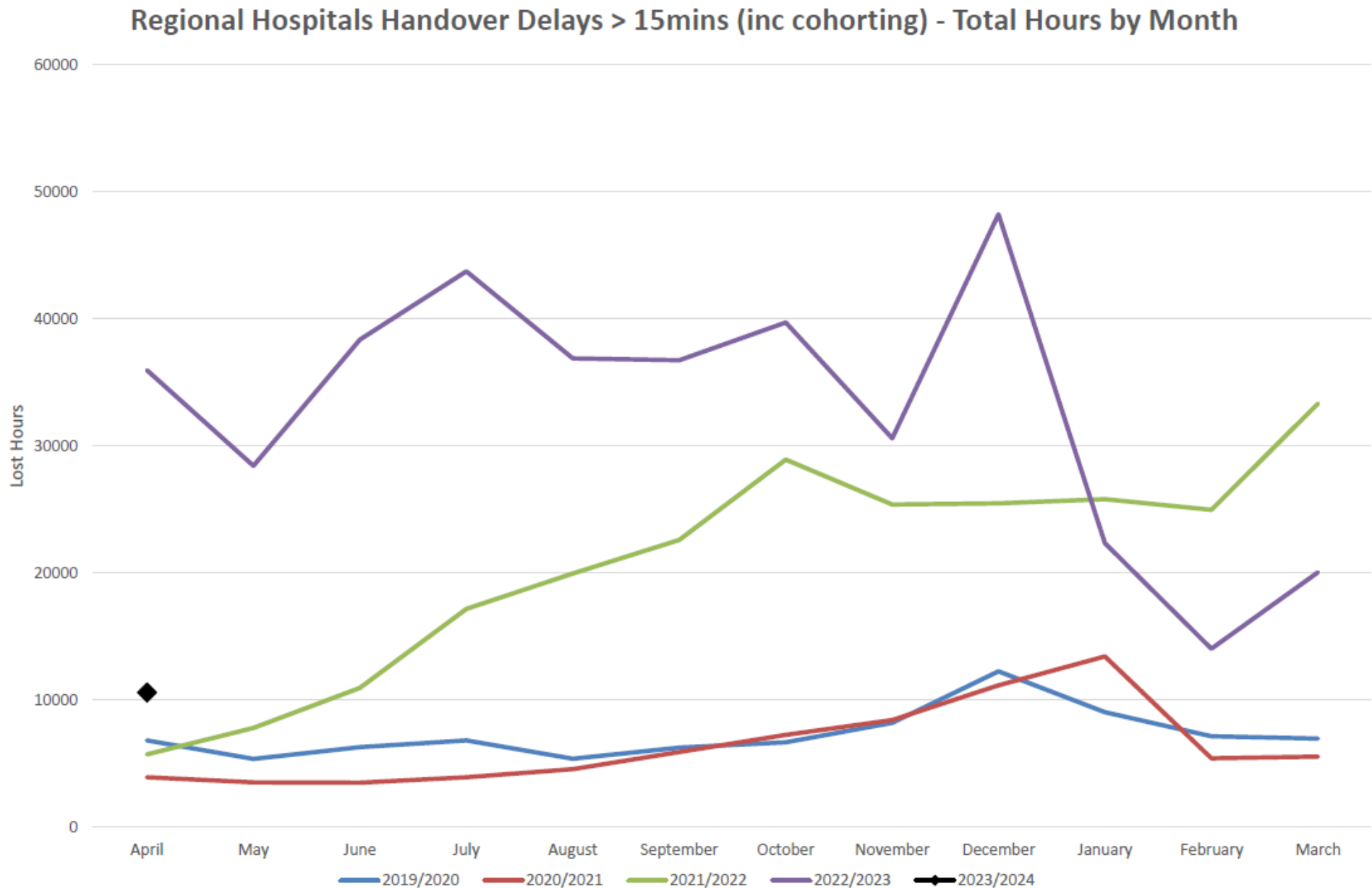
The table below shows the status of ER54 Incidents reported in April, providing their status as closed or at the various stages in their open status.

ER54 Year to Date by Status

% Open	% Closed
14%	86%

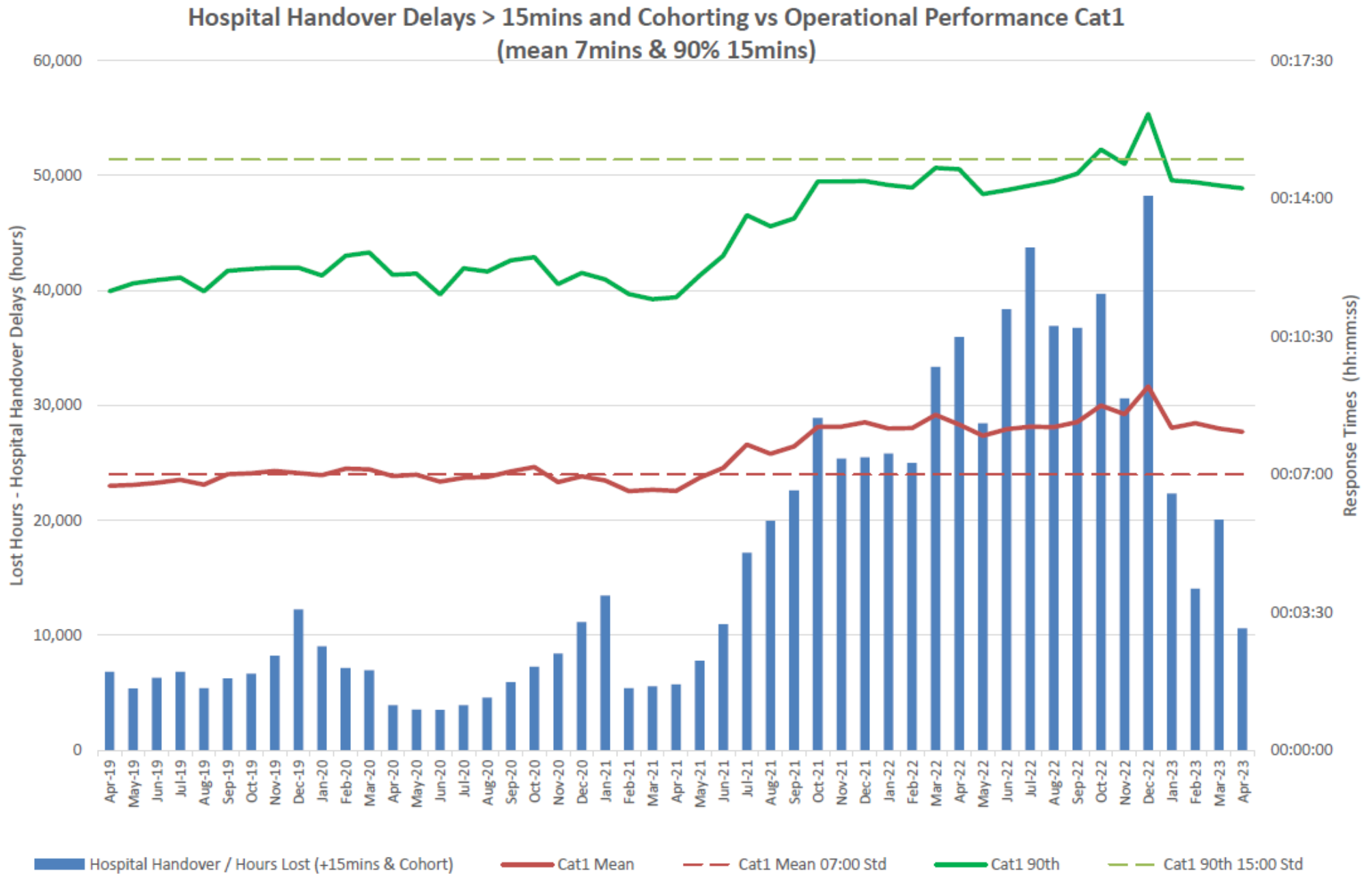
	Closed	Awaiting Managers actions	Serious Incident Under Investigation	Awaiting department response	Under investigation	Awaiting review as Potential SI	Total
Detail of Status	291	40	3	3	1	1	339

Graph – Time lost due to handover delays exceeding 15 minutes and cohorting for the last 4 financial years

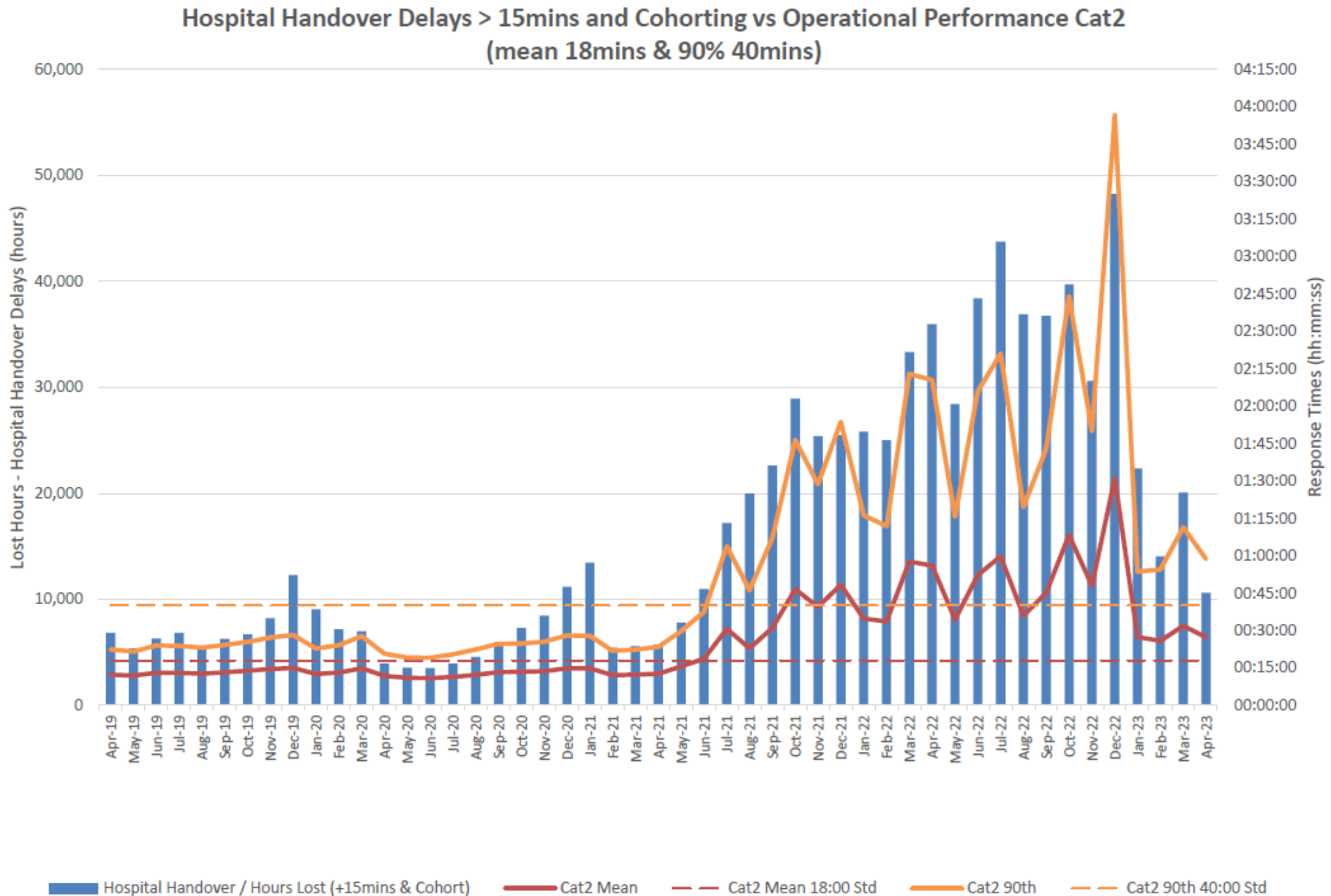


OFFICIAL - Business data that is not intended for public consumption. However, this can be shared with external partners, as required.

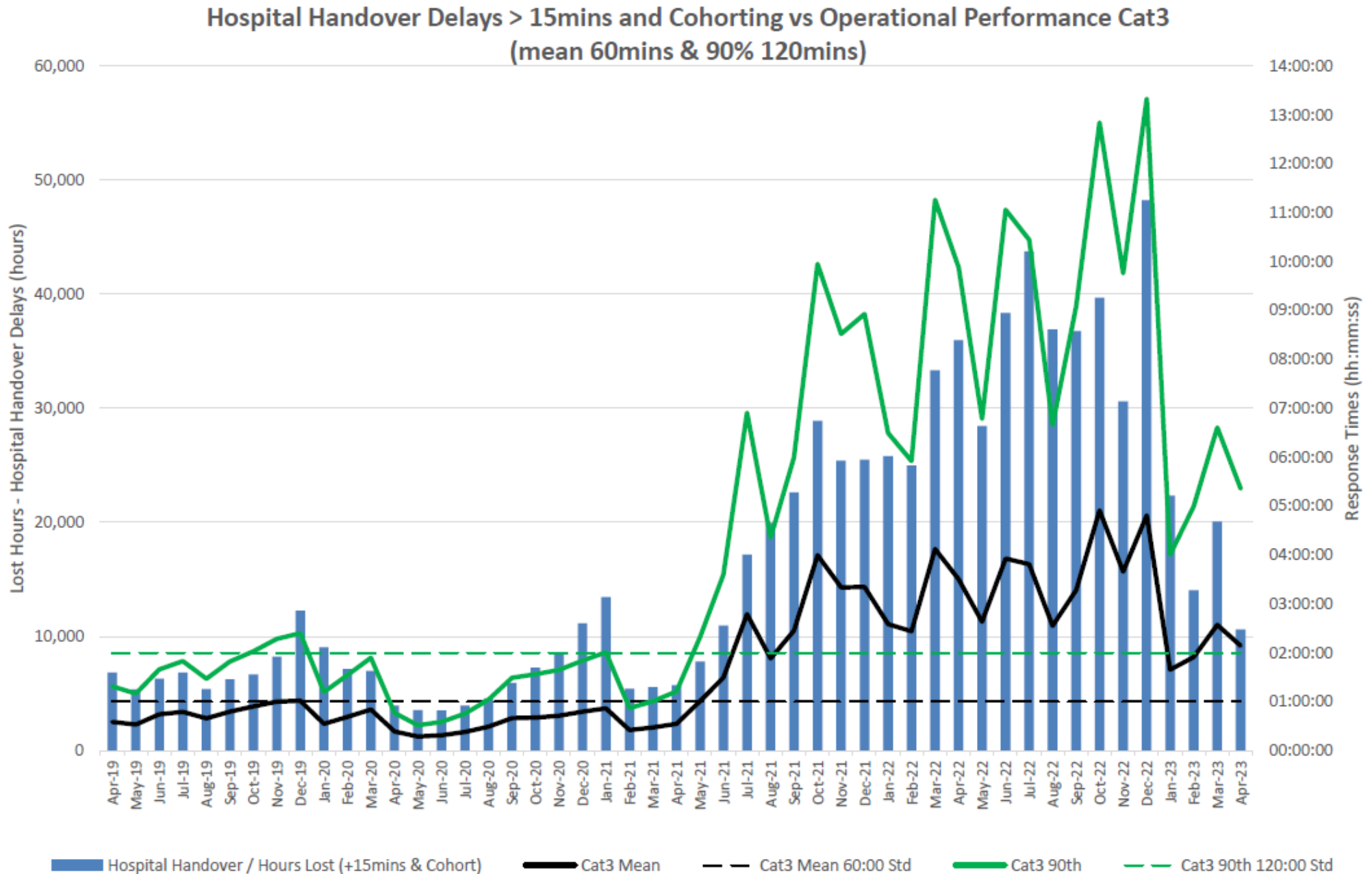
Graph – Time lost due to handover delays exceeding 15 minutes and cohorting – Impact on Cat 1 performance



Graph – Time lost due to handover delays exceeding 15 minutes and cohorting – Impact on Cat 2 performance



Graph – Time lost due to handover delays exceeding 15 minutes and cohorting – Impact on Cat 3 performance



Patient Conveyance

WMAS continues to undertake significant work with 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 fewer than half of all 999 patients conveyed to an ED.

Complete year 2022/23

Year To Date			Hear & Treat		See & Treat		See & Convey		Conveyed To ED		Conveyed To Non ED	
ICS	Call Volume	AQI Incident Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
NHS BIRMINGHAM AND SOLIHULL ICS	306,150	180,537	35,383	19.6%	55,839	30.9%	89,315	49.5%	82,142	45.5%	7173	4.0%
NHS BLACK COUNTRY ICS	230,734	165,211	24,137	14.6%	51,587	31.2%	89,487	54.2%	84,962	51.4%	4525	2.7%
NHS COVENTRY AND WARWICKSHIRE ICS	158,733	105,132	16,454	15.7%	33,432	31.8%	55,246	52.5%	51,849	49.3%	3397	3.2%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	129,368	84,618	11,379	13.4%	24,972	29.5%	48,267	57.0%	45,433	53.7%	2834	3.3%
NHS SHROPSHIRE, TELFORD AND WREKIN ICS	81,511	52,366	7,864	15.0%	17,308	33.1%	27,194	51.9%	24,762	47.3%	2432	4.6%
NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	214,426	132,557	22,506	17.0%	41,635	31.4%	68,416	51.6%	61,394	46.3%	7022	5.3%
ICS Total	1,120,922	720,421	117,723	16.3%	224,773	31.2%	377,925	52.5%	350,542	48.7%	27,383	3.8%

April 2023

April 2023			Hear & Treat		See & Treat		See & Convey		Conveyed To ED		Conveyed To Non ED	
ICS	Call Volume	AQI Incident Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
NHS BIRMINGHAM AND SOLIHULL ICS	30,928	19,818	4,153	21.0%	5,743	29.0%	9,922	50.1%	9,082	45.8%	840	4.2%
NHS BLACK COUNTRY ICS	24,657	18,205	3,040	16.7%	5,290	29.1%	9,875	54.2%	9,400	51.6%	475	2.6%
NHS COVENTRY AND WARWICKSHIRE ICS	16,640	11,629	2,039	17.5%	3,394	29.2%	6,196	53.3%	5,716	49.2%	480	4.1%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	14,141	9,541	1,456	15.3%	2,763	29.0%	5,322	55.8%	5,031	52.7%	291	3.0%
NHS SHROPSHIRE, TELFORD AND WREKIN ICS	8,885	6,252	1,074	17.2%	1,922	30.7%	3,256	52.1%	2,939	47.0%	317	5.1%
NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	20,427	14,571	1,934	13.3%	4,540	31.2%	8,097	55.6%	7,309	50.2%	788	5.4%
ICS Total	115,678	80,016	13,696	17.1%	23,652	29.6%	42,668	53.3%	39,477	49.3%	3,191	4.0%

Graph – Incidents versus patients conveyed to Hospital over the last 7 years

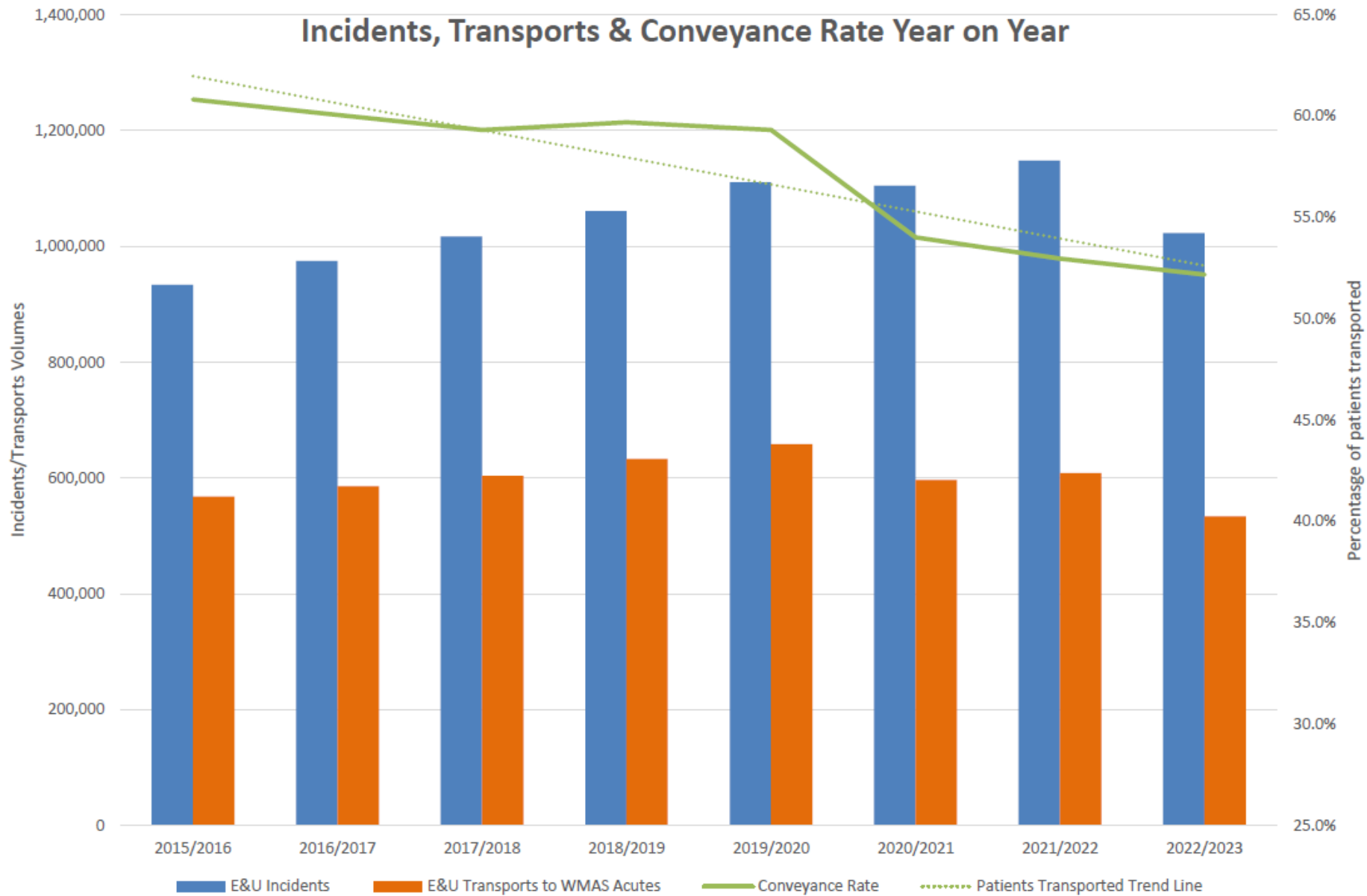


Table – Longest waiting times April 2023

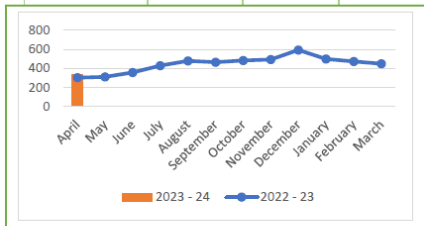
Category 1					Category 2				
CAD ID	Best Response hh:mm:ss	Incident Location Postcode	Chief Complaint	Inc Initial Sub Priority	CAD ID	Best Response hh:mm:ss	Incident Location Postcode	Chief Complaint	Inc Initial Sub Priority
	3:11:30	DY11	Arrest Peri Arrest	Cat1		12:08:15	WR14	Fall Injuries Unknown	Cat2
	2:42:23	B26	Unstated	Cat4		8:08:10	CV6	Headache	Cat2
	1:36:00	DY2	Overdose	Cat3		7:39:07	B13	Medical	Cat5
	1:12:32	B68	Arrest Peri Arrest	Cat1		7:36:35	CV22	Fall Injuries Unknown	Cat2
	0:59:29	DY2	Abdominal Flank Pain Lower	Cat3		7:25:46	WS11	Unstated	Cat3
	0:56:00	CV2	Diabetic Problems	Cat3		7:24:05	B5	Overdose	Cat3
	0:50:43	HR4	Breathing Problems	Cat1		6:28:38	HR9	Fall Injuries Unknown	Cat3
	0:49:38	SY7	Fitting Now	Cat1		6:22:08	CV4	Fall Injuries Unknown	Cat2
	0:46:14	CV37	Overdose	Cat3		6:21:54	TF3	Fall Injuries Unknown	Cat3
	0:43:36	SY8	Fitting Now	Cat1		6:00:16	WR14	Medical	Cat2
	0:40:42	SY9	Breathing Problems	Cat2		6:00:09	WR5	Stroke Neurological	Cat2
	0:39:24	SY9	Medical Minor	Cat1		5:51:02	DY11	Fall Injuries Unknown	Cat2
	0:38:29	TF9	Medical	Cat1		5:36:06	TF4	Unstated	Cat3
	0:37:54	SY8	Unconscious	Cat2		5:26:30	B78	Medical Minor	Cat5
	0:37:16	SY13	Arrest Peri Arrest	Cat1		5:20:29	CV36	Chest Pain Cardiac Back Pain Pb	Cat3
	0:37:10	SY7	Arrest Peri Arrest	Cat1		5:17:35	B91	Bleeding	Cat3
	0:36:13	SY13	Fitting Now	Cat1		5:08:08	B36	Back Pain Lower	Cat3
	0:35:45	SY7	Fitting Now	Cat1		5:06:31	ST7	Chest Pain Cardiac Back Pain Pb	Cat5
	0:34:31	WR13	Medical	Cat3		4:53:12	WV13	Trauma	Cat3
	0:34:04	HR5	Collapse Breathing Normal	Cat1		4:42:33	B9	Fall Injuries Unknown	Cat2

Category 3					Category 4				
CAD ID	Best Response hh:mm:ss	Incident Location Postcode	Chief Complaint	Inc Initial Sub Priority	CAD ID	Best Response hh:mm:ss	Incident Location Postcode	Chief Complaint	Inc Initial Sub Priority
	20:50:50	B1	Trauma	Cat3		20:20:26	B92	Medical	Cat4
	20:16:02	B43	Chest Pain Cardiac Back Pain Pb	Cat3		19:09:46	SY11	Trauma	Cat5
	19:48:40	B12	Medical	Cat3		18:48:09	B27	Fall Injuries Unknown	Cat4
	19:47:43	B33	Mental Health	Cat3		16:56:35	B79	Category 4	Cat4
	19:39:55	B28	Back Pain Lower	Cat3		16:41:32	B33	Medical	Cat5
	19:12:17	B10	Chest Pain Cardiac Back Pain Pb	Cat3		14:13:20	DY11	Breathing Problems	Cat2
	18:43:34	B18	Back Pain Lower	Cat5		13:45:39	B20	Medical Minor	Cat4
	18:13:35	B27	Trauma	Cat3		13:14:25	B14	Trauma	Cat2
	18:13:32	B24	Medical	Cat3		12:51:10	WV14	Medical	Cat4
	17:55:23	TF13	Back Pain Lower	Cat3		12:32:03	WV4	Medical	Cat5
	17:47:45	B15	Medical	Cat3		12:04:20	B31	Trauma	Cat3
	17:42:55	WR11	Abdominal Flank Pain Lower	Cat3		11:32:37	CV12	Medical Minor	Cat3
	17:36:35	B37	Trauma	Cat3		11:17:58	B43	Medical Minor	Cat4
	17:17:55	TF9	HCP	Cat3		11:10:52	B14	Fall Injuries Unknown	Cat4
	17:17:22	WV7	Medical	Cat3		11:01:57	WR9	Medical	Cat3
	17:11:14	B38	Back Pain Lower	Cat3		10:44:11	WV14	Fall Injuries Unknown	Cat4
	16:56:14	SY1	Stroke Neurological	Cat3		10:40:41	B90	Medical	Cat4
	16:55:41	SY13	Category 4 Dx016	Cat4		10:08:32	WS4	Medical	Cat4
	16:49:17	B90	Stroke Neurological	Cat3		10:00:34	B26	Trauma	Cat4
	16:38:55	B19	Medical	Cat3		9:44:54	B31	Bleeding	Cat3

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Patient Safety

Total Patient Safety Incidents	Last reported month (Apr 23)	Year to date	
		2022-23	2023-24
WMAS	339	303	339



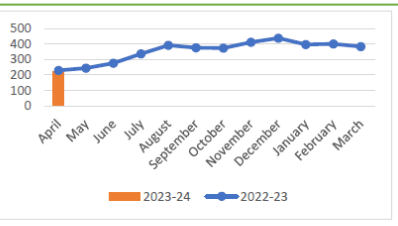
For the month of April, there were 339 patient safety incidents reported. This is a 12% (36) decrease on the same month last year.

E&U accounted for 63% of the total patient safety incidents, 58% of the total patient harm incidents and 63% of the 'no harm' total patient safety incidents.

PTS accounted for 26% of the total patient safety incidents, 27% of the total patient harm incidents and 26% of the 'no harm' total patient safety incidents.

EOC accounted for 11% of the total patient safety incidents, 15% of the total patient harm incidents and 11% of the 'no harm' total patient safety incidents.

No Harm Incidents	Last reported month (Apr 23)	Year to date	
		2022-23	2023-24
WMAS	284	230	284



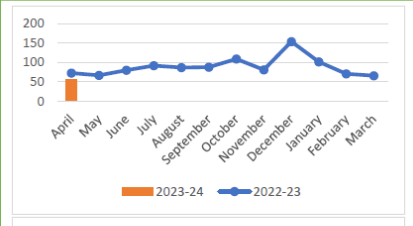
For the month of March, there were 284 no harm incidents.

Service Delivery accounts for 63% (180) of the total of no harm patient safety incidents.

PTS accounts for 26% (73) of the total of no harm patient safety incidents.

EOC accounts for 11% (31) of the total of no harm patient safety incidents.

Harm Incidents	Last reported month (Apr 23)	Year to date	
		2022-23	2023-24
WMAS	55	73	55



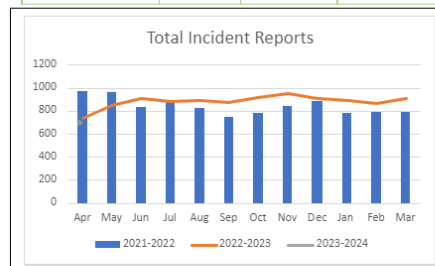
Area	Patient Harm		No Harm		Total	
	Total	%	Total	%	Total	%
E&U	32	58%	180	63%	212	63%
PTS	15	27%	73	26%	88	26%
EOC	8	15%	31	11%	39	11%
Total	55	100%	284	100%	339	100%

The top trend for low harm incidents, relates 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 and inappropriate discharge on scene.

Incident Reports

Total Incidents Reported	Last reported month (Apr 23)	Year to date	
		2022-2023 April-Mar	2023-2024 April
WMAS	750	10,645	750

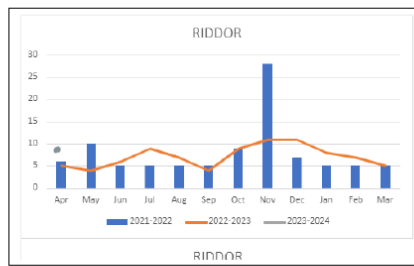


Over 75,000 ER54's received since implementation.

Current review and action around "Future Date" capture in ER54 and Orbit which is impacting reporting figures. Risk and BI Teams are analysing and will update accordingly.

ER54 Quarterly audit undertaken in March to identify gaps in compliance and best practice with increased sample size to 50 and focussing on PTS Cases – awaiting update and action plan to report to SMT and OMT

RIDDOR	Last reported month (Apr 23)	Year to date	
		2022-2023 April - Mar	2023-2024 Apr
WMAS	8	86	8



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. March didn't identify any trends.

Head of Risk part of national review of RIDDOR Regulations requested by HSE 5 – aim is to update to be more Ambulance specific.

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%.

Top 5 Incidents for Non-Patient Safety (Apr)

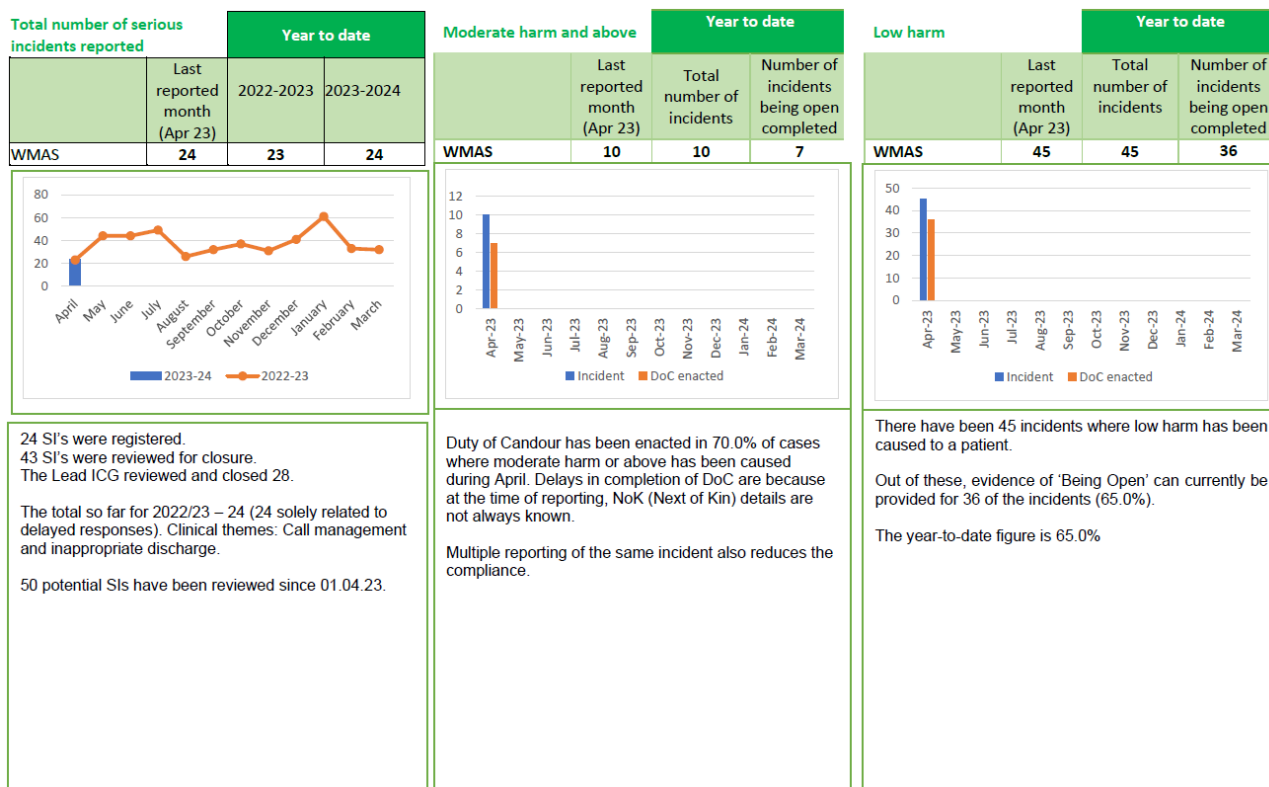
WMAS Top 5 Types	Total
Violence / Aggression	192
RTC	84
Complaint	79
Injury	68
Near Miss	44

WMAS Top 5 Categories	Total
V&A - Verbal - Intentional	71
Manual Handling – Patient & Equipment	44
Near Miss	42
Complaints – Other NHS	26
RTC - Struck another vehicle/object	26

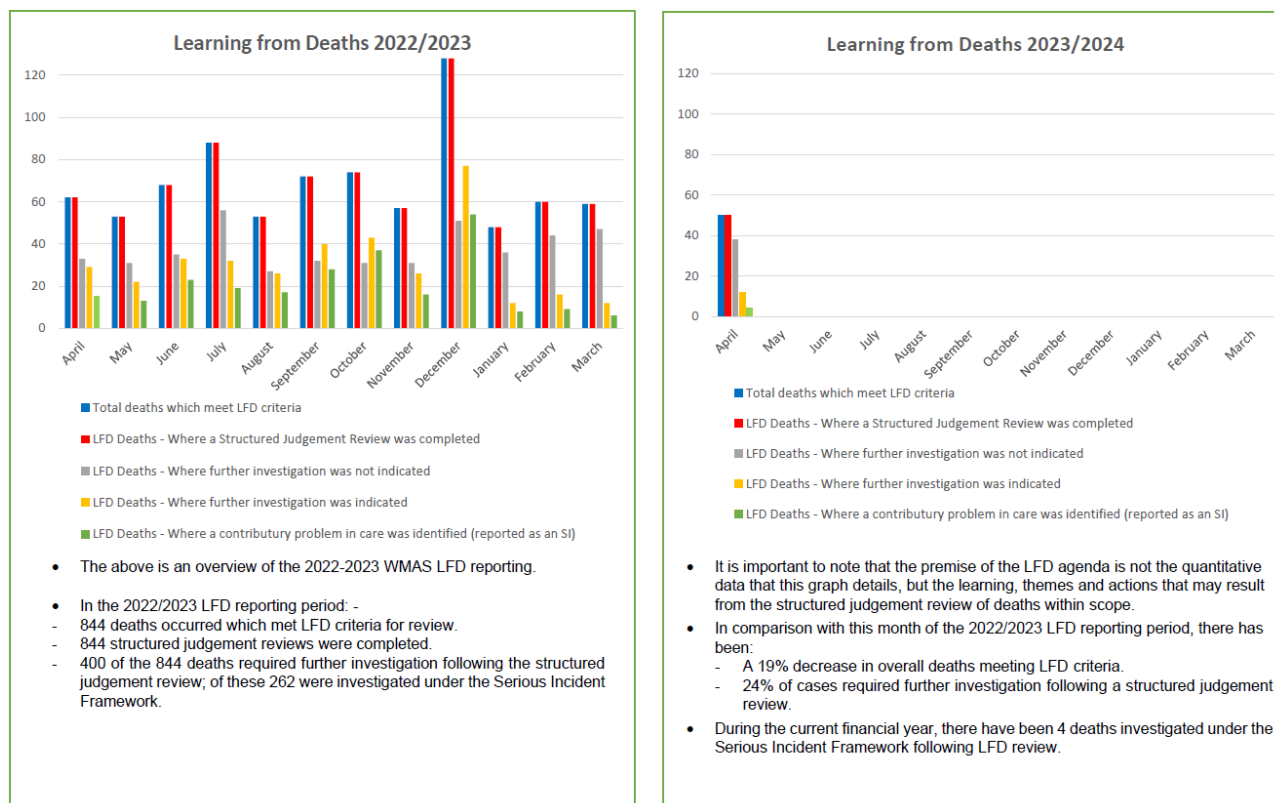
The Trust Top 5 incident categories for April –

1. V&A – Verbal - Intentional – Reviewed via Security
2. Manual Handling – Patient and Equipment – review undertaken of cases.
3. Near Miss – Reviewed by Security
4. Complaints – Other NHS – All cases reviewed by Head of Hospital Flow – NHS-NHS Process Under Review
5. RTC – Struck Another Vehicle/Object – Trends picked up via SMT's and VARG

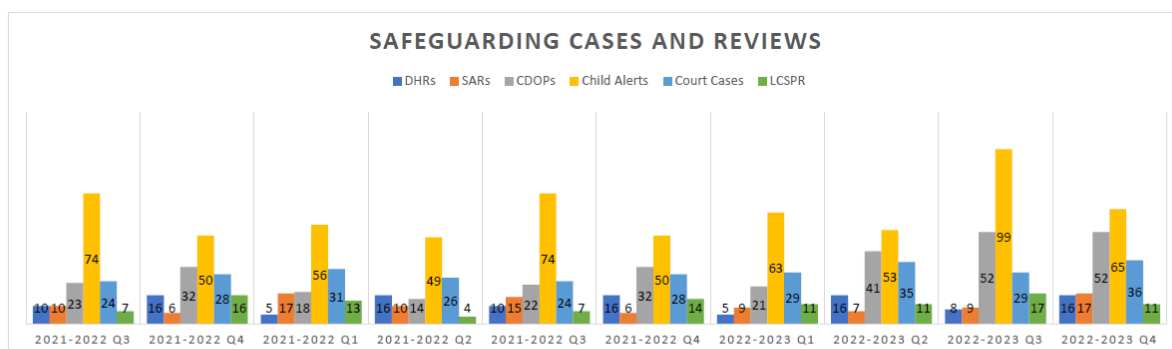
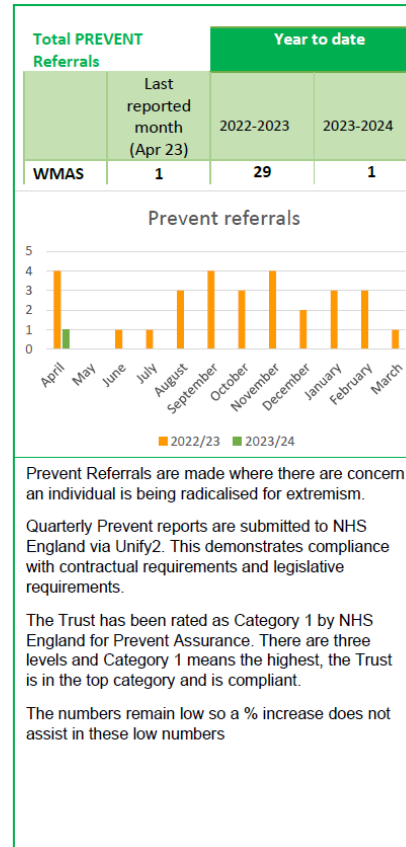
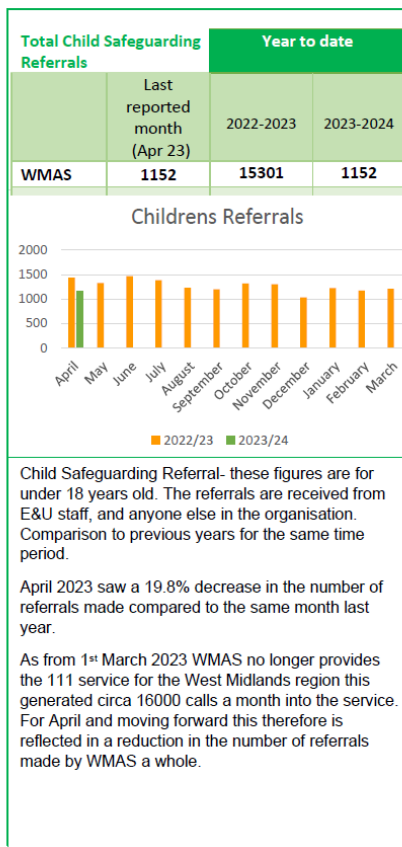
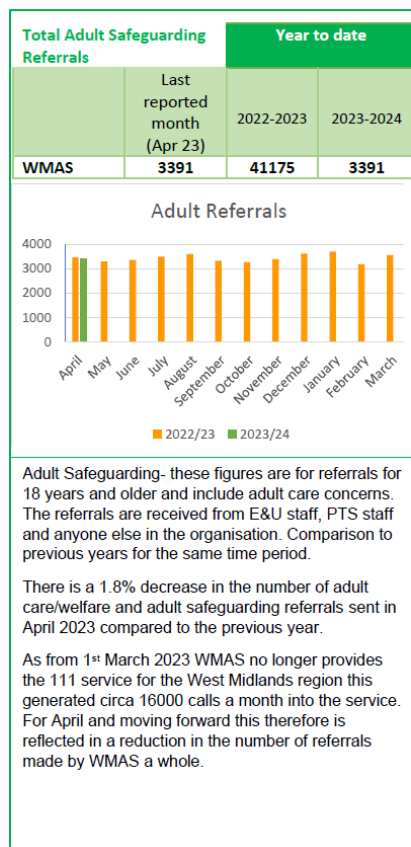
Serious Incidents and Duty of Candour



Learning from Deaths



Safeguarding



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.

The number of DHRs in Q4 against the same period last year remains the same with 16 being received. There has been total of 45 DHR's received over the 2022/23 period.

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 Q4 there has been an increase of 20 CDOPs against the same period last year. A total of 166 CDOP's have been completed in the 2022/23 period.

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 11 SARs from Q4 against the same period last year. A total of 42 SAR's have been completed this year.

Child Alerts - Internal WMAS named case

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

There has been an increase of 15 Child Alerts from Q4 against the same period last year. There has been a total of 280 Child Alerts received over the 2022/23 period.

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 11 LCSPR's in Q4 2022/2023.

There has been a decrease of 5 LCSPR against the same period last year. There has been total of 50 LCSPR's received over the 2022/23 period.

Court Cases

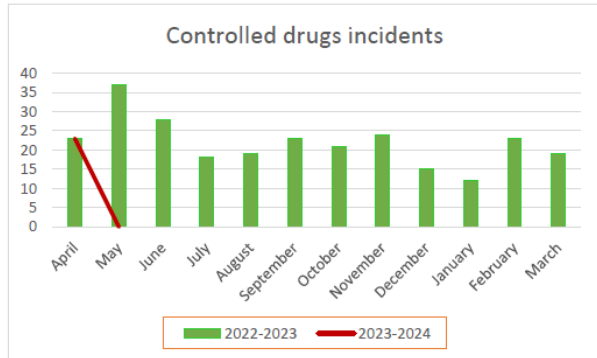
Court cases the safeguarding team can be involved with include court proceedings for child protection, abuse and or neglect.

There has been an increase of 8 court cases in Q4 against the same period last year. A total of 129 Court cases have been received in the 2022/23 period.

Medicines Management & Pharmacy

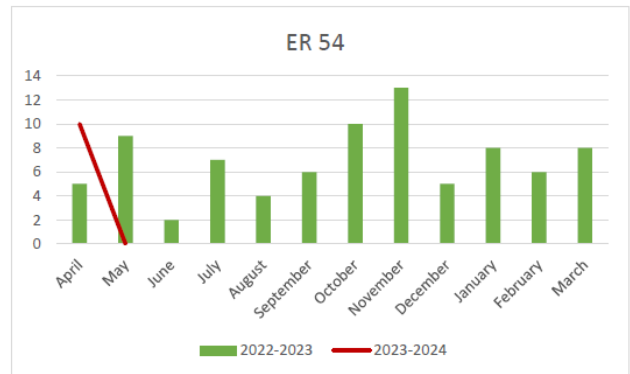
CONTROLLED DRUGS

Total Controlled Drugs Incidents (CDI's)		Year to date	
Last reported month (April 23)	2022-2023	2023-2024	
	April- to date	YTD	
22	23	22	



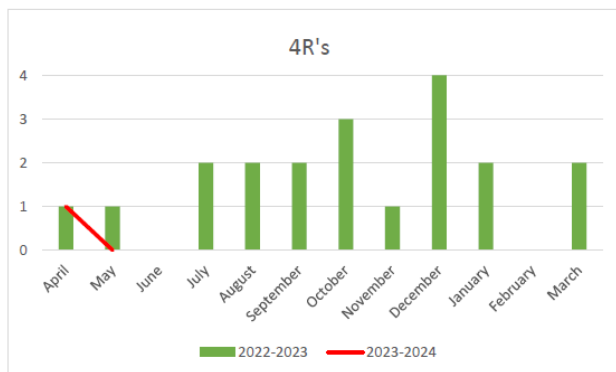
MEDICINES ER54

Total Medicines Management related ER54's		Year to date	
Last reported month (April 23)	2022-2023	2023-2024	
	Apr- to date	YTD	
10	5	10	



Total Drug Errors, wrong route, wrong dose etc		Year to date	
Last reported month (April 23)	2022-2023	2023-2024	
	April- to date	YTD	
1	1	1	

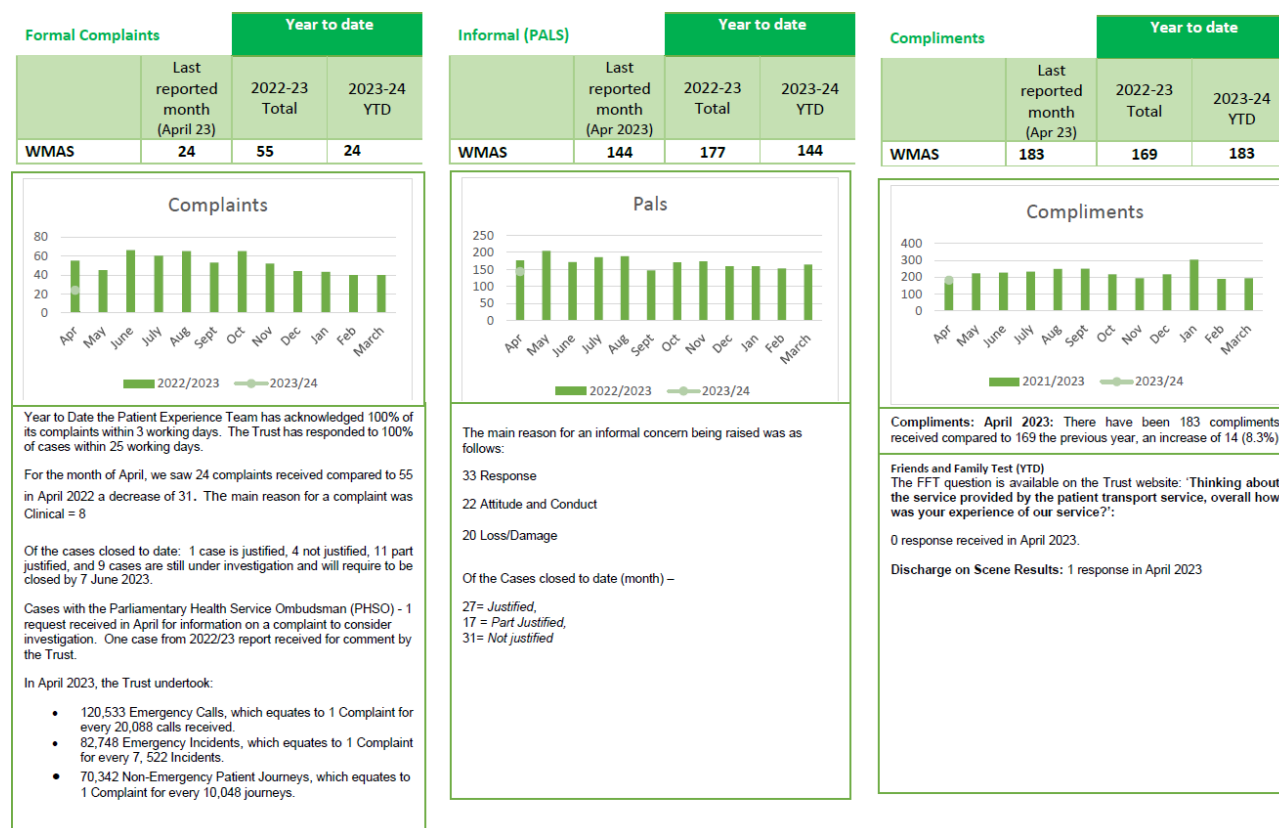
There is no harm to the patient



MHRA Alerts		Year to date	
Last reported month (April 23)	2022-2023	2023-2024	
	April- to date	YTD	
6	5	6	

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

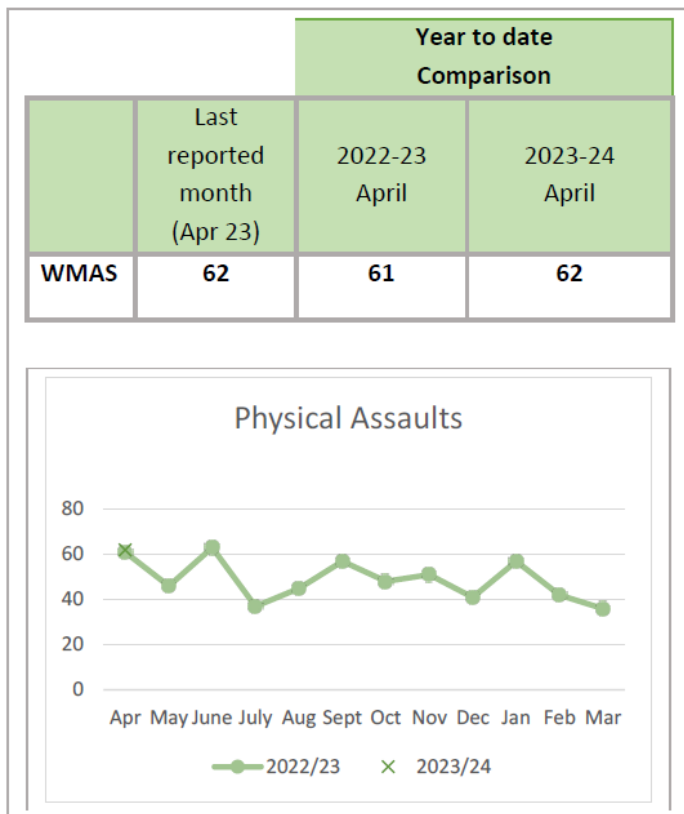
Patient Experience



Physical and Verbal Assaults, Near Misses and Security Incidents

Incident Category	2022/23	2023/24	Percentage change Red Increase/Green Decrease
	Apr	Apr	
Physical assaults against staff	61	62	2%
Verbal abuse	105	147	40%
Security (Theft, Loss, Damage)	32	45	41%
Near Miss (Aggression, Threatening Behaviour)	26	45	73%
Total No. of Reported Incidents	224	299	33%

Physical Assaults against Staff



Physical Assaults

The number of physical assaults (62) for April 23 is slightly higher than the same period in the previous year.

Of the 62 Physical assault incidents, 27 of those listed involved the use of alcohol and/or drugs.

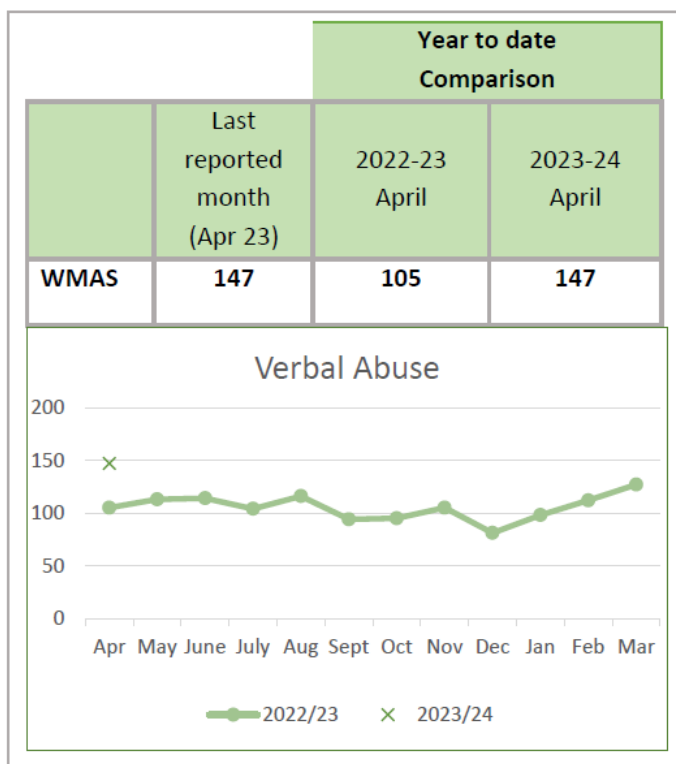
23 of the 62 physical assaults took place in the rear of the vehicle.

3 of the 62 physical assaults involved PTS staff.

6 of the 62 involved physical assaults on student paramedics.

Body Worn Cameras were activated 12 times during this period which equates to 19% of reported physical assaults against our staff.

Verbal Abuse against Staff



Verbal Abuse

The number of verbal abuse incidents (147) in April 23 is higher than the same period in the previous year.

Of the 147 verbal abuse incidents, 30 of those listed involved the use of alcohol and/or drugs.

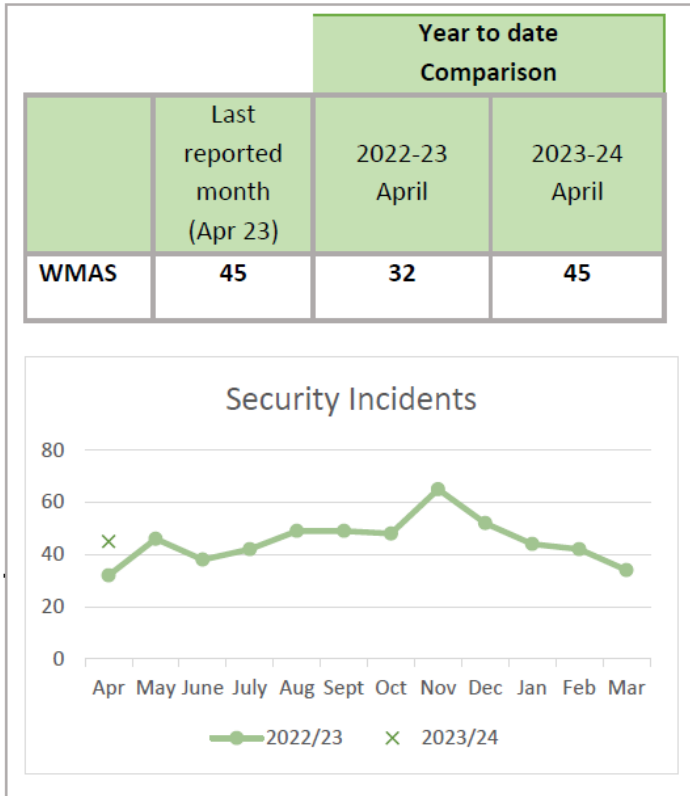
35 of the 147 verbal abuse incidents took place in the rear of the vehicle.

21 of the 147 verbal abuse incidents involved PTS staff.

8 of the 147 verbal abuse incidents were against student paramedics.

Body Worn Cameras have been activated on 16 occasions during this period which equates to 11% of reported verbal abuse incidents against our staff.

Security Incidents

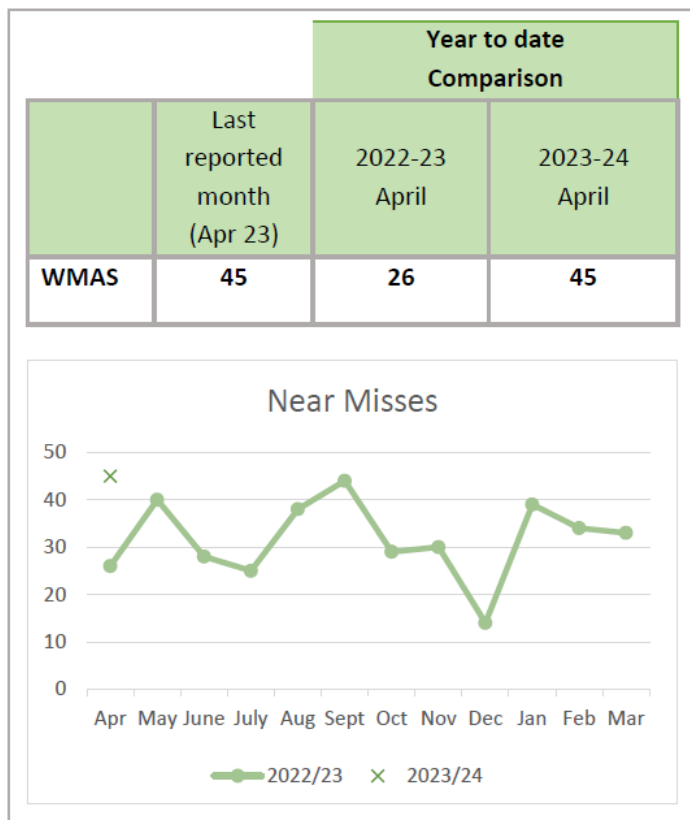


Security Incidents

The number of reported incidents (45) in April 23 is higher than the same period in the previous year.

This area includes incidents such as lost Trust property (ID cards), theft of property (equipment etc.) and criminal damage caused to Trust property.

Near Misses



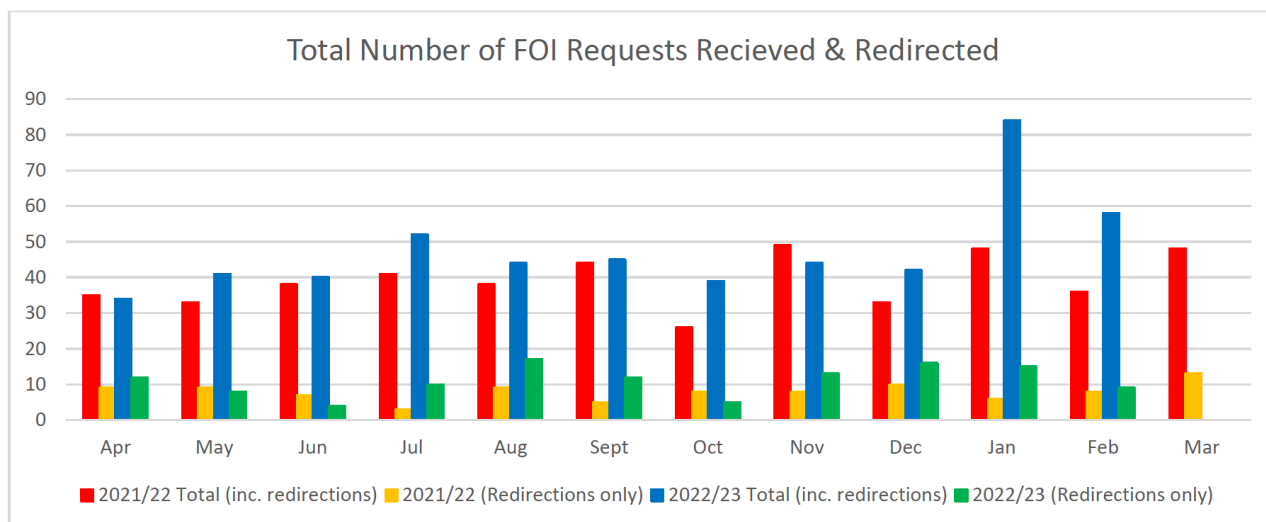
Near Misses

The number of near miss incidents (45) in April 23 is higher than the same period in the previous year.

Body Worn Cameras have been activated on 6 occasions which equates to 13% of reported near miss incidents against our staff.

Definition: A near miss is an unplanned event that has the potential to cause but does not actually result in injury.

Freedom of Information



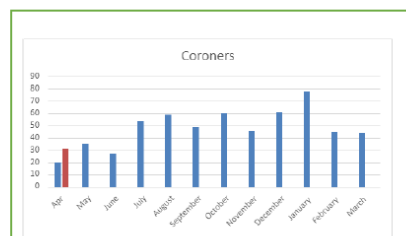
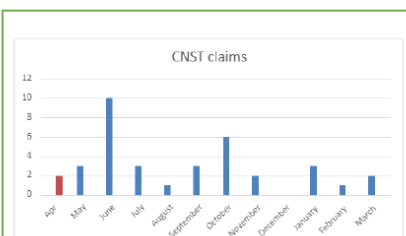
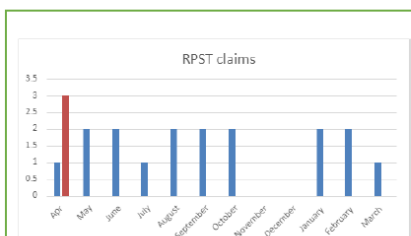
Number of FOI Requests Received		
2020/21	2021/22	2022/23
371	469	523

Claims and Coroners Cases

RPST (Risk Pooling Schemes for Trusts)	Last reported month April 23	Year to date	
		2022-23	2023-24
WMAS	3	17	3

CNST (Clinical Negligence Scheme for Trusts)	Last reported month April 23	Year to date	
		2022-23	2023-24
WMAS	2	34	2

Coroners Requests	Last reported month April 23	Year to date	
		2022-23	2023-24
WMAS	31	578	31



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 received 3 RPST claim in April 2023. This is an increase of 2 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).

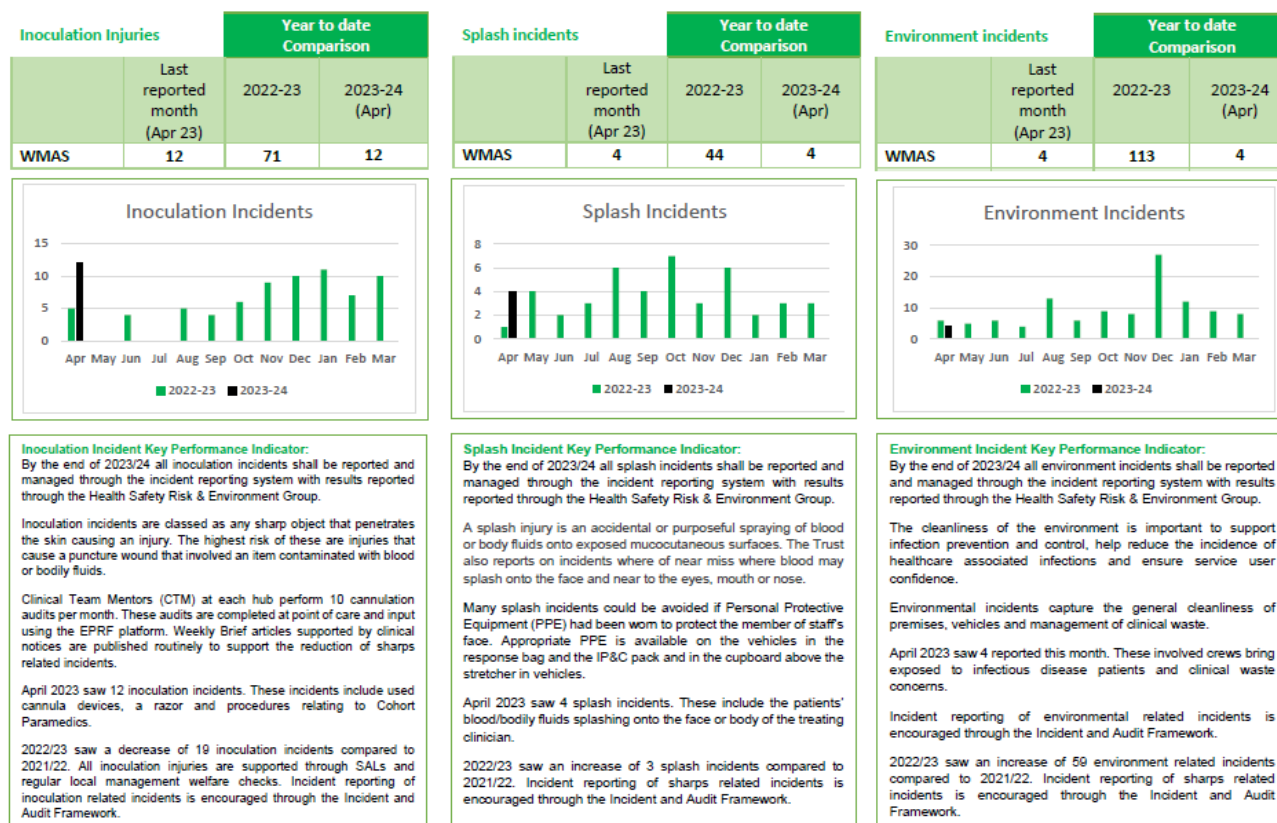
- The Trust has received 2 CNST claims in April 2023. This is an increase of 2 compared to the previous year.

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



Additional Information of Clinical Director's Activity

This new financial year has seen no change in focus in reducing the risks to patients most importantly for those people in our communities. Hospital handover delays have not returned to pre-pandemic levels and so continue to impact on patients waiting in the community. For this reason, the risk rating on the Board Assurance Framework remains at a 25.

We have continued to work across the national and regional systems by contributing to joint meetings on patient flow, reducing hospital handover delays and improving the responses to our patients, with clear focus from systems to support the Trust to deliver Category 2 within 30 minutes.

We are continuing our work across the region and with local partnerships to support alternative care pathways, hear and treat, review of new pathways and clinical audit around non-conveyance of patients.

The information below outlines examples of activities undertaken by the Clinical Directors since the last meeting of the Board. It is not an exhaustive list.

Medical Director's Update

- Professional Standards Group
- Senior Clinical Leads
- Royal College of Emergency Medicine Spring Conference
- IML Level 7 training

Paramedic Practice and Patient Safety Director

- Professional Standards Group
- Learning Review Group
- Serious Incident Recovery Group meetings
- Medicines Management Group
- Senior Clinical Leads meeting
- Regular meetings with Clinical Team
- Bi-weekly meetings line reports
- Meetings with ICBs Governance leads
- ER54 management review meetings
- Attended Quality, Infection, Governance and Risk Directors (QIGARD) meeting hosted by the Association of Ambulance Chief Executives
- Trust hosted National Community First Responders meeting.

Interim Organisational Assurance and Clinical Director

- Regular 1:1 meetings with senior team members
- Directorate all team meeting
- WMAS SRM meeting
- Meetings with Good Governance Institute (GGI)
- Legal meetings
- Learning Review Group meetings



Diane Scott
Interim Organisational Assurance
and Clinical Director



Nick Henry
Paramedic Practice and
Patient Safety Director



Dr Alison Walker
Executive Medical Director

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 07b MONTH: May 2023 PAPER NUMBER: 06b

PUBLIC HEALTH STRATEGY 2023 - 28	
Sponsoring Director	Interim Organisational Assurance and Clinical Director
Author(s)/Presenter	Karl McGilligan – Head of Public Health and IPC
Purpose	To provide the Board of Directors with an oversight of the first WMAS Public Health Strategy. This document is a five-year strategy, setting out five strategic objectives, with four key priorities for each. Furthermore, this document outlines the organisations ambitions to deliver its public health agenda to reduce health inequalities and improve health and health outcomes across the West Midlands region.
Previously Considered by	Professional Standards Group – 30/01/23 Executive Management Board – 07/02/23 Board Briefing – 22/02/23 Quality Governance Committee – 22/03/23
Report Approved By	Interim Organisational Assurance and Clinical Director
Executive Summary:	
<p>West Midlands Ambulance Service University NHS Foundation Trust (WMAS) is integral to the regional efforts of the Integrated Care Systems (ICSs) to improve the health and wellbeing of the population of the West Midlands.</p> <p>WMAS has a strong vision to deliver the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies. To achieve this, the Trust is required to work proactively and collaboratively with partner agencies to meet the needs of the communities it serves and to develop and deliver preventative initiatives that will improve the health and health outcomes of the population of the West Midlands.</p> <p>WMAS recognises that public health aims to continuously improve the physical and mental health outcomes, in addition to the wellbeing of people within a population by focussing on prevention, thus reducing health inequalities, and improving health outcomes. This document captures our organisations strategic ambition to embed public health approaches and preventative methods into the culture of the West Midlands Ambulance Service.</p> <p>To monitor progress in relation to public health workstreams, the terms of reference document for Professional Standards Group (PSG) has been updated to acknowledge the delivery of a quarterly public health update, which will be presented and received in the format of the public health annual programme. The public health annual programme seeks to provide the group with an update and oversight of the public health agenda, including progress on individual workstreams, including areas and gaps in assurance.</p>	
Related Trust Objectives/ National Standards	<p>This strategy document is aligned to:</p> <ul style="list-style-type: none"> • Strategic Objective One: Safety, Quality & Excellence • Strategic Objective Five: Collaboration and Engagement

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST**REPORT TO THE BOARD OF DIRECTORS****AGENDA ITEM: MONTH: May 2023 PAPER NUMBER:**

Risk and Assurance	Given the scope, focus and importance placed on reducing health inequalities by all integrated care systems and respected Boards, there is a risk of not being able to deliver preventative or improvement workstreams in partnership with each individual ICS based on the current staffing profile for public health within the Trust. This will be mitigated by a focussed annual programme of works to progress the WMAS Public Health agenda and offer assurance to the Board of Directors of ongoing progress of positive and progressive workstreams, as outlined within the five strategic objectives for public health.
Legal implications/ regulatory requirements	There are no legal implications associated with this paper.
Financial Implications	There are no financial implications associated with this report.
Workforce Implications	There are no workforce implications associated with this report.
Communications Issues	There are no communications issues associated with this paper.
Diversity & Inclusivity Implications	There are no diversity or inclusivity implications associated with this report.
Quality Impact Assessment	No quality impact assessment has been carried out however, this document has been created with the view to reduce health inequalities amongst marginalised/disadvantaged groups and to highlight stark inequalities that exist amongst the populations of the West Midlands.
Data Quality	There are no data quality issues associated with this paper.
Action required	
For Information only.	



2023-28

Public Health Strategy



Foreword



Professor Anthony Marsh

Chief Executive Officer - WMAS
National Strategic Advisor for
Ambulance Services

As Chief Executive Officer of the West Midlands Ambulance Service, I am proud to launch the first public health strategy within the ambulance sector since the newly formed Integrated Care Systems (ICSs) were established. Here, our organisation will set out its priorities and objectives for the next five years which will ensure as a collaborative provider, we identify areas of focus that will reduce health inequalities and promote health protection strategies across the region of the West Midlands to protect and save as many lives as possible.

This strategy aims to limit the causes of ill-health and reduce inequalities for our patients across the region, whilst supporting the broader health and social care system. As a regional NHS provider, we are aware of our privilege and unique position to work collaboratively with a number of integrative care systems and their respective Public Health Directors and therefore, the work we seek to undertake as an emergency ambulance service will deliver a wealth of information and data to improve experiences and outcomes for our patients, our people and the NHS as a whole.





Welcome



Dr Alison Walker
Executive Medical Director

Across the West Midlands, stark inequalities continue to exist and have been further exacerbated by the Covid-19 pandemic, with negative impacts falling disproportionately on more deprived, disadvantaged, and excluded groups and individuals. The aim of our strategy is to provide a framework for addressing such issues and to ensure across the system, no-one is left behind.



Karl McGilligan M.P.H
Head of Public Health & IPC

Welcome to our public health strategy 2023-28. This strategy document outlines the priorities that the West Midlands Ambulance Service will focus on during the next five years to protect our patients and help people within our communities live longer with good health. When we think about good health, the vast majority of us think about our NHS however, the subject of public health is far broader and requires a focus on effective engagement and collaboration with the wider integrated care system to ensure objectives are aligned, purposeful and achievable within the systems that we operate - this will remain my key focus as we progress this strategy.





Introduction

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) is integral to the regional efforts of the Integrated Care Systems (ICSs) it operates within, to improve the health and wellbeing of the population of the West Midlands.

WMAS has a strong vision to deliver the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies. To achieve this, the Trust is required to work proactively and collaboratively with partner agencies to meet the needs of the communities it serves and to develop and deliver preventative initiatives that will improve the health and health outcomes of the population of the West Midlands.

WMAS recognises that public health aims to continuously improve the physical and mental health outcomes and wellbeing of people within a population by focussing on prevention, thus reducing health inequalities. This document captures our organisations strategic ambition to embed public health approaches and preventative methods into the culture of the West Midlands Ambulance Service.





Public Health in the Ambulance Sector

The concept of public health within ambulance services is not a new one, and the important role we play in improving population health and wellbeing is becoming increasingly acknowledged amongst wider system partners.

It is clear that the COVID-19 pandemic highlighted and exacerbated existing inequalities both in health and wider society, it also identified the need for urgent action at every level. In ambulance services, the pandemic response continues to impact business-as-usual with record hospital handover delays and an exponential rise in serious incidents.

It is also acknowledged that by adopting public health approaches within the ambulance sector, this unlocks the potential to improve population outcomes, tackle inequalities and challenge the demands placed on the sector by preventable causes. It is therefore vital that ambulance services implement the new Integrated Care Board (ICB) commissioning guidance which highlights the need for a clear understanding of how services can support ICSs to deliver on their core purpose of improving outcomes in population health and healthcare whilst also addressing inequalities in outcomes, experience and access.





How can WMAS support the wider public health system?

WMAS continues to work at scale with local care systems to offer a unique insight across the healthcare system of the West Midlands. As a Trust, we have rich localised experience and knowledge, and in many areas have a history of working closely with partners in places to develop local pathways for patients needing urgent and emergency or out-of-hospital care.

The Integrated Care proposal for provider collaboration potentially offers greater opportunity for WMAS to engage within and across ICSs, which would help all partners better understand variation in access to services and outcomes due to geography, race or socio-economic factors.

There is a requirement for stronger emphasis on collaboration needs to require the embedding of tangible means (forums, processes, systems) to share best practice and harmonise clinical pathways within ICSs and across the wider regional footprint. This will encourage the adoption of the most clinically effective and efficient models and reduce unwarranted variation or postcode inequalities.

WMAS remains committed to supporting the wider public health and healthcare system with the development of strategic aims to reduce and improve local, regional and national inequalities.





Population Approach

Our health and care needs are changing rapidly, our lifestyles are increasing our risk of preventable disease and are affecting our wellbeing, we are living longer with more multiple long-term conditions like asthma, diabetes and heart disease – and the health inequality gap is increasing.

Population Health Management is a way of working to help frontline teams understand current health and care needs and predict what local people will need in the future. This means we can tailor better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources.

Population health is one of the core strategic aims for integrated care systems (ICSs); to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population, with a specific focus on the wider determinants of health (i.e. housing, employment, education). It is also a strategic aim of WMAS - **Strategic Objective One** - Safety Quality and Excellence: to focus on public health and the health of the population of the West Midlands, which this strategy evidences our commitment over the next five years.





Data & Evidence

Increasingly, the term 'population health management' is used to describe the way in which data, both historical and current, can be used to better understand the factors that influence the health and wellbeing of communities. Understanding what drives poor outcomes allows preventative measures to be implemented, as well as health and care services to be planned to meet demand.

The NHS, through its Integrated Care System (ICS) arrangements, is increasingly turning to population health management to inform its prioritisation and planning; encouraging partners from across systems to contribute data and intelligence to help in establishing a comprehensive picture of the needs of the population.

The ambulance sector holds a wealth of activity and call data, which has the potential to make a significant and unique contribution to population health management within systems. Developing the understanding of how ambulance data can be utilised, and creating opportunities to use it, will be vital in developing a public health approach as well as ensuring that locally developed priorities are based on intelligence.





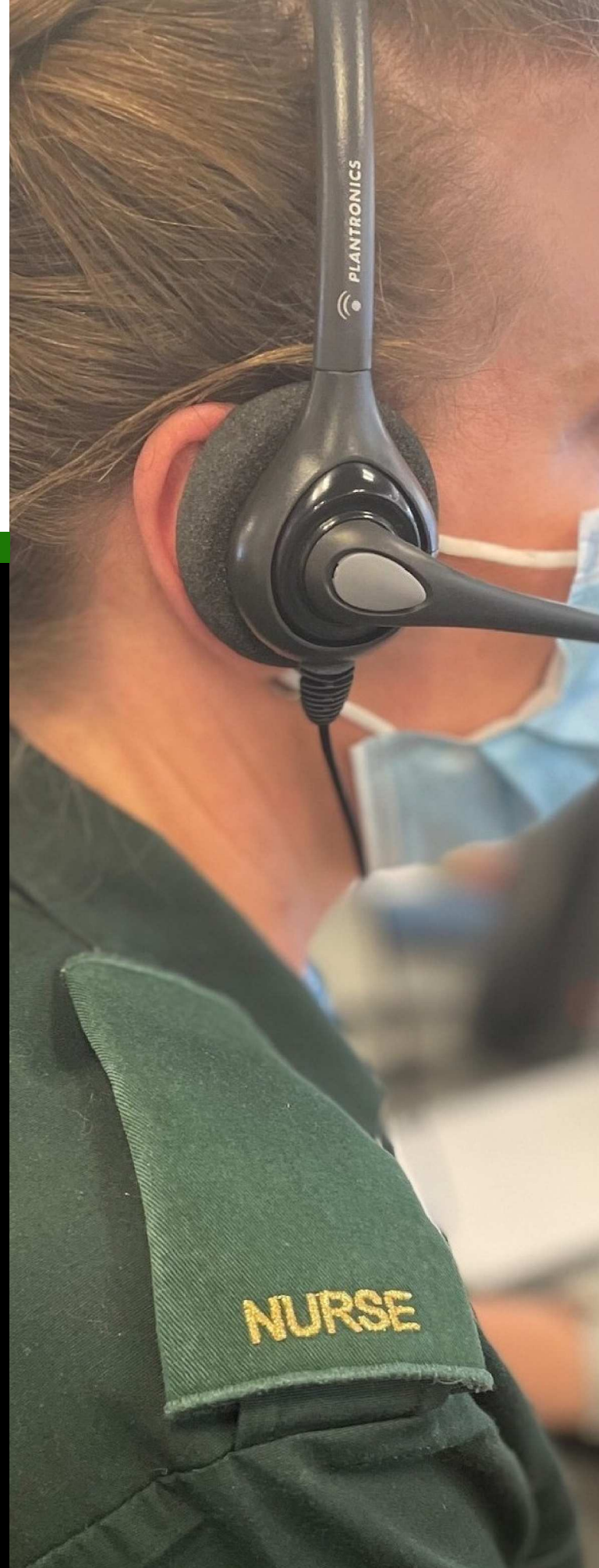
Prevention Focus

Prevention activities are typically categorised by the following three definitions:

- Primary prevention: intervening before health effects occur: vaccinations or identifying risky behaviours (poor eating habits, tobacco use)
- Secondary prevention: screening to identify diseases in the earliest stages, before the onset of signs and symptoms, through measures such as regular blood pressure testing
- Tertiary prevention: managing disease post diagnosis to slow or stop disease progression

As an ambulance service, we have a unique opportunity to provide effective primary intervention, through our operational staff who enter patients homes to observe day-to-day behaviours and living environments that may affect health and wellbeing. It is through early recognition and identification of such risk factors that preventative measures and safeguards can be put in place early, to avoid secondary and tertiary intervention and further exacerbating the strain on the health system.

Ambulance staff are best placed to support wider preventative methods, such as promoting public health initiatives and encouraging those in higher risk categories such as (Black, Asian and Minority Ethnic (BAME) communities, elderly and those living with comorbidities) to obtain seasonal influenza and COVID-19 vaccinations. There is also opportunity to promote 'staying well and keeping warm during winter' campaigns, and signposting access to local food banks and local social prescribing networks.





Health Inequalities

Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies. Health inequalities arise because of the conditions in which we are born, grow, live, work and age and are vastly experienced across the West Midlands.

The Health of the Region 2020 report presents a comprehensive analysis of the health of the West Midlands population. In particular, it highlights national and regional evidence of the impacts of the coronavirus (COVID-19) pandemic which shows that long-standing inequalities in physical and mental health have widened as a consequence of the pandemic, both through direct effects of the virus, and through indirect effects of the control measures taken – and particularly among our Black, Asian and Minority Ethnic (BAME) communities.

WMAS will continue to tackle deeply entrenched issues of inequality as highlighted within the West Midlands Combined Authority report and will take immediate action as set out within our public health objectives to reduce inequality amongst the communities it serves from an ambulance service perspective, in accordance with the AACE: Developing a Public Health Approach in the Ambulance Sector.





Anchor Institutions

It is well known that socio-economic factors play a huge role in determining people's long-term health, and contribute significantly to the health inequalities that exist across England. Anchor institutions are large organisations such as NHS Trusts, which are unlikely by their nature, to relocate and have a significant stake in their local area as a result. They also have sizeable assets which can be used to support local community health and wellbeing, including tackling health inequalities.

Anchors, such as WMAS can influence health and wellbeing outcomes in a range of ways, including:

- how we procure goods and services
- offering training, employment, and professional development opportunities
- how we use our buildings / land use
- reducing our environmental impact
- working in partnership with other anchors

It is acknowledged that the NHS and local authorities will not be able to solve the issues that lead to health inequalities by themselves, but integrated care systems (ICSs) offer an opportunity for NHS organisations, local authorities, voluntary sector and other local organisations to work together to address these issues. That's not to say that the responsibility for these issues lies with ICSs alone - in many areas in England, organisations across health and care have already started to come together or are working individually to support their communities as anchor institutions.





Core20PLUS5

To drive action in healthcare inequalities (i.e. in access, experience or outcome of NHS Services), NHS England has developed the Core20PLUS5 Framework. It focuses on improvements for the most deprived 20 per cent of the population (core20), reducing inequalities for particular population groups identified locally (plus) and accelerating improvements in five clinical areas:

1. Maternity
2. Severe Mental Illness (SMI)
3. Chronic Respiratory Disease
4. Early Cancer Diagnosis
5. Hypertension Case-Finding

This approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people and involves the following five clinical areas:

1. Asthma
2. Diabetes
3. Epilepsy
4. Oral Health
5. Mental Health

It is prudent to involve Inclusion health groups, which include: people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.





Making Every Contact Count (MECC)

Making Every Contact Count (MECC) is an evidence-based approach to improving people's health and wellbeing by helping them change their behaviour. The NHS Long Term Plan reminds us that every 24 hours the NHS comes into contact with more than a million people at moments that bring home the personal impact of ill health.

The MECC approach enables health and care workers to engage people in conversations about improving their health by addressing risk factors such as alcohol, diet, physical activity, smoking and mental wellbeing. MECC also supports the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

Here at WMAS, we focus our communications strategy to ensure key messages reach far and wide amongst the communities of the West Midlands, through social media and health campaign advertisements displayed on the exterior of ambulance vehicles, such as Sepsis Awareness and Stroke Awareness.

Additionally, we deliver training to Community First Responders (CFRs) and to schools across the region to ensure key messages on life saving interventions. Finally, our Directory of Services leads work tirelessly to deliver pathways and signposting opportunities to ensure our staff continue to make every contact count.





Collaboration & Engagement

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services to improve the health of people who live and work in their area. They exist to achieve four aims:

- improve population health and healthcare
- tackle unequal access, experience and outcomes
- enhance productivity and value for money
- support broader social and economic development.

As a provider collaborative, WMAS regularly links in with six Integrated Care Boards across the West Midlands. Provider collaboratives form a key component of system working, being one way in which providers work together to plan, deliver and transform services. By working effectively at scale, provider collaboratives deliver opportunities to tackle unwarranted variation, making improvements and delivering the best care for patients and communities.

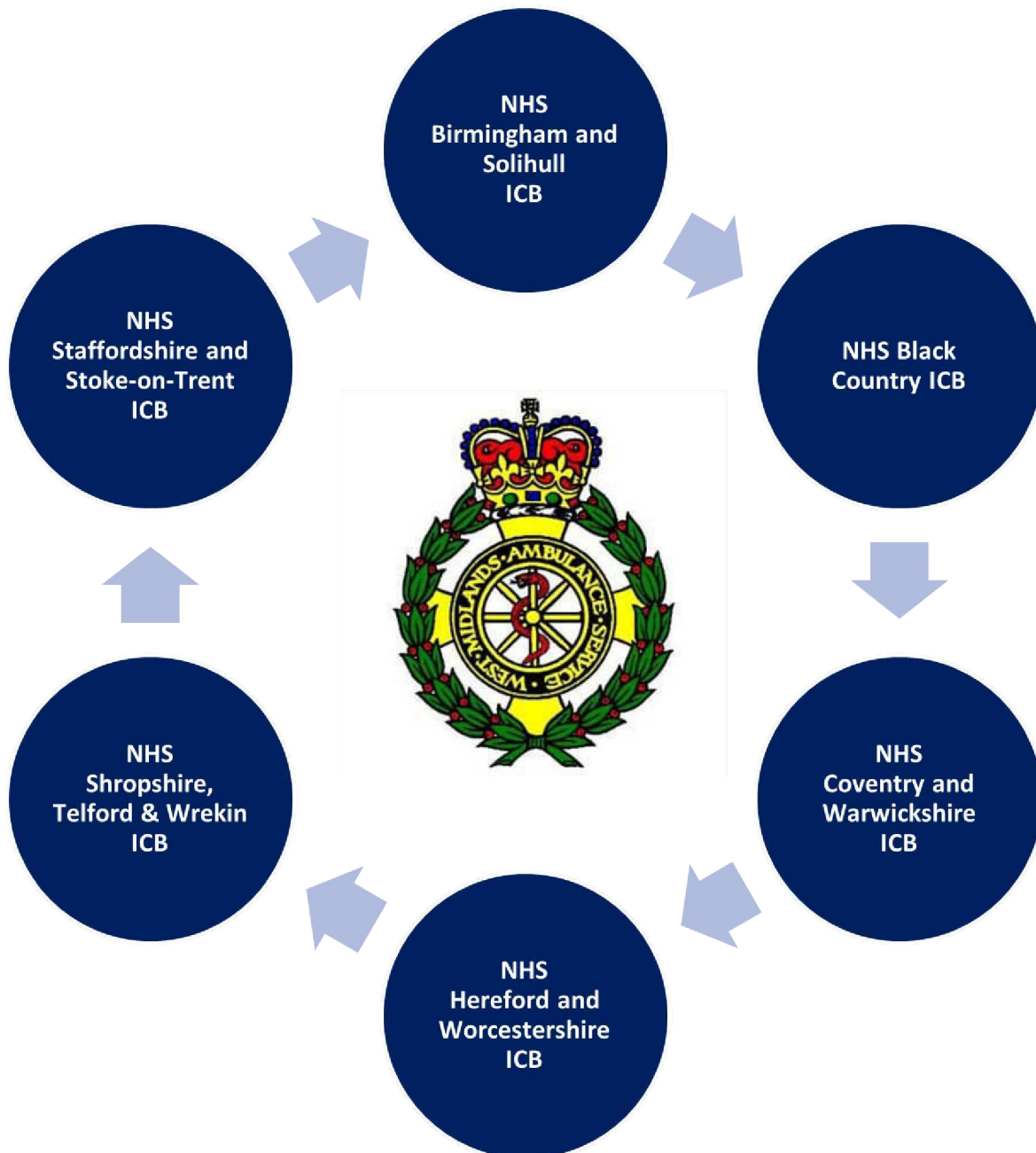
Work is underway at a national level, coordinated through the Association of Ambulance Chief Executives (AACE) to ensure a public health approach is adopted in the ambulance sector as a whole, and will include all four nations, devolved administrations and Independent Islands.

West Midlands Ambulance Service is committed to the regional and national public health agenda, to ensure consistent application of practice and to reduce inequalities at every level and as such, is reflected in **Strategic Objective 5: Collaboration and Engagement** - Collaborate with all community settings to identify and reduce health inequalities.





Integrated Care Boards (ICBs)





Objective One: Health Protection



WE WILL: Protect staff and patients from infectious disease and respond robustly to Major Incidents and CBRNe Incidents

WE WILL DO THIS BY:

- Ensuring WMAS is integrated within the wider system and is prepared to respond to all major hazards across the West Midlands
- Plan and exercise for incidents that may impact wider public health, including Major Incidents & CBRNe incidents
- Ensure robust and effective pandemic planning is undertaken to assure service provision and incident response during increased or high prevalence of seasonal respiratory infectious disease
- Support the workstreams of winter pressures (winter plan) to ensure public health priorities and key messages are captured and sighted at Board level through an assurance framework





Objective Two: Health Promotion

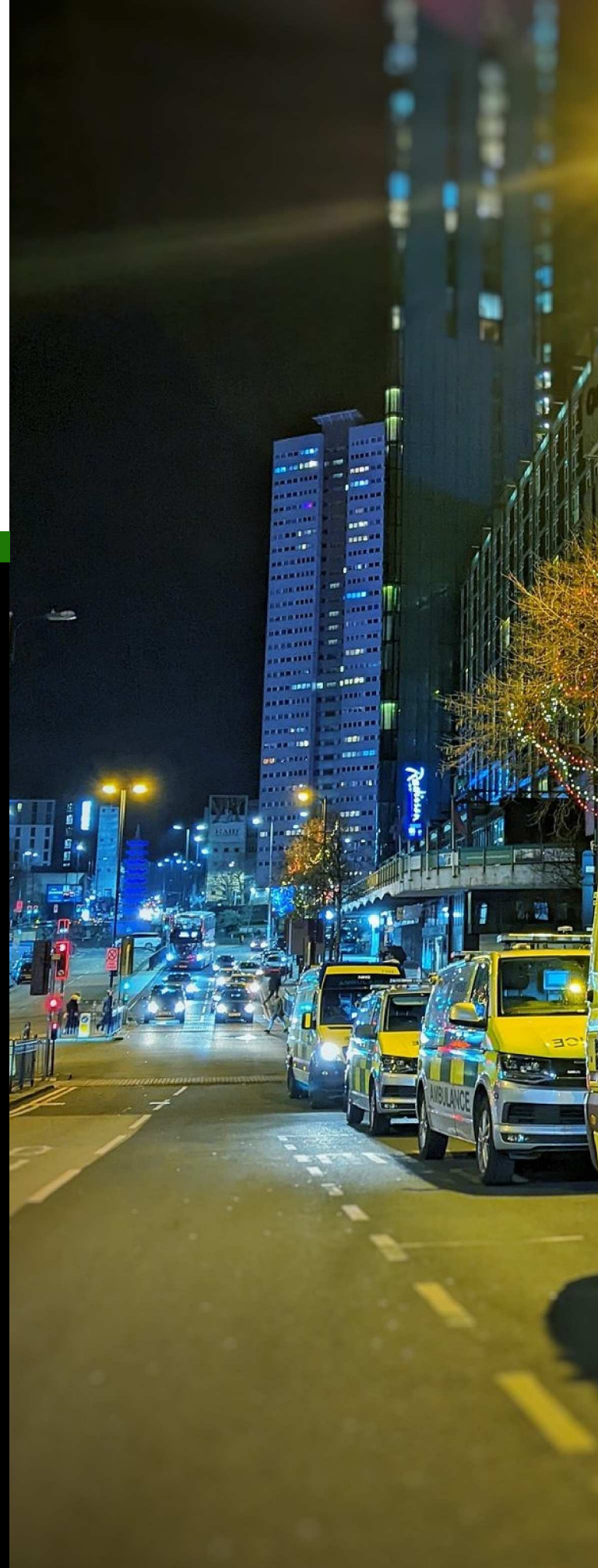


WE WILL:

Promote good physical and mental health to all

WE WILL DO THIS BY:

- Promote health strategies to reduce the gap between inequalities and improve health outcomes
- Work in collaboration with partners to engage our patients and the wider population to support suicide prevention/postvention, mental wellbeing and the physical health/mental health interface
- Promote an organisational culture that champions reducing health inequalities and preventative healthcare as core business
- Deliver an effective Communications Strategy that will foster health promotion across social media platforms and other means of key messaging





Objective Three: Prevention of ill health



WE WILL:

Encourage healthy lifestyle choices amongst Staff and Patients

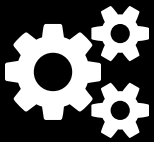
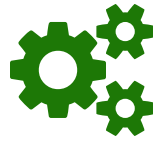
WE WILL DO THIS BY:

- Embedding 'Making Every Contact Count (MECC)' across all patient contacts
- Ensure all staff have access to immunisations/vaccination opportunities for seasonal respiratory infections
- Implement an Antimicrobial Resistance (AMR) programme with effective stewardship
- Collaborate with Directory of Service Leads to promote appropriate referral pathways to ensure the right care is delivered in the right place, at the right time





Objective Four: Public Health Intelligence



WE WILL:

Undertake surveillance, monitoring and evaluation

WE WILL DO THIS BY:

- Monitoring infectious disease prevalence through enhanced surveillance and epidemiology of our People
- Understand incidence and prevalence of disease burden across each ICS for adults and children within the West Midlands
- Scope and understand how WMAS data, information and evidence can support the wider provider collaborative
- Collaborate and provide rich data to system partners to improve health outcomes and reduce region wide inequalities





Objective Five: Academia & Public Health



WE WILL:

Create opportunities through the building of evidence, knowledge and research

WE WILL DO THIS BY:

- Build strong partnerships with academic institutions to deliver public health education & CPD opportunities for our People
- Build capacity for public health research to support local, regional, and national research efforts
- Create innovative opportunities for future public health link practitioners within WMAS
- Provide opportunities for networking and peer support (inclusive of current registrars, consultants, and other public health professionals)





Delivering our Strategy

Measuring our outcomes and performance:

- Monitor achievement of our public health strategy and annual work programme to ensure a set of successive activities over a period of one to five years that is interconnected and contributes to the broader aims.
- Measure outcomes of physical and mental health interventions that reduce the gap between inequalities and improve wider health outcomes across the region.
- Work collaboratively with ICS colleagues to identify health needs and embed nationally recognised initiatives such as 'Making Every Contact Count' to ensure people are helped to live healthy lifestyles, make healthy choice, and reduce inequalities.
- Utilise public health intelligence to undertake surveillance, monitoring and evaluation to improve the health, wellbeing and safety culture of the organisation.
- Provide academic opportunities through the building and development of evidence, knowledge and research to support organisational efforts to provide public health expertise amongst our workforce.





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Public Health Strategy on a Page

Public Health Objectives				
West Midlands Ambulance Service University NHS Foundation Trust				
Public Health Objective 1	Public Health Objective 2	Public Health Objective 3	Public Health Objective 4	Public Health Objective 5
Health Protection	Health Promotion	Prevention of ill health	Public Health Intelligence	Academic Public Health
Protect staff and patients from infectious disease and respond robustly to Major Incidents, CBRNe Incidents & Emergency Response	Promote good physical and mental health to all	Encourage healthy lifestyle choices amongst Staff and Patients	Undertake surveillance, monitoring and evaluation	Create opportunities through the building of evidence, knowledge, and research
<ul style="list-style-type: none"> - Ensure WMAS is integrated within the wider system and is prepared to respond to all major hazards across the West Midlands - Plan and exercise for incidents that may impact wider public health, including Major Incidents & CBRNe incidents - Ensure robust and effective pandemic planning is undertaken to assure service provision and response during increased or high prevalence of seasonal respiratory infectious disease - Support the workstreams of winter pressures (winter plan) to ensure public health priorities and key messages are captured and sighted at Board level 	<ul style="list-style-type: none"> - Promote health strategies to reduce the gap between inequalities and improve health outcomes - Work in collaboration with partners to engage our patients and the wider population to support suicide prevention/postvention, mental wellbeing and the physical health/mental health interface - Promote an organisational culture that champions reducing health inequalities and preventative healthcare as core business - Deliver an effective Communications Strategy that will foster health promotion across social media and other means of key messaging 	<ul style="list-style-type: none"> - Embed 'Making Every Contact Count (MECC)' across all patient contacts - Ensure all staff have access to immunisations/vaccination opportunities for (COVID-19 & Influenza) - Implement an Antimicrobial Resistance (AMR) programme with effective stewardship - Collaborate with Directory of Services Leads to promote appropriate referral pathways to ensure the right care is delivered in the right place, at the right time 	<ul style="list-style-type: none"> - Monitor infectious disease prevalence through enhanced surveillance and epidemiology of our People - Understand incidence and prevalence of disease burden across each ICS for adults and children within the West Midlands - Scope and understand how WMAS data, information and evidence can support the wider provider collaborative - Collaborate and provide rich data to system partners to improve health outcomes and reduce region wide inequalities 	<ul style="list-style-type: none"> - Build strong partnerships with academic institutions to deliver PH education & CPD opportunities for our People - Build capacity for public health research to support local, regional, and national research efforts - Create innovative opportunities for future public health link practitioners within WMAS - Provide opportunities for networking and peer support (inclusive of current registrars, consultants, and other public health professionals)

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 07c

MONTH: MAY 2023

PAPER NUMBER: 06c

Quality Account 2022/23	
Sponsoring Director	Strategy and Engagement Director
Author(s)/Presenter	Head of Strategic Planning
Purpose	To present the draft Quality Account, incorporating an update on achievement of the priorities agreed for 2022/23 and those set for 2023/24.
Previously Considered by	<p>Priorities have been reviewed by:</p> <ul style="list-style-type: none"> • Quality Governance Committee • Executive Management Board • External Stakeholders <p>The draft report has been received in full by:</p> <ul style="list-style-type: none"> • Learning Review Group • Quality Governance • Committee Council of Governors
Report Approved By	Strategy and Engagement Director
Executive Summary	
<p>The draft Quality Account is enclosed for review and approval. Achievement of the priorities agreed for 2022/23 are reported within the document along with all other updates in respect of activities across the Trust. The new priorities for 2023/24 are also identified.</p> <p>There is no national guidance for Quality Accounts this year, but the documents are still to be created and published by each Trust according to the normal schedule. Whilst there is no updated guidance, it has been clearly stated that there is no requirement for external audit of the document.</p> <p>At the time of writing, some statements from stakeholders are yet to be received. All statements received prior to publishing will be incorporated into the final version. Some final formatting will also be completed before publication, including the addition of graphics for aesthetic purposes.</p> <p>The Board of Directors is requested to approve the document, providing EMB the authority to ratify the final version on 13 June 2023 once any remaining comments have been incorporated. The document must be published by 30 June 2023.</p>	
Related Trust Objectives To meeting which of the Trust's objectives does the proposal contribute:	Please tick relevant objective
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)	✓

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 07c

MONTH: MAY 2023

PAPER NUMBER: 06c

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)		✓	
Relevant Trust Value	Excellence <input checked="" type="checkbox"/>	Integrity <input checked="" type="checkbox"/>	
	Compassion <input checked="" type="checkbox"/>	Inclusivity <input checked="" type="checkbox"/>	
	Accountability <input checked="" type="checkbox"/>		
Risk and Assurance	Failure to publish the Quality Account and deliver the priorities may adversely affect significant risk 3 (Quality Compliance).		
Legal implications/ regulatory requirements	The Quality Account is required under the Health & Social Care Act and Quality Account Regulations		
Financial Implications	None directly identified		
Workforce & Training Implications	None directly identified		
Communications Issues	No issues identified.		
	An Engagement Event (held on 2 May 2023), along with all collaboration during the year; and sharing of the draft report supports our process to collaborate with our stakeholders.		
Diversity & Inclusivity Implications	There are no adverse implications.		
Quality Impact Assessment	This document provides stakeholders with the Trust's Account of its quality management. No impact assessment is required		
Data Quality	All data contained within the report is subject to internal audit and checking processes. Under normal circumstances, the Account is externally audited, though this process has not taken place this year.		
Action required			
Members are asked to approve the document and delegate authority to the Executive Management Board, at its meeting on 13 June 2023, to accept:			
<ul style="list-style-type: none"> • further statements which are received • final formatting and addition of graphics 			

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Paper 06c 1

QUALITY ACCOUNT

2022-23

West Midlands Ambulance Service University
NHS Foundation Trust

Trust us to care.

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Foreword From the Chairman

When I applied for the position of Chairman of the Trust in 2019, little did I realise what was about to happen. On my first day in the job we were in lockdown as part of the fight against COVID-19. As we got to grips with all of the challenges of that, the Trust was then tested by possibly its biggest ever challenge; hospital handover delays.

You will read much more about how these delays have impacted the Trust, our staff and our patients in the updates from the Chief Executive. As I speak to staff, I have been left in no doubt about the dreadful situation they find themselves in almost every day; knowing that they are not able to help patients who so desperately needed it, being on the receiving end of abuse because we were not able to get help there quickly. Equally, seeing the pain and suffering that might have been avoided had they been able to provide help earlier. There is no question, that this has been a very difficult year.

While I, in no way, wish to take away anything from those challenges, I do want to shine a light on one of the things that has stood out for me amongst that dreadful situation; the continued, and indeed, increased level of thanks that our staff have received over the last 12 months. On what is probably the worst day of your life, taking the time to contact the Trust to say 'thank you' might, understandably, not be high on your list of things to do, but an ever-increasing number of people in the West Midlands have been doing just that.

We have never seen so many compliments come into the Trust as we have had in the last year, despite our performance being the worst it has ever been. They arrive by letter, email, via our website and on social media. People have turned up at our operational hubs with cakes, boxes of sweets have been left on windscreens, and staff have been left flabbergasted when a complete stranger has bought them their lunch or just a cup of coffee as they queued at the checkout. What is also so nice to see is that the letters cover every area of the Trust both geographically but also by profession. People understand the pressures our staff are under and are showing their thanks in a way that seems right to them.

I was enormously proud to attend our long service and good conduct awards late last year. Because of the pandemic, it is the first ceremony I have attended as Chairman. To hear of such amazing acts of courage, bravery and service is extremely humbling. It is only right that we recognise the work of our staff which is why I was so pleased that we have widened the number of awards open to staff. In a time when people don't necessarily see a career in the ambulance service as a 'job for life', though many do, it is right that we recognise the efforts of staff who have given a decade of their life to serving others. They have made an invaluable contribution to the ambulance service and to the people of the West Midlands.

It is not just within the Trust that staff have been recognised over the last year. We were all delighted when our Medical Director, Dr Alison Walker, received a prestigious award from the Royal College of Emergency Medicine (RCEM) for her outstanding work over the last 17 years, but in particular during the pandemic. Dr Walker received one of only four medals that are handed out by the RCEM each year. I was also delighted that the work of the IT Department was recognised with the Trust noted as Leading Digital Trust. As a Global Digital Exemplar (GDE), the Trust is an internationally recognised NHS provider, delivering improvements in the quality of patient care, through the world-class use of digital technologies and information.

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The year 2022 will be one that has mixed emotions for many of our staff. We are honoured to have a 'Crown Badge' on our uniforms and so many staff and volunteers were delighted to receive the Queen's Platinum Jubilee Medal. That joy of course turned to sadness with the passing of Her Majesty Queen Elizabeth II later in the year. However, we were particularly proud that four members of our staff were chosen to represent the NHS ambulance services as part of the State Funeral. The four, all members of the Trust's Ceremonial Unit, spent five days in London in preparation, practicing their ceremonial drill in the middle of the night. In addition, we were part of the large contingent of ambulance staff from across the country assisting London Ambulance Service given the millions of people who were in the capital for the funeral.

While our staff will always do everything possible to support patients, in cases such as a cardiac arrest, it is vital that bystanders or family members play their part in the 'chain of survival' by carrying out CPR (cardiopulmonary resuscitation) and where possible, use a defibrillator. We received money from NHS Charities Together to fund an additional community response manager who works with local groups such as our community first responders to increase the number of people trained in CPR. We have also been working closely with the Daniel Baird Foundation to increase the number of 'Bleed Control Kits' available to the public. Daniel sadly died from a single stab wound. His mother Lynne, who was awarded an MBE last year, has led a campaign which the Trust has been proud to support to get Bleed Control Kits sited in areas where there have been stabbings before. The Trust has installed dual-purpose Public Access Defibrillator and Bleed Control Kit cabinets on each of our sites across the region. We have also installed another 80 kits at key sites and will look to do more in the coming year.

The West Midlands is the second most ethnically diverse region of the country. As a Trust we continue to work hard to ensure our workforce represents the communities we serve. While we still have work to do in this area, we also believe that the importance of this matter should extend beyond our own walls. As a result, the Procurement Team recently ran their first Diversity & Inclusion Round Table event with three non-competing suppliers. I am pleased that they were not only interested but keen to ensure diversity and inclusion is a key part of their organisations too.

For many years the Trust has endeavoured to have a paramedic on every vehicle as research has shown that this provides the best care for patients and is much more efficient as you rarely have to send more than one vehicle to each case. Thanks to a huge amount of effort by the Recruitment and Education & Training Teams, we have been able to steadily increase the numbers of ambulances with paramedics on board. No other service in the country gets this close to the level of crewing that we have been able to achieve over many years. There is no question that this attention to detail is saving lives and giving our patients a much better service.

Maternity is a complex area of paramedic practice that can cause anxiety for even the most experienced ambulance clinician. This year we have introduced Maternity Champions on each Hub. Their role is to take the lead and support the overall development, education, knowledge, skills and competencies of all clinicians relating to obstetric emergencies in the pre-hospital environment. This is a fantastic opportunity to improve the pre-hospital care we provide to women and their babies.

Another area where we have been making changes is how our ambulances can help patients who have dementia or are particularly young. The Trust has rolled out 34 brand new ambulances which have improved internal décor like changing the seat colour from blue to grey. The most noticeable change, however, is the addition of a lovely scenic design on the window which can be

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seen from both the inside and outside of the vehicle. The scene is designed to help put children and dementia patients at ease with key points to talk and reminisce about including animals for patients to find and identify.

The work of our non-emergency patient transport service is often less well known than the emergency side, but they play just as an important role in the organisation and in the lives of the patients they assist – this last year they will have completed over a million patient journeys and covered upwards of 6 million miles. The hard work of staff and their consistently high performance has been one of the areas mentioned when commissioners have contacted the Service. This dedication is absolutely priceless in ensuring that some of the most seriously unwell patients we see, are treated with care and compassion each time they use the service.

As someone who started their career in the NHS as a scientist, research and development has always been hugely important to me. I am always pleased to see the Trust involved in so many research programmes such as the Packman study which is looking at the wider use of ketamine within the ambulance sector. There is also important research ongoing in The SPEEDY research study. It is testing a new pathway for stroke patients to access thrombectomy by direct admission, rather than secondary transfer. If successful it could lead to real improvements to stroke patients lives going forwards. As a University NHS Foundation Trust, it is fabulous to see our staff get involved in these trials which have in the past led to very real improvements in the way that we treat patients.

Like many people I was delighted to see the Commonwealth Games come to Birmingham. It was a huge success and the Trust played its part in that. I was particularly pleased to see a number of our staff and volunteers chosen to take part in the Queen's Baton Relay. They included Student paramedic Ella Davies for her work as a campaigner for Changing Faces Charity. Broseley Community First Responder and Patient Transport Service Bank staff member Mark Jones was also lucky enough to take part. He has been a CFR for 20 years.

On behalf of the Board, I want to thank all of the staff, wherever they work in the organisation for all that they have done during this last year. Whether on the frontline; staff within our patient transport service; control room staff; our mechanics, vehicle preparation teams and stores; the managers at all levels; the corporate staff; the many volunteers who support us on a daily basis, thank you for everything you have done. The fact that we have been able to achieve what we have is down to everyone working together.



Prof. Ian Cumming OBE
Chair, West Midlands Ambulance Service University NHS Foundation Trust

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Statement from the Chief Executive

While it is tradition to look back at a year and see what has been achieved, it will be a year tinged with sadness, due to the impact that hospital handover delays had on both our patients and our staff. If I think back to this time last year, I felt sure that the issue of COVID-19 would once again be front and centre in my remarks. To find that it is little more than a passing mention is both positive, that we have largely got through the pandemic, but also it shows just what a level of impact the hospital handover delays we have experienced across our region have had on our service. It is at times such as this that I am always so impressed by our staff as they seek to find new and innovative ways of working that allow us to tackle the undoubted challenges that we have faced and keep as many patients as possible, safe.

Let me paint a picture for you that demonstrates the enormous impacts the situation has had for both patients and our staff. Over the festive period, at the start of an evening shift, no fewer than 70 ambulances were deployed straight to hospital so that crews who were already past the end of their shift could get home to their loved ones. Whilst it was absolutely the right thing to do, because some of those crews they were replacing were up to three hours late finishing on top of a 12-hour shift, at the time we were holding dozens of other emergencies. This meant those patients waited even longer than they might have had to.

The risk to patients has been highlighted at repeated Board meetings where the number of Serious Incidents (SIs) that the Trust registered has increased significantly. These are cases where harm has come to patients, with long delays accounting for the vast majority of them. Research by the Association of Ambulance Chief Executives (AACE) showed that almost 200,000 patients have come to harm because of ambulance delays, with 20,000 of them suffering severe harm.

Last year we introduced the Clinical Validation Team, made up of experienced paramedics and nurses, who review a number of 999 calls to ensure the dispatch of an ambulance is appropriate. This year that work was expanded with the Trust looking at the impact the team could have on Category 2 patients.

Clinicians call back around 40% of those types of case and further assess whether an ambulance is required. By doing so, those most in need are getting ambulances more quickly. The evidence from the pilot showed there were no patient safety concerns; there were improved ambulance response times for patients who need them most; nearly half of cases that were clinically validated were closed with advice or referred to an alternative service; but a small percentage were upgraded from Cat 2 to Cat 1. Thanks to the hard work of staff in our control rooms we have been able to show just how effective this system can be and it is now being rolled out across our country. Ultimately the objective is to ensure that patients needing our help the most get an ambulance response without delay.

We also introduced Ambulance Decision Areas at three Birmingham hospitals along with teams at Royal Shrewsbury and Worcestershire Royal Hospitals. Advanced paramedics work with Ambulance Health Care Assistants within the hospital setting where they take a handover from ambulance crews who would otherwise have waited and start the patient's treatment even before they get to A&E. This frees up ambulance crews more quickly so that they can respond to patients

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in the community. The figures show that there has been a steady decrease in the number of ambulances delayed.

I want to put on record how much I appreciate the work of the teams in our control rooms, on the frontline and in the corporate functions who are all working as hard as they possibly can. They know better than most just how much of an impact the hospital delays have on the patients stuck on ambulances, but also those where it takes hours to reach patients in the community.

It is vital that we continue to work with commissioners, hospitals and NHS England to find solutions. As the recent Care Quality Commission (CQC) inspection found, staff wellbeing has suffered, that staff reported burnout and that they observed two members of staff in tears. That is a situation that cannot be right. I too have spoken to staff that say they dread coming to work for fear of spending an entire shift at hospital; of being late finishing, again; of student paramedics not seeing enough cases to complete their training; of finding patients in awful situations because of prolonged delays; knowing that we could have done more to help. I absolutely recognise the pressure, stress and anxiety that the current situation is having on us all.

Over the last year we have invested heavily in trying to support staff to get through these difficult times. A tremendously successful part of that work has been the Health and Wellbeing Roadshows that have visited all of our sites. The events are supported by the Trust's Health and Wellbeing champions, Staff Advice and Liaison Service, Freedom to Speak Up Champions and our union reps. Colleagues can take part in fitness challenges and have the opportunity to take part in wellness checks, 30-minute menopause training courses as well as enjoying refreshments and time with each other.

The conditions staff faced was one of the key reasons we saw our unions take industrial action nationally from December through to February. It was the first country wide strike action by ambulance staff for more than 30 years. While I am hopeful that a solution has been found in the dispute between the unions and the Department of Health and Social Care, it is important that I note the hard work by union reps, managers as well as the good will from staff, which meant we were able to keep patients safe through each day of action. In particular, I would like to thank staff for the incredibly professional way they dealt with this very difficult situation. Hospitals were also able to turn the vast majority of ambulances around very quickly, which also helped, but the overriding thing that made the day go as smoothly as it did was the professionalism of staff.

After taking almost 5 million calls over a little over three years, the Trust said goodbye to hundreds of staff as the 111 service passed from WMAS to DHU Healthcare. Around 430 staff transferred to a new call centre in Oldbury. The dedication and commitment shown by the 111 team has been fantastic. The staff have worked tirelessly and developed as a team and as individuals whilst being with the Trust and the journey we have been on together through COVID-19, changes with the way the public access health care; it is a real success that has undoubtedly benefited millions of patients. You have truly been lifesavers and you should always be proud of that. I am confident that the 111 service will continue to develop and grow and I wish each of you continued success.

Listening to stories of courage, bravery and heroism is always a real pleasure particularly when it involves our staff. It was therefore particularly pleasing that we were able to host our first full Annual Awards ceremonies in November. We have not been able to do so for a couple of years due to COVID-19, so it was both a very busy ceremony but also one that allowed us to celebrate all the

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amazing work of staff over the last few years. More than 400 guests, including the Deputy-Lieutenant of the West Midlands, Richard Boot OBE, and the High Sheriff of the County of West Midlands, David Moorcroft OBE, attended. Awards included Long Service, Chief Officer Commendations, Student Paramedic of the Year, Mentor Awards, Apprenticeship Awards, Community Initiative and Partnership Awards; St John Ambulance Awards; Community First Responder Long Service Awards and the CFR of the Year. To have the chance to recognise the extraordinary efforts of our staff, volunteers and members of the public is extremely important. We heard so many fantastic stories of people going above and beyond and all for the same reason: to provide the very best levels of care to our patients.

Last year I noted the appalling attack on two of our staff that resulted in them both being stabbed, with the attacker subsequently jailed for nine years. Sadly, the safety of our staff remains a matter of great concern. As a Trust, we have taken the difficult decision to run a second and much larger trial of stab vests so that a wider range of views could be established from staff. In addition, legal advice will be sought on whether mandatory use would be required or whether a dynamic risk assessment would suffice. We continue to encourage staff to use the body worn cameras that were provided by NHS England in 2021. Earlier this year footage from one of the cameras was used for the first time as part of a prosecution. Paramedic Steve Raven still suffers from the broken jaw he sustained in the attack. The man who committed the offence was jailed for two years with the Judge particularly appalled that someone who had gone to help should suffer such an injury.

Both Deena Evans and Mick Hipgrave, who were stabbed, also featured in some national work undertaken by the ambulance sector tackling the rise in abuse of staff. The #WorkWithoutFear Campaign drew national coverage at its launch and featured videos of staff out of work showing that they are ordinary people doing an extraordinary job and do not deserve to be the target of such abuse. You can find out more about the campaign at www.aace.org.uk/vaa.

Eight years ago I took a decision to develop a Family Liaison Officer (FLO) service for the Trust. It was originally aimed at supporting parents and families of those who tragically lost children, up to the age of 18. The FLO would provide support for up to six months, providing empathy, compassion and ensuring the family understood what had taken place. I'm delighted that we have now expanded that scheme to provide support to families of anyone involved in a tragic death that ambulance crews have attended. The scheme is also open for the families of our own staff who may need additional support at what will be the most tragic time of their life.

We have not had to deal with a terrorist incident in the West Midlands for many years. However, in the times we live, it is something that we take extremely seriously. In the run up to the Commonwealth Games, we were mindful that we needed to increase our state of readiness even further and as a result hundreds of our staff took part in major incident exercises. Some involved multiple services and responders from a host of agencies. Whatever the scenario, there is always learning to be had and as a result we were able to update our plans ahead of the Games. Thankfully, the celebration of sport passed uneventfully from this perspective, but the publication of the second report into the Manchester Arena attack once again focused our attention on ensuring we do all we can to be prepared and learn the lessons from previous incidents and exercises.

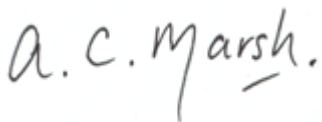
After around a year of building work, hundreds of staff moved into what is Britain's largest ambulance hub in October. The first to move to the new site in Oldbury were Stores and Distribution, Fleet and the Trust's Hazardous Area Response Team. The staff based at the

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Sandwell Hub began moving in at the start of November. A huge amount of work has been put into getting this hub ready for staff and takes the level of accommodation we have within the Trust to a new level. We did temporarily open the site during the Commonwealth Games as the staging post for all of our resources too.

Having mentioned the Commonwealth Games twice, it is only appropriate to touch on what was an amazing 11 days for staff, the service, the West Midlands and indeed the country. It was truly wonderful to see so many staff, both from a work perspective and as spectators, out and about enjoying themselves. We saw staff have a go at weightlifting, testing their core on the balance beam, trying on judo kit and even heading to the top of the 10-metre diving board! There were also plenty of chances for staff to meet Perry the mascot, grab a selfie with some of the athletes and even get to pose with a gold medal or two along the way. We were also delighted to be able to get up close and personal with the 'Raging Bull', which was on display in the centre of Birmingham after its starring role in the opening ceremony. The 22nd Commonwealth Games was the biggest sporting event the Trust has ever had to provide medical cover for. Years of hard work and planning came to fruition for the Trust with our part in the event running extremely smoothly. I want to pay tribute to the planning team and hundreds of staff who gave up time off with their families to work during the Games. I am immensely proud of everything they did to show what a wonderful city Birmingham is and indeed the wider West Midlands and what it has to offer.

May I finish by saying how enormously proud I am of each of our staff and volunteers; please accept my enormous thanks and pass on my personal thanks to your family members that have loved and supported you to enable you to give your best every day, saving lives across the West Midlands. While the future is clearly uncertain, I am confident that our Trust is as prepared as any to take on whatever comes our way over the next 12 months. I firmly believe that the public of the West Midlands should be justifiably proud of the team that protects them.



Anthony C. Marsh
Chief Executive Officer

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Part 1

Introduction

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

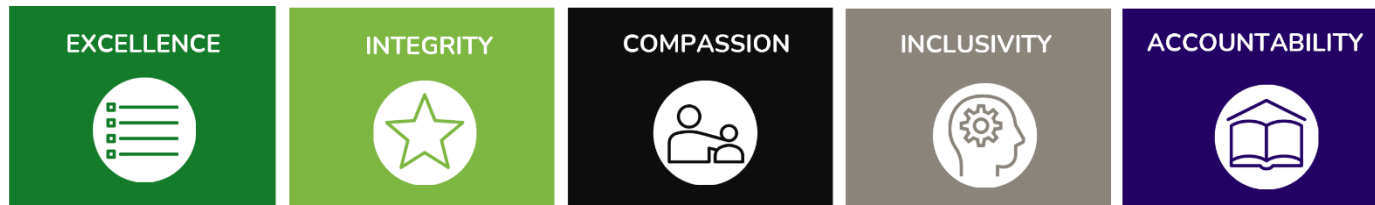
Having refreshed our strategy last year, we remain committed to our vision, as this continues to reflect our overall purpose:

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

Put simply, patients are central to all that we do. This means a relentless focus on the safety and experience of patients during our care and ensuring the best clinical outcomes are achieved. Our strategic objectives provide an alignment of the Vision with carefully determined priority areas of work.



We understand that to continue to improve quality, it is essential that our patients and staff are fully engaged with our plans and aspirations. Through extensive staff engagement, we have recently reviewed and refreshed our organizational values to make them more relevant to the work that we all do and the world in which we all work:



If we all keep these at the core of our work, it will help us improve the organisation, improve the quality of services for our patients and strengthen the support that we provide to all our staff.

Care Quality Commission

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

The Trust has been registered with the Care Quality Commission without conditions since 2010. WMAS has participated in one inspection carried out by the Care Quality Commission in Worcestershire during 2022/23. The CQC has not taken enforcement action against West Midlands Ambulance Service during 2022/23.

The Trust’s latest inspection by the CQC was in 2019, the final report, available from www.cqc.org.uk, confirms the Trust maintained its overall rating of Outstanding. In March 2023, the Trust updated its regulated activity following the handover of NHS111 and the Clinical Assessment Service to another provider.



**West Midlands Ambulance Service
University NHS Foundation Trust**

Inspection report

Unit 9
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Tel: 01384215555
www.wmas.nhs.uk

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

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

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

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

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

We regularly engage with the CQC and ensure that any information relating to our service which may be of use in system wide assessments is available and discussed where appropriate. Any actions identified through these discussions are completed promptly and kept under regular review.

Part 2

Priorities for Improvement 2023/24

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We have assessed our progress against the agreed priorities for 2022/23 and have confirmed those that need to continue to ensure a high-quality service is maintained and continues to improve. In deciding our quality priorities for 2023/24 for improving patient experience, patient safety and clinical quality, we have reviewed outputs from discussions with stakeholders throughout the year, engagement events, surveys, compliments, complaints and incident reporting. We regularly review all information available to us to identify trends and themes, this helps us to identify causes and priorities for improvement. We confirm the following have been identified:

Mental Health

To promote the significant progress that is being made in this area, supporting many of our most vulnerable patients. This work is fully supported by our commissioners and directly supports delivery of national policy. Our delivery plan, subject to the realisation of funding from Integrated Care Boards (ICBs) relating to 'Improving the Ambulance Response to Mental Health' ambitions within the NHS Long Term Plan will include:

- Establishing and embedding 24/7 mental health clinician coverage within the emergency operations centre and work with partners to increase alternative care pathway utilisation
- Establishing and embedding the mental health response vehicle provision in line with the NHS Long Term Plan and agreements with ICBs
- Developing and commencing delivery of a Clinical Education and Improvement plan relating to mental health education for ambulance staff

Integrated Emergency and Urgent Care Clinical Governance

As the Trust's delivery model changes following our exit from the NHS111 contract, it is important to demonstrate our short- and medium-term priorities, along with assurance in relation to clinical governance of call handling, partnership working and ambulance dispatch. Our work programme throughout the year will deliver:

- Good standard of clinical audit compliance, to include live clinical audits carried out during calls.
- Learning to take place because of SI's raised or notification of WMAS54's.
- Plan to introduce individual clinical dashboards for all Clinical Validation Team (CVT) clinicians to show competencies and mandatory training undertaken
- Additional clinical training for all clinicians around recognition of sepsis (mandated for CVT)
- Opportunity for clinical development to support CVT role in the form of minor injuries, minor illness, prescribing v300 qualification and Masters.
- Competencies continually reviewed during bimonthly 1-1's for all clinicians within CVT.

Utilisation of Alternative Pathways

Delivering the Trust's Vision requires WMAS to not only always provide an effective emergency service to those who need it, but also to create the appropriate links into other services too, for example Urgent Community Response (UCR) to those patients who do not

have immediately life and limb threatening illness and injury – the right response, to the right patients at the right time. The Quality Account priorities for 2022/23 included a focus on the collaborative development and utilization of alternative pathways including the national programme, Urgent Community Response. There continues to be a growing need to provide the most appropriate service to meet patient needs and support improved patient flow across the NHS. We will continue to work to develop the most appropriate service model within each of our localities to most effectively manage long term conditions at home.

Developing Our Role in Improving Public Health

WMAS provides a major gateway into the NHS for patients of all ages, and from all clinical groups. Through liaison with both patients and other healthcare providers, WMAS has both a responsibility and an opportunity to support and improve public health. Without action, all NHS services, including the ambulance service, will continue to see a rise in demand because of the wider impacts of the COVID-19 pandemic. We have defined our priorities to improve public health our new Public Health Strategy to better support and anticipate the health needs of our population:

- **Health Protection** – we will ensure robust and effective planning is undertaken to ensure service provision and response during increased prevalence of seasonal respiratory infectious disease
- **Health Promotion** – we will deliver an effective Communications Strategy that will foster health promotion across social media and other means of key messaging
- **Prevention of ill health** – we will implement an Antimicrobial Resistance (AMR) programme with effective Antimicrobial Stewardship (AMS)
- **Public Health Intelligence** - we will monitor infectious disease prevalence through enhanced surveillance and epidemiology of our People
- **Public Health & Academia** – we will build strong partnerships with academic institutions to deliver public health education and CPD opportunities for our people.

Reducing patient harm incidents across the Trust

WMAS strives to continuously improve patient care, and patient outcomes. As an open and transparent organisation, we have a culture of reporting incidents where things haven't gone as well as they could have, and this includes where patients have suffered harm. The Trust has seen a large increase in both patient safety incidents being reported, and the number of patients suffering harm as a result of these incidents. Some of this is attributable to increased incident reporting, but most is due to increased patient harm incidents due to delayed ambulance responses and increased handover delays at receiving units.

Reducing patient harm incidents, whilst retaining high incident reporting is key to demonstrating an organisation that learns from incidents. This improves the standard of care provided by its clinicians, and ultimately the care received by the patient. The Trust's vision

is “Delivering the right care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies”. The Trust delivers this by delivering appropriate mandatory training for its clinicians. Learning from past incidents and working with the Lead ICB (and associate commissioners) and local hospitals, implementing innovative solutions to handover delays.

The number of harm incidents for both Emergency and Non-Emergency patients will be recorded by quarter. For comparison, the volume of incidents recorded during 2022-23 is recorded below:

Harm Incidents 2022-2023 Baseline				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Emergency (Operations and EOC)	226	218	282	232
Patient Transport Services	36	35	39	37

It is difficult to attach specific numbers as targets for reduction, given the fluidity of the data and the variance over recent years. The planned mandatory training aimed specifically at reducing low level harm events such as skin tears, avoidable injuries and slips, trips and falls is aimed to reduce the harm incidence.

Our Services

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

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

There are two Integrated Urgent and Emergency Operations Centres, located at Tollgate in Stafford and Brierley Hill in Dudley. During the year, these centres handled approximately 8,000 calls each day from both 999 and 111. In March 2023, the 111 service was handed over to a new provider, to enable us to focus on the provision and development of our emergency service. Our Call Assessors were trained to answer both 999 and 111 calls, and a large proportion of this staff group remained with the Trust, which now further boosts our capacity to deliver the optimum level of response to each patient.

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During 2022/23, West Midlands Ambulance Service University NHS Foundation Trust provided the following core services:

Emergency and Urgent (E&U)

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

Non-Emergency Patient Transport Services (NEPTS)

In many respects, this part of the organisation deals with some of the most seriously and chronically ill patients. They transfer and transport patients for reasons such as hospital appointments, transfer between care sites, routine admissions and discharges and transport for continuing treatments such as renal dialysis. The Non – Emergency Patient Transport Service has its own dedicated control rooms to deal with around 800,000 patient journeys it undertakes annually, crews are trained as patient carers. The Trust has contracts in Birmingham, Coventry & Warwickshire, Cheshire, Walsall, Sandwell & West Birmingham Dudley and Wolverhampton. Contracts with Birmingham & Solihull ICB, Coventry & Warwickshire ICB and Cheshire, Warrington & Wirral expire in 2024; commissioners have not yet decided on the post-contract requirements. There is currently a national PTS review led by NHSE which will lead to several fundamental changes around service specification, KPIs, eligibility, alternate transport, data collection and ‘green’ agenda, which will impact on all contracts. This includes a universal offer of transport for all dialysis patients [though not necessarily PTS].

NHS111

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

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➤ Calls transferred to 999 service for ambulance response	10.9 per cent
➤ Advice to attend Emergency Department Referrals	12.1 per cent
➤ Referral to Primary Care or other Service	60.0 per cent
➤ Referral to other service	5.3 per cent
➤ Self-care advice	11.7 per cent

With unprecedented pressures throughout the NHS, WMAS decided to focus on the provision of emergency services, and therefore exited the 111 contract on 1 March 2023.

Emergency Preparedness:

The Trust has significantly invested into Emergency Preparedness, and it remains one of the top operational priorities for the organisation. Incidents such as Grenfell and the Manchester arena bombings have highlighted the importance of Ambulance Services being prepared to deal with significant and major incidents. The Trust has been rated as compliant in the 2022 NHS England audit of the Hazardous Area Response Team (HART) and the 2022 Emergency Preparedness Response and Recovery (EPRR) annual Core standards process. The organisation evidenced a robust set of documentation to NARU Key Lines of Enquiry in February 2022 further supporting the assurance process. The resilience team continues to ensure the Trust's plans and standards remain current, robust and reflect any learning outcomes obtained from both local and national incidents in line with Joint Emergency Services Interoperability Principles (JESIP). Maintenance of both HART and The Tactical Incident Commander (TIC) teams supports continuous development and improvement of our service following a key theme of the organisation. Last year the Trust has moved all its commanders to electronic recording of evidence ensuring competency is in line with National Occupational Standards (NOS). Aligning values as a department with the Trust's strategy on fleet and equipment plus local investment and national influencing will ensure our specialist operations staff are provided with the very best vehicles and equipment available to ensure that should the worst happen in the West Midlands our staff are able to respond accordingly and provide world class care. Emergency Preparedness Managers will continue to focus on providing appropriate care and event management for public and private contract holders ensuring the public remain safe and well when attending events such as festivals, parades and concerts etc. The Trust has ensured that multi-agency working and engagement occurs throughout the organisation and especially within the Emergency Preparedness department. Training and exercising wherever possible includes partner agencies. Each Local Resilience Forum within the region of the Trust is served by a nominated Strategic Commander, and relevant information gained from these forums are shared internally.

Enhanced Care

In addition to operating the commissioned MERIT Service which provides consultant-led enhanced prehospital care and the Regional Trauma Desk, both on a 24/7 basis, the Trust continues to have excellent relationship with a number of organisations whom we work in partnership with to provide enhanced care to the most critically ill and injured patients that we care for. We work with two independently CQC registered Air Ambulances (The Air

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Ambulance Service and Midlands Air Ambulance Charity) as well as a number of British Association of Immediate Care Schemes (BASICS) Schemes including North Staffordshire BASICS (NSB) Mercia Accident Rescue Service (MARS) and the West Midlands CARE Team. Through shared clinical governance and a collegiate approach to the regional provision of enhanced care, the Trust is fortunate to have a wealth of enhanced care teams available to both task to cases requiring their specialist intervention, and also provide training and developmental opportunities for its clinical staff.

Commonwealth Games

The 22nd Commonwealth Games was hosted in Birmingham in summer 2022, the biggest sporting event the Trust has ever had to provide medical cover for. Years of hard work and planning came to fruition for the Trust, as our teams worked alongside medical teams put in place by the Organising Committee. In total the dedicated Planning Team scheduled over 23,000 hours of ambulance time including 1,766 shifts made up of 770 on ambulances and 226 commander shifts. They were supported by 160 shifts in our control room, 60 vehicle preparation operative shifts preparing up to 60 ambulances and 27 cars each day and 40 shifts in the National Ambulance Resilience Unit. In total, crews helped 166 patients of which just 83 were taken to hospital. The staff involved in the events thoroughly enjoyed the experience, and developed rapport with the competing teams and the many thousands of visitors to the Games.



The West Midlands Ambulance Service University NHS Foundation Trust has reviewed all the data available to them on the quality of care for these four relevant health services. The Trust is supported by a network of volunteers. Around 500 people from all walks of life give up their time to be community first responders (CFRs). CFRs are always backed up by the Ambulance Service but there is no doubt that their early intervention has saved the lives of many people in our communities. WMAS is also assisted by voluntary organisations such as BASICS doctors, water-based rescue and 4x4 teams.

The Trust does not sub-contract to private or voluntary ambulance services for provision of its E&U services. To ensure excellent business continuity in support of major incidents the Trust has agreements in place to request support from other NHS Ambulance Services.

The Trust has utilised the services of private providers during 2022/23 to support Non – Emergency Patient Transport Services, particularly during the introduction of new contracts and to support safe practices following the pandemic. Sub-contractors are subjected to a robust governance review before they are utilised.

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The income generated by the relevant health services reviewed in 2022/23 represents 99.67% of the total income generated from the provision of health services by the Trust for 2022/23. More detail relating to the financial position of the Trust is available in the Trust's 2022/23 Annual Report.

Performance - Emergency and Urgent Service

The Trust is measured nationally against **operational standards for Emergency and Urgent**

- **Category 1** - *Calls from people with life-threatening illnesses or injuries*
 - 7 Minutes mean response time
 - 15 Minutes 90th centile response time
- **Category 2** - *Serious Condition that requires rapid assessment (Serious Injury, Stroke, Sepsis, major burns etc.)*
 - 18 minutes mean response time
 - 40 minutes 90th centile response time
- **Category 3** - *Urgent but not life threatening (e.g., pain control, non-emergency pregnancy)*
 - 120 minutes 90th centile response time
- **Category 4** - *Not urgent but require a face-to-face assessment.*
 - 180 minutes 90th centile response time

Ambulance Quality Indicators

National Audits

Ambulance Services are not included in the formal National Clinical Audit programme, however, during 2022-2023 the Trust participated in the following National Ambulance Clinical Quality Indicators Audits:

1. Care of ST Elevation Myocardial Infarction (STEMI)

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

Audit Element

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

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

Audit Element

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

2. Care of Stroke Patients

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

Audit Element

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

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

3. Care of Patients in Cardiac Arrest

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

Audit Element

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

4. Sepsis

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

Audit Element

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

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

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

Local Audits

The below details the local clinical audit programme and two examples of clinical audits that were completed during 2022-2023:

PGD Administration	
Drug Administration	Administration of Morphine Audit
	Administration of Adrenaline 1:1000
	Administration of Naloxone
	Pre Hospital Thrombolysis
	Administration of Activated Charcoal
	Administration of Co-amoxiclav
	Administration of Salbutamol MDI
Current NICE Clinical Audits	Management of Deliberate Self Harm Patients
Locally Identified Concerns	Management of Paediatric Pain
	Management of Head Injury
	Maternity Management
	Post Intubation Documentation Audit
	Post-partum haemorrhage (PPH) management
	Falls >=65 discharged at scene
	Management of Paediatric Pain
National Ambulance Indicators	Cardiac Arrest - Return of Spontaneous Circulation (Overall)
	Cardiac Arrest - Return of Spontaneous Circulation (Comparator)
	Cardiac Arrest - Survival to discharge (Overall)
	Cardiac Arrest - Survival to discharge (Comparator)
	Post-ROSC Care Bundle
	STEMI Care Bundle
	Stroke Care Bundle
	Sepsis Care Bundle
	Further information on National Indicators: EPR AQI Guidance

Participation in Research

During 2022/23, the Trust has continued to expand the opportunities for staff and patients to be involved in pre-hospital research, making huge steps forward in forging academic and research relationships in collaboration with local universities, culminating in West Midlands Ambulance Service becoming a University Ambulance Service.

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

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

The number of participants that were recruited during the 2022/23 period to participate in research approved by the Health Research Authority and a Research Ethics Committee was 609. During this period, the Trust participated in 18 research studies meeting these criteria, of which 18 studies were categorised as National Institute of Health Research Portfolio eligible.

The following research studies have continued during 2022/23

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



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

Golden Hour (Brain Biomarkers after Trauma)



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

Major Trauma Triage Tool Study (MATTS)



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



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

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



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

Paramedic Analgesia Comparing Ketamine and Morphine in trauma (PACKMaN)




The PACKMaN study aims to find out if ketamine is better than morphine at reducing pain in adults with severe pain due to traumatic injury. Pain from severe trauma has been reported as being poorly treated and NHS Paramedics have a limited formulary of medicines to treat severe pain. Current practice might suggest that patients with severe pain following trauma may receive Morphine, which can be slow to reach peak effect and has a

number of associated side effects. Ketamine may be an ideal prehospital drug due to it being a safe option and quick to take effect.

Impact of pre-alerts on patients, ambulance service and ED staff

When a patient is seriously ill, ambulance staff may call the Emergency Department (ED) to let them know the patient is on their way. This is known as a 'pre-alert' and can help the ED to free up a trolley space or bed and get specialist staff ready to treat the patient as soon as they arrive. If used correctly, pre-alerts can help to provide better care, earlier access to time-critical treatment and improved outcomes for patients. However, if used too often, or for the wrong patients, then the ED staff may not be able to respond properly and may stop taking them seriously. This has important risks for patient safety. This study will explore how pre-alerts are being used and how their use can be improved.


A mixed-methods study of female ambulance staff experiences of the menopause transition (CESSATION)

 The aims of this study are to identify current menopause guidance, policies and support offered by United Kingdom (UK) ambulance services; understand work and personal impacts of the menopause on female ambulance staff and their managers; and identify service developments that may best support female ambulance staff during this life phase. From the study findings, potential menopause service developments and interventions will be identified for female ambulance staff and service managers, and there will be improved menopause transition awareness across all UK ambulance services. Further research activities will be needed to explore the impact of any new interventions on staff health and wellbeing.

Experiences of staff providing telephone CPR instruction

This study aims to improve outcomes of patients who suffer out of hospital cardiac arrest, by applying behavioural science to enhance telephone assistance and increase rates of bystander cardiopulmonary resuscitation.

Prehospital feedback in the United Kingdom: A realist evaluation of current practice using a multiple-case study design (PRE-FEED REAL)

 Prehospital feedback is increasingly receiving attention from clinicians, managers and researchers. The effectiveness of feedback in changing professional behaviour and improving clinical performance is strongly evidenced across a range of healthcare settings, but this has not yet been replicated within the prehospital context. Without a firmer evidence base, development in practice relies on isolated initiatives with no clear intervention model or evaluative framework. The aim of this study is to understand how UK ambulance services are currently meeting the challenge of providing prehospital feedback and develop an evidence-based theory of how prehospital feedback interventions work.

Pre-hospital Randomised trial of MEDICATION route in out-of-hospital cardiac arrest (PARAMEDIC3)



Each year over, around the UK, 30,000 people's hearts suddenly stop beating (a condition known as cardiac arrest). Unless the heart is restarted quickly, the brain will become permanently damaged, and the person will die. Injecting drugs such as adrenaline through a vein is very effective at restarting the heart. Current guidelines advise paramedics to inject drugs into a vein. However a new, faster way of giving drugs is to put a small needle into an arm or leg bone. This allows drugs to be injected directly into the rich blood supply found in the bone marrow. Research suggests this may be as good, if not better, than injecting drugs into the vein, however other studies suggest it may be less effective. None of the existing research is good enough to help paramedics decide how best to treat people with cardiac arrest. Both of these approaches are already currently used in NHS practice. In this trial, we will test these two ways of giving drugs (into the vein or into the bone) to work out which is most effective at improving survival in those in cardiac arrest.

The following research studies have commenced during 2022/23

Specialist Pre-hospital redirection for ischaemic stroke thrombectomy (SPEEDY)



Stroke is a common medical emergency and time critical treatments reduce the chance of disability or death. Approximately 1 in 10 patients are suitable for an emergency operation to remove blood clots blocking large arteries in the brain (known as 'thrombectomy') which greatly improves their chances of recovery. However, this operation is only available at specialist regional hospitals and unless patients live nearby, they are first admitted to their local hospital and must be transferred for the treatment. This research project will now test the impact of this new pathway by conducting a multicentre cluster randomised controlled trial, that will transport patients directly to a specialist centre.

Optimising Implementation of Ischaemic Stroke Thrombectomy (OPTIMIST): exploring NHS professional views about the emergency stroke pathway (OPTIMIST)

This study will use qualitative focus group discussions and/or individual interviews to collect and report professional views at two important time points during the SPEEDY study research programme. Up to 36 professionals will be invited to take part at time point 1 (qualitative study 1) and 16 professionals at time point 2 (qualitative study 2). Professionals invited to give their views will be from a number of different roles and based in several regions across England.

Co-producing an Ambulance Trust national fatigue risk management system for improved Staff and Patient Safety (CATNAPS)

Ambulance services are trying out different ways of working to help staff feel less tired at work and safer on scene, but these actions are often piecemeal, and we don't know whether they are making care and working environments safer. We have brought together a team of patients, staff with lived experience, fatigue experts, ambulance service researchers and

managers, international expertise, and companies currently working with ambulance services on fatigue management. We aim to develop a new approach to fatigue management for the UK ambulance sector that meets the needs of staff and operations and is most likely to improve patient and staff safety. Our recommendations will include learnings from the COVID-19 pandemic.

Predictors and effects of prehospital feedback: A mixed-methods diary study (PRE-FEED Diary)



Prehospital feedback is increasingly receiving attention from clinicians, managers, and researchers. The effectiveness of feedback in changing professional behaviour and improving clinical performance is strongly evidenced across a range of healthcare settings, but this has not yet been replicated in the prehospital context. This study seeks to explore the extent, characteristics, mechanisms, and effects of existing prehospital feedback in the United Kingdom from the recipients' point of view and to describe individual differences in the desire for enhanced feedback.

Paramedic Decision Making During Out of Hospital Cardiac Arrest (REACT-2)

Approximately 60,000 people suffer an out of hospital cardiac arrest in the United Kingdom (UK) annually and half of these patients are treated by the ambulance service. Participating paramedics will be faced with realistic but hypothetical OHCA scenarios delivered on specialised software and will be asked if they would provide resuscitation or not. These data will be used to identify paramedic preferences for when they are more or less likely to deliver resuscitation.

Prehospital resuscitation decisions (PROTECTeD)



Despite the best efforts of ambulance staff less than one in 10 people who suffer an Out of Hospital Cardiac Arrest survive. This means that ambulance staff often have to make the difficult decision of when to stop resuscitation. The old guidelines no longer correctly guide paramedics when to stop treatment or when to carry on. This means that treatment may be stopped too soon in some patients. In other patients, the guidelines suggest to move the patient to hospital despite the fact they have no chance of surviving. The knock-on effects of this are journeys which put ambulance staff and other road users at risk of injury. Patients are separated from their families and taken to a busy hospital. At the hospital, it is difficult for staff to allow the family to spend quiet time with the patient. Hospitals also become overcrowded which can affect other patients. This research will develop new guidelines based on the most up to date information available.

Ambulance Clinician Approach to Acute Head Injuries in Older Adults (EMS CDM TBI)

This study aims to understand the ambulance clinician's perceptions, experiences and decision-making processes when assessing older adults with a head injury and the factors and resources they draw upon to make their decisions.

Sustainability

The NHS continues to take notable steps to reduce its impact on climate change. As the biggest employer in this country, there is more that the NHS can do. Action must not only cut NHS emissions, currently equivalent to 4% of England's total carbon footprint, but also build adaptive capacity and resilience into the way care is provided.

WMAS have led the way in the ambulance service implementing a large amount of change to our operation which has led to significant reductions in our direct and indirect carbon footprint, including:

- Implementing the Make Ready Model – reducing the estate portfolio by Commissioning new build sites compliant with the exacting requirements in the BREEAM standards.
- Changing our lighting on sites to LED lighting reducing a significant amount of electricity usage
- Delivering a fleet replacement programme with no front-line operational vehicles over 5 years old – WMAS now operate the most modern ambulance fleet in the country which are compliant to the latest euro emission standards.

West Midlands Ambulance Service University NHS Foundation Trust is committed to the ongoing protection of the environment through the development of a sustainable strategy. Sustainability is often defined as meeting the needs of today without compromising the needs of tomorrow. A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage. The Trust's Green Plan sets out the Trust's commitment to ensure governance and management arrangements are in place to deliver both the Trust's statutory responsibilities for sustainability and to achieve the target set by the NHS of reducing its carbon footprint set out in "Delivering a Net ZERO National Health Service (published October 2020).

To summarise our programme of work and key achievements to date:

Estates

Since 2011, the Trust has engaged in a significant programme of activity to manage and reduce our carbon footprint, mitigate our impact on air pollution which has allowed the Trust to achieve a 14.2% reduction in CO² in electricity at one of our major Hubs in 2021.

Fleet

Progress towards delivering a Net Zero NHS includes a series of achievements including the newest ambulance fleet in the country, with all vehicles less being than five years old and achieving continued weight savings. A range of electric vehicles in use including the country's first fully electric double crewed ambulance, a range of operational managers' and support cars and PTS vehicles.

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Looking to the future, we aim to reduce our carbon emissions by 25 per cent by 2025, with an 80 percent reduction by 2032, and net zero by 2040. This is supported by a delivery plan with the following components:

Estates

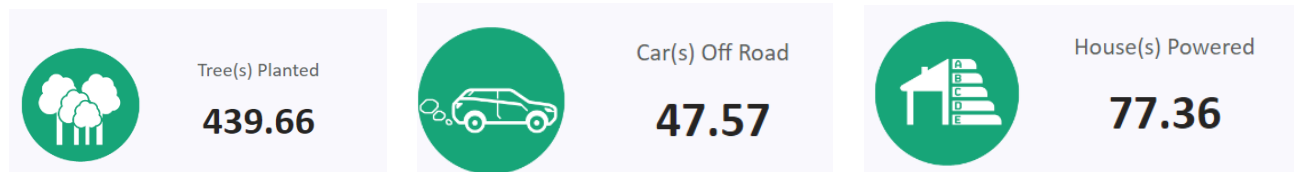
In October 22, we opened our new facility in Sandwell Birmingham, this site is our most environmentally friendly to date, conforming to BREEAM Excellent standards, the building has a 96kw PV on the roof. We have also installed 20 electric vehicle chargers which are available for staff/visitors and operationally staff to use.

Transport

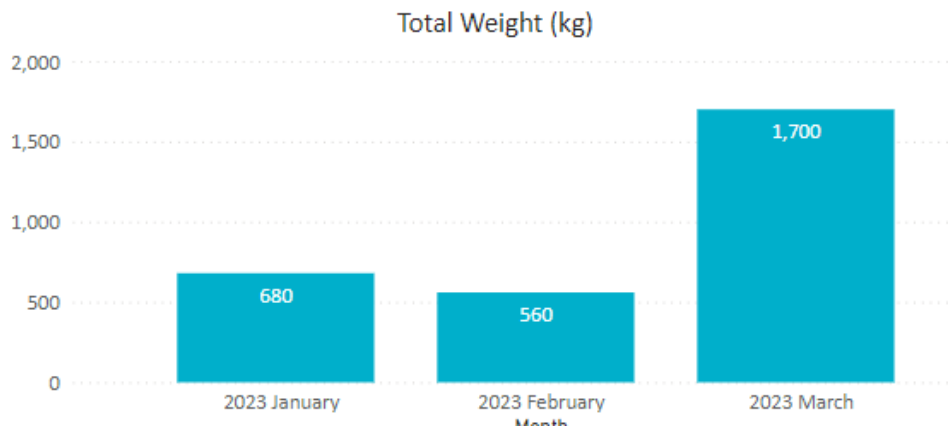
Zero emission vehicles and electric charging points, reduced business miles and cycle to work schemes. Continue to operate the most modern ambulance fleet in the country, no more than 5 years old, we have introduced a further 13 electric vehicles into our support fleet operation.

Waste Management

Increasing recycling at all sites has been successful over the last 12 months across the Trust, which resulted in the equivalent of the following carbon savings:



Additional cardboard recycling at all sites was introduced in March 2023, whereby cages are placed on site, and are then returned to the Sandwell Hub to be placed into the cardboard compactor which generates an income for the Trust, which is £110.00 per tonne. The graph below shows the success of this within one month of it being in place.



Reducing single use plastics – working alongside our cleaning contract provider to build a comparison over the next 12 months regarding our usage prior to the switch over to PVA and post PVA to show the plastic saving across the Trust.

Data Quality

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

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

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

NHS Number and General Medical Practice Code Validity

The Trust was not required to and therefore did not submit records during 2022/23 to the Secondary Uses service for inclusion in the Hospital Episode Statistics to be included in the latest published data.

Data Security and Protection Toolkit

The Trust continues to work on the NHS Data Security and Protection Toolkit (DSPT) for 2022-23 (version 5). The Trust completed and published its baselines assessment as required by the 28 February 2022.

The process for assurance of the DSPT was reviewed by internal audit and will be reported to the Trust's Audit Committee as 'optimal', the highest possible assurance. The submission of the DSPT is 30 June 2023. The Trust will receive regular reports on the progress of DSPT through the Health Safety Risk & Environmental Group, Quality Governance Committee, Executive Management Board and Trust Board. The Trust's Head of Governance, Safety and Security reports the DSPT through to the Executive Director of Nursing & Clinical Commissioning, and is responsible for management of the DSPT

Clinical Coding Error Rate

West Midlands Ambulance Service was not subject to the Payment by Results clinical coding audit during 2021/2022 by the Audit Commission.

NICE Guidance

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

Learning from Deaths

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

During the 2022/23 reporting year, the total number of deaths that occurred, while in WMAS care, was 844. This aggregate figure represents quarterly totals of:

- 164 in quarter one
- 212 in quarter two
- 270 in quarter three
- 198 in quarter four

During the 2022/23 reporting year, 844 case record reviews and 400 investigations were conducted. WMAS, although not stipulated within the National Guidance for Ambulance Trusts, have adopted the approach that where deaths have occurred while in WMAS care, all will receive a case record review. Therefore, the number of case record reviews that have been conducted will be identical to the number of deaths that have occurred while in WMAS care. This aggregate figure represents quarterly totals of:

- 🕒 164 case record reviews and 89 investigations in quarter one
- 🕒 212 case record reviews and 103 investigations in quarter two
- 🕒 270 case record reviews and 155 investigations in quarter three
- 🕒 166 case record reviews and 46 investigations in quarter four

During the 2022/23 reporting year, upon initial case record review or investigation, 262 of the 844 deaths or 31.04% were considered more likely than not to have been due to problems in the care provided to the patient. This number and percentage have been estimated as a result of each case meeting the threshold for investigation under the Serious Incident Framework, which may ultimately determine that there were no problems in the care that was provided. The aggregate figure and percentage represent quarterly totals of:

- 🕒 53 deaths or 6.52% in quarter one
- 🕒 66 deaths or 8.12% in quarter two
- 🕒 113 deaths or 13.91% in quarter three
- 🕒 24 deaths or 2.95% in quarter four (*figure correct at point of submission*).

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

In the previous 2021-2022 quality account reporting period the following information was published “68 of the 788 deaths or 8.63% were considered more likely than not to have been due to problems in the care provided to the patient”. This can now be confirmed as 77 of the 788 deaths or 9.89% were considered more likely than not to have been due to problems in the care provided to the patient. This is as a result of Serious Incident Investigations being raised subsequently to the publication of the 2021-2022 Quality Account.

Performance Against Quality Indicators

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

Operational Performance

Ambulance Services nationally have again struggled to meet both national performance targets throughout 2022/23, however West Midlands Ambulance Service has continued to perform comparatively well despite only being able to achieve the 90th centile category 1 target as shown in the following table:

Category	Performance Standard	Achievement	National Average
Category 1	7 Minutes mean response time	8 minutes 25 seconds	9 Minutes 13 Seconds
	15 Minutes 90th centile response time	14 minutes 46 seconds	16 Minutes 23 Seconds
Category 2	18 minutes mean response time	49 minutes 40 seconds	49 Minutes 9 Seconds
	40 minutes 90th centile response time	114 minutes 58 seconds	109 Minutes 45 Seconds
Category 3	120 minutes 90 th centile response time	537 minutes 26 seconds	374 Minutes 40 Seconds
Category 4	180 minutes 90 th centile response time	596 minutes 33 seconds	450 Minutes 53 Seconds

We continue to work with our Commissioners and other providers such as acute hospital colleagues to ensure improvements in the provision of healthcare for the people of the West Midlands. WMAS continues to employ the highest paramedic skill mix in the country with a paramedic present in virtually all crews attending patients every day. WMAS considers that this data is as described for the following reasons: it has been cross checked with Trust database systems and is consistent with national benchmarking and has been audited by external auditors.

Ambulance Quality Indicators

- **Care of ST Elevation Myocardial Infarction (STEMI)** Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction (type of heart attack) who received an appropriate care bundle from the trust during the reporting period.
- **Care of Stroke Patients** Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.
- **Care of Patients in Cardiac Arrest** In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from cardiac arrest.
- **Sepsis** *Sepsis* is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

STEMI (ST- elevation myocardial infarction)

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

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

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

Stroke Care Bundle

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

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

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- Blood pressure measurement documented - Raised blood pressure is associated with increased risk of stroke so patients suspected of having suffered a stroke should have their blood pressure assessed.

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

Cardiac Arrest

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

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

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

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

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

Post Resuscitation Care Bundle

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

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

Sepsis

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

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

Year-to-date Clinical Performance AQI's**Percentages in Red/Bold do not include February & March 2023 Data**

Mean (YTD)											
Ambulance Quality Indicators	WMAS (15-16)	WMAS (16-17)	WMAS (17-18)	WMAS (18-19)	WMAS (19-20)	WMAS (20-21)	WMAS (21-22)	WMAS (22-23)	Last National Average	Highest	Lowest
STEMI Care Bundle	77.99%	81.17%	81.01%	95.97%	97.14%	95.56%	86.80%	77.45%	73.36%	92.12%	70.18%
Stroke Care Bundle	98.19%	97.36%	95.19%	98.98%	98.66%	99.20%	98.67%	87.15%	96.47%	98.04%	89.81%
Cardiac Arrest - ROSC At Hospital (Overall Group)	30.17%	29.49%	29.26%	32.31%	32.61%	25.12%	25.92%	26.56%	26.33%	30.70%	22.15%
Cardiac Arrest - ROSC At Hospital (Comparator)	50.61%	45.60%	51.91%	54.93%	53.98%	44.34%	44.08%	46.17%	47.33%	60.38%	35.14%
Cardiac Arrest - Survival to Hospital Discharge (Overall Group) ***	8.66%	8.94%	9.08%	11.56%	10.16%	8.15%	8.42%	6.85%	7.96%	10.22%	4.14%
Cardiac Arrest - Survival to Hospital Discharge (Comparator Group) ***	24.69%	26.39%	30.43%	32.61%	27.80%	22.26%	25.93%	24.20 %	25.30%	30.36%	13.73 %
Sepsis Care Bundle				83.62%		84.96%	88.95%	90.72%	83.93%	91.28%	90.16%
Post Resuscitation				69.33%		69.68%	66.90%	68.72%	77.40%	79.49%	63.36%

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

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

*** Survival to discharge data is reported at 90 days. At time of compiling report 90-day period had not passed therefore ytd figures may not be completely accurate.

What our Staff Say

The National NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted since 2003. It is a survey that asks NHS staff in England about their experiences of working for their NHS organisations. It provides essential information to employers and national stakeholders about improvements required in the NHS. Since 2021 the survey questionnaire has been re-developed to align with the [People Promise](#) in the [2020/21 People Plan](#). In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes.

People Promise elements	Sub-scores
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion
We are recognised and rewarded	No sub-score
We each have a voice that counts	Autonomy and control Raising concerns
We are safe and healthy	Health and safety climate Burnout Negative experiences
We are always learning	Development Appraisals
We work flexibly	Support for work-life balance Flexible working
We are a team	Team working Line management
Themes	Sub-scores
Staff Engagement	Motivation Involvement Advocacy
Morale	Thinking about leaving Work pressure Stressors

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. WMAS results are benchmarked against the Ambulance Trusts benchmarking group average, the best scoring organisation and the worst scoring organisation.

The 2022 NHS Staff Survey fieldwork was open for 10 weeks at WMAS, from 21st September to 25th November 2022. It was administered by Picker Europe Ltd and was conducted as a census. For the last six years WMAS has been running the survey electronically for ease of access to all staff. A unique link to the survey questionnaire is sent by email to each individual staff. The completed questionnaire is then submitted securely and anonymously to the contractor for processing.

7171 staff were invited to take part in the 2022 staff survey and 2768 staff returned a completed survey compared to 3028 in 2021. The response rate for WMAS is 39% compared to 44% in the 2021 survey. The average response rate for all Ambulance Trusts is 50% compared to 53% in 2021. Across the NHS the response rate is 48% compared to 50% in 2021. There was a significant decrease in the number of BAME staff at WMAS responding to the survey on this occasion. 179 BAME staff returned the questionnaire in 2022, compared to 226 in the 2021 staff survey.

A number of actions were taken during the survey to encourage staff to take part and share their views:

- Weekly results from Picker Europe were posted on the information screens at all locations and in the Weekly Briefing to provide clarity and show progress.
- Posters and information about confidentiality were sent to all managers to be shared with staff at all sites.
- Weekly emails were sent to managers to remind them to keep encouraging their staff to complete their survey questionnaire.
- A banner was featured on the intranet home page as a constant reminder for staff to complete their survey.
- All email signatures were assigned a staff survey tag.

This time due to the high demand on service delivery, the Board of Directors took the decision to not allocate protected paid time to enable staff to complete the survey. The Trust did not set a target completion rate to achieve, and a decision was taken against any monetary incentives to encourage staff to complete the survey.

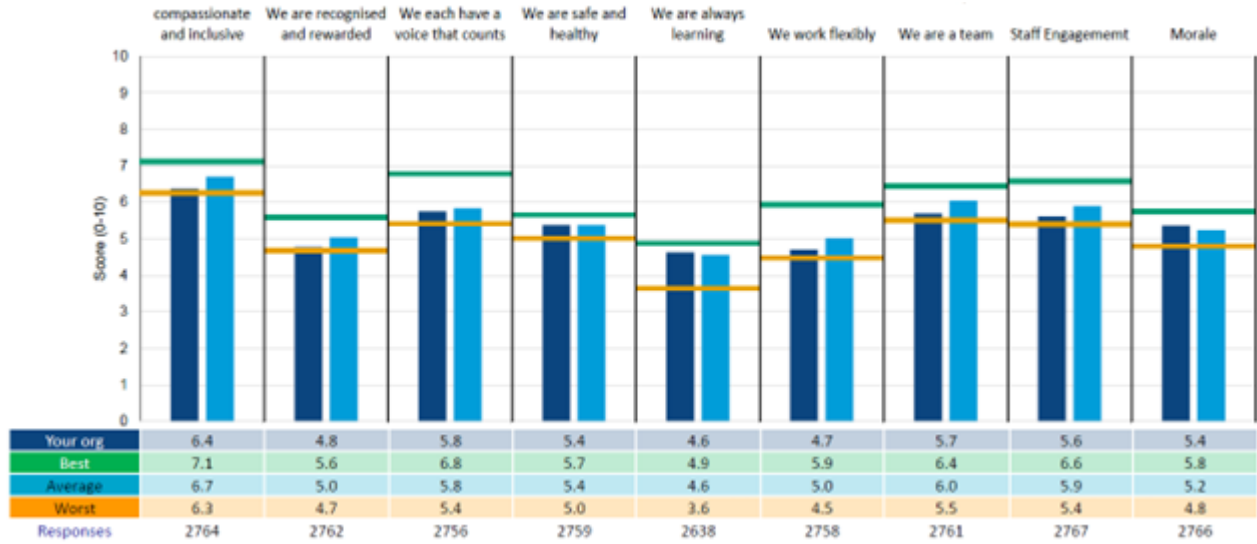
2022/23

1. People Promise Elements and Themes: Scores Overview

All scores are on a scale of 0-10 and a higher score is more positive than a lower score. The table below presents the results of statistically significant changes observed in the scores for WMAS between 2021 and 2022.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	6.4	2910	6.4	2764	Not significant
We are recognised and rewarded	4.9	2985	4.8	2762	Not significant
We each have a voice that counts	5.7	2866	5.8	2756	Not significant
We are safe and healthy	5.3	2906	5.4	2759	Not significant
We are always learning	4.4	2740	4.6	2638	Significantly higher
We work flexibly	4.9	2968	4.7	2758	Significantly lower
We are a team	5.6	2928	5.7	2761	Not significant
Themes					
Staff Engagement	5.6	2992	5.6	2767	Not significant
Morale	5.3	2980	5.4	2766	Not significant

The image below shows the scores compared to the benchmark group average, best and worst scores.



2. People Promise Elements and Themes: Trends

Promise Element 1: We are compassionate and inclusive



	2021	2022
Your org	6.4	6.4
Best	7.1	7.1
Average	6.6	6.7
Worst	6.0	6.3
Responses	2910	2764

Compassionate Culture

	2021	2022
Your org	6.2	6.2
Best	6.8	6.9
Average	6.4	6.3
Worst	5.9	5.8
Responses	2875	2760

Compassionate Leadership

	2021	2022
Your org	5.9	5.9
Best	6.9	7.0
Average	6.3	6.5
Worst	5.5	5.7
Responses	2930	2762

Diversity and Equality

	2021	2022
Your org	7.4	7.4
Best	8.2	7.9
Average	7.5	7.6
Worst	7.0	7.0
Responses	2910	2763

Inclusion

	2021	2022
Your org	6.1	6.1
Best	6.7	6.7
Average	6.4	6.4
Worst	5.8	6.1
Responses	2936	2760

Promise Element 2: We are recognised and rewarded



	2021	2022
Your org	4.9	4.8
Best	5.6	5.6
Average	5.1	5.0
Worst	4.4	4.7
Responses	2985	2762

Promise Element 3: We each have a voice that counts



	2021	2022
Your org	5.7	5.8
Best	6.6	6.8
Average	5.8	5.8
Worst	5.2	5.4
Responses	2866	2756

Autonomy and Control

	2021	2022
Your org	5.5	5.7
Best	6.4	6.7
Average	5.8	5.8
Worst	5.2	5.5
Responses	2992	2767

Raising Concerns

	2021	2022
Your org	5.8	5.8
Best	6.7	6.9
Average	6.0	5.9
Worst	5.3	5.3
Responses	2866	2757

Promise Element 4: We are safe and healthy



	2021	2022
Your org	5.3	5.4
Best	5.5	5.7
Average	5.3	5.4
Worst	4.9	5.0
Responses	2906	2759

Health and Safety Climate

Burnout

Negative Experience

	2021	2022
Your org	5.1	5.2
Best	5.1	5.2
Average	4.7	4.9
Worst	4.3	4.5
Responses	2990	2767

	2021	2022
Your org	4.0	4.1
Best	4.6	4.7
Average	4.2	4.2
Worst	3.7	3.9
Responses	2918	2765

	2021	2022
Your org	6.8	6.8
Best	7.4	7.2
Average	6.9	7.0
Worst	6.6	6.6
Responses	2908	2762

Promise Element 5: We are always learning (Most significant improvement for WMAS)



	2021	2022
Your org	4.4	4.6
Best	4.8	4.9
Average	4.3	4.6
Worst	3.3	3.6
Responses	2740	2638

	2021	2022
Your org	5.7	5.8
Best	6.2	6.6
Average	5.8	5.9
Worst	5.0	5.1
Responses	2896	2763

	2021	2022
Your org	3.1	3.4
Best	3.6	3.7
Average	2.8	3.2
Worst	1.7	2.1
Responses	2750	2642

Development

Appraisals

Promise Element 6: We work flexibly (Significantly lower scores observed in 2022 for WMAS)



	2021	2022
Your org	4.9	4.7
Best	5.6	5.9
Average	4.9	5.0
Worst	4.4	4.5
Responses	2968	2758

Support for work-life balance

Flexible working

	2021	2022
Your org	4.9	4.8
Best	5.7	6.0
Average	5.0	5.1
Worst	4.5	4.7
Responses	2973	2764

	2021	2022
Your org	4.8	4.6
Best	5.5	5.8
Average	4.8	4.9
Worst	4.2	4.3
Responses	2980	2760

Promise Element 7: We are a team



	2021	2022
Your org	5.6	5.7
Best	6.4	6.4
Average	5.9	6.0
Worst	5.2	5.5
Responses	2928	2761

Team working

	2021	2022
Your org	5.9	5.9
Best	6.3	6.5
Average	5.9	5.9
Worst	5.4	5.6
Responses	2953	2765

Line Management

	2021	2022
Your org	5.4	5.5
Best	6.6	6.6
Average	5.9	6.1
Worst	5.0	5.4
Responses	2932	2762

Theme: Staff Engagement

A significant decrease is observed in the scores since the pandemic however the scores remain unchanged in the last two years.

	2018	2019	2020	2021	2022
Your org	6.3	6.3	6.3	5.6	5.6
Best	6.5	6.6	6.7	6.3	6.6
Average	6.2	6.3	6.3	5.9	5.9
Worst	5.7	5.8	5.8	5.3	5.4
Responses	2990	3374	3678	2992	2767

	2018	2019	2020	2021	2022
Your org	6.7	6.7	6.7	6.0	6.0
Best	7.1	6.9	7.1	6.5	6.7
Average	6.7	6.7	6.8	6.1	6.2
Worst	6.2	6.4	6.4	5.9	5.9
Responses	2975	3363	3709	3023	2757

	2018	2019	2020	2021	2022
Your org	5.7	5.6	5.5	5.0	5.2
Best	6.3	7.0	6.4	6.2	6.5
Average	5.7	5.7	5.5	5.4	5.4
Worst	5.0	5.0	4.9	4.6	5.0
Responses	2990	3374	3679	2992	2767

	2018	2019	2020	2021	2022
Your org	6.5	6.6	6.8	5.8	5.6
Best	6.8	6.9	7.0	6.3	6.5
Average	6.4	6.5	6.7	6.1	5.9
Worst	5.6	5.5	5.9	5.4	5.2
Responses	2879	3297	3603	2875	2761

Motivation

Involvement

Advocacy

Theme: Morale

Similarly, a significant drop in morale is observed since the pandemic but a slight improvement in scores is also noted in 2022.

	2018	2019	2020	2021	2022
Your org	5.9	5.9	6.2	5.3	5.4
Best	5.9	5.9	6.2	5.5	5.8
Average	5.4	5.5	5.7	5.3	5.2
Worst	4.7	4.9	5.1	4.5	4.8
Responses	2967	3357	3651	2980	2766

	2018	2019	2020	2021	2022
Your org	6.2	6.3	6.5	5.5	5.4
Best	6.2	6.3	6.6	6.1	6.4
Average	5.7	5.8	6.2	5.5	5.5
Worst	4.8	5.1	5.3	4.7	4.9
Responses	2876	3292	3593	2850	2746

	2018	2019	2020	2021	2022
Your org	5.6	5.7	6.2	5.0	5.2
Best	5.6	5.7	6.2	5.0	5.2
Average	4.8	4.9	5.2	4.4	4.6
Worst	4.1	3.9	4.6	3.9	4.2
Responses	2989	3372	3678	2989	2767

	2018	2019	2020	2021	2022
Your org	5.8	5.9	5.9	5.4	5.5
Best	5.9	6.2	6.0	5.8	6.1
Average	5.8	5.8	5.9	5.5	5.7
Worst	5.3	5.4	5.3	5.1	5.3
Responses	2964	3351	3650	2976	2761

Thinking about leaving

Work Pressure

Stressors

3. Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months out of those who answered the question.

A significantly higher percentage of the ethnic groups reported to have experienced harassment, bullying or abuse from patients, relatives or the public in 2022 whilst a significant decrease was noted for white staff.

	2018	2019	2020	2021	2022
White staff: Your org	48.4%	49.1%	48.6%	51.3%	50.9%
All other ethnic groups*: Your org	37.7%	37.9%	45.2%	49.1%	54.2%
White staff: Average	46.5%	45.8%	43.5%	44.1%	43.5%
All other ethnic groups*: Average	37.8%	41.2%	44.3%	39.4%	40.3%
White staff: Responses	2666	3030	3127	2539	2546
All other ethnic groups*: Responses	183	198	325	222	179

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months out of those who answered the question.

A significantly higher percentage of staff in the ethnic groups reported to have experienced harassment, bullying or abuse from staff in 2022. A slight increase was also noted from white staff

	2018	2019	2020	2021	2022
White staff: Your org	29.2%	25.5%	23.9%	26.8%	27.5%
All other ethnic groups*: Your org	31.3%	24.9%	26.5%	35.0%	39.7%
White staff: Average	27.1%	25.5%	24.1%	23.8%	23.3%
All other ethnic groups*: Average	31.0%	26.2%	31.1%	29.5%	26.3%
White staff: Responses	2657	3025	3123	2538	2541
All other ethnic groups*: Responses	182	197	325	223	179

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion out of those who answered the question.

A significantly higher proportion of white staff reported that that the organisation provides equal opportunities for career progression or promotion in 2022, while a significantly lower proportion of staff from the ethnic groups reported the same compared to 2021.

	2018	2019	2020	2021	2022
White staff: Your org	48.9%	51.9%	51.3%	44.7%	46.0%
All other ethnic groups*: Your org	36.6%	47.7%	40.5%	36.6%	34.7%
White staff: Average	48.9%	51.2%	51.3%	47.7%	49.8%
All other ethnic groups*: Average	36.7%	34.6%	39.5%	40.2%	37.4%
White staff: Responses	2660	3035	3162	2580	2542
All other ethnic groups*: Responses	183	199	328	224	176

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months out of those who answered the question.

A significantly higher proportion of staff in ethnic groups reported to have experienced discrimination at work from manager / team leader or other colleagues in 2022, while a slight increase was also observed for white staff compared to 2021

	2018	2019	2020	2021	2022
White staff: Your org	10.0%	8.8%	8.6%	11.4%	12.5%
All other ethnic groups*: Your org	17.9%	15.8%	20.7%	22.6%	26.1%
White staff: Average	10.0%	8.8%	8.6%	10.0%	9.4%
All other ethnic groups*: Average	17.7%	15.8%	16.7%	15.8%	15.8%
White staff: Responses	2661	3009	3158	2577	2536
All other ethnic groups*: Responses	184	196	329	226	176

4. Workforce Disability Equality Standards (WDES)

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question.

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A significantly higher proportion of staff with LTC or illness reported to have experienced harassment, bullying or abuse from patients/service users, their relatives or the public in 2022, while a significant decrease was noted for staff without LTC or illness compared to 2021.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	52.3%	55.0%	52.5%	59.8%	62.0%
Staff without a LTC or illness: Your org	46.9%	46.9%	46.8%	48.0%	46.8%
Staff with a LTC or illness: Average	52.3%	52.5%	47.5%	51.2%	50.2%
Staff without a LTC or illness: Average	45.8%	44.9%	42.1%	41.6%	40.4%
Staff with a LTC or illness: Responses	526	671	771	737	785
Staff without a LTC or illness: Responses	2296	2606	2722	2061	1957

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question.

A lower proportion of staff with and without LTC or illness reported to have experienced harassment, bullying or abuse from managers in 2022 compared to 2021.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	31.0%	24.8%	25.3%	28.8%	27.1%
Staff without a LTC or illness: Your org	16.6%	13.3%	11.7%	14.0%	13.7%
Staff with a LTC or illness: Average	28.4%	23.2%	22.1%	19.2%	21.1%
Staff without a LTC or illness: Average	13.8%	13.3%	11.2%	11.1%	10.1%
Staff with a LTC or illness: Responses	523	666	767	730	779
Staff without a LTC or illness: Responses	2277	2596	2711	2041	1946

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question.

A slight decrease was noted in the proportion of staff with LTC and illness who reported to have experienced harassment, bullying or abuse from other colleagues, whilst a significant increase was noted for staff without LTC or illness reporting the same, compared to 2021.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	24.7%	25.1%	23.1%	27.6%	26.8%
Staff without a LTC or illness: Your org	16.3%	14.5%	13.5%	15.3%	16.0%
Staff with a LTC or illness: Average	26.5%	25.9%	23.1%	23.9%	23.4%
Staff without a LTC or illness: Average	16.3%	15.7%	14.7%	15.3%	14.9%
Staff with a LTC or illness: Responses	522	665	771	728	776
Staff without a LTC or illness: Responses	2276	2601	2713	2039	1918

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question.

A significantly higher proportion of staff with LTC or illness have said that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it compared to 2021. A slight decrease was noted for staff without LTC or illness.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	46.2%	46.4%	46.2%	43.5%	45.8%
Staff without a LTC or illness: Your org	44.0%	47.1%	48.5%	49.1%	48.8%
Staff with a LTC or illness: Average	40.4%	44.6%	46.2%	46.4%	47.3%
Staff without a LTC or illness: Average	40.6%	41.2%	45.6%	45.3%	46.5%
Staff with a LTC or illness: Responses	305	392	444	480	502
Staff without a LTC or illness: Responses	1094	1266	1250	1033	909

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question.

A significant increase was noted for both staff with and without LTC or illness reporting that they believe that their organisation provides equal opportunities for career progression or promotion.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	41.4%	48.5%	45.7%	35.8%	39.8%
Staff without a LTC or illness: Your org	49.2%	52.0%	51.3%	46.5%	47.1%
Staff with a LTC or illness: Average	41.8%	45.3%	45.3%	39.4%	42.3%
Staff without a LTC or illness: Average	49.3%	52.0%	52.0%	49.3%	51.3%
Staff with a LTC or illness: Responses	529	670	775	744	784
Staff without a LTC or illness: Responses	2288	2610	2753	2099	1950

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question.

Significantly less staff from both groups have reported that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	61.3%	58.2%	54.6%	64.6%	56.9%
Staff without a LTC or illness: Your org	50.5%	44.3%	44.9%	50.5%	46.6%
Staff with a LTC or illness: Average	45.3%	41.6%	38.3%	39.2%	37.0%
Staff without a LTC or illness: Average	33.1%	32.3%	30.8%	29.3%	26.4%
Staff with a LTC or illness: Responses	429	531	582	615	650
Staff without a LTC or illness: Responses	1363	1566	1371	1230	1177

Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question out of those who answered the question.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	27.6%	26.7%	28.3%	16.9%	16.6%
Staff without a LTC or illness: Your org	36.0%	39.9%	38.1%	26.5%	27.0%
Staff with a LTC or illness: Average	25.3%	27.8%	29.1%	20.8%	23.5%
Staff without a LTC or illness: Average	36.0%	38.9%	37.9%	29.3%	30.1%
Staff with a LTC or illness: Responses	525	670	775	745	785
Staff without a LTC or illness: Responses	2290	2611	2762	2105	1958

No significant difference was noted compared to 2021.

Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question.

	2022
Staff with a LTC or illness: Your org	53.4%
Staff with a LTC or illness: Average	63.0%
Staff with a LTC or illness: Responses	470

Equality and Diversity

Diversity and Inclusion

The Trust has its core Diversity and Inclusion running through all business streams of the Trust. Over the last year there have been a range of themes and workstreams where work has continued to advance the equality and inclusion agenda. These themes are:

- EDS2-Better Health Outcomes for All
- WRES Workforce Race Equality Standard
- Recruitment – implementation of the NHS 6 Point action plan
- Public Sector Equality Duty
- Specific Duties
- Equality Objectives
- Diversity & Inclusion Steering Group
- Staff networks
- National Ambulance Diversity Group [NADG]
- National LGBT Group
- WDES Workforce Disability Equality Standard
- Gender Pay Gap



Equality Delivery System 2 (EDS2)

The EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by evidence and insight.

The third version of the EDS was commissioned by NHS England and NHS Improvement with, and on behalf of, the NHS, supported by the NHS Equality and Diversity Council (EDC). It is a simplified and easier-to-use version of EDS2.

To take account of the significant impact of COVID-19 on Black, Asian, and Minority Ethnic community groups, and those with underlying and long-term conditions such as diabetes, the EDS now supports the outcomes of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) by encouraging organisations to understand the connection between those outcomes and the health and wellbeing of staff members. The EDS provides a focus for organisations to assess the physical impact of discrimination, stress, and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.

The EDS comprises eleven outcomes spread across three Domains, which are:

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership.

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The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement.

The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

For 2022/23 we have jointly done an assessment with our local NHS Black Country Integrated Care Board (ICB). Results and grading will be published in the Public Sector Equality Duty (PSED) Annual Report later on in 2023.

Recruitment

The Trust makes every effort to recruit a workforce that is representative of the communities we serve. The Trust has a Positive Action statement on all job adverts encouraging applications from people with disabilities and BME backgrounds. A diverse workforce research tells us provides better patient care, to compliment the WRES the Trust is keen to encourage BME applicants particularly for the role of Paramedic. To achieve this, aim the Trust has enhanced its recruitment programme by the following:

- Employing a Recruitment Engagement Officer with emphasis on encouraging BME applicants.
- Marketing materials have been developed using staff BME role models i.e., pop up stands that can be used for events.
- Literature is reflective of the diversity of the Trust.
- Staff who are involved in the recruitment process must undergo training involving;
 - Value Based Recruitment
 - Equality & Diversity
 - Equality Act 2010 and the law
 - Unconscious Bias
 - Interview skills
 - Co-mentoring for BME staff
- The Trust now has a more modern recruitment web site to attract potential applicants.
- The Recruitment department offers support for BME applicants through the pre-assessment programme.
- All BME applicants are monitored from the point of application to being successful at assessment.

Public Sector Equality Duties (PSED)

The Equality Duty is supported by specific duties (Public-Sector Equality Duty (section 149 of the Act), which came into force on 10 September 2011. The specific duties require public bodies to annually publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives. Public bodies must in the exercise of its functions, have due regard in the need to;

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Through the adoption of the NHSE&I mandated standards such as the; Equality Delivery System (EDS); Workforce Race Equality Standard (WRES); Accessible Information Standard (AIS); and Workforce Disability Equality Standard (WDES), WMAS is able to demonstrate how it is meeting the three aims of the equality duty.

Specific Duties

The Specific Duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives and to publish information about their performance on equality, so that the public can hold them to account. The Specific Duties require the Trust to:

- 🕒 Publish information to show compliance with the Equality Duty at least annually
- 🕒 Set and publish equality objectives at least every four years

The Trust publishes this information annually on the website.

Equality Objectives

The Trust is required under the “Specific Duties” to prepare and publish equality objectives which help to further the aims of our Equality Duty. The objectives must be published every four years and this year WMAS has continued to deliver on the Equality Objectives. A full report on progress on the Equality Objectives will be included in the annual PSED report in 2022.

Equality Objectives 2020-2024

Objective 1 Equality Standards

Our commitment to meeting the Equality Standards set by NHS England will be demonstrated by the implementation and monitoring of the following standards:

- Workforce Race Equality Standard
- Accessible Information Standard
- Equality Delivery System 2
- Workforce Disability Equality Standard
- Gender Pay Gap Reporting

We will do this by:

- Implementing and strengthening our approach to the NHS Equality Delivery System 2 (EDS2)
- Continuing to develop our response to the Workforce Race and Disability Equality Standards (WRES) (WDES)
- Investigate the experiences/satisfaction of staff through further surveys and focus groups
- Keep invigorating and supporting the staff equality networks to ensure they are aligned with our strategic equality objectives

Objective 2 Reflective and diverse workforce

We will enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse staff across the Trust

We will do this by:

Target local and diverse communities in recruitment campaigns

- Review our people policies to ensure that there is appropriate fairness
- Support managers and teams to be inclusive
- Work closely with external partners and providers (e.g., university paramedic programmes) to ensure diversity among the student group, and appropriate course content
- Ensure the recruitment and selection training programme informs recruiting staff and managers of their legal duties under the Equality Act 2010

Objective 3 Civility Respect

Ensure all our Board leaders, senior managers, staff, contractors, visitors and the wider community are aware of the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it

We will do this by:

- Develop and deliver an internal communication campaign on civility and respect in the workplace Develop a system where all cases of bullying or harassment are clearly recorded as such, and monitored to identify any trends or patterns across the Trust
- Capture good practice from our partners and peers to improve our diversity and Inclusion performance, e.g., working collaboratively with the NHS Employers' National Ambulance Diversity Forum and Regional Diversity Groups

Objective 4 Supportive Environment

Ensure our leadership is committed to creating an environment that promotes and values equality and diversity and this is embedded in all we do

We will do this by:

- 🕒 Delivering diversity and inclusion training to all members of the Board of Directors and Council of Governor's
- 🕒 Ensuring all our leaders have specific diversity & inclusion objectives in their annual objectives with performance discussed during their appraisals
- 🕒 Board and Committee reports include an equality impact analysis

Diversity and Inclusion Steering Group

The Trust supports a "Diversity & Inclusion Steering Group" with representation from a diverse range of staff from across the Trust who are representative of the various roles and departments within the organization. This group is chaired by the CEO. The Diversity & Inclusion Steering Group meets every three months to consult and drive the Diversity & Inclusion agenda forward.

Staff Groups➤ **Proud @ WMAS Network:**

This network is for Lesbian, Gay, Bisexual & Transgendered staff and is supported by "Straight Ally's" which is a concept developed by Stonewall. The Network is represented at Pride marches and the Trust is a member of the Ambulance Sector National LGBT group. The Network provides support for all LGBT staff and raises issues at national level where appropriate.

➤ **The BME Network**

The BME Network is expanding. Progress has been made by developing Terms of Reference and electing a new committee. The Network has been actively engaged in a culture change programme as part of the implementation plan for the WRES.

➤ **A Disability and Carers Network** was launched in July 2020 and supported the recommendations for action in the WDES.➤ **A Women's Network** was launched in 2021 to support the Gender Pay Gap Action plan. The Trust ran a Springboard Women's Development Programme in 2019, a second cohort in 2020 a third cohort 202➤ **National Ambulance Diversity Group (NADG)** The Trust is represented on the national group and attends the meetings regularly. It is a forum of shared knowledge and expertise which drives the Diversity & Inclusion agenda at a national level.➤ **Military Network.** The Military network was formed to recognize staff who are serving reservists, veterans, cadet instructors and families of serving personnel. The Trusts celebrates various military events and WMAS achieved the employer Gold Award in 2019 by the Defence Employer Recognition Scheme.

Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2019. NHS England has launched this. This has now been implemented and published by the Trust. An action plan has been developed which is being monitored by the Diversity and Inclusion steering group.

Gender Pay Gap

Since 2017 there has been a statutory requirement for all organisations with 250 or more employees to report annually on their gender pay gap.

West Midlands Ambulance Service NHS University Foundation Trust is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. These regulations underpin the Public-Sector Equality Duty and require the relevant organisations to publish their gender pay gap data annually, including:

- mean and median gender pay gaps;
- the mean and median gender bonus gaps;
- the proportion of men and women who received bonuses; and
- the proportions of male and female employees in each pay quartile.

The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings, while equal pay is about men and women being paid the same for the same work.

There is a requirement to publish the data on the Trust's public-facing website by 31 March 2023

A full gender pay report and key data analysis, that highlights the key variations for different occupational groups, and the actions that will be taken to improve these findings has been published. An action plan has been developed to address the gaps progress against those

Health and Wellbeing

National Wellbeing Framework

In January 2022 a new NHS National Wellbeing Framework was launched. This is very different from the previous framework with a diverse range of sections.

- Framework Dashboard
- Personal Health & Wellbeing
- Relationships
- Fulfilment at Work
- Environment
- Managers & Leaders
- Data Insights
- Professional Wellbeing Support

Phase 1 was to complete the first section the outcomes are automatically measured which provides a basis for the Trust action plan, which will be reviewed / updated on a regularly basis. Other new frameworks have been developed which also need to link into the National HWB Framework the below all relate to Mental Health & Suicide

- AACE Employee Wellbeing and Suicide Prevention (EWSP) self-assessment matrix
- AACE self-audit tool
- Mental Health at Work Commitment [Trust signed up 2022]
- Preventing Suicide in Ambulance Sector Local Improvement Plans WMAS
- Mental Health Continuum AACE [released 10th March]

Health & Wellbeing Champions

Over the last 12 months the opportunities for training & development for Champions have continued, provided by NHS England. The courses have been advertised to all of our 101 Champions currently. In addition, further in house development opportunities HWB Champions have had are as follows:

- Menopause Advocates
- To be able to complete Health Checks
- Suicide Lite awareness course
- Mental Health First Aiders course
- Meetings, face to face and via MS Teams, to provide updates and share ideas, working together.

We have revisited the HWB list and established there is at least one HWB champion based at every Hub. Regular communication is sent out to the HWB champions and quarterly meetings take place with regards to updates, events, and development sessions. In additions, regular communication is shared with the HWB champions, about events, religious festivals, training etc.

Health and Wellbeing Roadshows and Website

The Trust successfully launched a bespoke staff health and wellbeing website in July 2022. This provides our staff with a central single point of information that is easy to access and navigate based on their personal health needs and areas of interest. The website provides staff with access to a wide range of support services provided directly by the Trust, as well as signposting to appropriate specialist support services. To support and promote the HWB website, credit cards with the HWB logo have been developed with a QR code to enable staff to directly access the HWB website, this can be accessed on personal devices and provides new staff joining the Trust with access to support from day one. The corporate induction package, HWB mandatory training and Trust digital display screens have all been updated with the new HWB graphics and website information.

To coincide with the website launch we ran a series of onsite health & wellbeing roadshows across the region to promote the website and further promote services available to staff, which were a great success visiting 16 sites last year. Due to this success, the Trust have decided to this year to visit all 30 sites, where staff are based, to promote the website, engage with staff, and encourage them to complete the health & wellbeing survey. The roadshows will be fun informative events for staff, working in collaboration with our internal partners; SALS (The Trust's peer support network), unions, HR Team, mental wellbeing practitioner team, health and wellbeing champions, diversity and inclusion lead, staff networks, freedom to speak up team and our management teams.

As well as the roadshows the Trust have produced a Cultural and HWB calendar, promoting events such as blue Monday, Time to talk, internal wellbeing events along with National wellbeing offerings and cultural dates of interest.

Delivering the roadshows is in alignment with our People strategy and the NHS People Plan, which is split into five key themes of delivery: the health and wellbeing of our people, recruitment and retraining our people, engaging with our people, inclusion and belonging and education and learning.

Weight Management

Slimming World continues to be extremely popular with an additional 120 sets of vouchers ordered with the majority have these being used to this point. Staff have continued to engage with the programme though self-funding and most group sessions have returned to face to face rather than online. Although the NHS Programmes are also advertised and offered our staff prefer Slimming World and in particular the group sessions.

Physical Activities

Physical activity programmes are frequently advertised in the Weekly Brief and on our HWB website from discounts to apps.

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- “DoingOurbit” is an NHS platform that was designed in conjunction with the Royal Wolverhampton NHS. This programme covers cardiovascular workouts, Pilates, Yoga, Gentle exercise and salsa dance type programmes that children can join in with. Its totally free and has been nationally acclaimed.
- Be Military Fit a new NHS platform offering a mixture of not only exercise but nutrient, hydration and sleep.
- NHS Fitness Studio Exercise this offers different types of exercise for all levels of fitness. It also offers variety in terms of what’s available.
- Walsall MBC offer a 15% discount to all WMAS staff which is regularly advertised and covers all of their centres.
- Wyndley Leisure Centre in Birmingham offer staff 20% corporate discount on their one-year membership.
- Sandwell Leisure Centre offer monthly or yearly NHS discount.
- PureGym offer up to 10% off monthly membership and £0 joining fee.
- Evans cycle to work scheme which is open to staff all year around now.
- Joe Wicks is offering all NHS staff free access to The Body Coach App for 3 months.
- West Midlands Police Sports & Wellbeing Association, through joining the membership scheme a whole host of benefits from sports and wellbeing opportunities, days out with the family, money saving benefits, and more are available to WMAS staff.

Mental Health First Aid Courses

The Trust currently have 4 trained MHFA instructors with the newly developed syllabus being rolled out from March 2023. During the period May 2022 – March 2023, 158 staff were trained as Mental Health First Aiders, completing the 2-day course (12 courses) with an additional 15 staff completing the Military Mental Health First Aid 2-day course in order to greater support the Trusts Armed forces community.

The training plan for 2023 – 2024 will be to aim to train a further 192 staff as Mental Health First Aiders across 12 courses.

Suicide Lite Courses

WMAS is the first ambulance service in the country to use National Centre for Suicide Prevention, Education and Trainings (NCSPET). The Trust had funded 13 instructors’ places, the Trust have 9 instructors currently. The suicide lite courses have been very successful, we are trained around 500 staff with the aim to train up to 1000 staff by the end of March 2024. We are continuing to roll out face to face and online training sessions for all staff.

SALS

SALS Adviser numbers had been dropping due to staff retiring etc A brand new cohort is due to start their training in April 2022 which will provide an additional 29 Advisers. This will take the total up to 63 Advisers providing a 24/7 service. The new SALS Advisors will be mentored to start with and will pick up additional training for the role.

Menopause:

The Trust has 14 trained and committed menopause champions and are in the process of actively recruiting and training up other advocates. Menopause awareness training has been developed and the first session was delivered at Operations SMT on 14th March 2023, with a view to present this to the wider SMT and then cascade to other managers within the Trust. Work is ongoing towards accreditation as a Menopause Friendly employer and mentorship with Henpicked for support with this continues.

Family Liaison Officers

The Trust delivered a training course to bolster the number of trained Family Liaison Officers who are available alongside our Duty of Candour process, to work with bereaved families. This will also become a Trust resource for our own staff who die suddenly to provide support for their families should it be requested. The training programme has been developed and Cruse are providing a tailored made bereavement programme funded by NHSI/NHS England.

NHS Improvement Funding

All ambulance services received funding in December 2021 for Health and Wellbeing with the emphasis that it needed to be spent or allocated by 31st March 2022. The bids had to achieve the objectives set by NHSI. This was a huge success with many initiatives taking place such as the successful roadshows (16 sites were visited), launch of the new HWB website, gym equipment purchased for roadshows, MHFA courses and suicide first aid instructors etc.

This year the Trust received £50,000 in December 2022, for the Environmental improvements across three control rooms including the purchase of 1 massage chair per each control room. The money would be divided across the three regional control rooms to make improvements within the call centre operational area, quiet rooms and staff kitchen facilities.

- Psychological benchmarking of three roles within the control room e.g., Call Assessor, Call Assessor Supervisor, Student Paramedic – Thomas International, national working on going
- Provision of onsite mini massages across three control rooms specifically targeted at VDU users to include hand massage and neck, back and shoulder massage.
- Purchase of resources to run mindfulness courses within the EOC areas.

Other items agreed to be purchased by the working group to include:

- Supply of disposable, biodegradable cutlery for each control room, suggestion of wood/bamboo
- Purchase of Nespresso Coffee machine and initial supply of coffee pods for MP and NP
- Tesco vouchers for each site to purchase healthy food/fruit/snacks throughout the year.

In addition, the Trust received a further £29,000 for the following:-

- Provision of sanitary products across all Trust sites
- Branded merchandise to promote our Health & Wellbeing Website
 - Funding for Mental Health First Aid Instructor Training

Mental Health

The Mental Wellbeing Practitioners have seen a steady increase in patients. One member of the team has left, and this has obviously had an impact.

An initiative that is being worked on is a new charity lead initiative called 'Just B' which provides support to staff as part of the pandemic support response, with the following points:

- Charity is part of the Royal Foundation. Very proactive on Mental Health.
- Just B offers to contact members of staff by phone for a 20 minute conversation with a trained volunteer, to see if staff need any extra assistance.
- Staff can opt out in advance.
- Conversation is to identify how each staff member is doing, their resilience and coping strategies. If staff are identified as needing support, they can have an additional session with the charity to go through support options – information will be given on internal Trust support and external support available.
- Designed to be a proactive service.
- Anonymous data and dashboard are provided to the Trust, with an overview of how staff are feeling. Follows all relevant data protection and initiative is fully funded. Data collected is basic demographics: age, gender, work role. No names and doesn't identify specific roles if that would make the individual identifiable.
- A pilot of the scheme was undertaken at EMAS to positive feedback.
- Volunteers are trained the same as the Samaritans and that this is a proactive information sharing service not counselling. The script is very much on listening and giving people time to be heard on how they are feeling.
- Scheme is for 12 months.

Dog Visits

The Trust have had a variety of dog visits from Police dogs to Chihuahuas. Strict criteria are adhered to, this initiative always goes down well with staff, which raises morale. At present we are looking for a more formalised approach across the Trust. The Trust are also engaging with different charities and volunteers who will be happy to attend and support our HWB roadshows.

Physiotherapy

The Physiotherapy service is currently being provided by our Occupational Health Provider "Team Prevent" which is working well. They are able to provide clinics across the Trust at a variety of locations, which are within staff vicinity. In addition, the Trust have continued to offer staff fast track physiotherapy support via TP Health, which the Trust have received positive feedback for the support offered.

Flu Vaccination

The Trust achieved a 71.6% frontline healthcare worker flu vaccination rate. The flu awards will be taking place in May to thank staff for their support and hard work to delivery this service.

Participation

The Trust is also involved with the following external groups:-

- National Ambulance Wellbeing Forum
- Be Well Midlands Steering Group
- Looking after our people
- NHS England – cost of living workshops
- Midlands Health and Wellbeing Network Meeting
- HWB Network Conversation meetings
- Steering Group – Black Country ICS HWB Festival

Freedom to Speak Up

West Midlands Ambulance University NHS Foundation Trust (The Trust) is committed to ensuring that staff have the confidence to raise concerns and to know that they will be taken seriously and investigated. At work, it is reasonable that staff may have concerns from time to time, which normally can be resolved easily and informally. However, when staff have serious concerns about unlawful conduct, financial/professional malpractice, or risk to patients/others it can be daunting to speak up about this. Therefore, the Freedom to Speak Up Policy aims to give staff the assurance that concerns will be listened to. This is supported by a simple procedure which demonstrates a fair and easy process for staff to raise concerns at work.



In order to deliver high quality patient care and protect the interests of patients, staff and the organisation, the Trust aims to encourage a culture of openness and transparency, in which members of staff feel comfortable about raising legitimate concerns. It is hoped that by providing clear procedures and channels for staff to raise concerns, issues can be addressed at the earliest opportunity, in the most appropriate way, so that positive steps can be taken to resolve them and reduce future risk.

FTSU Guardian

The Trust's Guardian, Pippa Wall, is a member of the West Midlands Guardian Network, and the National Ambulance Network (NAN), ensuring that good practice is followed and shared.

FTSU Ambassadors

There are currently 46 trained ambassadors around the region. It is intended to have at least one Ambassador per site to act as known and trusted member of the FTSU team, within local teams, for staff to chat to if they have any concerns. They play a key role in They attend a quarterly developmental session as part of their mandatory updates. Digital posters showing the local *Ambassadors'* photographs and personal statements are displayed on all sites.

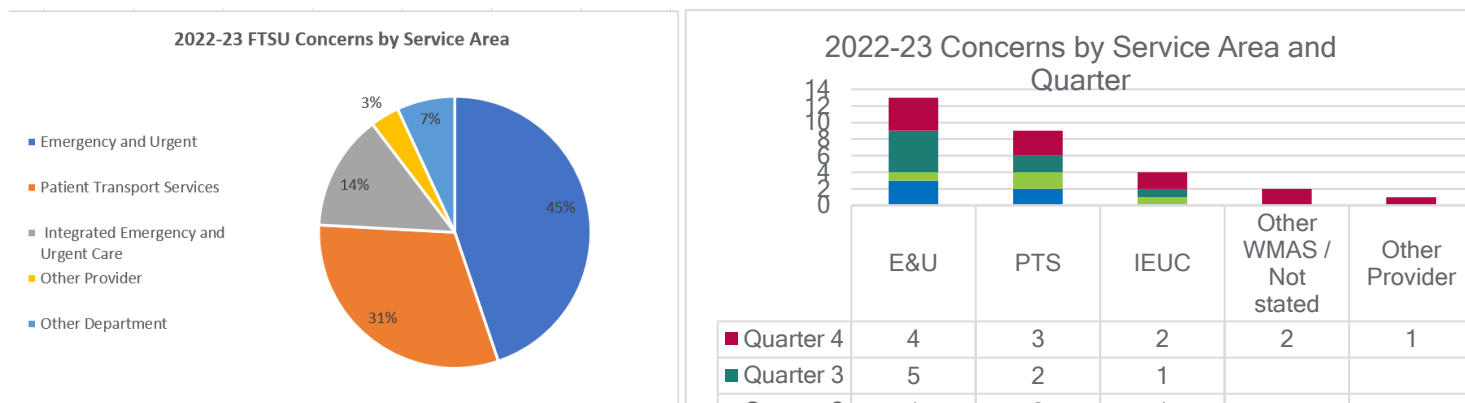
Governance

- There are number of ways in which assurance is provided for FTSU:
- Quarterly returns to National FTSU Guardian's Office
- Quarterly reports to WMAS Learning Review Group, and bi-annual reports to the People Committee, Executive Management Board and Board of Directors
- FTSU NHS Improvement Self-assessment conducted in 2018/19 and reviewed annually at Board of Directors Strategy days, last reviewed April 2021
- Training is in place for all staff at all levels as per the National Guardian's Office guidelines.

Concerns Raised 2022/23

In total, during 2022/23 there were 29 concerns raised, from the following service areas:

- Emergency and Urgent = 13 (45%), of which 1 was in Quarter 4
- Patient Transport Services = 9 (31%), of which 2 were in Quarter 4
- Integrated Emergency and Urgent Care = 4 (14%), of which 1 was in Quarter 4
- Other Department = 2 (7%); Other Provider = 1 (3%)



Among these 29 concerns, the following were recorded:

	E&U	IEUC	PTS	Total	%
Patient Safety / Quality	3	1	0	4	8%
Staff Safety	3	0	1	4	8%
Behavioural / relationship	3	2	6	11	22%
Bullying harassment	2	0	6	8	16%
Systems / processes	6	1	2	9	18%
Cultural	1	0	1	2	4%
Leadership	1	0	1	2	4%
Senior Management	2	1	1	4	8%
Middle Management	3	0	4	7	14%

In their Annual Report of 2021/22, the National Guardian reported the following comparators:

- 19.1% of cases with an element of patient safety / quality
- 1.7% of cases with an element of worker safety
- .32.3% of cases with an element of bullying or harassment
- 4.3% of cases where detriment was indicated

Part 3

Review of Performance against 2022-23 Priorities

Our priorities for 2022-23 were based upon the following overarching priorities:

- Maternity
- Mental Health
- Integrated Emergency and Urgent Care Clinical Governance
- Use of Alternative Pathways
- Developing Our Role in Public Health

Maternity

Our objective is that WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, child birth and the postnatal period. To achieve this, the following actions were agreed, along with the progress towards these:

Action	Progress	Status
Improve pre-alert and remote expert advice support for Paramedics	7 out of 15 Maternity Units now have Red Pre-Alert Phones. Work to continue 23/24	
Clinical Manager - Maternity to attend all maternity RCAs to ensure specialist maternity input is provided to improve recommendations made from learning	Maternity Lead attendance to all Maternity Root Cause Analysis (RCA) meetings	
Review appropriateness and feasibility of introducing PROMPT training to all frontline clinicians	HEE Maternity Training Programme Business Case approved - funding awarded. 3000x PROMPT e-learning packages to be purchased and offered to all qualified Paramedics.	
Create Maternity CPD Training Videos for access on Virtual VLE / ParaPass by WMAS clinicians <ul style="list-style-type: none"> • Obstetric Emergency Simulations • Umbilical Cord Milking • Use of Neobags for Thermoregulation during NLS • Maternity Grab Bags 	Virtual CPD Video completed - awaiting peer review Business case currently being drafted for the redesign of Maternity Grab Bags to include Neo bags for Thermoregulation during NLS to coincide with recent BAPM guidance / JRCALC Care Bundle 9. Work to continue 23/24	
Produce educational materials for staff i.e. Clinical Times, Posters, Virtual CPD, Website	Maternity Website progress to continue 23/24	
Obtain more Maternity Observational shifts for qualified ambulance clinicians within local trusts	Ongoing discussions	
To develop a portfolio of maternity case reviews to share learning and lessons learnt on the Maternity VLE / ParaPass	To be included on the Maternity Website upon completion in 23/24.	
Work with clinical audit team to ensure the clinician dashboard within Power Business Intelligence includes maternity care		
To deliver CPD to all the Maternity Champions on each hub to provide peer support to their colleagues	Maternity Champion CPD Day scheduled 30/01/23. Plan to deliver in-person CPD to maternity champions every quarter.	
Multidisciplinary team training, particularly in emergency skills drills.	HEE Maternity Training Programme Business Case approved - funding awarded. Equipment in transit.	
To consider the recruitment of an Honorary Medical Advisor / Consultant Neonatologist Formulate an honorary contract and utilise the Neonatology Expert advice wherever possible	Consultant Neonatologist from BWH currently on Maternity Leave due back to work Summer 2023.	
Share patient experiences on WMAS emergency maternity care and complete review of these to identify learning -	Action Completed. Dissemination to continue in 23/24.	
Publish a summary of WMAS response to the Final Ockenden Report onto the Trust's public website	All Maternity SI's to include definitions where deemed possible.	
All maternity investigation reports to include definitions and language that is easy for families to understand	All Maternity SI's to include definitions where deemed possible	

Mental Health

WMAS recognises a significant proportion of patients requiring urgent or emergency care have mental health needs and is committed to ensuring equity in the delivery of mental health care at the point of need through the provision of high-quality, evidence-based care. Following the appointment of a Head of Clinical Practice for Mental Health, the Trust has developed a work plan as part of our Quality Account, this includes:

Action	Progress	
Review and ensure completion of actions/recommendations arising from serious incidents	All MH related SI recommendations are up to date	
Further develop clinical governance structures and clinical audit to support safe clinical practice and monitoring	All Mental Health Policies and Procedures are up to date including the following which were updated during the year: <ul style="list-style-type: none"> ➤ Restraint and Deprivation of Liberty Procedure ➤ Consent Policy and accompanying procedures ➤ Mental Capacity Act Policy Further audit proposals submitted and accepted for implementation	
Improve training and support for clinicians attending patients presenting with mental health needs	<ul style="list-style-type: none"> ➤ Discussions with commissioners in relation to funding for Long Term Plan investment in Mental Health training. ➤ Health Education England induction package available for implementation. Discussions continuing to support commissioning of this. ➤ Additional resources have been added to the clinical hub ➤ New content added to statutory and mandatory workbook for 23/24, new resources added to clinical hub. Further in depth educational work will be supported by specific commissioning arrangements 	
Develop a clinical information hub to support access to information, policies and education relating to mental health	Complete. Periodic updates to continue to ensure iterative development of available information and support to staff.	
Establish mental health champions in local hubs to support knowledge dissemination, feedback and supporting local clinical engagement	Most hubs and localities within the organisation have nominated champions - further work required to identify remaining champions. Work to continue to 2023/24	
Develop capacity and capability in mental health service delivery through work to achieve NHS Long Term Plan ambitions to improve the ambulance response to mental health.	Owing to the position of ICBs in 2022/23 it has not been possible to secure the relevant funding to support this area of work in this financial year. Discussions for 2023/24 ongoing with MH Commissioners.	
Work to develop an external communications plan to support dissemination of information through the trust website and social media platforms.	External communications being identified and shared with communications team as appropriate and in line with both local and national priorities (e.g. promotion of 24/7 Urgent MH Lines)	
Develop a patient forum to support co-production in service design, delivery and monitoring	Deferred to support delivery of LTP ambitions in light of ongoing/unresolved commissioning discussions	
Review themes from complaints and compliments to inform changes to service delivery	No recurring themes emerging from complaints and compliments. For continued review and appropriate action	

Integrated Emergency and Urgent Care Clinical Governance

Achievement of the Trust's vision relies on the efficiency and expertise at the point of initial call, regardless of the number dialled. The ability to quickly and accurately assess patient needs and identify the best response is key to achieving the best patient outcome. The Trust recognises the significant challenges it has faced during the last two years and is committed to delivering the best service to the patients it serves. By focussing upon our clinical governance arrangements, our plans will be fully focussed upon safety and assurance.

Action	Progress	Status
Continue to recruit and train the dual trained call assessor workforce to meet the demands of both services.	999 call answering is the best in the Country with a significantly low number of 2-minute delays registered. 111 performance is among the best in the country with the lowest number of calls abandoned from any provider. Following a board decision, 111 will move to a new provider on 1 March and as such recruitment for call assessors was suspended at the end of Q2	
Review and ensure completion of actions/recommendations arising from serious incidents involving.	The team are up to date with recommendations and processes have been introduced to ensure a timely response to recommendations as they become identified.	
Increase the numbers of clinical and non-clinical audits to support safe practice and training.	Audits are on track and in line with the audit requirements.	
Continue to work closely with NHS Pathways to influence service improvement .	Continual presence at user groups and NHS Pathways board.	
Continue with clinical recruitment at pace to grow the Clinical Validation Team (CVT) and the Clinical Assessment Service (CAS) to meet the patient demographic and to deliver the clinical outcomes.	A conscious decision to provide focus to the CVT establishment has meant that the team remain at full strength producing effective, safe and meaningful clinical triage with a H&T rate of 20% achieved during December. Clinical recruitment into 111 has been suspended due to the 1 March transition.	
Enhance training and development opportunities for all staff.	Ongoing and on track with additional CPD introduced throughout Quarter 3 to address any learning gaps.	
Maximise utilisation of alternative pathways through better utilisation of technology.	The CAD portal has been developed and continues to be enhanced to support rapid transfer of viable cases to community pathways. Usage of the portal continues to grow with more community-based services coming on board. The functionality that has been developed has been used as an exemplar nationally with many other ambulance trusts interested in what WMAS are doing and wanting to replicate within their own organisation.	
Continue to listen to our patients and review feedback via the complaint and PAL's process to shape our service going forward.	The challenge here is that almost all of the complaints received relate to delays in help reaching the patient which, to a large degree is not in our control given the significant and critical level of continued hospital handover delays. Through our Learning Review Group, any learning points continue to be identified and any requirements to introduce changes are put in place.	
Work with providers to improve access to other services which provide alternative pathways for patients calling 111 or 999.	Ongoing and fully engaged with NHSE, local commissioners and service providers. Additional access to alternative services continues to present opportunities to refer patients away from ED and improve their overall experience and outcomes.	

Use of Alternative Pathways

Action /Measures of Success	Notes	Status
<p>Engagement with Integrated Care Boards to ensure development and use of all initiatives for referral to alternative pathways</p>	<p>Work underway in each ICB to develop services and referral pathways further, WMAS conveyance rates to hospital now the same as 2017/18. New services in addition to Urgent Community Response (UCR) are supporting our ability to avoid emergency departments and meet patients' needs first time.</p> <p>Some services are receiving hundreds of patients in their own right each month, Worcestershire UCR from minimal numbers now taking c300 patients per month, Birmingham UCR services activity has trebled, with 30+ patients per day now being routed through that service, many directly from the clinical validation team.</p> <p>A number of ICBs are working to a single access point for all pathways, including BSOL, Worcestershire, Black Country. Shropshire has already developed a single access point.</p>	
<p>CAD Portal - developed and utilised by providers across the region</p>	<p>CAD Portal now live, referrals being sent electronically to a range of providers of Urgent Community Response across the region. The portal is the mechanism for WMAS to refer patients out of the clinical validation team. It removes the need for lengthy conversations (averaging out at 40m per patient in attempting to refer)</p> <p>Hundreds of patients per week are now being referred by the Portal, however, community teams are also working within the Clinical Validation Team to 'pull' patients from WMAS directly in alternative pathways</p>	
<p>Managing long waits for ambulance response for urgent, not emergency situations</p>	<p>WMAS is increasingly moving urgent caseload into Urgent Community Response models, we also, for example in Worcestershire, have UCR attending before we arrive. However we still do have a cohort of very long waiting patients, who require an Ambulance response at this point, as other services are not able to safely respond or receive the patient.</p>	

Developing Our Role in Public Health

WMAS provides a major gateway into the NHS for patients of all ages, and from all clinical groups. Through liaison with both patients and other healthcare providers, WMAS has both a responsibility and an opportunity to support and improve public health. Without action, all NHS services, including the ambulance service, will continue to see a rise in demand because of the wider impacts of the COVID-19 pandemic. NHS England has cited within national policies that action is needed to tackle inequalities as an integral part of Reset & Recovery planning.

Measures of Success	Notes	Status
Set up a WMAS Public Health group and agree reporting/recommendation arrangements.	Group established and agreed key arrangements. Next meeting scheduled January 2023.	
Review engagement with regional PH leads.	Deputy chair of regional directors of public health group has agreed to take a request for engagement from the group with the WMAS public health group to their next meeting Regional medical director for NHSE midlands has provided contact details for public health lead for the region. Consultant in PH has been agreed as link with WMAS recently. Contacts being established throughout the region to ensure work programme as part of strategy is fully aligned with regional workstreams and priorities.	
Produce a strategy document for Committee and Board review on options for Public Health development and engagement.	DRAFT Public Health Strategy presented to the Public Health Group in January 2023 and will be formally ratified by Board of Directors in May 2023.	

Service-based Annual Reports 2022-23

Whilst the above tables represent the overall progress in relation to the quality priorities that were established for 2022/23, the following reports are available on our website which contain further details of the work in each of these corporate and clinical departments.

- Controlled Drugs and Medicines Management
- Infection Prevention & Control
- Better Births
- Patient Experience
- Safeguarding (including Prevent)
- Making Every Contact Count
- Emergency Preparedness
- Security and Physical Assaults
- Health, Safety and Risk
- Patient Safety
- Clinical Audit and Research

The Annual Report in respect of the Data Security and Prevention Toolkit will be submitted and published by 30 June 2023.

The Annual Report for Equality, Diversity & Inclusion will be published by July 2023

Patient Safety

Reporting, monitoring, taking action and learning from patient safety incidents is a key responsibility of any NHS provider. At WMAS, we actively encourage all our staff to report patient safety incidents so that we can learn when things go wrong and make improvements.

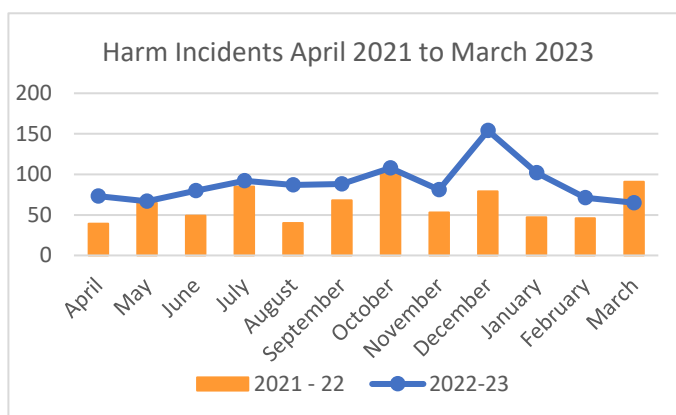
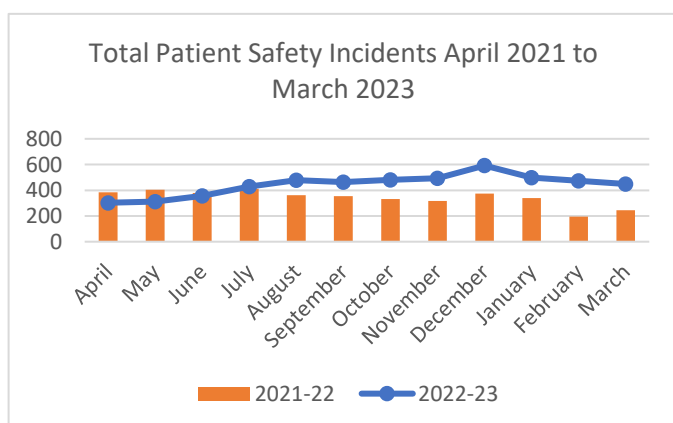
A positive safety culture is indicated by high overall incident reporting with few serious incidents which we continue to achieve. Encouraging staff to report near misses allows us the opportunity to learn lessons before harm occurs.

Analysis of all incidents takes place and is supported by triangulation with other information such as complaints, claims, coroners' inquiries, clinical audit findings and safeguarding cases. These are discussed monthly at the Serious Incidents Review Group (SIRG) and Learning Review Group (LRG). These meetings are chaired by the Paramedic Practice & Patient Safety Director and attended by clinicians from across the organisation. Themes and trends are reported quarterly to the Quality Governance Committee and the Trust Board of Directors.

Total Number of Patient Safety Incidents reported by Month

The total number of incidents reported during 2022-23 have increased from the previous year by 30.2% (from 4,094 to 5,331). This includes complaints and NHS to NHS concerns as well as staff reporting through the internal electronic reporting system. Patient harm events (1,068) accounted for an increase of 39.8% increase from the previous year, in which 764 patient harm events occurred.'

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Harm	73	67	80	92	87	88	108	81	154	102	71	65	1068
No Harm	230	244	277	337	392	376	374	412	438	397	401	384	4262
Total	303	311	357	429	479	464	482	493	592	499	473	449	5331



Themes (Patient Safety/Patient Experience/Clinical Audit)

The top trend for all levels of harm relate to delayed ambulance responses, which directly correlate to the increased hospital handover delays. Further trends relating to low harm incidents include avoidable injuries caused to patients such as skin tears caused during moving and handling, injury due to collision/contact with an object and ECG dot removal.

Serious Incidents

All serious incidents are investigated using Root Cause Analysis methodology to determine failures in systems and processes. This methodology is used to steer away from blaming individuals, to ensure the organisation learns from mistakes and that systems are reinforced to create a robustness that prevents future reoccurrence.

Between April 2022 and March 2023, the Trust registered 453 cases as serious incidents, compared to 204 in the previous year. This sharp increase in reporting correlates to the impact caused by the continuing rise delayed ambulance response as a result of severe hospital handover delays.

- Activity decreased by 11%
- Incident reporting continued to increase by 39%
- Serious Incident reporting increased by 122%

The Trust has not had cause to report any Never Event incidents.

Top Patient Safety Risks

- Missing equipment/drugs and/or out of date drugs on vehicles that have been through the make ready system.
- Incidents when transferring/moving patients during transport.
- Failure to interpret clinical findings and act on appropriately.
- Administration of medicines – wrong route and inappropriate dosage.

Top Patient Safety Risks

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- Incidents when transferring/moving patients during transport.
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Duty of Candour

The Trust promotes a culture of openness ('just' culture) to ensure it is open and honest when things go wrong, and a patient is harmed. Being open is enacted in all incidents where harm is caused no matter the severity to ensure this culture is carried out. NHS providers registered with the Care Quality Commission (CQC) are required to comply with a new statutory Duty of Candour, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour which relates to patient harm events considered to have caused moderate harm or above. This regulation requires a more formal process of ensuring that incidents are investigated at an appropriate level and that being open and honest with the patient and/or their families is completed.

DRAFT

The introduction of a Patient Safety section of the Trust website supports the Trust Duty of Candour requirements and allows greater openness and sharing about when things have gone wrong and what the Trust has learnt and is doing to put things right and improve.

The Trust Duty of Candour/Being Open policy is available via the Trust website or directly from the Freedom of Information Officer.

The policy details the arrangements the Trust has in place for staff and managers and the Trust Learning Review Reports published on the Trust Website and presented to the Board of Directors each quarter identifies compliance with our statutory duties.

Safeguarding

In 2022/2023 West Midlands Ambulance Service has continued to ensure the safeguarding of vulnerable persons remains a priority within the organisation and the trust is committed to ensuring all persons are always protected through embedded policies, procedures, education and literature. All staff within WMAS are educated to report safeguarding concerns to the single point of access Safeguarding Referral Line. This Trust has experienced significant and sustained demand on the service, this combined with continuing delays in the ability to handover patients at hospital has led to on occasions patients waiting significant times for an ambulance response. These delays have led to concerns raised around the response to some of our more vulnerable patients from external stakeholders. WMAS continues to work at a local and national level to improve the situation and the safeguarding team reviews these cases and provides assurance to the local authority on the actions undertaken to mitigate the risk.

Safeguarding Referral Numbers

	Adults		Children	
	Referrals	% Variance from Previous Year	Referrals	% Variance from Previous Year
2016/2017	21386		4534	
2017/2018	21130	-1.2%	4756	4.9%
2018/2019	23206	9.8%	5631	18.4%
2019/2020	31639	36.3%	9232	63.9%
2020/2021	39926	26.2%	14082	52.5%
2021/2022	38048	- 4.8%	15110	7.0%
2022/2023	41175	8.20%	15301	1.30%

Currently there are 27 Safeguarding Boards across the West Midlands and engagement continues to develop with WMAS, in addition to contribution to Child Death Overview Panels, Domestic Homicide Reviews, Safeguarding Adult Reviews, Serious Case Reviews, Social Care and Prevent panels and networks.

The Safeguarding Manager is the Prevent lead for the trust and ensures compliance with contractual obligations through reporting via Unify2 to NHS England. In addition, close links have been established with NHS England and Police to ensure Prevent is a key priority within our safeguarding agenda.

Despite the operational pressures on the Trust, we have delivered training to ensure all Paramedics are trained to level 3 in Safeguarding, which has refreshed and enhanced the knowledge of our staff in respect of best practice and current legislation

Patient Experience

The key themes for Patient Advice and Liaison Service (PALS) and formal complaints relate to:

- **Timeliness of 999 ambulance and Patient Transport Service Vehicles** - there is a delay or perceived delay in the arrival of a 999 ambulance or response vehicle, or there is a delay in the arrival of a Non-Emergency Ambulance to take a patient to and from their routine appointment.
- **Professional Conduct** - that the patient or their representative feels that the attitude or conduct of the attending ambulance staff, or call taker was not to the standard that they would expect.
- **Loss/Damaged-** the patient or their representative feels that they have lost personal belongings whilst in our care.

Complaints (To be updated on 10/5/2023)

Complaints are an important source of information about patients' views regarding the quality of services and care provided by the Trust. All staff are encouraged to respond to complaints and concerns raised by patients and relatives in an effective, timely, and compassionate way.

The Trust has received 630 complaints raised so far compared to 505 2021/22. The main reason relates to timeliness (response) raised.

Breakdown of Complaints by Service Type YTD:.

Breakdown of Complaints by Service Type			
	2021/22	2022-2023	% Variance 20/21 – 21/22
Emergency Operations Centre	181	264	45.9
Emergency and Urgent	213	216	1.4
Patient Transport Services	60	82	36.7
Air Ambulance	0	0	0
Other	4	8	100
Integrated Urgent Care	47	60	27.7
Total	505	630	24.8

Upheld Complaints

The table below indicates that of the 630 complaints, 215 were upheld & 161 part upheld. If a complaint is upheld or part upheld, learning will be noted and actioned locally and will also be reported to the Learning Review Group for regional learning to be identified and taken forward as appropriate.

National Reason	Justified	Part Justified	Not Justified	TBC	Total
Attitude and Conduct	12	27	36	0	75
Call Management	20	25	30	0	75
Clinical	25	39	61	6	131
Driving/Sirens	1	1	6	0	8
Eligibility	1	2	8	0	11
Info Request	5	5	19	1	30
IUC - Appointments	0	2	1	0	3
IUC - Clinical	1	0	0	0	1
IUC - Inappropriate referrals	0	1	1	0	2
IUC - Operational	0	0	1	0	1
IUC - Pathway	1	1	5	0	7
IUC - Staff	1	0	1	0	2
Lost/Damaged	0	1	1	0	2
Other	1	1	2	1	5
Out of Hours	0	0	2	0	2
Patient Safety	3	3	3	0	9
Response	141	51	60	0	252
Safeguarding	3	2	9	0	14
WMAS	215	161	246	8	630

Patient Advice and Liaison Service (PALS) Concerns

This year has seen a decrease in concerns with 2054 concerns raised in 2022/23 compared to 2494 in 2021/22. The main reason for a concern be raised is 'timeliness (response)'.

Learning from complaints / PALS

You said	We did
Concern raised around use of PPE and shoe covers	Article placed in weekly brief around use of shoe covers for staff
Concern around appropriate parking	Staff on hub remaindered and notes added to the computer aided dispatch system
Patients that use the Non Emergency Patient Transport who don't have a timely pick up or require a specific vehicle	Notes added to the computer system
Family raised a concern about attendance to family relatives with Vascular Ehlers-Danlos	Family sharing their experience of the condition to make staff aware which will be placed in the clinical times

Ombudsman Requests

The majority of complaints were resolved through local resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2022/23 – 5 independent reviews were carried out, (1 case was part upheld, 4 still under investigation), and 2 cases where a mediation meeting has been requested. This is compared to 7 independent reviews in 2021/22.

Patient Feedback / Surveys

The Trust received 119 completed surveys via our website, relating to the Patient Transport Service. The table below outlines the response by survey type.

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	FFT Survey	PTS Survey	Small Survey
Very Good	20	28	13
Good	16	28	5
Neither Good nor Poor	2	1	0
Poor	0	2	0
Very Poor	3	1	0
Don't Know	0	0	0
Total	41	60	18

Discharge on Scene Survey:

9 responses were received relating to patients who have been discharge to the location the 999 call was made.

Emergency Patient Survey:

157 responses received in 2022/23

3 maternity survey responses.

Compliments

The Trust has received 2666 compliments in 2022/23 compared to 2070 in 2021/22. It is pleasing to note that the Trust has seen an increase in positive feedback.

Governance

Patient Experience reports monthly to the Learning Review Group (LRG) which focuses on ‘trend and theme’ reports. The LRG reports to the Quality Governance Committee and reports any issues relating to assurance; any risks identified; and key points for escalation. The Trust Board receive monthly data on formal complaints and concerns through the Trust Information Pack.

Single Oversight Framework (SOF)

This Framework was introduced by NHS Improvement in 2016 as a model for overseeing and supporting healthcare providers in a consistent way. The objective is to help providers to attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding', meet NHS constitution standards and manage their resources effectively, working alongside their local partners. This is done by collating information relating to achievement of the following key themes:

Theme	Aim
Quality of Care	To continuously improve care quality, helping to create the safest, highest quality health and care service
Finance and Use of Resources	For the provider sector to balance its finances and improve its productivity
Operational Performance	To maintain and improve performance against core standards
Strategic Change	To ensure every area has a clinically, operationally and financially sustainable pattern of care
Leadership and improvement capability (well-led)	To build provider leadership and improvement capability to deliver sustainable services

Since maintaining its overall rating of Segmentation 1, since the SOF was introduced, WMAS has been rated within segmentation 2, in recognition of the pressures and support required to address ambulance handover delays and response times. The Trust is working closely with our six integrated care systems and NHS England to jointly address the factors that are affecting patient care throughout the West Midlands.

Category	Performance Standard	Achievement April 2022 to March 2023
Category 1	7 Minutes mean response time	8 minutes 25 seconds
	15 Minutes 90th centile response time	14 minutes 46 seconds
Category 2	18 minutes mean response time	49 minutes 40 seconds
	40 minutes 90th centile response time	114 minutes 58 seconds
Category 3	120 minutes 90 th centile response time	537 minutes 26 seconds
Category 4	180 minutes 90 th centile response time	596 minutes 33 seconds

Listening to feedback

Comments Received Relating to 2021/22 Quality Account

Each year our commissioners and stakeholders provide feedback in relation to the content of the Quality Account. We received many very positive comments in response to the 2021/22 report, along with some constructive feedback in relation to the challenges the Trust has faced and the chosen priorities. These are included below:

Comments Received	Action to be taken
The committee acknowledges the high levels of demand the service has faced over the past year in addition to the impact of pressures in other parts of the system and commends WMAS for continuing to be the highest performing ambulance trust in the country with regards to 999 call response.	Comments received with thanks and noted
The committee highlights the impact of service pressures on ambulance response times and raises concerns about the impact this will have on patient safety. Alternative pathways to hospital conveyance are noted as a potential solution to this and the committee recommends that the safety and effectiveness of these are monitored.	Performance and patient safety implications are regularly monitored and risk assessed. No additional actions required
Staff recruitment and retention were also raised as areas of priority and the committee recommends that feedback from frontline staff is taken into consideration when addressing these issues.	Various routes for staff engagement are in place and will be utilised on an ongoing basis.
Members of the Committee have appreciated the support the Trust has given to the scrutiny process during the year and the Members look forward to working with the Trust in the future. Through the routine work of HOSC, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire.	Comments received with thanks and noted
The committee would like to thank Pippa Wall for her presentation of the draft West Midlands Ambulance Service (WMAS) University NHS Foundation Trust Quality Account 2021/22 to the committee on 12 May 2022 and for the opportunity to comment on the Account.	Comments received with thanks and noted
It is very encouraging to see that despite Covid-19, the Account highlights what has been learnt and how the learning can be used to improve services. It also suggests that you plan to strengthen partnerships and the Committee are interested hear how that progresses.	Comments received with thanks and noted
The Committee acknowledged that you had faced one of the most challenging years ever, and agreed that the Covid-19 pandemic had brought many additional pressures. It was noted that you had received an increase of 26% in calls, compared to the previous year in addition to the service answering 1,336,739 111 calls. The Committee sympathise with you in regard to your crews being held up outside the hospital, due to being unable to handover patients, which has inevitably had an impact on those patients waiting in the community for an ambulance. The Committee acknowledged that this was a national issue, and	Comments received with thanks and noted

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<p>were keen not to apportion any blame, mindful that all NHS providers had been working under extreme pressures since the start of the global pandemic.</p>	
<p>The committee agreed with you in relation to abuse to staff, whether it be verbal or physical, and feel that it is totally unacceptable and should not be tolerated. It is good to note that the Trust are supportive of staff.</p>	<p>Comments received with thanks and noted</p>
<p>The committee are supportive of your five priorities for 2022/23 and were pleased that details of the rationale behind why the priority had been chosen and the desired outcomes were shared.</p> <p>We were pleased to note that you had recruited a specialist Mental Health clinical lead, and that the Trust will be developing and implementing a work plan as part of the Quality Account. The Committee would be interested to know how that progresses and what will be included in the workplan, mindful that mental health is a growing area, and the patients concerned have very specific needs. The Committee were mindful that Covid-19 had effected the mental health of many individuals, and acknowledged that the economic pressures were also a contributory factor.</p> <p>Your vision in relation to the utilisation of alternative pathways including Urgent Community Response is one that the committee shared. Moving forward the importance of this was recognised and we hope it will assist in the delays of ambulances being dispatched to those in need.</p> <p>We believe that the Covid-19 pandemic has forced all health care providers to review their role in improving Public Health and your targets are welcomed. We acknowledge that you are a data rich organisation and a major gateway for the NHS.</p>	<p>Comments received with thanks and noted. In year monitoring reports will provide updates on the specific targets for the year. No further action required</p>
<p>The review of progress of performance against the 2020/21 priorities is well described in the document. It was good to note that two of the four priorities were fully achieved, and the remaining two were partially achieved.</p> <p>Whilst there had been a 6% increase in incidents where harm had occurred, the committee accepted that the total journey carried out by the Patient Transport Service (PTS) had also increased by 19.1% for the same period. The additional demands resulting from the Covid-19 pandemic on the PTS were acknowledged by the committee.</p> <p>The committee welcome and are supportive that you are learning from Patients' Feedback and understand that the glitch in the system may have impacted on your ability to fully achieve that priority.</p> <p>Should you require any further information or need any further assistance, please do not hesitate to contact me or Julie Harvey, Scrutiny Lead Officer for the Committee.</p>	<p>Comments received with thanks and noted.</p>
<p>Healthwatch Herefordshire (HWH) welcomes the opportunity to respond to the West Midlands Ambulance Service (WMAS) quality report.</p> <p>We recognise the vital and urgent work being done daily on the</p>	<p>Comments received with thanks and noted.</p>

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<p>community's behalf and we thank the WMAS teams of dedicated staff on behalf of the community.</p> <p>We offer our genuine and deep felt thanks to each and every member of staff for their work this year. Together you continue to implement a clear, ambitious vision for your service to patients.</p> <p>We recognise that the last year has been particularly challenging for WMAS due to the continuing impact of Covid19 on patients and staff.</p> <p>The ambulance service touches all aspects of emergency and urgent care. We understand that the service continues to work with all providers to integrate with the health and social care structures in our community. This seamless integration is essential to improve patient outcomes.</p> <p>We commend WMAS for their policy of providing paramedics on all ambulances.</p> <p>We appreciate the continual difficulties to manage increased demand on the service and the plans for continual improvement to the 111 service.</p> <p>999 services continue to be affected by the policy of discharging more patients at the scene to appropriate services in the community and secondary care clinics. There is a continuing requirement to audit these patients' outcomes to ensure that their needs have been satisfactorily addressed.</p>	
<p>We understand how challenging it has been to achieve this outcome with the pressure on all services within Health and Wellbeing.</p> <p>All health services have seen an increase of patients with Mental Health crises during and post pandemic, we would like to ensure that these patients are cared for well within the integrated services.</p>	<p>Progress towards the mental health priority will be monitored through the in-year Quality Account monitoring report.</p>
<p>HWH note the actions that WMAS has put in place in the year to implement continuous improvements, but we are concerned about the lengthening times from 999 call out to scene of the incident.</p>	<p>All aspects of performance are routinely monitored and improved wherever possible. Regular escalation of handover delays will continue.</p>
<p>We commend WMAS on their excellent performance on no 'never incidents' in the year.</p> <p>We are pleased to see the West Midlands Ambulance Service University NHS Foundation Trust is increasing numbers of students, working with others in research and development and the expansion of research work.</p>	<p>Comments received with thanks and noted.</p>
<p>HWH would like to see a dedicated WMAS representative at all forums where Integrated Urgent Care is discussed and specified. WMAS must be at the table when services are designed and specified.</p>	<p>There is an executive / strategic lead for all areas, along with local senior management and Directory of Service Leads. Between these roles, there is much expertise available to engage with stakeholders. Due to the significant volume of meetings across the Trust, we cannot guarantee attendance at every forum, though we will always work to ensure that actions are received and addressed.</p>

<p>HWH would like WMAS to consider the obligation for all organisations to have a viable action plan to Rural proof for Health under the directives from Rural England. We are concerned that average performance times for arrival at the scene of an incident have slipped backwards over the year in categories 2,3,4. So we note that this will mean much poorer performance standards for Herefordshire where rurality is a key concern in Health Inequalities.</p>	<p>Within commissioned arrangements, the Trust deploys all resources to both rural and urban areas according to demand. Response times are routinely monitored and all actions to improve performance are implemented, this includes regular escalation of long handover delays.</p>
<p>We note the new Quality Assurance audit plans.</p> <p>Patient experience - increased feedback and further development in making every contact count must be the ambition. It is yet again disappointing to note that the return of surveys to WMAS is still very low in comparison to the number of patient interfaces. This priority is carried forward to 2022/23. It is to be hoped that WMAS can bring ambition and innovation to increasing patient response numbers so that the patient experience can inform services.</p> <p>Patient safety - Improve timely investigations into incidents and serious incidents and make recommendations that are acted upon. Patient safety is very important.</p>	<p>Comments received with thanks and noted.</p> <p>The Trust places great importance on patient feedback and will continue to work to improve response rates.</p> <p>Significant resource has been made available to support improvements in investigation timescales. This will continue to be closely monitored.</p>
<p>When WMAS discharges patients at the scene the service expects many patient groups to make follow up appointments to Primary care and outpatient clinics. We understand there has been Integrated care concerns that this doesn't always happen as it should.</p>	<p>Comments noted with thanks. We work closely with other healthcare providers and commissioners to improve care co-ordination</p>
<p>New continuous joint service review practices between the integrated partnerships need to be in place so that patient outcomes can be monitored for effectiveness. There should be rigor in WMAS audit of patient outcomes.</p>	<p>Comment from Strategy / Commissioning teams and Clinical Audit</p>
<p>Reduce hazards in transfer - reduce risk of harm to patients in transfer - the majority of these were low level, however numbers are significant.</p>	<p>Comments noted with thanks. All incidents are routinely monitored and key findings are incorporated in staff training</p>
<p>Clinical effectiveness improve performance, HWH welcome WMAS plans to audit numbers of patients re-contacting WMAS services, we would like to see quality assurance that this is being monitored and reviewed.</p>	<p>Comment from BI team and Clinical Audit</p>
<p>Achieve national clinical quality indicators for Sepsis, we note that WMAS performance is above the national average, and we hope to see continuous improvement.</p>	<p>Comment noted with thanks.. We continue to monitor Sepsis performance</p>
<p>Maternity: the appointment of a new clinical lead, and new plans as part of the Quality assurance audit to improve maternity care in the prehospital environment. We note the Trust's work improving performance and learning from case review. In particular home births where the ambulance service attended and discharged at the scene.</p>	<p>Comment noted with thanks.</p>

<p>Cardiac and Stroke incidents. We hope to see increased quality results in the treatment, transfer, and outcomes for patients in these critical areas.</p>	<p>Comment noted with thanks. We continue to monitor cardiac and stroke performance</p>
<p>Developing WMAS role in Public Health and reduction of Health Inequalities in Herefordshire as a strategic element of the Reset and Recovery NHS programme. HWH notes the methodology that WMAS proposes to use to achieve these priorities and looks forward to the improvements in patient health and wellbeing outcomes</p>	<p>Comment noted with thanks.</p>
<p>The priorities for Emergency and Urgent services as they affect Herefordshire.</p> <p>We note WMAS development of a strategic cell to balance demand with situation status on the ground at A and E departments across the counties. HWH are pleased to see the continuing importance of the 999 Operational Emergency centre development of functionality and WMAS continuing integration and mutual regard for the service partners.</p>	<p>Comment noted with thanks.</p>
<p>HWH notes the service and the direction of patients to care from 111:</p> <p>We highlight the heavy direction of advice to Primary Care which is under increasing patient demand pressures.</p>	<p>Comment noted with thanks. The Trust works closely with commissioners and other healthcare practitioners to ensure the best outcome for patients. The pressures on other services are well understood in across the integrated care systems.</p>
<p>We would propose that WMAS consider what innovations and clinical response can be brought to bear on the timely interventions and outcomes for category one and two patients in Herefordshire.</p>	<p>Our response model and collaborative approach to improving response times in both urban and rural areas are continuously under review.</p>
<p>We are very pleased to see WMAS recruiting first responders for Herefordshire, and we wish all success in improving patient outcomes.</p>	<p>Comment noted with thanks.</p>
<p>We know that the staff of WMAS have been under huge pressure during the pandemic and note the disappointing survey scores of staff. We encourage WMAS to support the health and well being of all staff and provide resources and support to leaders and management to improve the working environment for staff.</p>	<p>There is a vast range of support services and information for staff to support their health and wellbeing. The Trust plans to do further work this year to support staff and ensure that they have the opportunity for suitable respite following the challenges of the pandemic</p>
<p>Integrating Emergency and Urgent Care can only improve patient outcomes and we hope as the National Health Service England moves back into a post pandemic recovery that WMAS is embedded in the scoping and specification of services in the new STP/ICS structures.</p> <p>Healthwatch Herefordshire will keenly monitor the progress of 2022/23 priorities and offers the West Midlands Ambulance Service our strong support in harnessing the patient voice in their work.</p>	<p>Comment noted with thanks.</p>
<p>Healthwatch Dudley recognises that it continues to be a very busy time for NHS health and care service providers. There are still</p>	<p>Comments noted, with thanks. The Trust works with stakeholders across the ICS and</p>

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<p>difficulties caused by Covid-19 pandemic to contend with and also challenges such as adjusting to work alongside the new integrated care systems. At Healthwatch Dudley we are keen to see what new opportunities there will be for collaboration between health and care partners and others - including the public at the place based and neighbourhood level - and more coordinated and joined - up working. Such developments should help the Trust in its ambition to deliver on its overall purpose, which is ensuring individuals get the right care, in the right place, at the right time.</p>	<p>will continue to strive for improvements in co-ordinated and integrated care.</p>
<p>Healthwatch Dudley and the people it represent in the Dudley borough do have concerns about the impact of ambulance delays and handover times at hospitals that can increase the risk of harm to individuals. However, we note that the WMAS has performed well on such measures, compared to many other similar ambulance trusts around the country and it retained its Care Quality Commission rating of Outstanding in 2019.</p>	<p>Comments noted, with thanks.</p>
<p>We acknowledge the Trust's progress made against its 2021-22 objectives for improvement in services whilst also noting work remains to be done in some areas to fully achieve desired objectives. In turn, we welcome the commitment made to achieving improvements in services against ongoing and new priorities in 2022-23 - especially in maternity, mental health, alternative clinical pathways, and improving public health. These are all areas of much interest to Healthwatch Dudley and are very relevant to helping the public in the Dudley borough get the best care possible.</p>	<p>Comments noted, with thanks.</p>
<p>Healthwatch Dudley is supportive of the work that the Trust has been doing with local universities since it became a University Ambulance Service. The research that is being undertaken will benefit individuals accessing ambulance services through improved health and care interventions and outcomes in the future.</p>	<p>Comments noted, with thanks.</p>
<p>At the same time, it is good to see there are robust plans in place to continue with work on equality and diversity to ensure people with protected characteristics are able to get equitable access to high quality ambulance services.</p>	<p>Comments noted, with thanks.</p>
<p>More specifically, on public engagement, there is evidence of much good work being done to get views and opinions on services through different types of survey as well as from different interest groups that have been set up to gather information from particular groups of people. Nevertheless, we feel it would be good to explore what opportunities there might be for more qualitative public engagement and research work - case studies, in-depth interviews and the collection of people's stories or the detailed accounts of their views and experiences of using ambulance services. Local Healthwatch organisations would be a</p>	<p>Comments noted, with thanks. WMAS would be interested in expanding its engagement work in conjunction with HealthWatch organisations</p>

valuable resource in helping to think about such work.	
<p>Healthwatch Birmingham and Healthwatch Solihull welcome the opportunity to provide a statement on the Quality Account for West Midlands Ambulance Service NHS Foundation Trust 2021/2022. We are pleased to see that there is an open evaluation of the Trusts performance between 2021 and 2022. There is a clear identification of areas where the Trust has done well and areas where further improvements are needed. We acknowledge that Covid-19 related pressures in other areas of the NHS have had a significant impact on the demand on WMAS services (e.g., 999, 111).</p>	Comments noted, with thanks.
<p>We note that the Trust has faced significant delays in handing patients over when taken to hospital leading to a deterioration in response times to patients. Therefore, some patients have been waiting for an unacceptable length of time. Indeed, some feedback we have heard from the Trust's service users at Healthwatch Birmingham and Healthwatch Solihull demonstrate a frustration with the waiting times for calls to be answered, and ambulance to come out. And as the Trust has noted, delays have also led to an increase in serious incidents.</p> <p>We agree that these challenges will continue as other parts of the NHS work to address some of the challenges brought on by the pandemic (e.g., waiting times). We, however, seek more clarity on the actions the Trust will be taking to address issues of delays and their impacts on patient outcomes. In particular, how the Trust is working to ensure that there is support for people as they wait. What links is the Trust making to work with other hospital trusts and third sector organisations to ensure that those waiting have the right information as they wait or are signposted to other organisations. Especially those with mental health concerns. We therefore welcome that one of the priorities is the <i>utilisation of alternative pathways</i> whose target is refer patients to alternative pathways (including urgent community response). For this work to be successful, it will be important for the Trusts staff to not only conduct a thorough assessment but also to be aware of not only NHS organisations, but also third sector and community support for various issues. This is an aspect of support that some service users have told us, they have found useful.</p> <p><i>Mental Health Triage Car - Very supportive, made calls to other mental health services. Supported my nephew into a mental health bed. We avoided an unnecessary trip to A & E.</i></p>	<p>Comments noted, with thanks.</p> <p>Response to be provided from IEUC, Mental Health, Patient Safety, Patient Experience</p>

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<p>Healthwatch Birmingham and Healthwatch Solihull agree with the four main priority areas for the Trust for 2022/23. We recognise many of the issues from our own engagement with the public. In particular mental health has been an issue that we are increasingly hearing about since the pandemic with many calling Healthwatch Birmingham and Healthwatch Solihull for support for their mental health. We have also seen a greater level of negative feedback for mental health services in the city. People have also told us about the effect on their mental health from the delays to care and treatment. Hence, the likelihood of increasing demand for mental health support. We would like to see the Trust involve local Healthwatch, service users and members of the public in developing a work plan following the appointment of a Head of Clinical Practice for Mental Health. We look forward to reading in the 2022-2023 Quality Accounts how the Trust has involved various stakeholders in developing and implementing this priority.</p>	<p>Response to be by Richard Corral provided and built into work plan</p>
<p>We are pleased to also see continued work on <i>maternity issues</i>; plans under <i>the Integrated Emergency and Urgent Care Clinical Governance</i> priority to quickly and accurately assess patient needs and identify the best response. We would like to read the impact of this on delays and patient outcomes in the 2022-23 Quality Accounts. We also welcome the Trusts plans to develop its role in improving population outcomes and tackle inequalities.</p>	<p>Response to be provided by IEUC and the new Public Health Group</p>
<p>We are pleased that across the Trust, patient feedback is seen as important and welcome examples of learning from feedback outlined in the Quality Account. However, having looked at the performance indicators for patient experience and feedback, we believe that more can be done. We note that the Trust is reviewing systems it uses to seek feedback and make it easy for the public to contact the Trust with their views. We hope to see the Trust using varied ways of engaging with services users and members of the public that go beyond the use of online methods to ensure that the communication needs of diverse groups are met. For instance, the Trust states under the 'Think 111 First' discussion in the Quality Account that "a decision as to whether it is possible to implement a short telephone-based survey, with an onward link to the website for patients who are happy to complete the full survey; or whether the message at the end of the call is purely a recorded announcement for the full online survey" will be made. We believe that there should be other alternatives for people to complete the survey such as the option to receive a paper copy or provided in an alternative format or language. As we indicated in our Quality Accounts Statement 2020-2021:</p> <ul style="list-style-type: none"> • The key objective of engagement should be 'to use patient and public insight, experience, and involvement to identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including increasing independence and preventing worsening ill-health).' • Public health data should inform engagement plans to ensure that the trust is hearing from all sections of the community particularly those impacted negatively by changes or improvements to services. Also use this to understand wider impact on health inequalities that have an impact on how the trust delivers its services. • The Trust is using varied ways of engaging with services users and members of the public that go beyond the use of online 	<p>Patient Experience Strategy has been developed during the year and the Trust will continue to work to develop accessible routes for patient feedback.</p>

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<p>methods to ensure that the communication needs of diverse groups are met.</p> <p>We look forward to reading about the establishment of the post-call surveys and the learning from this in the 2022/2023 Quality Accounts.</p>	
<p>We acknowledge the tough conditions WMAS staff work at times being at the end of verbal and physical assault in the course of their work. Healthwatch Birmingham and Healthwatch Solihull is happy to support the Trust in sharing any social media campaigns on the issue.</p>	For future use by the Press Team
<p>This has been another extraordinary and difficult year for providers of NHS services and Healthwatch Worcestershire appreciates and acknowledges the effort and commitment of the staff at the Trust who have been working hard to do their best for patients under difficult circumstances.</p>	Comments noted with thanks
<p>Progress against 2020/21 Improvement Priorities:</p> <ul style="list-style-type: none"> • Cardiac Arrest Management: on page 63 of the version of the QA it states, "Whilst still delivering very safe and highly effective patient care, reports from the last year have shown a reduction in performance". However, this had been given a green progress rating due to the target being to reduce the number of serious Incidents relating to the management of cardiac arrest. • Maternity – this is carried forward as an improvement priority for 2022/23. • Reduction in the Volume of Patient Harm Incidents During Transportation (PTS): we note the small rise in overall incidents but taken against the overall volume of activity the number is very low and the proportion is decreasing, although Q4 figures were not available in QA version we were commenting on. We welcome the WMAS intention 'to continue to learn from incidents and to educate staff when particular trends emerge, with the target of reducing the trend of incidents of all severity'. • Learning from our Patients' Feedback. Last year Healthwatch Worcestershire particularly welcomed the introduction of the fourth Improvement Priority around patient feedback. The overall intention was to increase the responses and overall learning from patient surveys. We note that this was not achieved for technical reasons. Whilst this continues as a project for 2022/23 it is no longer an improvement priority. However, given the low response rates to patient surveys and the Friends and Family test and the importance of patient feedback in continuous improvement, we hope that the Trust will continue to focus on this and report back in the 2022/23 Quality Accounts. 	Comments noted with thanks
<p>Healthwatch Worcestershire recognises that the five identified improvement priorities for 2022/23 are likely to improve patient experience, safety and outcomes. However, there is a lack of detail around how the Trust will achieve its objectives and little in the way of measurable targets, therefore any progress will be subjective and difficult to evaluate.</p>	The priorities will be monitored throughout the year. Some of the priorities are developmental; and will entail the establishment of a workplan accompanied by a set of objectives for the year. This will be available within the in-year monitoring of the Quality Account.
<p>One of the major themes raised in the Patient Experience section of the QA was around timeliness of response, which mirrors the feedback received by HWW for both emergency and NHS 111 services. It is not clear that this has been addressed in the Improvement Priorities. Whilst we acknowledge that, particularly regarding the emergency response times there is a whole system issue, this has been addressed in the narrative but not in the improvement priorities. Although two of the proposed</p>	Comments noted with thanks. The timeliness of response will continue to be monitored through all existing routes; and will be improved wherever possible. As pointed out some of the priorities will directly impact upon response times and the delivery of care, but the whole system issues play a significant part in this too.

<p>improvement priorities for 2022/23 might well impact on the timeliness of response: Integrated Emergency and Urgent Care Clinical Governance and Utilisation of Alternative Pathways, this has not been linked in the QA.</p> <ul style="list-style-type: none"> • Maternity: the WMAS work plan in maternity care was a key priority in 2021/22, and the plan is to maintain this as an improvement priority in 2022/23. • Mental Health: HWW welcomes the focus on mental health and the recognition that a significant proportion of patients requiring urgent or emergency care have mental health needs. We note the appointment of a Head of Clinical Practice for Mental Health and the development and implementation of a workplan for mental health. • Integrated Emergency and Urgent Care Clinical Governance: We acknowledge that the ability to quickly and accurately assess patient needs and identify the best response is key to achieving the best patient outcome. However, there is little detail about how this will be achieved and no specific targets or measures against which progress can be assessed. • Utilisation of Alternative Pathways: we are aware that as part of providing an effective emergency service to those who need it, there is also a benefit in creating the appropriate links into other services for those patients who do not have immediately life and limb threatening illness and injury – the right response, to the right patients at the right time. It is also possible that this priority could have an impact on response times however there is very little detail as to how this will be achieved or progress monitored. We would suggest however that this is an area where patient input and feedback could be of great value. <p>Developing Our Role in Improving Public Health: whilst recognising that WMAS has an opportunity to support and improve public health through liaison with both patients and other healthcare providers, there is very little detail as to how this priority might be achieved and how progress will be evaluated</p>	<p>The priorities for the year reflect areas of work that can be developed and delivered to support and improve on our care to patients.</p> <p>Some of the priorities are developmental, and will entail the establishment of a workplan accompanied by a set of objectives for the year. This will be available within the in-year monitoring of the Quality Account.</p>
<p>Healthwatch Worcestershire's principal concern is that patients who live or work in Worcestershire receive safe and quality services from the Trust. We acknowledge that this has been another extraordinary and difficult year for NHS providers, with increased demand and system pressures continuing throughout the year We appreciate the challenges that the Trust have faced.</p>	<p>Comments noted with thanks</p>
<p>Comparing with the 2020/21 QA we note that there has been a deterioration in response times in all four categories in 2021/22. We are aware that this has occurred against a national background of deteriorating response times and that WMAS has continued to exceed the national average in all categories. Reviewing the Ambulance Quality Indicators we note that there has been a small deterioration against previous years, whilst on the whole performing well against national averages. However the application of the post resuscitation care bundle has declined year on year and is lower than the national average. In general it would be useful if there was some narrative around these indicators in the QA.</p>	<p>Comments noted with thanks</p>
<p>We note the preparations in progress for the provision of services to the Commonwealth Games during the summer 2022 and welcome the re assurance that this will not adversely affect other patient services</p>	<p>Comments noted with thanks</p>

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<p>We welcome the Trust's focus on Learning from Deaths and the approach that they have adopted that where deaths have occurred while in WMAS care, all instances will receive a case record review although not stipulated within the National Guidance for Ambulance Trusts.</p>	<p>Comments noted with thanks</p>
<p>In the section on Quality Priorities for 2022/23 there is a statement that: "In deciding our quality priorities for 2022/23 for improving patient experience, patient safety and clinical quality, we have reviewed outputs from discussions with stakeholders, engagement events, surveys, compliments, complaints and incident reporting. We regularly review all information available to us to identify trends and themes, this helps us to identify causes and priorities for improvement." There is no other evidence that patients and the public have been involved in the production of the Quality Account. We are not aware of the extent of patient engagement by WMAS in Worcestershire but would welcome any contact with the Public Governor representing the county.</p>	<p>Comments noted with thanks.</p> <p>We can provide assurance that the inputs stated are routine activities that occur and are reviewed throughout the year. We would be happy work with you to improve opportunities for engagement across the county, and will ensure our Council of Governors are aware of these comments.</p>
<p>Healthwatch Worcestershire is aware that a significant level of technical detail and content is required in the QA and this makes it difficult to present the Quality Account clearly for patients and the public. However, the document as presented is long, technically complex, repetitive and the language used is not always accessible for patients and the public. Perhaps the Trust could consider asking their patient group to review the QA template during the year to provide input on a clearer and more approachable format.</p> <p>We note the production of a Summary Quality Account for 2020/21 however we would also encourage the publication of an Easy Read version of the QA summary and potentially alternative languages. We understand that WMAS are not required to produce this, but a geographic breakdown of key performance indicators by Integrated Care System area would help the public understanding of the Trust's performance in their own local area.</p>	<p>We appreciate the difficulties in making this document suitable for the public arena, whilst meeting the statutory requirements.</p> <p>If resources allow, we will consider how we can change the format, content and layout of the document prior to the 2022-23 document being produced and would be happy to involve patient groups in this work.</p>

Comments Received Relating to 2022/23 Quality Account

- Comments from our Lead Commissioner, on behalf of all Associate Commissioners (received 19 may 2023)

On behalf of all NHS commissioners of the West Midlands region, I would like take the opportunity to thank all of our hard working WMAS employees for the commitment and passion to delivering a nationally leading and responsive 999 service. Despite the significant pressures and demands upon NHS urgent and emergency care services, WMAS continues to deliver a highly effective response to patients with the most clinically urgent needs. During 2023-23 the service has also taken fewer patients than ever to hospital, instead treating many patients in their own home or directing them to more appropriate alternative services, something that can only be good for patients and our NHS partners across the region. West Midlands commissioners continue to work progressively and in partnership with the ambulance service to secure additional investment, stabilise performance and positively transform the way the service operates to improve patient care.

Jason Evans

Deputy Director

West Midlands: Ambulance (999) and NHS 111 Commissioning Team
Chair - National Ambulance Commissioners Network (NACN)

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- Comments from Health, Overview and Scrutiny Committees

www.wmas.nhs.uk

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Received from Staffordshire County Council on 10 May 2023

The Staffordshire County Council's Health and Care Overview and Scrutiny Committee received an informative and useful session on the WMAS Quality Accounts. For future years we would urge the trust to provide meaningful data from a Staffordshire perspective so that we may draw in on what concerns our residents in Staffordshire. We would welcome a far more in depth view in Staffordshire, perhaps as an appendix to the main Quality Account.



Zach Simister | Scrutiny and Support Officer
Member and Democratic Services
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Received from Worcestershire County Council on 12 May 2023

The Worcestershire Health Overview and Scrutiny Committee (HOSC) welcomes receipt of the draft 2022-23 Quality Account for West Midlands Ambulance Service University NHS Foundation Trust and the engagement event provided. Members of the Committee have appreciated the support the Trust has given to the scrutiny process during the year. In particular the Trust has played a positive role in scrutiny of how health and social care organisations are working to try and improve patient flow, to help alleviate issues like ambulance hospital handover delays, which have been a huge concern to the Committee. The Members look forward to working with the Trust in the future. Through the routine work of HOSC, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire.

Councillor Brandon Clayton
Chairman of Worcestershire Health Overview and Scrutiny Committee

Emma James (Wednesday - Friday) / Jo Weston (Monday - Wednesday)

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➤ Comments from Healthwatch Organisations

Received 3 May 2023



Healthwatch Walsall's response to the Quality Account of the West Midlands Ambulance Service University NHS Foundation Trust 2022-23

Healthwatch Walsall welcomes the opportunity to comment on the Trust's Quality Account for 2022 - 2023. In framing our response, consideration has been given to four key parameters:

- **Does the quality account reflect people's real experiences?**
- **From the information we gather can we confirm that the Trust is doing the basic things well?**
- **Is it clear from the quality account that there is a learning culture within the Trust's organisation?**
- **Are the priorities as set out in the quality account challenging enough to drive it?**

Regrettably, this past year has seen the demands on NHS services reach unprecedented levels, peaking over an extremely difficult Winter period. In this respect, Healthwatch Walsall both recognises and appreciates the level of commitment by staff at the Trust in maintaining ambulance services throughout such challenging conditions.

In addition, it is pleasing to note that the WMAS University NHS Foundation Trust has in recent months undergone a CQC inspection and is currently rated as outstanding.

Service users typically measure their own experience of ambulance services by the quality of care they receive and the waiting times; whether it's response to calls, or handover delays at hospitals.

Historically, WMAS services in Walsall have been very good and consequently patient experience has generally been favourable.

Despite this, given the prevailing pressures within the system, achieving national standards has proved extremely difficult.

From an operational perspective, of the 4 categories of call, the Trust has only been able to attain the 90th centile category 1 target for people with life-threatening illnesses. It is hoped

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that this next operational year will yield a better performance against all the quality indicators, despite the ongoing difficulties experienced.

In reviewing the Trust's progress against the 2022 -23 priorities it appears that generally, plans are in place to facilitate ongoing objectives.

Indeed, the 2022-23 priorities of Maternity, Mental Health, Integrated Emergency & Urgent Care Clinical Governance, Use of Alternative Pathways and Developing Our Role in Public Health are also the same priorities for 2023 - 2024.

However, it is noted that the Trust confirms that the delivery plan for Mental Health is subject to funding from ICB's and therefore this is a concern for service users given that the **current** dashboard still has some actions to be completed in this specific area.

When considering patient safety and safeguarding, not all the data for the year 2022-23 was available at the time of writing. However, trends indicate that the major source of harm to patients correlates directly to delayed ambulance responses and delays in handovers at hospitals. Hopefully, as pressures ease within the system, then the Trust can seek to reduce such occurrences.

It is good that the Trust acknowledges the necessity to learn from past incidents as an open and transparent organisation and at the same time promotes a culture of high incident reporting.

Regrettably, safeguarding referrals at 41175, (adults), and 15301, (children), are both increased over 2021-22 by 8.2% and 1.3% respectively. Once again, handover delays are cited as the prime contributor affecting vulnerable patients. It is noted that WMAS continues to take actions to reduce these referrals and it is encouraging to see that all Paramedics are now trained to level 3 in safeguarding.

Looking at patient experience, complaints at 627 were increased over the previous year's figure of 505.

This is an increase of circa 24%. Not surprisingly key themes were timelines, conduct of professionals and the loss/damage of personal belongings. The Trust has a robust policy of investigating complaints and of those raised, 205 were upheld & 153 part upheld. It is helpful to see that the complaints process is used positively by the Trust to better inform future service provision.

The friends and family test is accessible to patients via the Trust's website. Of those completed surveys received regarding the patient transport service, the majority confirmed that service users thought their experience was either good or very good.

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In addition, the Trust received 2472 positive compliments compared to 2070 for the previous year, a 19% increase.

The Trust is compliant with the National Guidance for Ambulance Trusts on Learning from Deaths Framework. To support this guidance a full-time patient safety officer has now been recruited.

Unfortunately, there has been an increase during 2022-23 in the number of deaths which were considered more likely than not attributable to the care provided to the patient.

Of 812 deaths, some 256, (31.52%) were deemed to be due to problems in care. This is more than triple compared to 2021-22 where the numbers were 77 of 788 deaths, (9.89%). Again, the Trust has a culture of learning from the Serious Incident process and works to identify root causes to avoid reoccurrence.

Under the Workforce Race Equality Standard, it is hoped that in 2023 - 24 the Trust can work to alleviate some of the negativity surrounding attitudes to staff, both internally and externally.

Some employees, (responding to the NHS survey), experienced harassment, bullying and abuse. This was noticeably higher and increased for ethnic groups.

Approximately a quarter of respondents reported negatively re internal incidents and around 40% for incidents from patients, relatives, and members of the public:(the number of staff respondents were: circa 2500, white & circa 170, ethnic).

The latter figure concerning harassment, bullying and abuse from the public is a worrying statistic and the safety of staff must continue to be paramount in the Trust's thinking. The new NHS National Wellbeing Framework was launched in 2022 and it is positive to see that the Trust is investing heavily in its People strategy to improve the health and wellbeing of all its employees including several varied initiatives.

It is evident that the Trust is seeking to ensure that patient experience is adequately reflected in its service provision planning.

Patient safety and improved clinical outcomes are imbedded within strategic objectives. However, it would be helpful if public engagement plans were shared in greater detail, both publicly, (using easy read communications) and with strategic partners, considering the importance of service user feedback.

WMAS continues to work towards achieving national targets, however delays in handover are critical to patient outcomes. The Trust's priority objective for greater utilisation and understanding of alternative pathways is extremely important in helping to ensure that

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hospital delays are minimised as much as possible. By working closely with other service providers at local levels, patients not in urgent need of treatment can potentially access services other than hospitals and therefore reduce pressures in this area.

Finally, Healthwatch Walsall congratulates the Trust in successfully facilitating services to the recent Commonwealth Games. Many years of planning went into providing medical cover for the Games which was safely enjoyed by competitors and spectators alike.

Healthwatch Walsall
May 2023

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Statement from the Council of Governors, Received May 2023

I would like to begin this statement by acknowledging the amazing efforts that have been made by all at West Midlands Ambulance Service. The pressures on N.H.S organisations continue to rise year on year, however, the staff, volunteers and students at the Trust have and continue to show great resilience and commitment to their work and to the patients that they care for.

The Trust has worked hard to ensure that staff continue to be supported through a number of Health and Wellbeing initiatives. This has included the introduction of Mental Health Practitioners, training courses, health and wellbeing champions that cover a whole variety of specialist areas, as well as health and wellbeing roadshows to name but a few. The health and wellbeing of staff is of paramount importance to the Trust.

It would be impossible within this short statement to highlight all of the excellent work that has been carried out to such a high standard throughout the organisation. However, I would like to mention the success of the Commonwealth Games. Birmingham was chosen to host the games during the summer of 2022 with West Midlands Ambulance Service providing the medical cover throughout the duration of the event. The years of hard work and planning really did shine through and the games were hugely successful and were safely enjoyed by all that attending.

The Trust has also successfully introduced Ambulance Discharge Area in a number of hospitals xxxxx

The Trust has continued to host all of its Council of Governors meetings and has ensured that the Council has been equipped with the skills and knowledge that we need to undertake our roles through development days and various other opportunities. Governors have continued to receive in-depth briefings from the Chief Executive Officer and Chairman, as well as presentations from other members of staff within the organisation. In turn, we Governors have been able to ask our own questions, whether this is during our Council of Governor meetings or via other means. All of which continue to be answered and within in a timely manner. The Trust has most certainly strived to ensure that this full governorship has continued during such difficult times, something again they should be proud of.

This year the Trust welcomed Non-Executive Director, Julie Jasper to the Board, taking up her role on the in October 2022, following a competitive interview process lead by the Governors. The Governors were also involved in a second interview process during the start of 2023, appointing Professor Alex Hopkins to also join the Non -Executive Directors. I'm pleased to announce that Professor Hopkins will take up her role on 1st April 2023.

The Council of Governors welcome the Trust priorities for 2023/24 and look forward to hearing how these develop over the year. Once again, I on behalf of the Council of Governors would like to thank all the staff within WMAS. You have accomplished so many achievements under such immense pressures.

Eileen Cox, Lead Governor and Public Governor - Staffordshire.
May 2023

Annex 2 - Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20, as per guidance for the 2022/23 report
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2022 to March 2023
 - papers relating to quality reported to the Board over the period April 2022 to March 2023
 - feedback from commissioners dated 19 May 2023
 - feedback from governors dated May 2023
 - feedback from local Healthwatch organisations dated May 2023
 - feedback from Overview and Scrutiny Committee dated from April to June 2023
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 31 May 2023.
 - the [latest] national staff survey published March 2023
 - the Head of Internal Audit's annual opinion of the Trust's control environment. This was discussed and agreed at the Trust's Audit Committee in May 2022, attended by Internal and External Auditors.
 - CQC inspection reports dated 22/08/2019; and 15/03/2023
- ⌚ the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- ⌚ the performance information reported in the Quality Report is reliable and accurate
- ⌚ there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- ⌚ the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- ⌚ the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Professor Ian Cumming
Chairman
Date: 31 May 2023

Professor Anthony Marsh
Chief Executive
Date: 31 May 2023

Annex 3: The External Audit Limited Assurance Report

There is no national requirement for NHS trusts or NHS foundation trusts to obtain external auditor assurance on the quality account or quality report, with the latter no longer prepared. Any NHS trust or NHS foundation trust may choose to locally commission assurance over the quality account; this is a matter for local discussion between the Trust (or governors for an NHS foundation trust) and its auditor. For quality accounts approval from within the Trust's own governance procedures is sufficient.

WMAS' Audit Committee is an established sub committee of the Board of Directors, which is attended by the Trust's external auditors. Each year, the Quality Account is presented to this committee for review. This process will take place as part of the review and approval process prior to publication.

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 07d

MONTH: MAY 2023

PAPER NUMBER: 06d

Departmental Annual Reports	
Sponsoring Director	Paramedic Practice & Patient Safety Director Interim Organisational Assurance & Clinical Director
Author(s)/Presenter	Heads of Departments
Purpose	To present the draft corporate Annual Reports for review and approval Copies of all Annual Reports are available upon request to the Head of Strategic Planning
Previously Considered by	Where appropriate, the reports have been agreed by: <ul style="list-style-type: none"> • Medicines Management Group (MMG) • Clinical Audit & Research Programme Group (CARPG) • Learning Review Group (LRG) • Health, Safety Risk and Environment Group (HSRE) • Professional Standards Group (PSG) • Operational Management Team (OMT)
Reports Approved By	Quality Governance Committee
Executive Summary	
<p>The leads of key corporate functions have produced the following reports to cover a summary of activities and achievements during 2022/23 and an overview of priority work areas for 2023/24.</p> <p>The following reflects the groups and committees where each report has been reviewed and approved.</p> <ol style="list-style-type: none"> 1. Controlled Drugs and Medicines Management (Approved by PSG and QGC) 2. Infection Prevention & Control (Approved by HSRE and QGC) 3. Maternity (Circulated to PSG by email for approval by 26/05/2023, approval at QGC subject to PSG comments) 4. Patient Experience (Agreed at LRG and Approved by PSG and QGC) 5. Safeguarding, including Prevent (Agreed at LRG and Approved QGC) 6. Making Every Contact Count (Circulated to PSG by email for approval by 26/05/2023, approval at QGC subject to PSG comments) 7. Security Management (Approved by HSRE and QGC) 8. Health & Safety (Approved by HSRE and QGC) 9. Patient Safety (Agreed at LRG and Approved by PSG and QGC) 10. Clinical Audit (Agreed at CARPG and Approved by PSG) 	

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11. Research (Agreed at CARPG and Approved by PSG and QGC)
12. Learning From Deaths (Agreed at LRG and Approved by QGC)

We have continued to use a standardised template for most of these reports with the same structured content. This means that whilst they remain standalone documents, if viewed together, they will have the same corporate branding and layout, supporting ease of reference. All of the above reports will be shared with members of the Board of Directors for review. Once approved, they will be published on the Trust’s website, supporting the Quality Account.

Copies of all Annual Reports are available upon request to Pippa Wall, The Head of Strategic Planning.

The following reports are in development:

- Emergency Preparedness (To be approved at OMT and subsequently approved by EMB)
- The Data Security and Protection Toolkit Annual Report will be completed following the DSPT national submission in June 2023.
- The Equality and Diversity Annual Report will be published in July 2023.

Related Trust Objectives To meeting which of the Trust’s objectives does the proposal contribute:	Please tick relevant objective
SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients)	ü
SO2 – A great place to work for all (Creating the best environment for all staff to flourish)	ü
SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control)	ü
SO4 - Innovation and Transformation (Developing the best technology and services to support patient care)	ü
SO 5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care)	ü
Relevant Trust Value	Excellence <input checked="" type="checkbox"/> Integrity <input checked="" type="checkbox"/>
	Compassion <input checked="" type="checkbox"/> Inclusivity <input checked="" type="checkbox"/>
	Accountability <input checked="" type="checkbox"/>
Risk and Assurance	Failure to achieve key departmental objectives may adversely affect significant risk 3 (Quality Compliance)

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Legal implications/ regulatory requirements	Some of the reports (for example Infection Prevention and Control, Medicines Management and Safeguarding are statutory functions within all Trusts
Financial Implications	Any financial implications arising from individual priorities will be identified and reported through appropriate committees
Workforce & Training Implications	None directly identified
Communications Issues	The departmental Annual Reports will be available to the public through the Trust's website alongside the Quality Account
Diversity & Inclusivity Implications	The Diversity and Inclusion Annual Report will incorporate all related implications
Quality Impact Assessment	Not required
Data Quality	All data contained within the reports have been provided and validated by the leads and Director for each area. All Trust data is subject to internal audit and checking processes.

Action required

Members are asked to review and approve the draft documents, noting their approval at other Trust groups and committees. Once approved they will be made available on this Trust's public website, supporting the Quality Account.

**WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 07e MONTH: May 2023 PAPER NUMBER: 06e

Board Assurance Framework	
Sponsoring Director	Interim Organisational Assurance & Clinical Director
Author	Matt Brown, Head of Risk
Purpose	<p>The Board Assurance framework has been revised into a new format considering Auditor's recommendations.</p> <p>The Committee is asked to note the risks and the actions and mitigations to control and reduce those risks</p>
Previously Considered by	Various Trust Committees
Report Approved By	Interim Organisational Assurance & Clinical Director
<p>Executive Summary</p> <p>The board assurance framework (BAF) brings together in one place all of the relevant risk assessment information on the threats to the achievement of the board's strategic objectives. The effective application of board assurance arrangements and continued sight of the BAF will assist management and the board to collectively consider the process of securing assurance and promoting good organisational governance and accountability.</p> <p>Changes to the BAF since the last Board review are below – requests/reminders for review have gone to Owners;</p> <p>Strategic Objective 1 –</p> <ul style="list-style-type: none"> • SR-001 - Failure to achieve Operational Performance Standards • ORG-003 - Failure to complete Serious Incident (SI) Investigations within timescales resulting in reduced learning, complaints, litigation delay of update to CCG and potential further patient safety concerns • ORG-130 - Failure to complete the closure process on Patient Safety ER54's resulting in possible failure to manage incidents appropriately and delaying learning by failure to implement possible actions • ORG-140 - Failure to complete the closure process on Patient Safety ER54's resulting in possible failure to manage incidents appropriately and delaying learning by failure to implement possible actions • EOC-003 – Clinical validation for Cat 3 and Cat 4 incidents • EOC-022 - Clinical validation for Cat 2 999 Calls impacting patient safety and performance • EOC-023 - Failed clinical contacts within IEUC resulting in delay to adequate treatment, patient deterioration, non-compliance with policy and potential litigation/complaints • EOC-027 - Consideration for Category 2 IEUC Closing Instructions impacting patient safety, performance and staff wellbeing • EP-021 - Impact of industrial action and inability to maintain service with reduced 	

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resourcing, resulting in delay and resourcing issues

- **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
- **PTS-041**- Shortage of staff in all NEOCs because of unfilled vacancies and a freeze on recruitment leading to risk to performance, workload, patient delay and possible harm
- **ORG-056** - Continuity of Business as a result of global supply chain issues, resulting in the inability to source supplies, increase in costs and the impact on patient care and meeting regulatory requirements

Strategic Objective 2 –

No changes to Risks

Strategic Objective 3 –

No changes to Risks – In discussion with Finance regarding updates

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 from Director of Finance**

ORG-083 - Investment in digital capability for ambulance services often benefits from a regional approach – **Awaiting update from Director of Finance**

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.

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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	

Strategic Objective 1 :Safety, Quality and Excellence
Lead Director: Diane Scott

Strategic Objective	Risk Title	Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood)	Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood)	Target Risk score <i>(if deemed appropriate upon Board review)</i>
1: Safety, Quality and Excellence	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	5x5=25	5x4=20	5x3=15
	HS-012 - Risk of staff suffering serious injury because of stab / ballistic weapons	5x3=15	5x2=10	5x2=10
	EP-027 – Risks associated with Terrorist Threats	5x3=15	5x2=10	5x2=10
	ORG-003 – Failure to complete SI investigations within timescales	4x4=16	4x3=12	4x2=8
	IPC-035 -Risks associated with bird/vermin droppings on Trust sites	4X4=16	4X3=12	4X1=4
	EOC – 016 - Stacking of incidents at times of high demand	5x5=25	5x4 = 20	5x3=15
	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
	EOC-003 – Clinical Validation of CAT 3 and Cat 4 Calls	4x3 = 12	4x2 = 8	4x2 = 8
	EOC-022 - Clinical validation for Cat 2 999 Calls impacting patient safety and performance	5X3=15	5X2=10	5X2=10
	EOC-023 - Failed clinical contacts within IEUC resulting in delay to adequate treatment, patient deterioration, non-compliance with policy and potential litigation/complaints	5X2 = 10	5X2=10	5X2=10
	EOC-027 - Consideration for Category	5X2=10	5X2=10	5X2=10

Lead Committee	Quality Governance Committee
Last Reviewed	April 2023
Reviewed Risks	
EP-021 - Impact of industrial action and inability to maintain service with reduced resourcing, resulting in delay and resourcing issues.	
SR-001 - Failure to achieve Operational Performance Standards	
ORG-003 - Failure to complete Serious Incident (SI) Investigations within timescales resulting in reduced learning, complaints, litigation delay of update to CCG and potential further patient safety concerns.	
PTS-041 - Shortage of staff in all NEOCs as a result of unfilled vacancies and a freeze on recruitment leading to risk to performance, workload, patient delay and possible harm,	
ORG-056 - Continuity of Business as a result of global supply chain issues, resulting in the inability to source supplies, increase in costs and the impact on patient care and meeting regulatory requirements – <i>Risk reduced and removed from BAF.</i>	
ORG-140 - Impact of the removal of overtime availability on abstractions, performance, quality and achievement of mandatory workstreams resulting in failure of specific targets.	
EOC-003 - Clinical validation for Cat 3 and Cat 4 incidents – <i>Risk reduced.</i>	
EOC-022 - Clinical validation for Cat 2 999 Calls impacting patient safety and performance – <i>Risk reduced.</i>	
EOC-023 - Failed clinical contacts within IEUC resulting	

	2 IEUC Closing Instructions impacting patient safety, performance, and staff wellbeing.			
	ORG-029 - Risk of failure of Corporate IT or IT Telecommunications System due to Cyber Terrorism	4X4=16	4X3=12	4X2=8
	ORG-102 - Patients held on the back of an Ambulance awaiting hospital handover for prolonged periods resulting in harm and potential litigation and adverse publicity	5X3=20	5X2=10	5X1=5
	ORG-116 - Risks associated with undertaking Resus training online	4X3=12	4X3=12	4X2=8
	ORG-125 - Inability to procure supplies, medicines and Clinical consumables resulting in out-of-date items, patient harm and possible litigation	4X3=12	4X2=8	4X2=8
	ORG-126 - Failure to contact patient once clinical audit has identified inappropriate advice, resulting in patient harm, claims, adverse publicity, financial consequence, and possible regulatory concerns	4X5=20	4X4=16	4X3=12
	HARTOD11 - Marauding Terrorist Attack Deployment	5x4=20	5x2=10	5x2=10
	HARTODNB1 – CBRN Attack Deployment	5x4=20	4x2=8	4x2=8
	BCM-015 - Interruption of Business Continuity as a result of failing to assess and plan accordingly, resulting in a loss of multiple WMAS sites and potential inability to run business as usual for Trust functions.	5x4=20	3x4=12	3x4=12
	EP-021 - Impact of industrial action and inability to maintain service with reduced resourcing, resulting in delay and resourcing issues	5x4=20	5x3=15	5x3=15
	ORG-130 - Failure to complete the closure process on Patient Safety ER54's resulting in possible failure to manage incidents appropriately and delaying learning by failure to implement possible actions.	4x3=12	4x2=8	4x2=8
	ORG-140 - Impact of the removal of overtime availability on abstractions, performance, quality and achievement of mandatory workstreams resulting in failure of specific targets.	5X4=20	4X4=16	4X3=12

<p>in delay to adequate treatment, patient deterioration, non-compliance with policy and potential litigation/complaints – <i>risk reduced</i>.</p> <p>EOC-027 - Consideration for Category 2 IEUC Closing Instructions impacting patient safety, performance, and staff wellbeing. – <i>risk reduced</i></p> <p>ORG-130 - Failure to complete the closure process on Patient Safety ER54's resulting in possible failure to manage incidents appropriately and delaying learning by failure to implement possible actions.</p> <p>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.</p>

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 <i>What might happen if the risk materialises</i>	Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood)	Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood)	Target Risk score (if deemed appropriate upon Board review)
Principal Risks					

Lead Committee	People Committee
Last Reviewed	June 2022 (EMB)
Reviewed Risk	

Strategic Objective 3 :Effective Planning and use of resources

Lead Director: Karen Rutter

Strategic Objective	3: Effective planning and use of resources	Risk Description <i>What might happen if the risk materialises</i>	Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood)	Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood)	Target Risk score (if deemed appropriate upon Board review)
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-020 - The change in planning and commissioning of services on a national basis, particularly with reference to STPs, could destabilise the Trust's current business model.		4X4=16	4x3=12	4x3=12
	FI-022 - Implementation of the IFRS 16 standard for leasing of assets		3X4=12	3X3=9	3X3=9
	FI-026 - The new nationally agreed pay award is not fully funded for the Trust		5X4 = 20	5X3=15	5X3=15
	FI-008 - Adequate procurement controls are not in place for Tenders, Waivers and SFI and SO compliance		4x3 = 12	4x2 = 8	4x2 = 8

Lead Committee	Performance Committee
Last Reviewed	November 2022
Reviewed Risk	

Strategic Objective 4 :Innovation and Transformation

Lead Director: Craig Cooke

Strategic Objective	4: Innovation and Transformation	Risk Description <i>What might happen if the risk materialises</i>	Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood)	Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood)	Target Risk score (if deemed appropriate upon Board review)

Lead Committee	Quality Governance Committee
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Principal Risk	ORG-088 - Devolution of resources to place and PCN level, for example around transformation funds and how the ambulance trusts engage (220 PCNs across the Midlands region)	4x3 =12	4x2 = 8	4x1 = 4	Last Reviewed	October 2022 – Discussion with Director
	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	Reviewed Risks	Awaiting update on whether ORG-088 and ORG-083 are still required
	ORG-087 – Proposed changes to Urgent and Emergency Care Quality and Access Standards will result in new set of measurement metrics	4X3=12	4X2=8	4X1=4		
	ORG-016 - End of Life IT Systems	4X4=16	4X3=12	4X2=8		

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

Strategic Objective		Risk Description <i>What might happen if the risk materialises</i>	Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood)	Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood)	Target Risk score <i>(if deemed appropriate upon Board review)</i>	Lead Committee	
5: Collaboration and Engagement						People Committee	
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	Last Reviewed	October 2022 – Discussion with Director	
	ORG-087 - Proposed changes to Urgent and Emergency Care Quality and Access Standards	5X3 = 15	5X2 = 10	5X2 = 10	Reviewed Risks	Awaiting update on whether ORG-084 is still required	

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

	Risk Description <i>What might happen if the risk materialises</i>	Assurance <i>Evidence that the controls are effectively implemented</i>	Gaps in Assurance	<i>Mitigating Actions</i>	Board Review – Tolerance and Appetite	Action Required (with timescale to complete) <i>Gaps in Controls or Assurance</i>
EP-021	Impact of industrial action and inability to maintain service with reduced resourcing, resulting in delay and resourcing issues	As of 26th April 2023, all recognised Unions are balloting their members on the Governments pay offer. Final ballot closes on 28th April 2023 with NHS Staff council to decide on whether to accept or refuse offer on 2nd May. It is expected that if the offer is refused the Ambulance unions will begin a renewed series of industrial action and may well take a harder line on derogation's etc. As of 26 th April, the next planned industrial action is Tuesday 2nd May, which includes UNITE. All updates will be monitored, and assessment updated following and decision which impact Staff and Patients.	It is expected that if the offer is refused the Ambulance unions will begin a renewed series of industrial action and may well take a harder line on derogation's etc.	As per RA	Identify and agree any actions	Continue to monitor
SR-001	Failure to achieve Operational Performance Standards	The risks will be identified and managed through the specific risk assessments which relate to each area. These are escalated via relevant group/committee and via the BAF is required.	The Trust continues to see hospital hand over delays and patients waiting exceeding pre-COVID levels, which remain a significant risk to performance. EMB recently requested a review of the risk score of the 25 graded risks to determine whether they could be reduced, however, there was no evidence to suggest that a reduction was suitable. The 111-contract was taken over by DHU from 1st March 2023 which has resulted in several staff being TUPED over and the Trust reverting to emergency calls only. Whilst this will seem to have a positive impact on performance, it may take some time for this to be realised. From April 2023 it has been announced that there will be a cessation of all Overtime across the Trust due to the cost saving which must be made (circa £19 Million). An initial risk assessment has been drafted to include risks for each area, which has highlighted several concerns to performance. The RA will be reviewed by EMB on 4th April to determine risk score and further action.	As per RA and associated actions	Identify and agree any actions	Continue to monitor
ORG-003	Failure to complete Serious Incident (SI) Investigations within timescales resulting in	There are currently 76 investigations sitting with WMAS. 0 SI's are currently over the time frame.	Although the current figures are positive there continues to be a risk of High work volumes. Because of the recent cessation of overtime	As per RA and associated actions	Identify and agree any actions	Agree reduction of risk score

	<p>reduced learning, complaints, litigation delay of update to CCG and potential further patient safety concerns</p>	<p>65 SI's were reviewed for closure during March, with 4 being reviewed so far during April. These are now either going through or awaiting further review at SIRG.</p> <p>6 SI's are currently awaiting review prior to closure request.</p> <p>The Lead ICB reviewed and closed 28 SI's during February, and 37 during March.</p> <p>Serious Incident Review Group meetings continue to be arranged, to review SI's.</p> <p>The total for 2022/23 was 453 (203 solely related to delayed responses. Clinical themes: management of choking, management of cardiac arrest, inappropriate discharge).</p> <p>For the same period in 2021/22 there were 204 SI's reported.</p> <p>523 potential SIs have been reviewed since 01.04.22.</p> <p>5 cases currently sit in the potential SI files. 0 are currently awaiting director response. 0 need registering on StEIS as SI's. 0 have been reviewed and all are awaiting more information (call audits/patient outcome).</p> <p>All SI's have been allocated to an IO.</p> <p>The EOC delayed response SI's have been registered on StEIS and have been allocated an Investigation Officer to undertake DoC. There are ongoing thematic reviews 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 was agreed with and continues to have the support of the CCG. Discussions are taking place with the CCG to attempt to streamline the process of the thematic reviews further. This is with the aim to obtain maximum efficiency whilst still adhering to the Serious Incident Framework 2015. A meeting took place on 20th March 2023 where an agreement was reached. The Lead ICB will liaise with the Trust and create a new process for the management of the delayed ambulance response thematic reviews. This process will then be submitted as part of the governance arrangements for both the Lead ICB and The Trust prior to implementation.</p> <p>The second thematic review for delayed response to STEMI patients has started with 9 currently sitting within this investigation. The previous STEMI thematic totalled 16 cases.</p>	<p>combined with staff returning to Operations will lead to slippage on RCA dates, timely completion of SI's and timely review and closure of SI's.</p> <p>Following a meeting on Friday 4th October 2022, the ICB have requested a copy of the business case. Pir Shah (Regional Clinical Lead, for NHS England for Integrated Urgent & Emergency Care) states that he would like to review the case with a view to speaking with associate commissioners, asking for further funding. The business case has now been forwarded. Confirmation has now been received that no further funding is available.</p>			
<p>PTS-041</p>	<p>Shortage of staff in all NEOCs as a result of unfilled vacancies and a freeze on recruitment</p>	<p>PTS operates through four separate NEOCs based across the region, in Coventry, Frankley, Tollgate and Warrington</p>	<p>There are significant staffing issues within each of these, which has been caused by various issues such as, difficulties in recruiting, better</p>	<p>As per RA and associated actions</p>	<p>Identify and agree any actions</p>	<p>Continue to monitor</p>

	leading to risk to performance, workload, patient delay and possible harm,		conditions in other roles and now a freeze on recruitment.			
ORG-056	Continuity of Business as a result of global supply chain issues, resulting in the inability to source supplies, increase in costs and the impact on patient care and meeting regulatory requirements	Extensive workstreams have been implemented since the last review including a robust policy for all staff to follow - "Management of Drugs, POMs, Uniform, Medical Equipment and Supplies Shortages Policy" which has improved the issues identified within the risk. Weekly stock figures for Central Stores are reported to Operational Director and Consultant Paramedic for assurance, who can intervene and provide details of any alternatives where required, to communicate for frontline ops, and added to weekly brief. Given the reduction of issues and insignificance of shortages, this risk has been reduced.	N/A	As per RA and associated actions	Identify and agree any actions	Agree to reduce and remove from BAF
EOC-003	Clinical validation for Cat 3 and Cat 4 incidents	Risk reviewed and likelihood reduced based on reduction of cases and an initial belief that the risk impact would be greater than realised.	Actions extended and a further action created to review against the updated position to ensure mitigating actions remain relevant or need updating to manage and reduce risk greater.	As per RA and associated actions	Identify and agree any actions	Agree risk score reduction
EOC-022	Clinical validation for Cat 2 999 Calls impacting patient safety and performance	Patient Safety have reviewed all cases in relation to this risk and suggest the likelihood is reduced to possible. There is however a concern around C2 CVT and a possible delay when resources are available. The team will continue to monitor and report when required. IEUC review have strengthened existing controls, added an additional control regarding potential update to how C2 calls are validated, discussed at SMT but no action as yet. Risk score reduced as suggested by Patient Safety team on the basis that incidents have not been likely.	N/A	As per RA and associated actions	Identify and agree any actions	Agree risk score reduction
EOC-023	Failed clinical contacts within IEUC resulting in delay to adequate treatment, patient deterioration, non-compliance with policy and potential litigation/complaints	All evidence reviewed including Trend reports and SI's and no issues have been identified therefore the reviewing team have agreed that the Likelihood can reduce. However, the action will remain that all evidence is continually reviewed and if cases occur, then an immediate review will be initiated.	N/A	As per RA and associated actions	Identify and agree any actions	Agree risk score reduction
EOC-027	Consideration for Category 2 IEUC Closing Instructions impacting patient safety, performance and staff wellbeing	All evidence reviewed including Trend reports and SI's and no issues have been identified therefore the reviewing team have agreed that the Likelihood can reduce. However, the action will remain that all evidence is continually reviewed and if cases occur, then an immediate review will be initiated.	N/A	As per RA and associated actions	Identify and agree any actions	Agree risk score reduction
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	Risk assessment reviewed as part of discussion at HSREG in March regarding COVID-19 Risks.	Risk Assessment forwarded to IEUC Director to determine actions – which will include change of title and appropriate evidence regarding surge enactment and demand impacts.	As per RA and associated actions	Identify and agree any actions	Continue to monitor
ORG-130	Failure to complete the closure process on	Review completed as part of Task and Finish Group to determine where forms could be closed and where further review and action was	N/A	As per RA and associated	Identify and agree	Continue to

	Patient Safety ER54's resulting in possible failure to manage incidents appropriately and delaying learning by failure to implement possible actions	required. The review initiated an Action plan for Paramedic Practice & Patient Safety Director, to implement recommendations, which are in hand. Additional controls completed and a number added as part of the Recommendations. Risk will be reviewed at the end of May with view to archive if all relevant actions completed.		actions	any actions	monitor
ORG-140	Impact of the removal of overtime availability on abstractions, performance, quality and achievement of mandatory workstreams resulting in failure of specific targets.	Recent discussions at Board and EMB have identified that a financial plan for 2023/24 was currently predicated on presenting a draft budget with a forecast deficit of £63m.	The deficit was primarily arising from the impact of reductions in income for Covid, the challenge of matching income lost due to cessation of the 111 contracts with equivalent reductions in costs, and a range of inflationary costs pressures. Work was required to reduce the deficit and EMB would allocate time to addressing the financial plan for 2023/24. One of the actions advised is a blanket removal of all overtime across the Organisation in a bid to recoup costs and ensure that moving forward, this does not continue to impact the Trust financially. However, it is believed that due to increasing and ongoing demands because of COVID-19, hospital delays, operational pressures and workloads in other areas of the organisation, this may have a detrimental impact on the quality and achievement of key workstreams, which in fact rely on overtime to be completed	As per RA and associated actions	Identify and agree any actions	Continue to monitor

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

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

Strategic Objective 3 :Effective Planning and use of resources
Lead Director: Paul Jarvis

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

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Strategic Objective 4 : Innovation and Transformation
Lead Director: Mark Docherty

	Risk Description <i>What might happen if the risk materialises</i>	Assurance <i>Evidence that the controls are effectively implemented</i>	Gaps in Assurance	Mitigating Actions	Board Review – Tolerance and Appetite	Action Required (with timescale to complete) <i>Gaps in Controls or Assurance</i>
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)	None given – still awaiting update	Awaiting update from Strategy and Engagement Director			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.	None given – still awaiting update	Awaiting update from Strategy and Engagement Director			N/A

Strategic Objective 5 : Collaboration and Engagement
Lead Director: Carla Beechey

	Risk Description <i>What might happen if the risk materialises</i>	Assurance <i>Evidence that the controls are effectively implemented</i>	Gaps in Assurance	Mitigating Actions	Board Review – Tolerance and Appetite	Action Required (with timescale to complete) <i>Gaps in Controls or Assurance</i>
ORG-084	The opportunity for “collective accountability” on performance could be helpful in addressing issues - how this would work though is ill defined	None given – still awaiting update	Awaiting update from Strategy and Engagement Director			N/A

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08

MONTH: MAY 2023

PAPER NUMBER: 07a

Freedom To Speak Up Update	
Sponsoring Director	Vivek Khashu, Strategy and Engagement Director
Author(s)/Presenter	Pippa Wall, Head of Strategic Planning, FTSU Guardian
Purpose	To provide an update on the action plans and associated documents that have been developed in response to the National Guardian's Office Speak Up Review of the Ambulance Sector
Previously Considered by	Board of Directors March 2023 Board Briefing and National Guardian attendance and seminar – 10 May 2023
Report Approved By	Strategy and Engagement Director
Executive Summary	
<p>This paper provides an update in respect of workstreams to support the development of Freedom to Speak Up within the Trust. Since the last Board Meeting in March 2023, the following has taken place:</p> <p>Updates to Strategy</p> <p>As part of ongoing collaboration with NHS England, since the approval of the updated FTSU Strategy by the Board of Directors in January 2023, the following suggestions have been received from NHS England:</p> <ul style="list-style-type: none"> - A note to cover the work the Trust is carrying out to ensure all leaders will have the knowledge and understand the skills required to handle FTSU issues effectively - How experiences of detriment will be measured and also how the Trust will check it is improving over time - Some data measures. ie increased numbers of staff speaking up in hotspot areas or in areas with targeted communications via Ambassadors - Planned training for all leaders/managers. <p>Updates to Action Plans</p> <ul style="list-style-type: none"> - The action plans that were presented at the March meeting of the Board of Directors has been updated to reflect progress to date and work planned within the next quarter. This takes account of the comments received from NHS England in respect of the Strategy <p>Business Case</p> <p>Following the National Guardian's Office review, a business case has been produced to reflect the requirement to increase the capacity of the Guardian by one whole time equivalent, whilst retaining and expanding the network of Ambassadors. This business case will be received by the Executive Management Board on 30 May 2023.</p> <p>Reflection and Planning Tool</p> <p>To support the Trust's improvement journey, the Board of Directors invited the National Guardian's Office and NHS England to carry out a development session. This interactive session took place</p>	

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on 10 May 2023 and enabled discussion on matters including perceived barriers to speaking up, managing conflicts and opportunities for improvement within WMAS. The outcomes from the session will be reflected in the Trust's Reflection and Planning tool which will be presented at the meeting of the Board of Directors in October 2023, this is consistent with the requirement for Boards to receive by 31 January 2024:

- Results of the Trust's assessment of its FTSU arrangements against the revised guidance.
- Assurance that the Trust is on track with its FTSU improvement plan.

Related Trust Objectives To meeting which of the Trust's objectives does the proposal contribute:	Please tick relevant objective
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)	✓
Relevant Trust Value	Excellence <input checked="" type="checkbox"/> Integrity <input checked="" type="checkbox"/>
	Compassion <input checked="" type="checkbox"/> Inclusivity <input checked="" type="checkbox"/>
	Accountability <input checked="" type="checkbox"/>
Risk and Assurance	The actions and communications contained within the documents referred to, comprise the Trust's response to the recommendations by the National Guardian's Office, thereby reducing risk and building assurance that the service provided to staff is compliant with best practice and incorporates recommendations for further development
Legal implications/ regulatory requirements	The Trust's arrangements for Freedom to Speak Up form part of any regulatory inspection. The involvement of NHS England in the development of our action plans and supporting documents provides assurance of the quality and compliance of our arrangements for future inspections.
Financial Implications	The Business Case that has been prepared following the National Guardian's Office Review seeks funding for 1 whole time equivalent Guardian
Workforce & Training Implications	The FTSU arrangements are built upon the expanding network of Ambassadors, who require time for development sessions (meetings are arranged each quarter), and flexibility to support staff and attend promotional events locally, where required.
	The National Guardian's Office online training content has been incorporated into the Trust's Learning Portal, and the approach

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	to disseminating the training requirements among staff, student and volunteer groups has been agreed and published.
Communications Issues	A Communications Plan has been developed and approved by the Board of Directors
Diversity & Inclusivity Implications	<p>Freedom To Speak Up provides fundamental principles to ensure that the Trust supports and encourages all staff, students and volunteers, irrespective of protected characteristic.</p> <p>In order to have a positive effect on as many of the protected characteristics as possible, the following are key to making our approach successful:</p> <ul style="list-style-type: none"> • Ambassador network - From April 2023, all reports will incorporate an update on the gender and race mix of the Ambassador Team. Further recruitment exercises will encourage expressions of interest from people representing any of the protected characteristics. • Regular discussion with Chairs of Staff networks to support integrated practice and mutual support • Mutual support with the development of the network of equality champions and mental health champions • Regular updates and signposting with the SALS network (some FTSU Ambassadors are also SALS Advisors) • Participation in Health and Wellbeing Roadshows to promote FTSU to all staff
Quality Impact Assessment	Not required
Data Quality	Supporting documentation and information is maintained by the FTSU Guardian.

Action required

Members of the Board of Directors are requested to:

- Note and approve the updates to the strategy,
- Note that the action plans have been updated to reflect progress to date,
- Note the update from the Executive Management Board in respect of the Business Case for additional resource
- Note that the Reflection and Planning Tool will be presented to the Board of Directors in October 2023



IEUC Board Update April 2023

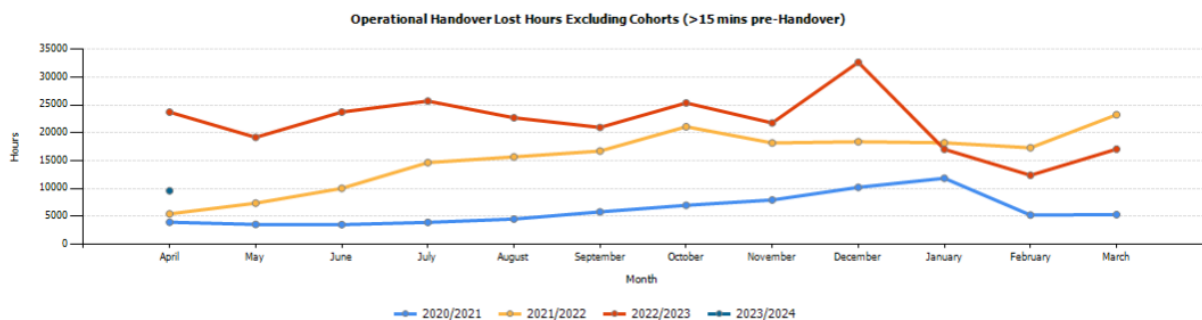
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1. Activity and Performance

During April 2023, the Trust received 117,038 emergency calls, resulting in 80,014 incidents. Emergency incident activity remained stable in comparison to March, with overall improvements to the key response AQIs.

Hospital handover delays significantly improved, with a total of 9,574 lost hours through handovers exceeding 15 minutes (excluding cohorts). This reduced from 17,051 lost hours during March and the impact is reflected in the improvements to the mean response times. Despite the improvements, handover delays remain high and continue to impact upon timely responses to patients and overall safety.



During April the mean performance remained challenged across all performance standards, except for Category 1 90 percentiles. Category 1 mean performance showed marginal improvement to 08:05, from 8:10 in March. The mean position for category 2 incidents has improved to 27:11, from 31:48 and category 3 also improved to 127:02, from 153:33 during March.

Despite the ongoing work to support hospital handover delays and the improvements seen in lost hours, the impact of hospital handover delays on the Trust’s ability to respond to patient in a timely manner continues to effect response times.



Priority	Target		MTD			QTD			YTD			
	Mean	90%	Incs	Mean	90%	Incs	Mean	90%	Incs	Mean	90%	
Category 1	7:00	15:00	9135	8:05	14:16	9135	8:05	14:16	9135	8:05	14:16	
Category 1 T	19:00	30:00	5743	8:33	15:19	5743	8:33	15:19	5743	8:33	15:19	
Category 2	18:00	40:00	41362	27:11	58:36	41362	27:11	58:36	41362	27:11	58:36	
Category 3	60:00	120:00	14562	127:02	317:20	14562	127:02	317:20	14562	127:02	317:20	
Category 4	-	180:00	552	142:45	345:52	552	142:45	345:52	552	142:45	345:52	
HCP 2hr	-	-	1362	194:35	501:44	1362	194:35	501:44	1362	194:35	501:44	
HCP 4hr	-	-	1244	312:33	734:03	1244	312:33	734:03	1244	312:33	734:03	
				Calls	Mean	95%	Calls	Mean	95%	Calls	Mean	95%
Call Answer (999 only)			87267	0:02	0:02	87267	0:02	0:02	87267	0:02	0:02	

2. 999 Call answering

The Trust has answered 117,038 emergency calls during April and continues to support other ambulance Trusts through the IRP distribution of waiting calls. This was a significant decrease from the 128k calls answered during March, despite offering 4% call answer support to South Central Ambulance Service NHS FT.

The Trust received 15.9% duplicate calls, predominately chasing an ambulance response and worsening symptoms. This reduced from 16.7% in comparison to March and reflects the improved response times and reduced handover delays.

Mean call answer performance has remained stable at 0:02 seconds, with the 95th percentile also at 0:02 seconds. Address match standard were achieved at 74.9%.

Year to Date	WMAS			
01/04/2023 to 30/04/2023	Emergency Calls	Call Answer Mean (999 lines only)	Call Answer 95th (999 lines only)	Address Match % under 60 secs
Year to end date	117,038	0:02	0:02	74.9%

Period Selected	WMAS			
01/04/2023 to 30/04/2023	Emergency Calls	Call Answer Mean (999 lines only)	Call Answer 95th (999 lines only)	Address Match % under 60 secs
Selected dates total	117,038	0:02	0:02	74.9%

By Month	WMAS			
	Emergency Calls	Call Answer Mean (999 lines only)	Call Answer 95th (999 lines only)	Address Match % under 60 secs
April 2023/2024	117,038	0:02	0:02	74.9%

3. 2-minute delays

During April, the Trust reported no two-minute delays answering emergency calls. The Trust continues to report the lowest number of 2-minute delays across all English ambulance Trusts, despite support offered through IRP and individual call answer support agreements.



Trust	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
WMAS	0												0
EMAS	183												183
EoE	399												399
SWAST	50												50
NEAS	849												849
NWAS	27												27
YAS	1,444												1,444
SCAS	3,103												3,103
LAS	5,265												5,265
SECAMB	2,323												2,323
Total	13,643	0	0	0	0	0	0	0	0	0	0	0	13,643

4. Calls taken by WMAS for patients in other areas of England

The Trust continues to support other ambulance Trusts, answering 1,131 emergency calls from outside the WMAS region during April. Calls are now routed dynamically through the NHS England Intelligent Routing Platform (IRP). The platform receives real-time availability and call waiting statistics from all UK ambulance trusts, pushing waiting patients to those with availability.

The IEUC CAD has been updated to utilise the OS Places API from Ordnance Survey, providing a national address gazetteer to support address matching and reduce ITK failures when sending cases to the host Trust.

Discussions are currently ongoing with East Midlands Ambulance service to prove them with significant support to enable them to train all their call taking staff in NHS Pathways for a go live October 2023. Early estimates suggest that the assistance is likely to be around the 110k calls, generating approximately £1.6m into the Trust. Broadly speaking WMAS would be assisting with circa 1,000 calls a day from until the end of October. The Trust will also be providing the trainers who will undertake all the NHS P training of the WMAS call assessors, auditors, trainers, coaches and a handful of clinical staff too.

Trust	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
EEAS	171												171
EMAS	31												31
IOW	0												0
LAS	87												87
NEAS	24												24
NWAS	90												90
SCAS	448												448
SECAMB	40												40
SWAS	98												98
YAS	44												44
SAS	16												16
WAST	82												82
Total	1,131	0	0	0	0	0	0	0	0	0	0	0	1,131

5. Clinical Validation

Clinical validation of category 3 & 4 emergencies remains a key function to support the overall emergency demand and to ensure patients receive an appropriate response. The Trust achieved a hear and treat (H&T) rate of 16.6% during April. When reviewing the outcome of those patients assessed by CVT clinicians, 61% received a H&T outcome and therefore were navigated to alternative services for their ongoing care.



A review of the recontact rates for H&T patients demonstrates only 9.3% of patient required further 999 assessment within 48 hours during April. The sustained low rate of recontacts, and the outcomes there of, demonstrates the safe practice of the clinical validation team. This is reflected in the low number of serious incident reported in relation to CVT triage.#

999 Recontacts within 48 hours:

	Total Emg Incidents	Total Emg H&T	Recontacts	% of Total Emg Activity	% of Emg H&T
Nov 22	81291	13320	1200	1.5%	9.0%
Dec 22	82177	17119	1817	2.2%	10.6%
Jan 23	76255	9520	988	1.3%	10.4%
Feb 23	70513	9332	1097	1.6%	11.8%
Mar 23	84523	15422	1469	1.7%	9.5%
Apr 23	80016	13696	1276	1.6%	9.3%
Total	474775	78409	7847	1.7%	10.0%

*Data available from a rolling 6 months, based upon NHS No.
**First call must be H&T outcome and recontact is an incident.

C3 & C4 Clinical Validation Outcomes

Outcome of CVT Triaged Calls	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total	
Cat 1 response	8	0.0%											8	0.0%
Cat 2 Response	1,527	9.5%											1,527	9.5%
Cat 3 Response	4,419	27.5%											4,419	27.5%
Cat 4 Response	2	0.0%											2	0.0%
Contact Dental	22	0.1%											22	0.1%
Contact Pharmacist	13	0.1%											13	0.1%
COVID	32	0.2%											32	0.2%
Other Referrals	118	0.7%											118	0.7%
Primary Care	4,521	28.1%											4,521	28.1%
Refer to SDEC	92	0.6%											92	0.6%
Refer to Social Services	2	0.0%											2	0.0%
Refer to Treatment Centre (ED)	2,773	17.2%											2,773	17.2%
Self Care	2,513	15.6%											2,513	15.6%
Speak to Community Nurse	29	0.2%											29	0.2%
Speak to Midwife	9	0.1%											9	0.1%
Total	16,080		0	0	0	0	0	0	0	0	0	0	16,080	100%

C3&4 Report (April 2023)

Priority	Total Incidents	Dispatch Criteria	Incidents Triaged	% Triaged
Category 1	9169	9169	177	
Category 2	41730	41730	2362	
Category 3	16352	11023	5329	33%
Category 4	623	462	161	26%
Category 5	13501	-	10061	100%
HCP	2637	-	19	-
Total	84012		18109	

Trust Outcome	%
Hear & Treat	16.6%
See & Treat	29.2%
See & Convey	54.2%

Summary	Total	%
Total Cat 3 and 4 Incidents (based on initial priority)	25567	-
Total Calls Triaged (initial priority cat 3/4/5)	16080	62.9%
Outcome - Ambulance Response	5966	37.1%
Outcome - Alternative Pathway / Non Response	10114	62.9%

Outcome of Triaged Calls	Total	%
H&T / Alternative Pathway	9839	61%
See & Treat	2272	14%
See & Convey	3520	22%
Calls Closed	449	3%
Total	16080	100%



Priority Group	Hear & Treat	See & Treat	See & Convey
Category 1	0.0%	37.1%	62.9%
Category 2	0.3%	30.6%	69.1%
Category 3	6.9%	44.3%	48.8%
Category 4	8.7%	51.0%	40.3%
Category 5	95.5%	2.0%	2.5%
Total	16.6%	29.2%	54.2%

Priority Group	Transport - ED	Transport - Non ED
Category 1	57.8%	5.2%
Category 2	63.6%	5.5%
Category 3	46.2%	2.6%
Category 4	37.5%	2.8%
Category 5	2.3%	0.2%
Total	49.6%	4.6%

C2 Segmentation Metrics Report

The Trust became an early adopter of the NHS England Category 2 Segmentation Programme on the 16th November 2022, clinically validating a predefined subset of C2 patients. This is undertaken by an additional clinical navigator and 5 clinicians reviewing suitable patients for appropriate alternatives to an ambulance response, or an alternative response category.

During April, there has been a reduction in C2 cases reviewed by the clinical navigator and ultimately going on to receive a full clinical assessment. This is mainly due to available resource to assign to C2 cases prior to the navigator's assessment.

Developments in the CAD now ensure cases suitable for navigation are highlighted directly on the dispatch stack, ensuring they receive a prompt review.

NHS England have indicated an amendment to the C2 segmentation principles, introducing a pause period prior to assigning a resource(s). This period will afford the clinical navigator the opportunity to review the case for suitability for further clinical assessment.

Metric	Description	Nov-22 >16th	Dec-22	Jan-23	Feb-23	Mar-23	YTD 22-23	Apr-23	YTD 23-24	Explanation
Metric 1	Total Calls Initial Cat 2s	28,119	57,169	40,843	37,981	44,619	208,731	41,604	41,604	Category 2's since 10:00 hours 16 November
Metric 2	Initial C2 Calls ineligible for Navigation	17,100	35,618	24,958	23,570	33,041	134,287	31,294	31,294	Number of Cat 2's outside of the segmentation criteria
Metric 3	Initial C2 Calls eligible for Navigation	10,961	21,413	15,828	14,369	11,518	74,089	10,208	10,208	Cat 2 volumes meeting the criteria
Metric 4 + 22	Initial C2 Calls eligible - Dispatched/ cancelled - No Navigation	5,570	10,452	11,742	10,188	7,464	45,416	6,824	6,824	Number of eligible Cat 2's that were not navigated or validated. These were either dispatched on straight away, were a duplicate call or cancelled.

Outcome of Navigation

Metric 5	Total Calls that were Navigated	5,365	10,953	4,079	4,171	4,039	28,607	3,372	3,372	Reviewed by the Navigator
	Total Call Navigated of those eligible (%)	48.95%	51.15%	25.77%	29.03%	35.07%	38.61%	33.03%	33.03%	Percentage navigated that were eligible
	Navigated - Direct to Dispatch	38.06%	38.19%	41.01%	41.98%	41.45%	39.58%	33.60%	33.60%	Navigated and passed directly to dispatch
	Navigated - Passed for Validation	61.94%	61.81%	58.99%	58.02%	58.55%	60.42%	66.40%	66.40%	Navigated as being suitable for triage and passed to Validation
Metric 9	Navigated to Validation - no Validation, dispatched	499	1,114	428	432	419	2,892	399	399	Timed out after 60 minutes and returned to dispatch or dispatched on because ambulances became available.

Outcome of Clinical Validation

Metric 10	Total calls validated	2,058	3,809	1,464	1,514	1,384	10,229	1,425	1,425	Total calls triaged by Cat 2 Validation team
	% Call Validated, of those Navigated (10/8)	61.93%	56.26%	60.85%	62.56%	58.52%	59.18%	63.64%	63.64%	Of all calls navigated to Validation team
Metric 11	CVT - H&T Advice Outcome	178	345	110	117	116	866	72	72	Triaged, self care advise and no further action required.
Metric 12	CVT - H&T Alt Service	1,204	2,151	799	709	552	5,415	519	519	Passed to alternative service.
	Total H&T Outcome of Validations	67.15%	65.53%	62.09%	54.56%	48.27%	61.40%	41.47%	41.47%	Total H&T for those cases validated
Metric 13	CVT - Dispatch - Category Downgraded Outcome	50	108	81	93	80	412	101	101	Incidents downgraded to cat 3 or 4.
Metric 14	CVT - Dispatch - Category C2 Outcome	506	919	395	490	517	2,827	600	600	Total number remaining as a Cat 2.
Metric 15	CVT - Dispatch - Category C1 Outcome	9	11	0	5	5	30	3	3	Upgraded to Cat 1.
	Total Dispatch Outcome of Validations	27.45%	27.25%	32.51%	38.84%	43.50%	31.96%	49.40%	49.40%	Incidents requiring a response following triage.

C2 Mean Performance

Metric 16	C2 Mean Ineligible incidents	49:59	89:57	26:34	24:37	29:55	43:47	25:35	25:35	Mean response performance against Cat 2 incidents not suitable
Metric 18	C2 Mean all C2 Calls	50:18	88:20	26:09	24:58	30:37	43:32	25:57	25:57	Reported Cat 2 mean since Segmentation implemented.
Extra Metric 1	C2 Mean Eligible for Navigation &/or Validation	50:51	84:59	25:28	25:34	32:54	43:00	27:15	27:15	Mean performance for incidents Navigated.



6. Establishment

Call Assessing

As of the 8 April 23, there are 440.97 WTE (546 heads) call assessors in post, all trained to answer emergency calls.

999 Clinical (CVT & CSD)

There are 148.34 WTE (170 heads) clinicians in post, this includes 9 navigators and 08.49 WTE seconded clinicians from E&U operations.

Clinical Role	WTE	Heads
CVT Navigator	5.00	5
CVT Navigator (Seconded)	4.00	4
CVT Advanced Practitioner	130.85	152
CVT Advanced Practitioner (Seconded)	8.49	9
	148.34	170

Leavers

During April, 3.47 WTE call assessors and 0.25 WTE clinicians left the Trust through sickness management or voluntary resignation.

Abstractions

There are 21.76 WTE (26 heads) call assessors, 5.0 WTE (6 heads) clinicians and 2 WTE (2 heads) controllers currently on maternity leave or a career break.

7. Sickness

Sickness has increased during April to 6.11% from 5.72% in March. Mental health remains a noticeable contributory factor to overall absences, predominantly in the younger call assessor workforce.

A significant proportion of senior management and HR time is focused upon robust sickness management, conducting welfare, sickness stage, probation and 4-option meetings, ensuring those who will benefit are signposted to the Trust's health and wellbeing services, and ensuring those who cannot attend work regularly exit the Trust, as appropriate.

All Sickness

Absence Timeline Detail	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
217 Emergency Operations Centre	6.11%												6.11%
217 Integrated Emergency & Urgent Care Total	6.11%												6.11%



8. Recruitment & Training

Call Assessor recruitment is suspended due to the current establishment against the funded position post the NHS 111 exit. Recruitment planning is now focused on clinicians for the clinical validation team.

In addition to clinician new starter training, the team are delivering the IEUC mandatory training for 2023-24. Dispatch teams and critical care functions will also undergo training for the new Control Room Solutions (CRS) radio system.

There are currently 6 clinicians undertaking training:

CM1 Week 1	None
CM1 Week 2	4 CVT Clinicians
Clinical Course	7 CVT Clinicians
CAD System Training	None

Planned course dates and confirmed new starters.

Date	Location	Call assessors	CVT Clinicians
16 May 2023	NP		7

9. General Update

- PDR completion is progressing well with around 30% of staff
- MP Dispatch has successfully relocated back to MP EOC. No issues at all with the staff.
- Mandatory Training is progressing really well, 40% of all staff have now completed the 2023/24 mandatory training already. This is especially pertinent given the EMAS support that will come online during June.
- CRS training is also underway for the dispatch teams with a likely go live of the ICCS replacement at the end of June.
- Call taker audit compliance is strong and CVT audit compliance is too. This is now all reported through QGC.
- A review of all IEUC protocols is currently underway with updates post 111 required. These will be completed over the next few weeks and passed through policy group so all protocols, policies and procedures are in date.

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2023 PAPER NUMBER: 08b

Emergency Services Operations Delivery Director Report	
Sponsoring Director	Emergency Services Operations Delivery Director
Author(s)/Presenter	Nathan Hudson, Emergency Services Operations Delivery Director
Purpose	This report provides an update from the Emergency Services Operations Delivery Director and covers the year-to-date position
Previously Considered by	Not applicable
Report Approved By	Emergency Services Operations Delivery Director

This report covers April 23.

Overview

The start of the year has started off where the previous year ended with continuous challenges for the Emergency and Urgent (EU) operational team. I would first like to thank every staff member that has contributed to one of the most challenging periods for the NHS and the new financial year will be no different.

The staff, and managers are working hard to get to patients safely while also continually striving to learn and provide good governance, examples of this continues to be the focus on training our staff to improve the quality of the service, PDRs which is a starting point for good conversations and feedback to take place.

Performance response targets have been a challenged in the last 12 months and there has been some improvements in April mainly due to the hospital turnarounds improvements which have continued from quarter 3 and going into going into April. The start of April was stronger than the end of April mainly due to university abstractions.

Although performance is not where we want or need it to be, the 30 min target was achieved for 30 min in April, it would be remise of me not to highlight the hard work Michelle has done and Nina with the improvements with direct collaboration with HALO support and Ambulance Decision Areas which was releasing crews to go to the next patinet.

We have seen some improvements in ambulance quality indicators also which shows a high standard of reporting clinical indicators for patients.

Productivity remains a concern compared to pre COVID levels and although some of this is a direct impact of hospital delays, there are other factors to also consider with crews also.

**WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2023 PAPER NUMBER: 08b

Conversations and staff briefings indicate that staff are frustrated at sitting outside of hospital, and delays in finishing on time, which is impacting on how the trust is viewed by staff and their wellbeing.

There are still some restrictions due to the number of cases seen by students which is hindering their development, and although attrition is down for the month of April which is a positive compared to previous months, staff are still requesting progression in face-to-face clinical advanced practice, and clinical support.

Positively attendance means that sickness was at 3.12 % for April and the lowest in the NHS. This was a mixture of student paramedics and graduate paramedics.

Performance

Although hospital turnaround issues have improved, and so our ability to respond to patients in April has got better, April’s activity was slightly less than March which was busier than previous months.

Performance is still challenged, and the beginning of April was better regarding performance up until the 17th of April whereby we jumped up to 185 staff at university for that week, then 300 staff at university in the last two weeks in April. Mandatory training has started also on the 17th of April and SORT training and in total there is just over 500 staff not available against the budgeted establishment of 3,522 WTE. Attrition, sickness was all down which was a positive for April,

Pressures continue with hospital delays, student abstractions, pause on recruitment, and the reduction in overtime will have an impact going forward on operational resources and we have seen that impact in April, and therefore our availability and response to patients. There are areas of exploration regarding increasing the productivity of crews also within this coming financial year which will need some careful consideration.

Priority	Target		Month		QTD		YTD	
	Mean	90th	Mean	90th	Mean	90th	Mean	90th
Category 1	7:00	15:00	8:05	14:16	8:05	14:16	8:05	14:16
Category 2	18:00	40:00	27:12	58:38	27:12	58:38	27:12	58:38
Category 3	60:00	120:00	128:33	321:21	128:33	321:21	128:33	321:21
Category 4		180:00	144:42	346:13	144:42	346:13	144:42	346:13
HCP 2hr			196:37	507:30	196:37	507:30	196:37	507:30
HCP 4hr			314:26	734:03	314:26	734:03	314:26	734:03

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2023 PAPER NUMBER: 08b

All Activity

Cumulative Summary	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
MTD	84123	89798	-5675	-6.3%
QTD	84123	89798	-5675	-6.3%
YTD	84123	89798	-5675	-6.3%

Emergency Activity

Cumulative Summary	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
MTD	81377	86597	-5220	-6.0%
QTD	81377	86597	-5220	-6.0%
YTD	81377	86597	-5220	-6.0%

Operational Absenteeism Management

Sickness absence for the financial year ended at 4.07 % which has reduced in quarter 4. The best sickness absent management in the country which has seen continual improvement despite high COVID number in quarter 1. March ended up at 3.31% and April was lower still at 3.12% although this area takes up a large amount of Senior management time across directorates, we can demonstrate as a trust good support mechanism in the workplace for staff. This will be an area to closely monitor in the following 12 months due to some financial restraints and a potential of increased mental health in the front-line workforce.

Resourcing

Resourcing decreased in March 2023 compared to the previous year by around 7,000 hours. This will continue to be a challenge while there are restrictions on overtime, high absences, pause in recruitment, and operationally hours are lost in delays at acute hospitals.

October 200,167 Hours, November 201,812, December 206,950 Hours.

Month	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
March 2022/2023	199,652	207,005	(7,353)	-3.55%

**WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2023 PAPER NUMBER: 08b

April

Month	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
April 2023/2024	184,567	204,769	(20,201)	-9.87%

Resourcing hours compared to last year are 20,000 hours down for the month of April, this is and is turning into probably the number one risk now and going forward with the reduction of overtime to achieve financial balance and the stoppage of recruitment. Basically, the backfill of the university abstractions isn't funded. By pausing recruitment and the stoppage of overtime means that we are unable to keep up with reducing the impact of university abstractions now and going forward. This will take years to recover on the current trajectory.

Skill mix

	Apr 23
Bromsgrove Hub	100.0%
Coventry Hub	100.0%
Donnington Hub	100.0%
Dudley Hub	100.0%
Erdington Hub	100.0%
Hereford Hub	100.0%
Hollymoor Hub	100.0%
Lichfield Hub	100.0%
Sandwell Hub	97.6%
Shrewsbury Hub	100.0%
Stafford Hub	100.0%
Stoke Hub	100.0%
Warwick Hub	100.0%
Willenhall Hub	100.0%
Worcester Hub	100.0%
Total	99.8%

Workforce

Front line workforce ended the year at 3,522 WTE across EU.

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

REPORT TO THE BOARD OF DIRECTORS

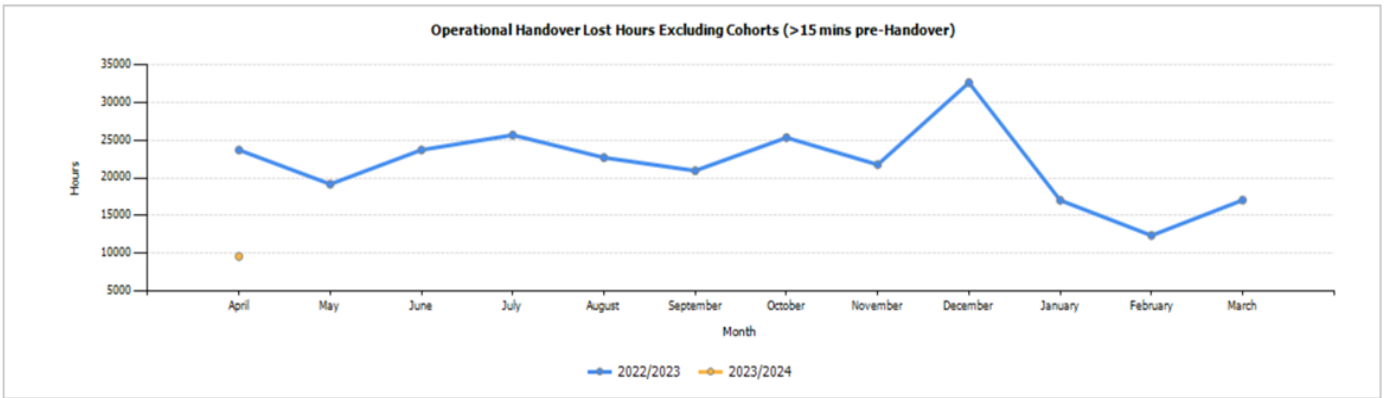
AGENDA ITEM: 09c MONTH: May 2023 PAPER NUMBER: 08b

Attrition

Attrition continues to be averaging around 27 staff a month in EU. Mainly paramedics leaving for primary care opportunities, there has been an increase in a request for secondary employment following the overtime restrictions, this is mainly because of cost of living increases and staff needing that extra income that's not available for income purposes. April has seen a reduction in staff leaving and down to 13 staff from the average of 27 in previous months.

Hospital delays over 15 min

Hospital delays over 15 min for April saw a drop to just under 10,000 hours.



Incidents per shift

The table below articulates the number of incidents completed by crews each shift on average. There is some correlation with improvements in hospital delays and an increase in the average of incidents crews are attending. This then correlates into increase in performance and therefore better responses for patients. However historically there is an associated trend that with increased resourcing the incident responded to in each shift also increase.

Financial Month	Arden	Birmingham	Black Country	Hereford and Worcester	Shropshire	Staffordshire	Total
November 2022/2023	4.06	3.681	4.417	3.184	2.893	3.082	3.61
December 2022/2023	3.108	2.978	3.726	2.822	2.379	2.432	2.952
January 2022/2023	4.508	4.558	5.191	4.311	3.932	4.171	4.518
February 2022/2023	4.292	4.335	5.365	4.419	3.827	4.351	4.493
March 2022/2023	4.115	3.789	4.928	3.764	3.229	4.1	4.052
April 2023/2024	4.729	4.254	5.209	3.939	4.069	4.701	4.532

**WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2023 PAPER NUMBER: 08b

Training Compliance for April 2023

PDRs	54%
Mandatory 1	11 %
Mandatory 2	17%
MWB	22 %
CS1 days	40 %

Late finishes

By County	Time Band (% are cumulative)																		
	on time		1-15 mins		16-30 mins		31-45 mins		46 mins-1 hr		1-2 hrs		2-3 hrs		3-4 hrs		4 hrs +		Total
County Name	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr
Birmingham	868	11.6%	3911	64.1%	1570	85.2%	583	93.0%	250	96.3%	245	99.6%	27	100.0%	2	100%		100%	7456
Black Country	1599	15.5%	5547	69.1%	1749	86.0%	741	93.2%	332	96.4%	332	99.6%	40	100%		100%		100%	10340
Coventry & Warwick	767	16.7%	2497	70.9%	721	86.6%	364	94.5%	129	97.3%	117	99.8%	8	100%		100%		100%	4603
Hereford	279	20.2%	663	68.2%	184	81.5%	108	89.3%	59	93.6%	76	99.1%	11	99.9%	2	100%		100%	1382
Shropshire	406	12.0%	1675	61.5%	606	79.4%	322	88.9%	161	93.6%	186	99.1%	27	99.9%	3	100%		100%	3386
Worcester	419	10.8%	1662	53.8%	791	74.2%	474	86.5%	237	92.6%	264	99.4%	20	99.9%		99.9%	3	100%	3870
Staffs	1475	22.2%	3081	68.6%	964	83.1%	529	91.1%	284	95.3%	288	99.7%	19	100.0%		100.0%	2	100%	6642
Regional	526	45.2%	550	92.5%	35	95.5%	18	97.1%	10	97.9%	20	99.7%	4	100%		100%		100%	1163
Total	6339	16.3%	19586	66.7%	6620	83.8%	3139	91.9%	1462	95.6%	1528	99.6%	156	100.0%	7	100.0%	5	100%	38842

HART

Little to report, good compliance with Team leader and safe system of working for the month of April. Sickiness has been up for the month but no issues with cover. Responses was down in April to 301 incidents attended compared to March which was 371. Sort training has restarted in April with the target number 315 staff for this coming year trained in SORT.

**WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2023 PAPER NUMBER: 08b

Operational Deployments								
Month	HazMat	IWO	SSO	ConSpace	SWAH	Unstable Terrain	Ops Support	RRV's Orbit 756
April	25	15	3	1	6	4	27	301
Previous Month	23	17	1	1	5	1	34	371

Trust Compliance					
Month	PDR	Clinical Update Day 1	Clinical Update Day 2 (E)	Workbook	CS1
April	15%	0% (all booked)	0% (all booked)	77.6%	42%
Previous Month	NA	NA	NA	NA	NA

PGD Compliance – Orbit Report 1401						
	Meth Blue	Buccal Midazolam	Co-Amoxiclav	Diazepam Solution	Misoprostol	Tranexamic Acid
April	97%	98.5%	98.5%	97%	97%	97%
Previous Month	NA	NA	NA	NA	NA	NA

Risks

1. Resourcing, abstractions, and therefore the peak outputs.
2. Performance
3. Hospitals
4. VOR rate

Ops update.

1. unfunded secondments and Alternative duties returning to Ops to offset against the resourcing abstractions.
2. GRS changes have occurred so the view of hours is different, some communication and continued communication will be required.
3. PDRs stated and CS1 days, but this is coming from the abstraction from rosters.
4. Several investigations are ongoing.
5. Several engagement meetings with staff. Also, Operational Management Team Meetings , Regional Partnership Forum , Executive partnership forum, Policy Group, Senior Management Team Meetings , People Committee, Performance Committee along with Clinical Team Meetings.

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10 MONTH: May 2023 PAPER NUMBER: 09a

2022 Staff Survey Results	
Sponsoring Director	People Director
Author(s)/Presenter	Learning and Development Manager/People Director
Purpose	This paper provides Board members an insight into the 2022 NHS staff survey results and the actions that are in place. The information in this report has been extracted from the final results published by the National Staff Survey Coordination Centre and the free text analysis report provided by Picker Europe Ltd.
Previously Considered by	The results have been discussed at the Staff Survey Response Action Group Meeting and presented to People Committee and Executive Management Board.
Report Approved By	People Director
Executive Summary	
<p>The 2022 Staff Survey was carried out by Picker Europe Ltd for WMAS. The survey opened on 21st September and closed on 25th November 2022. 2768 staff responded to the survey giving a response rate of 39%. An overview of the results for WMAS compared to other Ambulance Trusts is shared in this report as well as an analysis of the free text comments left by 841 staff.</p>	
Related Trust Objectives To meeting which of the Trust's objectives does the proposal contribute:	Please tick relevant objective
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)	✓
Relevant Trust Value	Excellence <input checked="" type="checkbox"/> Integrity <input checked="" type="checkbox"/>
	Compassion <input checked="" type="checkbox"/> Inclusivity <input checked="" type="checkbox"/>
	Accountability <input checked="" type="checkbox"/>
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.

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM:

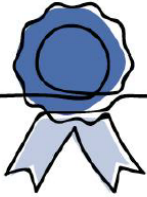
MONTH:

PAPER NUMBER:

Legal implications/ regulatory requirements	National requirement set by NHSEI for all NHS Trusts to run an annual staff survey and take appropriate actions to improve staff engagement.
Financial Implications	There may be financial implications following recommendations to EMB to consider how the action plans may be resourced.
Workforce & Training Implications	The results allow the Trust to consult with our staff on areas that are important to them locally, and to get them involved in improvements that they want to see in their areas of work. This should impact positively on staff engagement.
Communications Issues	No issues identified
Diversity & Inclusivity Implications	None identified
Quality Impact Assessment	Recommendation has been made for this to be carried out and consider how actions plans will be resourced.
Data Quality	The original staff survey results and data are held within the Organisational Development Team and provided by Picker Europe Ltd.
Action required This report is for information only. No action is required.	



We are **compassionate** and **inclusive**



We are **recognised** and **rewarded**



We each have a **voice that counts**



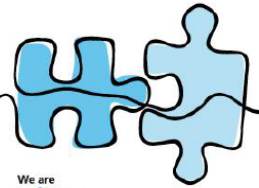
We are **safe** and **healthy**



We are **always learning**



We work **flexibly**



We are **a team**



2022 Staff Survey

Overview Of Results



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1. Introduction

This report will present the results of the 2022 National NHS Staff Survey for West Midlands Ambulance Service (WMAS). The information in this report has been extracted from the final benchmark reports circulated by the National Staff Survey Coordination Centre.

The National NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted since 2003. It is a survey that asks NHS staff in England about their experiences of working for their NHS organisations. It provides essential information to employers and national stakeholders about improvements required in the NHS. Since 2021 the survey questionnaire has been re-developed to align with the [People Promise](#) in the [2020/21 People Plan](#). In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes.

People Promise elements	Sub-scores
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion
We are recognised and rewarded	No sub-score
We each have a voice that counts	Autonomy and control Raising concerns
We are safe and healthy	Health and safety climate Burnout Negative experiences
We are always learning	Development Appraisals
We work flexibly	Support for work-life balance Flexible working
We are a team	Team working Line management
Themes	Sub-scores
Staff Engagement	Motivation Involvement Advocacy
Morale	Thinking about leaving Work pressure Stressors

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing

burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. WMAS results are benchmarked against the Ambulance benchmarking group average, the best scoring organisation and the worst scoring organisation.

The 2022 NHS Staff Survey fieldwork was open for 10 weeks at WMAS, from 21st September to 25th November 2022. It was administered by Picker Europe Ltd and was conducted as a census. For the last six years WMAS has been running the survey electronically for ease of access to all staff. A unique link to the survey questionnaire is sent by email to each individual staff. The completed questionnaire is then submitted securely and anonymously to the contractor for processing. More information about confidentiality and anonymity can be found here: [Factsheet- Confidentiality](#).

7171 staff were invited to take part in the 2022 staff survey and 2768 staff returned a completed survey compared to 3028 in 2021. The response rate for WMAS is 39% compared to 44% in the 2021 survey. The average response rate for all Ambulance Trusts is 50% compared to 53% in 2021. Across the NHS the response rate is 48% compared to 50% in 2021. There was a significant decrease in the number of BAME staff responding to the survey on this occasion. 179 BAME staff returned the questionnaire in 2022, compared to 226 in the 2021 staff survey.

A number of actions were taken during the survey to encourage staff to take part and share their views:

1. Weekly results from Picker Europe were posted on the information screens at all locations and in the Weekly Briefing to provide clarity and show progress.
2. Posters and information about confidentiality were sent to all managers to be shared with staff at all sites.
3. Weekly emails were sent to managers to remind them to keep encouraging their staff to complete their survey questionnaire.
4. A banner was featured on the intranet home page as a constant reminder for staff to complete their survey.
5. All email signatures were assigned a staff survey tag.

This time due to the high demand on service delivery, the Board of Directors took the decision to not allocate protected paid time to enable staff to complete the survey. The Trust did not set a target completion rate to achieve, and a decision was taken against any monetary incentives to encourage staff to complete the survey.

2. People Promise Elements and Themes: Scores Overview

All scores are on a scale of 0-10 and a higher score is more positive than a lower score. The table below presents the results of statistically significant changes observed in the scores for WMAS between 2021 and 2022.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	6.4	2910	6.4	2764	Not significant
We are recognised and rewarded	4.9	2985	4.8	2762	Not significant
We each have a voice that counts	5.7	2866	5.8	2756	Not significant
We are safe and healthy	5.3	2906	5.4	2759	Not significant
We are always learning	4.4	2740	4.6	2638	Significantly higher
We work flexibly	4.9	2968	4.7	2758	Significantly lower
We are a team	5.6	2928	5.7	2761	Not significant
Themes					
Staff Engagement	5.6	2992	5.6	2767	Not significant
Morale	5.3	2980	5.4	2766	Not significant

The image below shows the scores compared to the benchmark group average, best and worst scores.



3. People Promise Elements and Themes: Trends



Promise Element 1: We are compassionate and inclusive

	2021	2022
Your org	6.4	6.4
Best	7.1	7.1
Average	6.6	6.7
Worst	6.0	6.3
Responses	2910	2764

Compassionate Culture

	2021	2022
Your org	6.2	6.2
Best	6.8	6.9
Average	6.4	6.3
Worst	5.9	5.8
Responses	2875	2760

Compassionate Leadership

	2021	2022
Your org	5.9	5.9
Best	6.9	7.0
Average	6.3	6.5
Worst	5.5	5.7
Responses	2930	2762

Diversity and Equality

	2021	2022
Your org	7.4	7.4
Best	8.2	7.9
Average	7.5	7.6
Worst	7.0	7.0
Responses	2910	2763

Inclusion

	2021	2022
Your org	6.1	6.1
Best	6.7	6.7
Average	6.4	6.4
Worst	5.8	6.1
Responses	2936	2760



Promise Element 2: We are recognised and rewarded

	2021	2022
Your org	4.9	4.8
Best	5.6	5.6
Average	5.1	5.0
Worst	4.4	4.7
Responses	2985	2762



Promise Element 3: We each have a voice that counts

	2021	2022
Your org	5.7	5.8
Best	6.6	6.8
Average	5.8	5.8
Worst	5.2	5.4
Responses	2866	2756

Autonomy and Control

	2021	2022
Your org	5.5	5.7
Best	6.4	6.7
Average	5.8	5.8
Worst	5.2	5.5
Responses	2992	2767

Raising Concerns

	2021	2022
Your org	5.8	5.8
Best	6.7	6.9
Average	6.0	5.9
Worst	5.3	5.3
Responses	2866	2757



Promise Element 4: We are safe and healthy

	2021	2022
Your org	5.3	5.4
Best	5.5	5.7
Average	5.3	5.4
Worst	4.9	5.0
Responses	2906	2759

Health and Safety Climate

	2021	2022
Your org	5.1	5.2
Best	5.1	5.2
Average	4.7	4.9
Worst	4.3	4.5
Responses	2990	2767

Burnout

	2021	2022
Your org	4.0	4.1
Best	4.6	4.7
Average	4.2	4.2
Worst	3.7	3.9
Responses	2918	2765

Negative Experience

	2021	2022
Your org	6.8	6.8
Best	7.4	7.2
Average	6.9	7.0
Worst	6.6	6.6
Responses	2908	2762



Promise Element 5: We are always learning (Most significant improvement for

WMAS)

	2021	2022
Your org	4.4	4.6
Best	4.8	4.9
Average	4.3	4.6
Worst	3.3	3.6
Responses	2740	2638

Development

	2021	2022
Your org	5.7	5.8
Best	6.2	6.6
Average	5.8	5.9
Worst	5.0	5.1
Responses	2896	2763

Appraisals

	2021	2022
Your org	3.1	3.4
Best	3.6	3.7
Average	2.8	3.2
Worst	1.7	2.1
Responses	2750	2642



Promise Element 6: We work flexibly (Significantly lower scores observed in 2022 for WMAS)

	2021	2022
Your org	4.9	4.7
Best	5.6	5.9
Average	4.9	5.0
Worst	4.4	4.5
Responses	2968	2758

Support for work-life balance

	2021	2022
Your org	4.9	4.8
Best	5.7	6.0
Average	5.0	5.1
Worst	4.5	4.7
Responses	2973	2764

Flexible working

	2021	2022
Your org	4.8	4.6
Best	5.5	5.8
Average	4.8	4.9
Worst	4.2	4.3
Responses	2980	2760



Promise Element 7: We are a team

	2021	2022
Your org	5.6	5.7
Best	6.4	6.4
Average	5.9	6.0
Worst	5.2	5.5
Responses	2928	2761

Team working

	2021	2022
Your org	5.9	5.9
Best	6.3	6.5
Average	5.9	5.9
Worst	5.4	5.6
Responses	2953	2765

Line Management

	2021	2022
Your org	5.4	5.5
Best	6.6	6.6
Average	5.9	6.1
Worst	5.0	5.4
Responses	2932	2762

Theme: Staff Engagement

A significant decrease is observed in the scores since the pandemic however the scores remain unchanged in the last two years.

	2018	2019	2020	2021	2022
Your org	6.3	6.3	6.3	5.6	5.6
Best	6.5	6.6	6.7	6.3	6.6
Average	6.2	6.3	6.3	5.9	5.9
Worst	5.7	5.8	5.8	5.3	5.4
Responses	2990	3374	3678	2992	2767

Motivation

	2018	2019	2020	2021	2022
Your org	6.7	6.7	6.7	6.0	6.0
Best	7.1	6.9	7.1	6.5	6.7
Average	6.7	6.7	6.8	6.1	6.2
Worst	6.2	6.4	6.4	5.9	5.9
Responses	2975	3363	3709	3023	2757

Involvement

	2018	2019	2020	2021	2022
Your org	5.7	5.6	5.5	5.0	5.2
Best	6.3	7.0	6.4	6.2	6.5
Average	5.7	5.7	5.5	5.4	5.4
Worst	5.0	5.0	4.9	4.6	5.0
Responses	2990	3374	3679	2992	2767

Advocacy

	2018	2019	2020	2021	2022
Your org	6.5	6.6	6.8	5.8	5.6
Best	6.8	6.9	7.0	6.3	6.5
Average	6.4	6.5	6.7	6.1	5.9
Worst	5.6	5.5	5.9	5.4	5.2
Responses	2879	3297	3603	2875	2761

Theme: Morale

Similarly, a significant drop in morale is observed since the pandemic but a slight improvement in scores is also noted in 2022.

	2018	2019	2020	2021	2022
Your org	5.9	5.9	6.2	5.3	5.4
Best	5.9	5.9	6.2	5.5	5.8
Average	5.4	5.5	5.7	5.3	5.2
Worst	4.7	4.9	5.1	4.5	4.8
Responses	2967	3357	3651	2980	2766

Thinking about leaving

	2018	2019	2020	2021	2022
Your org	6.2	6.3	6.5	5.5	5.4
Best	6.2	6.3	6.6	6.1	6.4
Average	5.7	5.8	6.2	5.5	5.5
Worst	4.8	5.1	5.3	4.7	4.9
Responses	2876	3292	3593	2850	2746

Work Pressures

	2018	2019	2020	2021	2022
Your org	5.6	5.7	6.2	5.0	5.2
Best	5.6	5.7	6.2	5.0	5.2
Average	4.8	4.9	5.2	4.4	4.6
Worst	4.1	3.9	4.6	3.9	4.2
Responses	2989	3372	3678	2989	2767

Stressors

	2018	2019	2020	2021	2022
Your org	5.8	5.9	5.9	5.4	5.5
Best	5.9	6.2	6.0	5.8	6.1
Average	5.8	5.8	5.9	5.5	5.7
Worst	5.3	5.4	5.3	5.1	5.3
Responses	2964	3351	3650	2976	2761

4. Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months out of those who answered the question.

	2018	2019	2020	2021	2022
White staff: Your org	48.4%	49.1%	48.6%	51.3%	50.9%
All other ethnic groups*: Your org	37.7%	37.9%	45.2%	49.1%	54.2%
White staff: Average	46.5%	45.8%	43.5%	44.1%	43.5%
All other ethnic groups*: Average	37.8%	41.2%	44.3%	39.4%	40.3%
White staff: Responses	2666	3030	3127	2539	2546
All other ethnic groups*: Responses	183	198	325	222	179

A significantly higher percentage of the ethnic groups reported to have experienced harassment, bullying or abuse from patients, relatives or the public in 2022 whilst a significant decrease was noted for white staff.

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months out of those who answered the question.

	2018	2019	2020	2021	2022
White staff: Your org	29.2%	25.5%	23.9%	26.8%	27.5%
All other ethnic groups*: Your org	31.3%	24.9%	26.5%	35.0%	39.7%
White staff: Average	27.1%	25.5%	24.1%	23.8%	23.3%
All other ethnic groups*: Average	31.0%	26.2%	31.1%	29.5%	26.3%
White staff: Responses	2657	3025	3123	2538	2541
All other ethnic groups*: Responses	182	197	325	223	179

A significantly higher percentage of staff in the ethnic groups reported to have experienced harassment, bullying or abuse from staff in 2022. A slight increase was also noted from white staff.

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion out of those who answered the question.

	2018	2019	2020	2021	2022
White staff: Your org	48.9%	51.9%	51.3%	44.7%	46.0%
All other ethnic groups*: Your org	36.6%	47.7%	40.5%	36.6%	34.7%
White staff: Average	48.9%	51.2%	51.3%	47.7%	49.8%
All other ethnic groups*: Average	36.7%	34.6%	39.5%	40.2%	37.4%
White staff: Responses	2660	3035	3162	2580	2542
All other ethnic groups*: Responses	183	199	328	224	176

A significantly higher proportion of white staff reported that that the organisation provides equal opportunities for career progression or promotion in 2022, while a significantly lower proportion of staff from the ethnic groups reported the same compared to 2021

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months out of those who answered the question.

	2018	2019	2020	2021	2022
White staff: Your org	10.0%	8.8%	8.6%	11.4%	12.5%
All other ethnic groups*: Your org	17.9%	15.8%	20.7%	22.6%	26.1%
White staff: Average	10.0%	8.8%	8.6%	10.0%	9.4%
All other ethnic groups*: Average	17.7%	15.8%	16.7%	15.8%	15.8%
White staff: Responses	2661	3009	3158	2577	2536
All other ethnic groups*: Responses	184	196	329	226	176

A significantly higher proportion of staff in ethnic groups reported to have experienced discrimination at work from manager / team leader or other colleagues in 2022, while a slight increase was also observed for white staff compared to 2021.

5. Workforce Disability Equality Standards (WDES)

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	52.3%	55.0%	52.5%	59.8%	62.0%
Staff without a LTC or illness: Your org	46.9%	46.9%	46.8%	48.0%	46.8%
Staff with a LTC or illness: Average	52.3%	52.5%	47.5%	51.2%	50.2%
Staff without a LTC or illness: Average	45.8%	44.9%	42.1%	41.6%	40.4%
Staff with a LTC or illness: Responses	526	671	771	737	785
Staff without a LTC or illness: Responses	2296	2606	2722	2061	1957

A significantly higher proportion of staff with LTC or illness reported to have experienced harassment, bullying or abuse from patients/service users, their relatives or the public in 2022, while a significant decrease was noted for staff without LTC or illness compared to 2021.

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	31.0%	24.8%	25.3%	28.8%	27.1%
Staff without a LTC or illness: Your org	16.6%	13.3%	11.7%	14.0%	13.7%
Staff with a LTC or illness: Average	28.4%	23.2%	22.1%	19.2%	21.1%
Staff without a LTC or illness: Average	13.8%	13.3%	11.2%	11.1%	10.1%
Staff with a LTC or illness: Responses	523	666	767	730	779
Staff without a LTC or illness: Responses	2277	2596	2711	2041	1946

A lower proportion of staff with and without LTC or illness reported to have experienced harassment, bullying or abuse from managers in 2022 compared to 2021.

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	24.7%	25.1%	23.1%	27.6%	26.8%
Staff without a LTC or illness: Your org	16.3%	14.5%	13.5%	15.3%	16.0%
Staff with a LTC or illness: Average	26.5%	25.9%	23.1%	23.9%	23.4%
Staff without a LTC or illness: Average	16.3%	15.7%	14.7%	15.3%	14.9%
Staff with a LTC or illness: Responses	522	665	771	728	776
Staff without a LTC or illness: Responses	2276	2601	2713	2039	1918

A slight decrease was noted in the proportion of staff with LTC and illness who reported to have experienced harassment, bullying or abuse from other colleagues, whilst a significant increase was noted for staff without LTC or illness reporting the same, compared to 2021.

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	46.2%	46.4%	46.2%	43.5%	45.8%
Staff without a LTC or illness: Your org	44.0%	47.1%	48.5%	49.1%	48.8%
Staff with a LTC or illness: Average	40.4%	44.6%	46.2%	46.4%	47.3%
Staff without a LTC or illness: Average	40.6%	41.2%	45.6%	45.3%	46.5%
Staff with a LTC or illness: Responses	305	392	444	480	502
Staff without a LTC or illness: Responses	1094	1266	1250	1033	909

A significantly higher proportion of staff with LTC or illness have said that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it compared to 2021. A slight decrease was noted for staff without LTC or illness.

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	41.4%	48.5%	45.7%	35.8%	39.8%
Staff without a LTC or illness: Your org	49.2%	52.0%	51.3%	46.5%	47.1%
Staff with a LTC or illness: Average	41.8%	45.3%	45.3%	39.4%	42.3%
Staff without a LTC or illness: Average	49.3%	52.0%	52.0%	49.3%	51.3%
Staff with a LTC or illness: Responses	529	670	775	744	784
Staff without a LTC or illness: Responses	2288	2610	2753	2099	1950

A significant increase was noted for both staff with and without LTC or illness reporting that they believe that their organisation provides equal opportunities for career progression or promotion.

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	61.3%	58.2%	54.6%	64.6%	56.9%
Staff without a LTC or illness: Your org	50.5%	44.3%	44.9%	50.5%	46.6%
Staff with a LTC or illness: Average	45.3%	41.6%	38.3%	39.2%	37.0%
Staff without a LTC or illness: Average	33.1%	32.3%	30.8%	29.3%	26.4%
Staff with a LTC or illness: Responses	429	531	582	615	650
Staff without a LTC or illness: Responses	1363	1566	1371	1230	1177

Significantly less staff from both groups have reported that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question out of those who answered the question.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	27.6%	26.7%	28.3%	16.9%	16.6%
Staff without a LTC or illness: Your org	36.0%	39.9%	38.1%	26.5%	27.0%
Staff with a LTC or illness: Average	25.3%	27.8%	29.1%	20.8%	23.5%
Staff without a LTC or illness: Average	36.0%	38.9%	37.9%	29.3%	30.1%
Staff with a LTC or illness: Responses	525	670	775	745	785
Staff without a LTC or illness: Responses	2290	2611	2762	2105	1958

No significant difference was noted compared to 2021.

Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question.

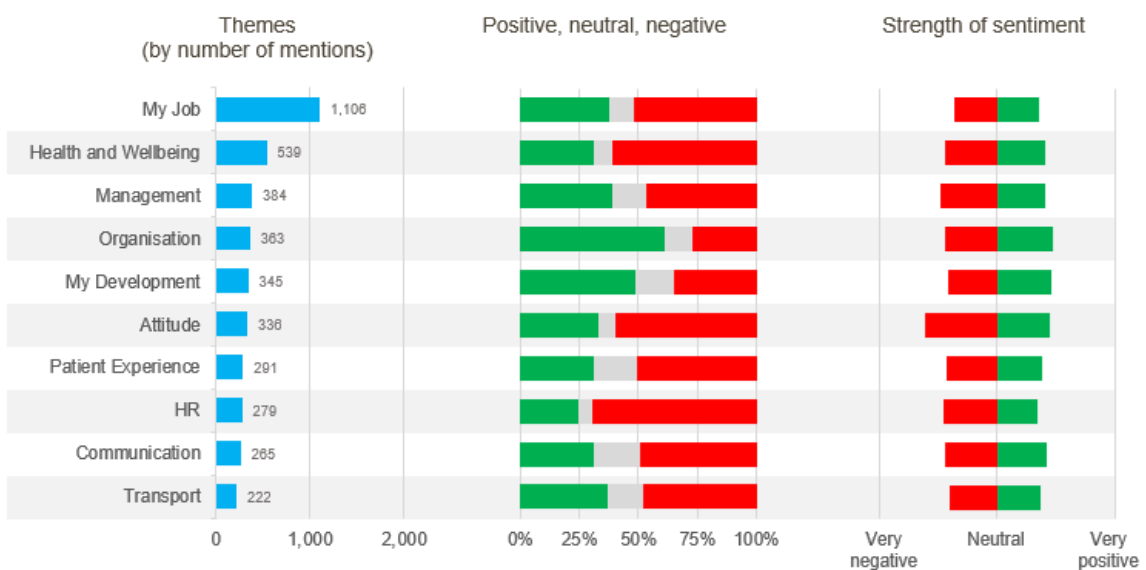
	2022
Staff with a LTC or illness: Your org	53.4%
Staff with a LTC or illness: Average	63.0%
Staff with a LTC or illness: Responses	470

6. Free Text Analysis: Frequent Mentions and Sentiment by themes

For the 2022 survey the Trust has commissioned Picker Europe Ltd to do an analysis of the free text comments shared by 841 staff when completing their survey questionnaire. Picker has worked with Hertzian to produce a sentiment analysis report of the free texts, using Artificial Intelligence (AI) technology. The report helps us to identify positive themes and areas of concerns, analyse the strength of feelings among staff, and understand the drivers of positive engagement. In turn these will help us provide more effective solutions to support our staff and to keep improving their experience at work. 40% of all the comments left were positive. 47% of respondents who left comments are male and 48% are female.

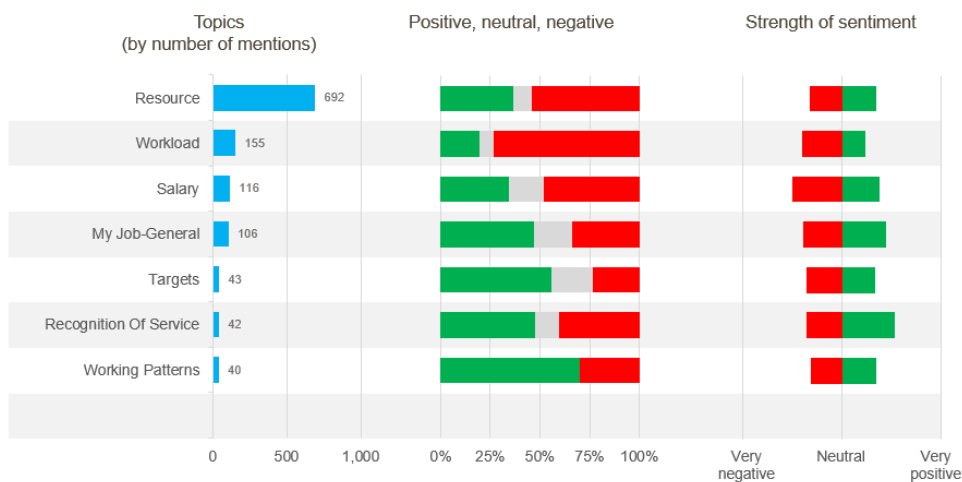
For this analysis, the AI has identified the most frequently mentioned words in the comments about a specific subject or topic and then analysed the sentiment associated with that word. The sentiments have been categorized as 'Positive', 'Neutral' and 'Negative'. The strength of the sentiments has also been measured using a tonality scale showing how positive or how negative the comments are. These range from 'Very Positive', 'Neutral' and 'Very Negative'.

The image below shows the top ten themes identified by the AI in the free text comments. 'My Job' is the most frequent theme, mentioned 1106 times in the comments. 52% of the mentions were negative and 37% were positive. The strength value of the sentiments expressed were the same for positive and negative comments.



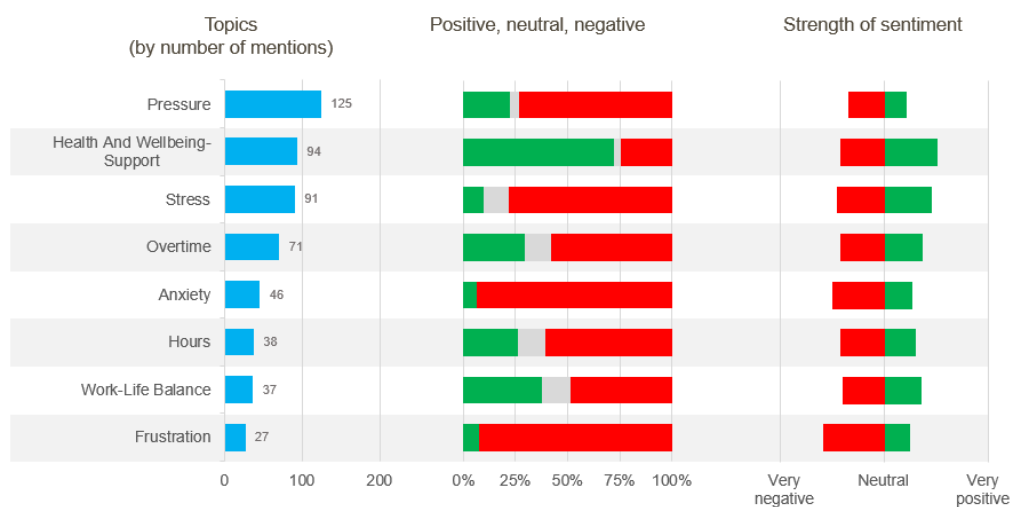
Overall, a higher proportion of the comments received were negative, especially for ‘health and wellbeing’ (61%), ‘attitude’ (59%) and ‘HR’ (69%). ‘HR’ has the highest proportion of negative comments, and the strength value of the sentiment is also more negative. ‘Organisation’ received the highest proportion of positive comments, and the strength value of the sentiment is slightly higher on the positive side. A full report of the free text analysis is attached to this paper in Appendix1. The following images provide an overview of the most positive and negative comments made by respondents by themes.

Theme 1: My Job



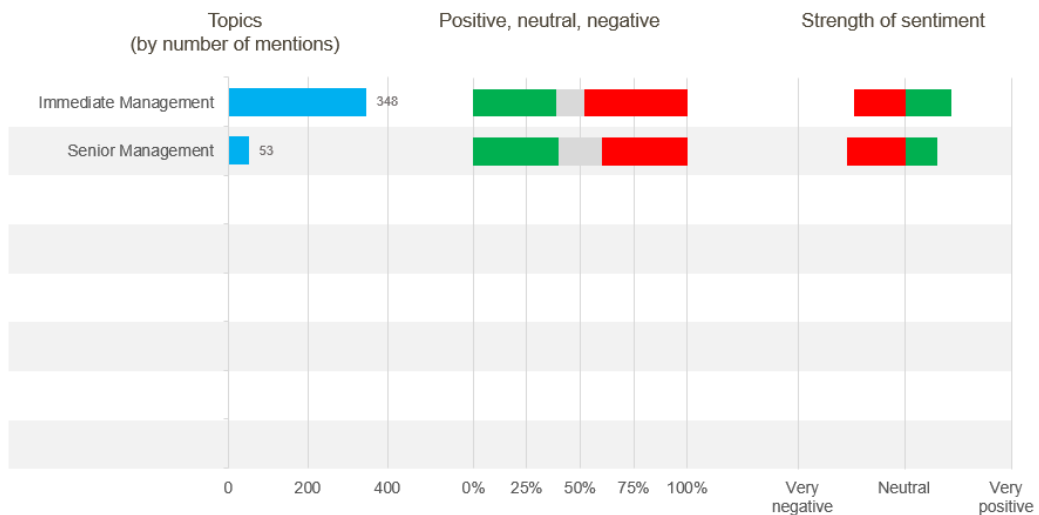
Most negative comments were received about ‘workload’ in this theme and comments about ‘salary’, are very negative. ‘Working patterns’ received the most positive comments and comments about ‘Recognition of service’ are very positive.

Theme 2: Health and Wellbeing



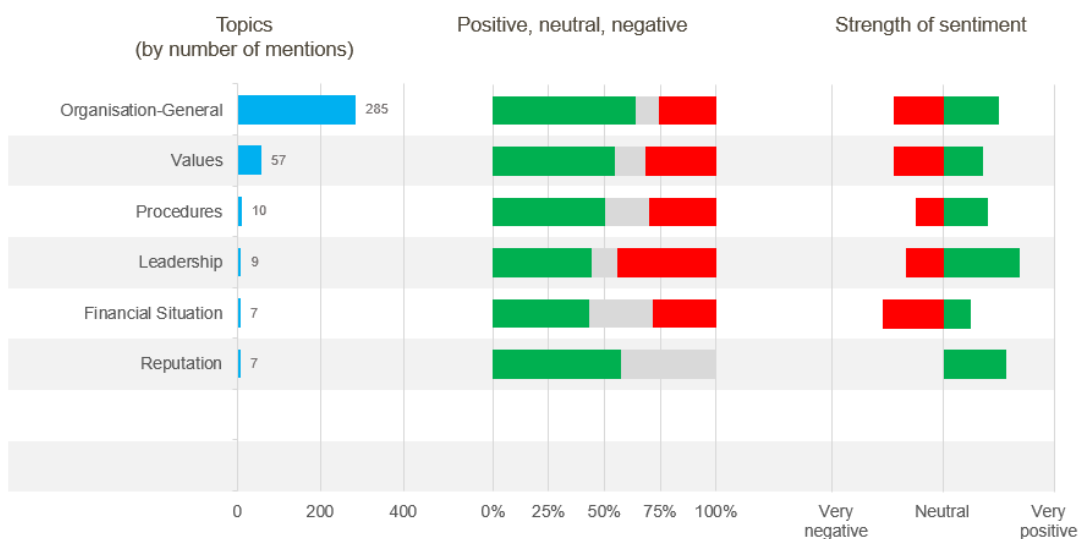
'Pressure' is the most mentioned topic in this theme, with a high proportion of negative comments and the strength of the sentiments also being very negative. Most negative comments were received about 'Anxiety' (93.5%) and 'Frustration' (92.5%) and the strength of the sentiments expressed are also very negative. 'Support for health and wellbeing' received most positive comments and the strength of the sentiment are also very positive.

Theme 3: Management



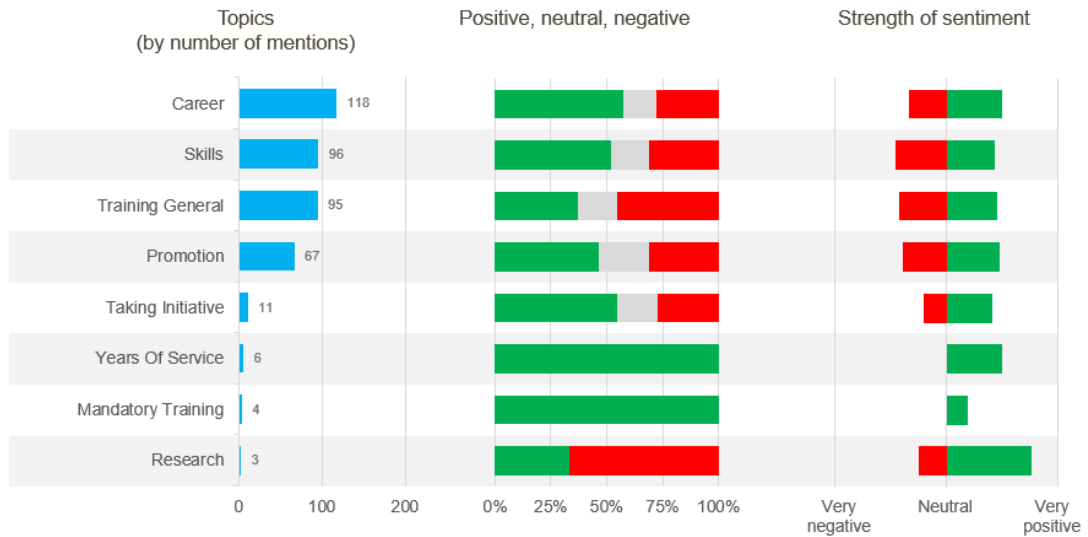
'Immediate Management' was mentioned the most in this theme, and the proportion of negative comments is higher, whereas the proportion of positive and negative comments about 'Senior Management' are the same. The strength of sentiment for 'senior Management' is very negative.

Theme 4: Organisation



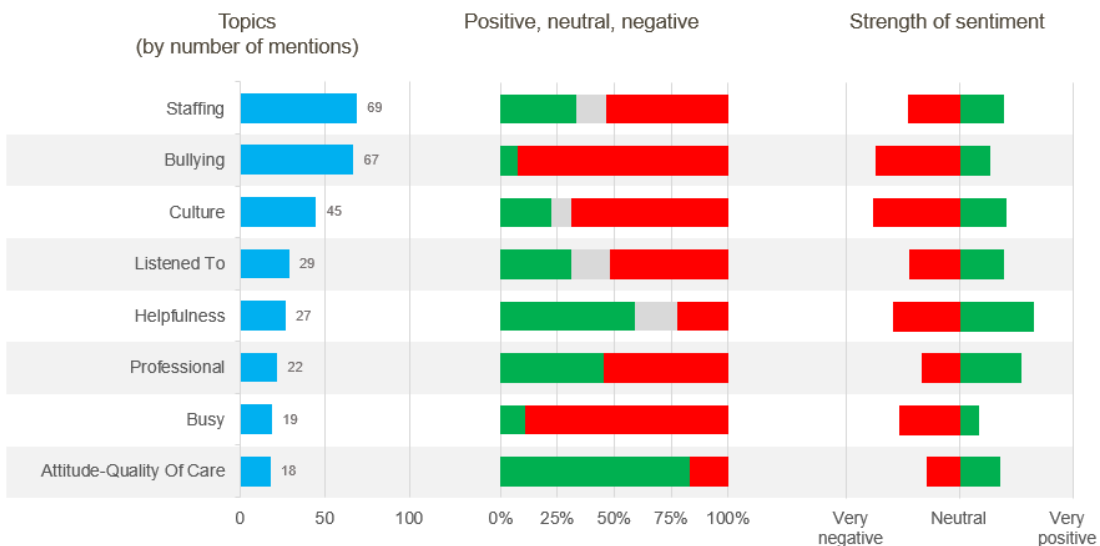
The comments made by respondents involving 'Organisation' are mostly positive. Comments about 'financial situation' and 'values' are very negative and comments about 'Leadership' and 'Reputation' are very positive.

Theme 5: My Development



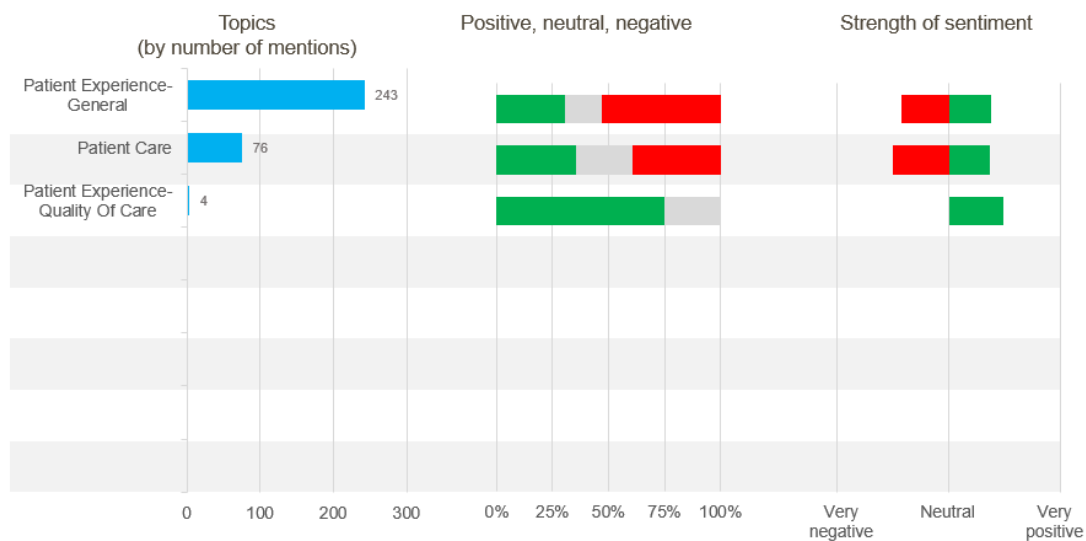
Comments about 'My Development' are mostly positive and the strength of sentiments are also very positive.

Theme 6: Attitude



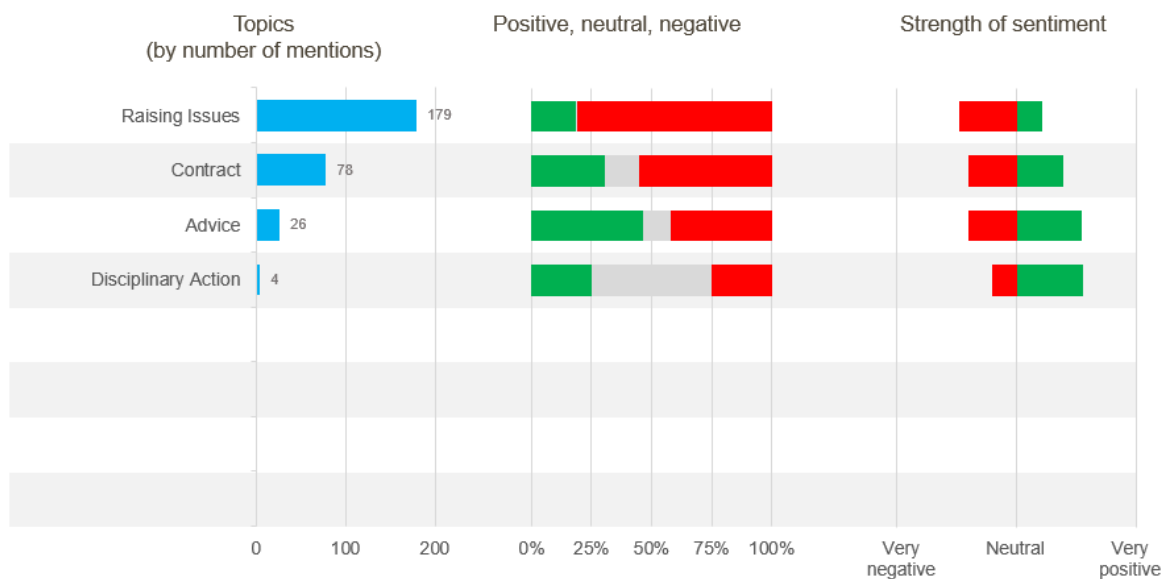
'Staffing' and 'Bullying' are the most mentioned topics in this theme. 92.5% of the comments received about bullying are negative. Sentiments about 'bullying' and 'Culture' are very negative while for 'Helpfulness', 'Professional' and 'Quality of care', they are very positive.

Theme 7: Patient Experience



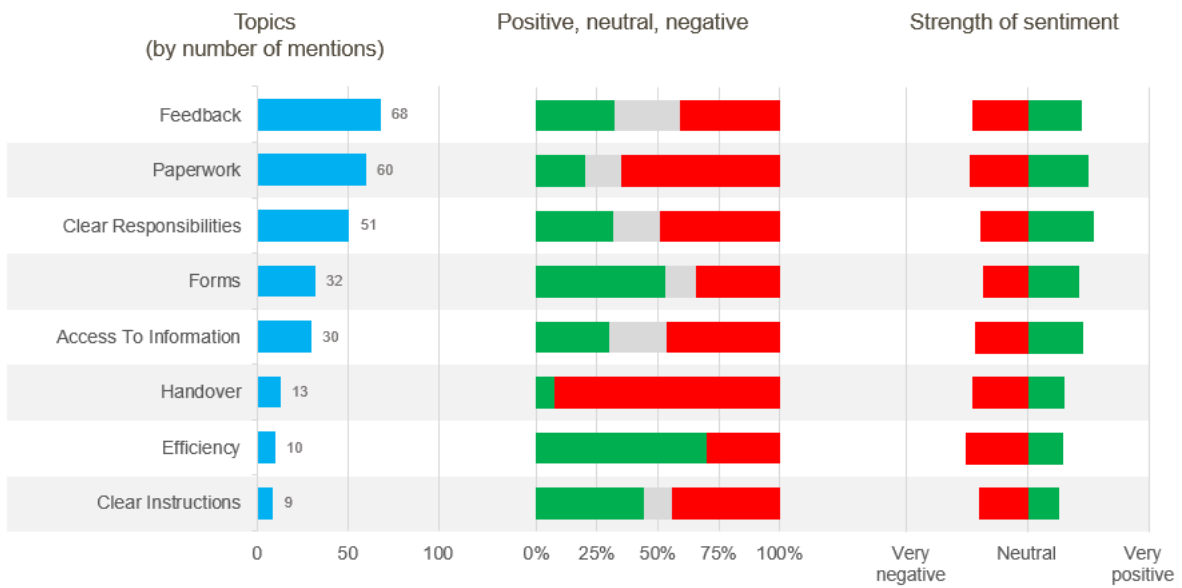
The strength of sentiments for 'Patient care' is very negative, whereas it is very positive for 'Quality of Care'.

Theme 8: HR



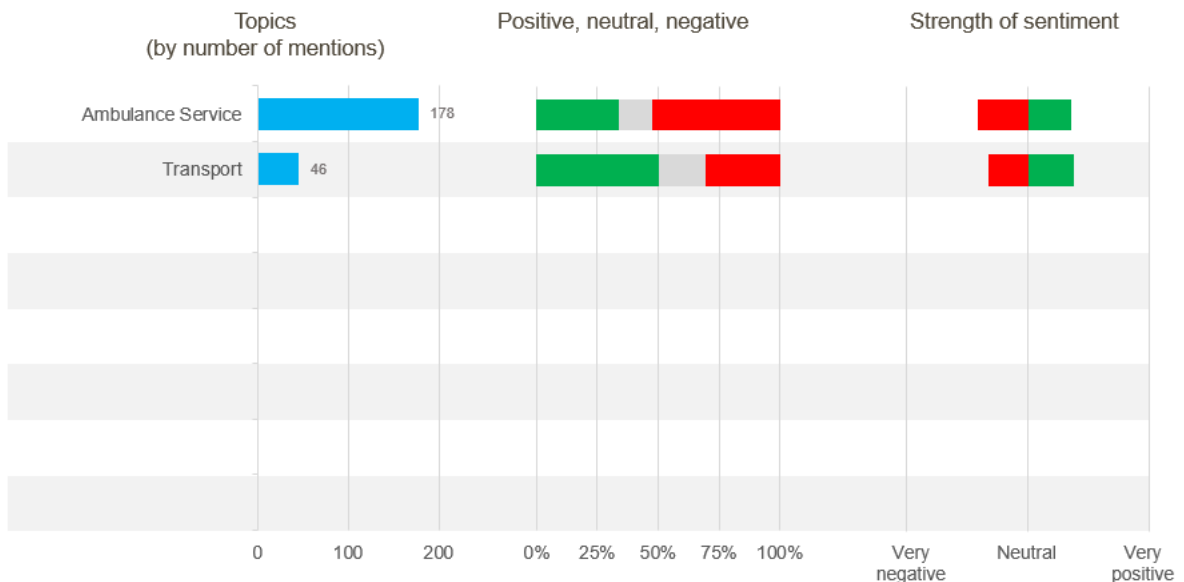
'Raising issues' is the most common topic mentioned about HR. Most comments are negative, and the strength of sentiment is very negative for 'Raising issues'.

Theme 9: Communication



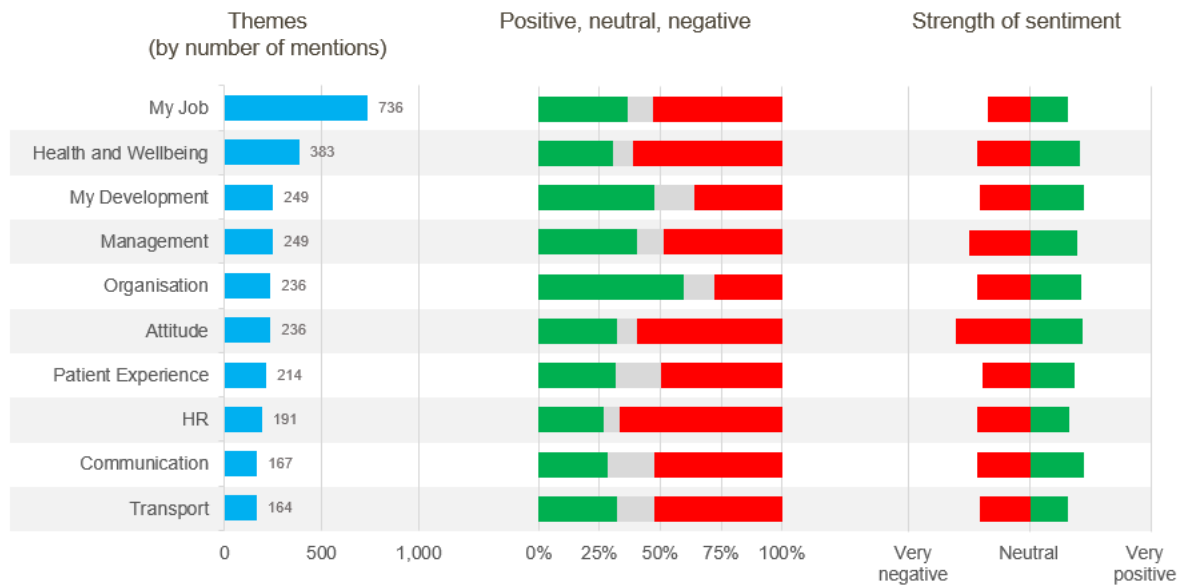
'Feedback' and 'Paperwork' are the most mentioned topics in this theme. Most comments received are negative while the strength of sentiment is very negative for 'Handover', 'Efficiency' and 'Clear instructions'.

Theme 10: Transport



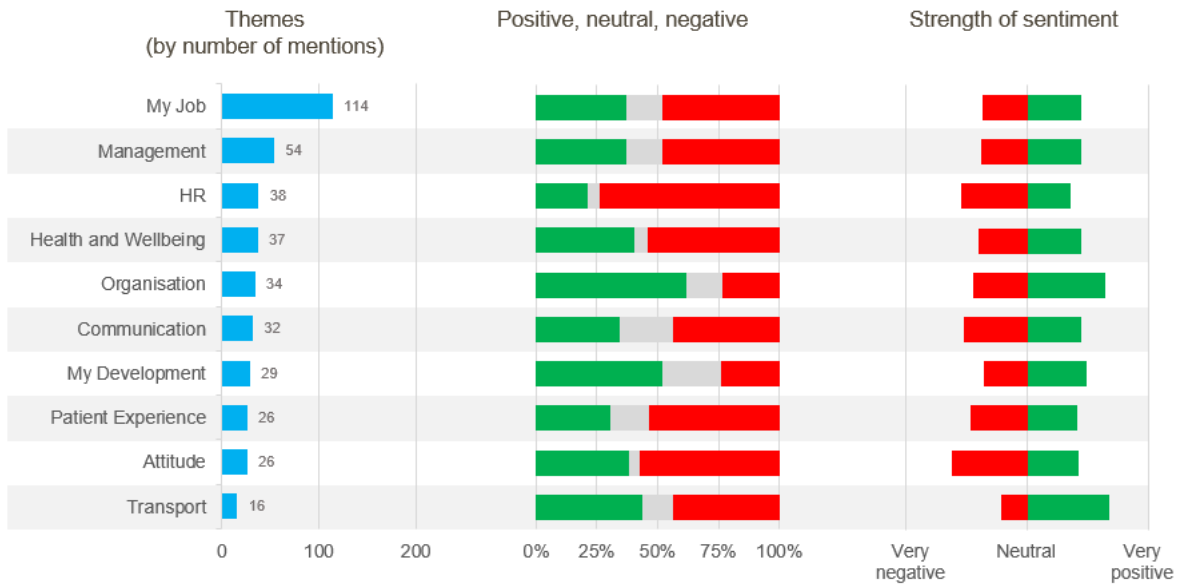
7. Free Text Analysis: Frequent Mentions and Sentiment by Locality

Service Delivery



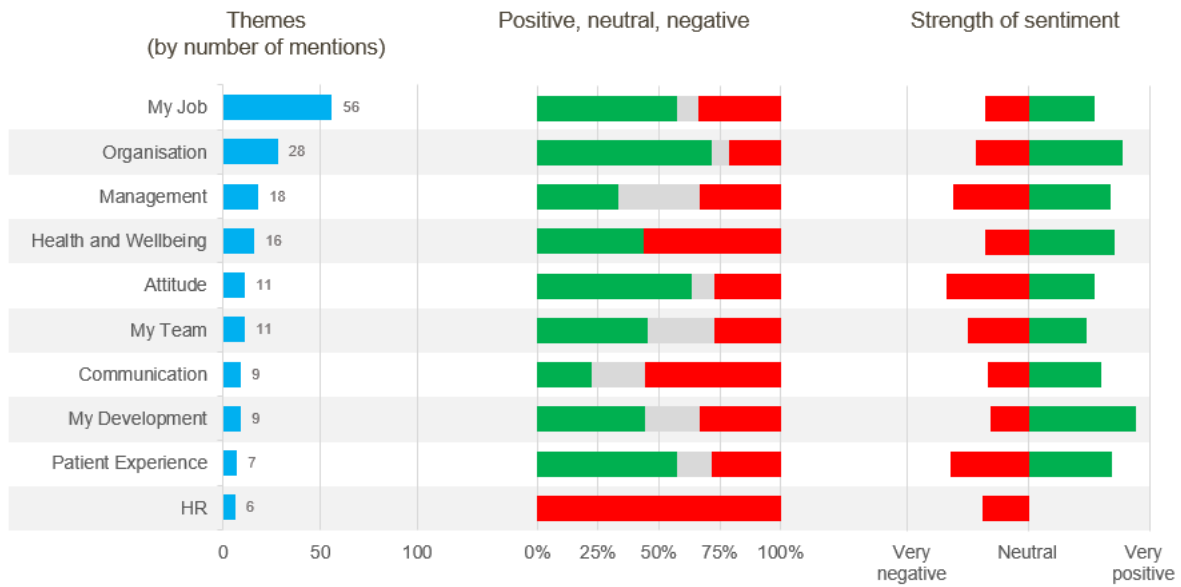
Most comments received from Service Delivery are negative. The strength of sentiment for 'Management', 'Attitude' and 'HR' are very negative.

Non-Emergency Services



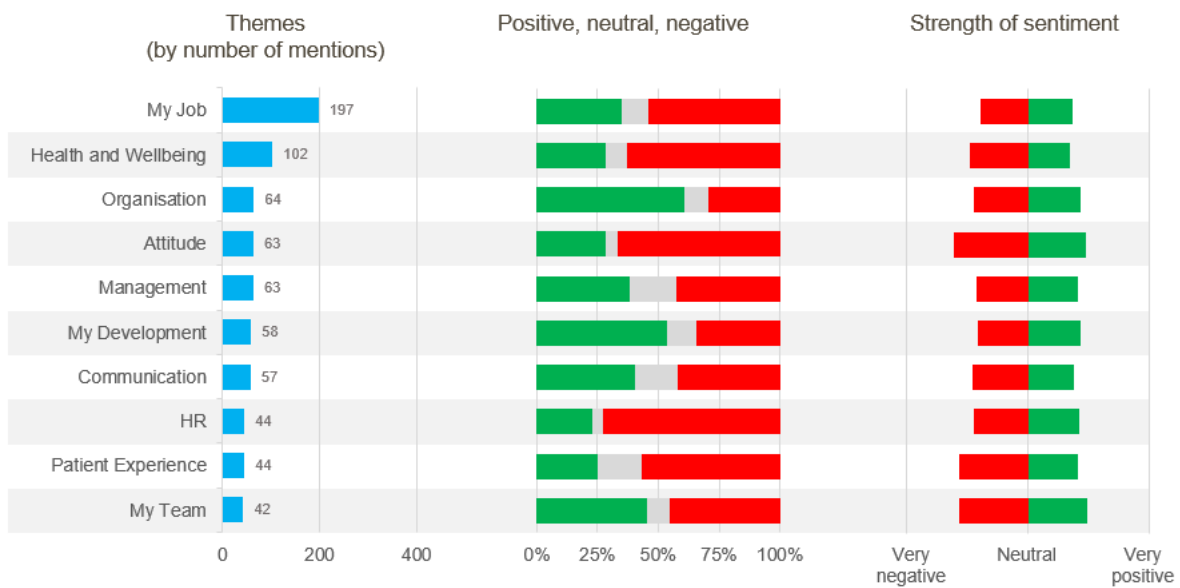
Most comments received from Non-Emergency Services are negative. The strength of sentiment is very negative for 'HR', 'Communication' and 'Attitude'.

Central Functions



The proportion of positive comments received from Central Function is slightly higher than the negative comments. The strength of sentiment is very negative for 'HR' and 'Attitude'.

Integrated Emergency and Urgent Care (IEUC)



A higher proportion of negative comments were received from IEUC. The strength of sentiment is very negative for 'Health and Wellbeing', 'Attitude', 'Communication' and 'Patient Experience'.

8. Conclusion

1. The Staff Survey Response Action Group (SSRAG) met on 9th March to discuss the benchmark results of the 2022 staff survey. A Trust wide Staff Survey Action Plan was agreed by the group and presented to Executive Management Board (EMB) in February and was approved. A copy of the Trust wide Action Plan is attached in Appendix 2.
2. All localities have been advised to share the staff survey results with their staff and listen to suggestions and recommendations from staff to create a Local Action Plan. Most Local Action Plans have been submitted to the SSRAG for monitoring and can be viewed here: [Local Action Plans 2022](#) or attached to this paper.
3. A recommendation was made to EMB for a Quality Impact Assessment to be completed for the Staff Survey Action Plan(s) and to consider how the action plans will be resourced. This has been referred for local discussions through locality SMTs.
4. It was agreed for the Organisational Development Team to conduct a culture review during April through various staff conversations at different sites. These have been carried out. There are planned sessions for Senior Managers in June. In order to allow the opportunity for more people to provide their feedback about the culture review, a Survey Monkey questionnaire will be shared with staff in June, with the same questions asked during face-to-face staff conversations. All the data collected will be collated and shared with EMB in due course of time.



Appendix 1-Free Text Analysis Report

Free Text Analysis

NHS National Staff Survey 2022

Free text report

WEST MIDLANDS AMBULANCE
SERVICE UNIVERSITY NHS
FOUNDATION TRUST

March 2023



Appendix 2- Trust wide Action Plan

Areas for development	Actions to be taken	Key Deliverables	Lead	End Date	Comments	Actions	RAG
PRIORITY 1 - THE HEALTH AND WELLBEING OF STAFF							
Support for staff for their Health and Wellbeing and Building Resilience	Continue promoting wellbeing and signposting staff to the resources and support available including launch on new dedicated website increasing accessibility.	Fostering staff wellbeing will help to create a positive working environment where staff can develop and perform to their best potential.	Head of Human Resources	31 st March 2024		All site managers have been contacted and informed of roadshow dates. Managers have also been advised to add any bespoke areas that they wanted. The first one is scheduled on 9 th May and will go through up to mid September.	
	Continue 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.	Each Trust site to host HWB roadshow event showcasing range of HWB services including mental health, SALS, financial wellbeing, OH, cycle to work scheme	Head of Human Resources			Promotion of HWB is continuous and on going.	

Areas for development	Actions to be taken	Key Deliverables	Lead	End Date	Comments	Actions	RAG
	"Just B" opportunity for all staff	Every member of staff to be given the opportunity to have a dedicated proactive conversation about their mental health with a trained professional from "Just B"	Head of Human Resources		<p>To assist staff further to consider their own wellbeing needs, we are really pleased to say that The Royal Foundation has provided funding for all our staff to receive a pro-active, confidential, wellbeing awareness and support conversation via telephone. The calls will be made by the experienced and specially trained team from Hospice</p>	<p>In addition to Roadshows, a new set of merchandise has been released and will be handed to staff at various events in view of promoting HWB.</p> <p>Promotion of HWB is ongoing through SMTs, Weekly Briefing and all other avenues possible.</p> <p>'Just B' is ongoing and will last for up to 6 – 9 months for the whole organisation to have had a conversation. The programme started in</p>	

Areas for development	Actions to be taken	Key Deliverables	Lead	End Date	Comments	Actions	RAG
		<p>Staff will not feel pressured to check and/or answer emails outside of their working times.</p>			<p>UK's dedicated support line for healthcare workers, which is called 'Just B'. A letter with full details has been sent to staff via their work e-mail address.</p> <p>It has been noted that many managers have added the</p>	<p>January. Data around number of take ups, trends and themes are being collected and will be available for analysis at the end of the project.</p>	

Areas for development	Actions to be taken	Key Deliverables	Lead	End Date	Comments	Actions	RAG
<p>Supporting and promoting an appropriate work:life balance</p> <p>Each team to consider via Lisenting into Action Groups how the Out of Office Assistant</p>	<p>A statement to be added to email signatures by all managers that makes it clear to people that they are not expected to respond to an email outside of their working hours.</p> <p>Options for how to best use the OOOA to take the pressure off staff to respond immediately to incoming emails.</p>	<p>Staff will not feel pressured to check and/or answer emails outside of their working times.</p>	<p>All managers</p> <p>Locality leads</p>	<p>1st April 2023</p>	<p>new statement to their signatures. Members have been requested to keep encouraging all managers in their areas to do the same.</p>		

Areas for development	Actions to be taken	Key Deliverables	Lead	End Date	Comments	Actions	RAG
(OOOA)should be used.				1 st April 2023			
PRIORITY 2 – THE SAFETY OF STAFF							
50 staff have reported in the staff survey that they have experienced physical violence from their managers.	Staff are encouraged to come forward and speak to either: The People Director; the Freedom to Speak Up Guardian; the Head of Organisational Development or the Chair of Staffside about their experience through wide promotion.	Staff will feel safe to report issues about their safety and wellbeing at work. Staff will feel confident that their concerns are listened to and acted upon by the leaders in the organisation.	Head of Organisational Development	1 st April 2023	Article published in the Weekly Briefing encouraging staff to come forward and speak to Pippa Wall, Freedom to Speak Up Guardian; Carla Beechey, People Director; Barbara Kozlowska, Head of Organisational Development; Reena Farrington, Joint Staffside Chair. Links for further resources and information has also been shared: Freedom to Speak Up Site		

Areas for development	Actions to be taken	Key Deliverables	Lead	End Date	Comments	Actions	RAG
					Finance Public Site - Counter Fraud (sharepoint.com) https://wellbeing.wmas.nhs.uk/		
Localities where physical violence has been reported to take actions through promotion and support staff in reporting issues and concerns about physical violence.	Wide promotion through email, posters etc to encourage staff to come forward and speak to a senior manager or the FTSU Guardian about their experience.	<p>Staff will feel safe to report issues about their safety and wellbeing at work.</p> <p>Staff will feel confident that their concerns are listened to and acted upon by the leaders in the organisation.</p>	Head of Organisational Development	1 st April 2023	<p>Article published in the Weekly Briefing encouraging staff to come forward and speak to Pippa Wall, Freedom to Speak Up Guardian; Carla Beechey, People Director; Barbara Kozłowska, Head of Organisational Development; Reena Farrington, Joint Staffside Chair. Links for further resources and</p>		

Areas for development	Actions to be taken	Key Deliverables	Lead	End Date	Comments	Actions	RAG
					<p>information has also been shared:</p> <p>Freedom to Speak Up Site</p> <p>Finance Public Site - Counter Fraud (sharepoint.com)</p> <p>https://wellbeing.wmas.nhs.uk/</p>		
PRIORITY 3 – IMPROVE ENGAGEMENT BETWEEN STAFF AND MANAGERS AND LEADERS							
Use data available in the Trust to help improve staff experience and engagement	Use the Staff Engagement Report and Winningtemp data to identify areas of good practice share so that other areas can be developed.	Staff will be more engaged and will have better experiences at work, leading to better patient care.	Locality Leads		Detailed Staff Engagement reports have been sent to sector leads.		

Areas for development	Actions to be taken	Key Deliverables	Lead	End Date	Comments	Actions	RAG
Communications and relationships between leaders/managers and staff to be developed improve engagement.	Use the refreshed values, Culture Statement and Behavioural Framework to drive compassionate and supportive leadership using relevant vehicles such as the Performance and Deveopment Conversations, locality meetings, etc in order that there is true engagement with our staff who will feel involved and listened to.	Staff feel empowered, involved, listenend to and valued.	Locality Leads				

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

NHS National Staff Survey 2022

Free text report

WEST MIDLANDS AMBULANCE
SERVICE UNIVERSITY NHS
FOUNDATION TRUST

March 2023



Next generation free text analysis

Feedback is the cornerstone of improvement in the NHS – yet free text comments can be overlooked, due to the complexity of unstructured data, and lack of time and resource to analyse and interpret results.

Picker, working in partnership with Hertzian, have pioneered new techniques using the next generation of semantic and sentiment analysis to provide real insight into free text comments provided by staff and patients using the Hertzian® Semantic Extraction engine: an advanced, AI-powered text analysis tool. The technology allows us to process large volumes of free text feedback, whilst achieving an equivalent standard of analysis as human coding.

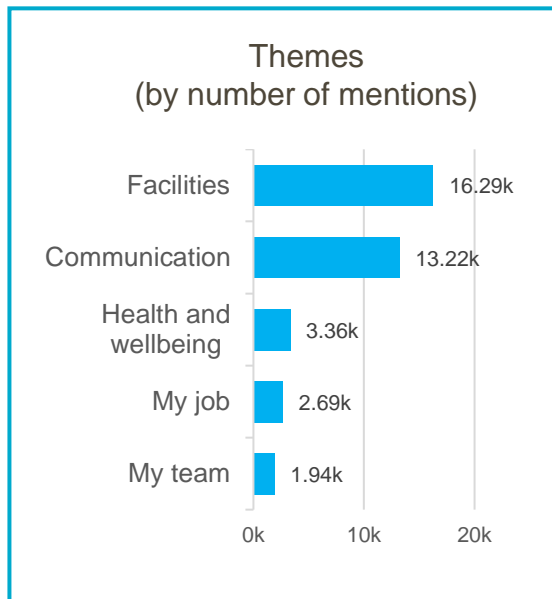
This report is designed to help your Trust:

- Take advantage of the growing preference for understanding and acting on free text comments
- Provide essential feedback beyond the constraints of mandatory surveys
- Identify positive themes and areas of concern
- Analyse strength of feeling among patients and staff
- Recommend areas for improvement, consolidation and retention
- Help you present findings to drive engagement and change
- Track attitudes over time

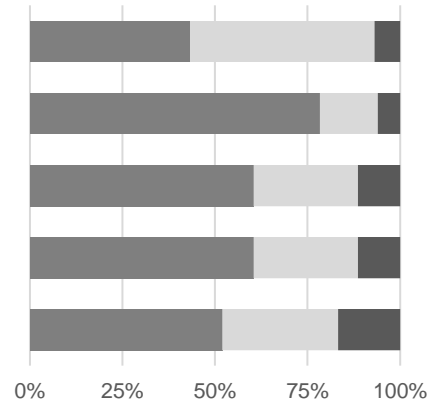
How to read your free text report

Themes (by number of mentions)

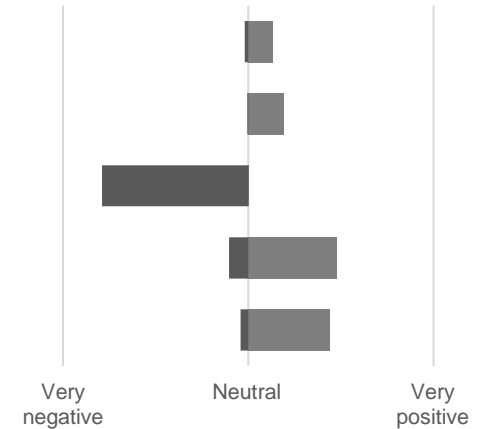
A mention is a small piece of free text within a comment that contains information about one specific subject, or “topic” – e.g. “I liked the food”. By using mentions as our base unit of measurement, we can calculate how often a particular topic or theme appears in your feedback. Please refer to the appendix for a more detailed explanation.



Positive, neutral, negative



Strength of sentiment

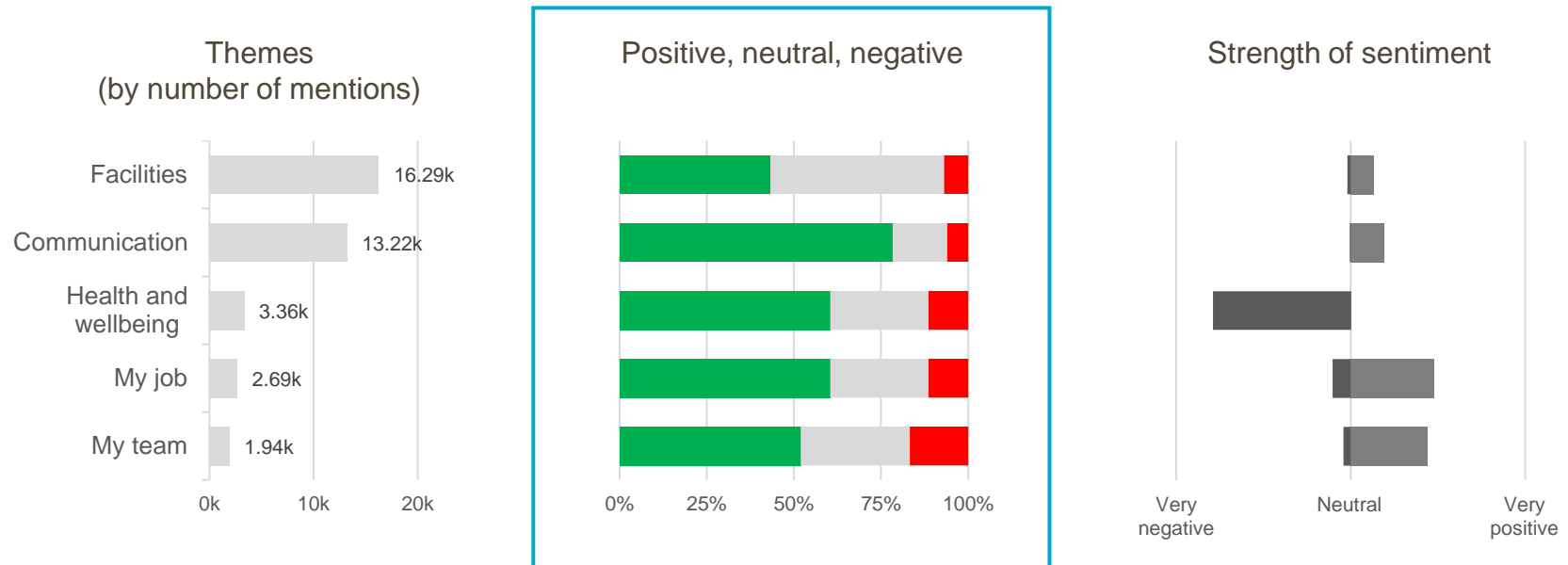


In this example “Facilities” is most common theme mentioned 16,287 times across all comments.

How to read your free text report

Positive, negative, neutral

This panel shows the proportion of your feedback that was positive (green), neutral (grey), and negative (red). We calculate these proportions using mentions rather than whole comments, to give a more accurate picture of your feedback. Please see the appendix for a more detailed explanation.

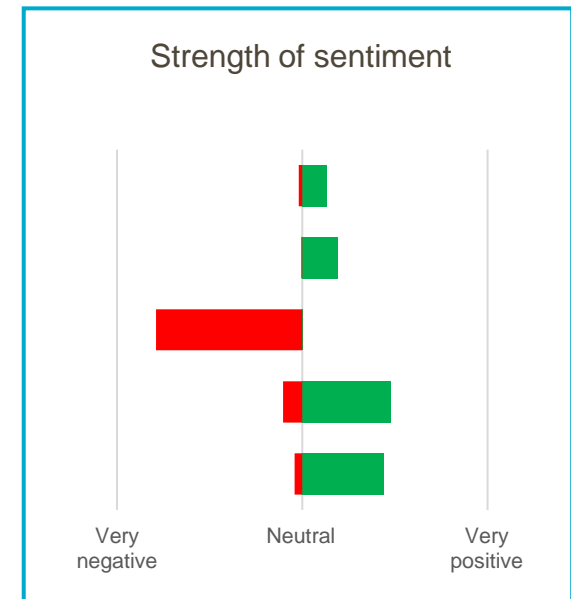
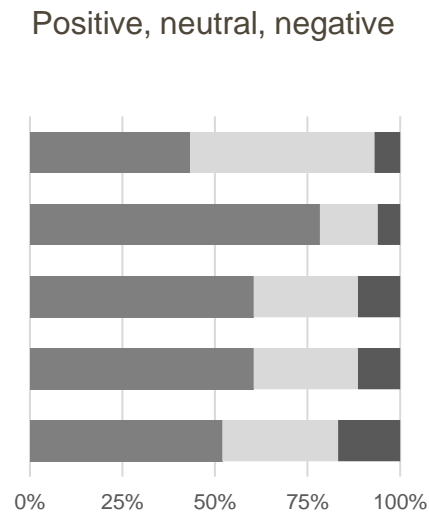
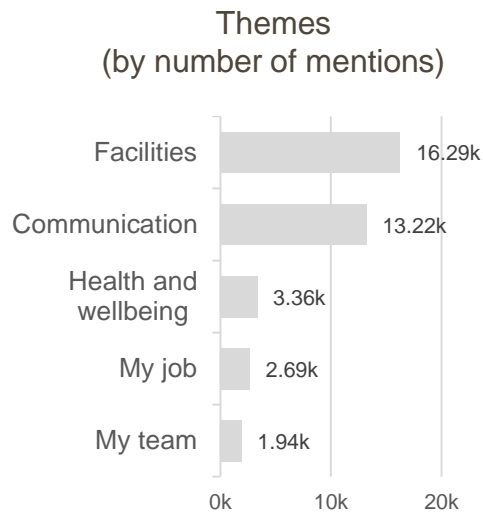


In this example nearly half of all comments in “Facilities” are neutral. There is a large proportion of positive feedback, and only a little negative feedback.

How to read your free text report

Strength of sentiment

Strength of sentiment shows *how* positive or negative your feedback is, rather than just whether it is “good” or “bad” overall. It works using a tonality scale, displayed here as “very negative” to “very positive”. The central line is “neutral” (i.e. factual information with no sentiment). Please refer to the appendix for a more detailed explanation.



In this example there were only a small number of negative mentions for Health and wellbeing, but those negative mentions were very negative.

Your topline results



Survey information

Response details

This free text analysis looks at staff comments that were made in the NHS Staff Survey 2022. The survey questionnaire was sent to staff from your Trust. 2768 members of staff returned a completed questionnaire with 841 participants making a comment at the end of the survey.

Fieldwork dates

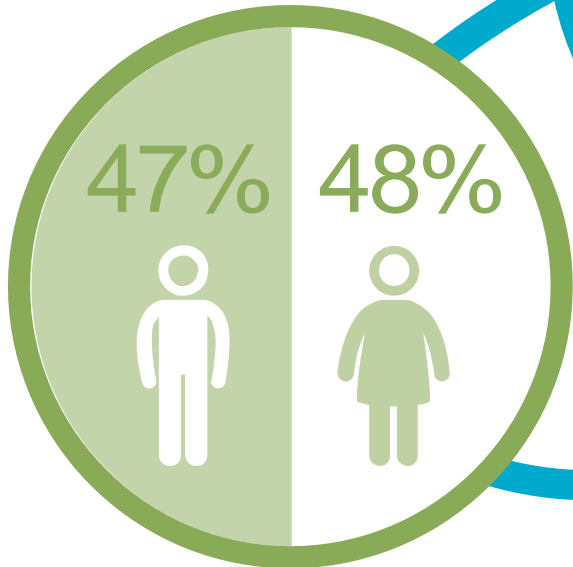
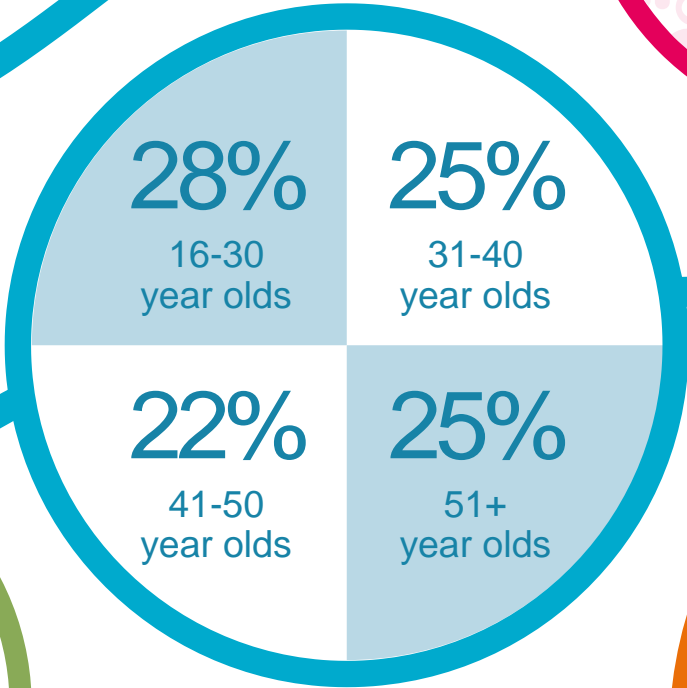
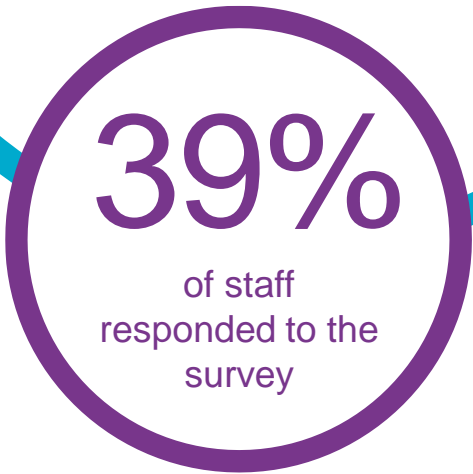
The core fieldwork timeframe were from 3 October 2022 to 25 November 2022. Respondents were sent either a paper or online questionnaire, receiving either 2 paper reminders or 6 email reminders.

Confidentiality

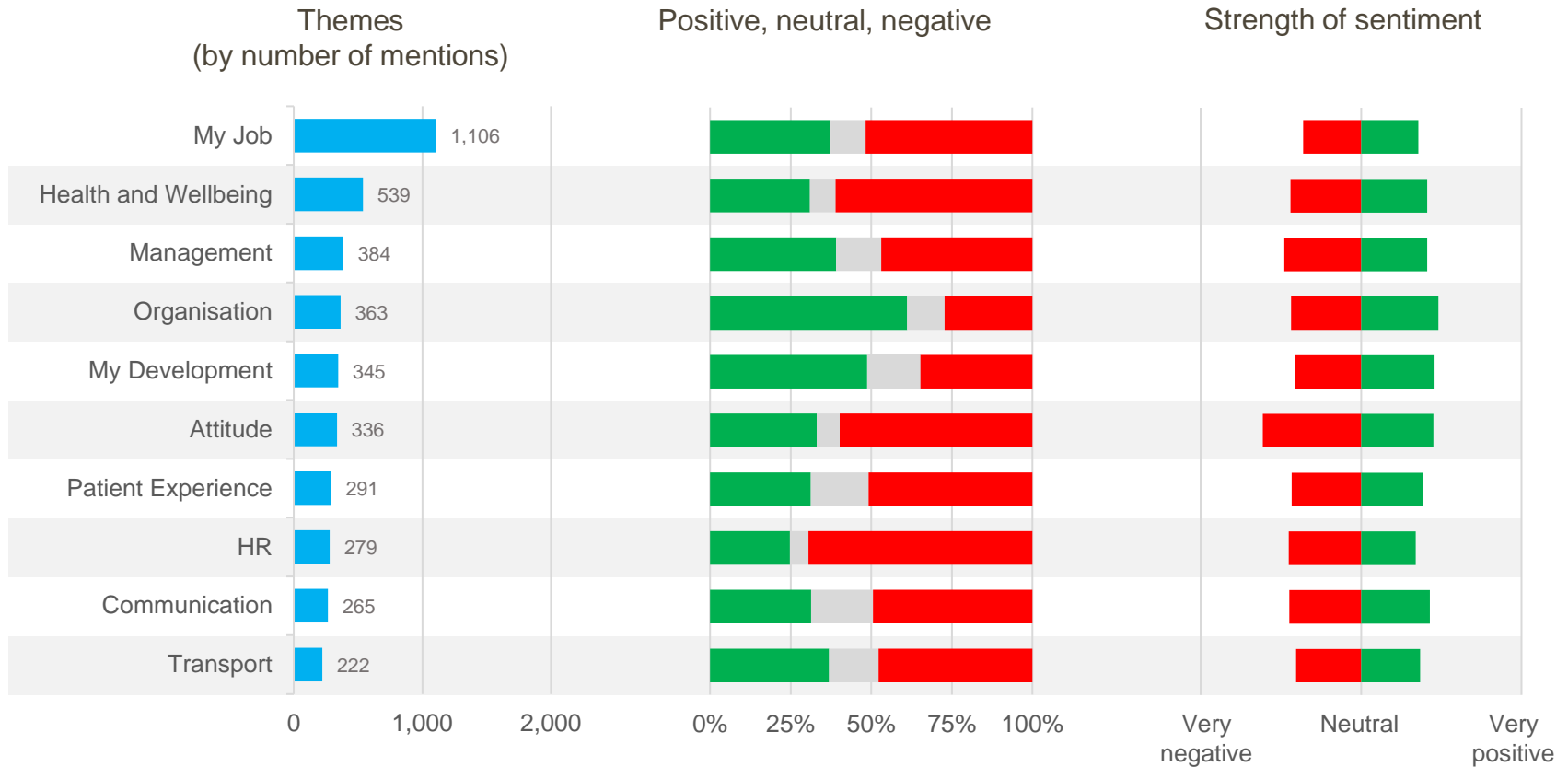
Free text comments have had any names or other identifiable information removed. In addition to this, it is the trust's responsibility to ensure that confidentiality is maintained when using free text comments as per NHSEI's guidance.

For full details of the methodology of the free text analysis please refer to the appendix.

Respondents



Frequent mentions and sentiment



“My Job” is the most common theme in your free text, mentioned 1106 times.

Typical comments (top themes)



My Job

"There is frequently very limited opportunities for development within the Trust and even when these opportunities come around, they are always only offered to elected people within the Trust and I feel any opportunities I attempt to apply for I am always restricted to my future personal development working with WMAS. The work life balance is constantly poor as I always feel I am working with limited time away from work. I have not been on a regular rota for the whole time I have been with the Trust (>2 years), commonly working a large amount of weekend shifts with limited time to have time away from work leading to my worsening mental health in relation to stress, anxiety and fatigue. There has been no support from WMAS regarding this. "



Health and Wellbeing

"I previously thoroughly enjoy my job and coming to work. Since losing my regular crew-mate and rota, I struggle to plan and balance my life on a relief rota that doesn't allow future planning and prevents me from seeing my family and partner due to the unsuitable working pattern. I work with people often whom I disagree with and who use rank superiority in situations with little regard for my opinion and make the job uncomfortable. I haven't had interactions with my managers often but when concerns have been raised a discussion is often all that is had with no further action. I lost a significant amount of my income since being sent to university and I am now working with staff members hired under a new scheme doing exactly the same job and training as me who a £9000 better off while I am still sacrificing my salary which further unmotivated me. I will continue with my training as a paramedic and as soon as it is over I will be looking for another employer."



Management

"No compassion or regard for staff or families, complaints remain unanswered and concerns raised often swept under the carpet. Often advertises promoting staff welfare and work life balance however rotas are changed with little to no notice and when this poses childcare issues you are asked to consider if this is "the right career for you". Staff retention at an all time low with no effort to change or improve with the general management consensus that there are "plenty of other people willing to take up positions". Senior management advertise they are available to discuss concerns/ grievances however rarely available on attempts to locate with apparent "other commitments elsewhere". "

Typical comments (top themes)



Organisation

"It feels that the ambulance service has no time for good quality, regular training and development (aside from individuals attending University courses). Dedicated training and simulations in lesser used skills would be very helpful, and help to foster more camaradie. I feel concerned by the high volume of experienced staff leaving the Trust, and feel concerned that this will have a negative impact on patient care and put more pressure on remaining staff. Clinically, I feel that I have to act to protect my job by defensive practice (ie always convey to hospital) rather than necessarily make decisions that would be better for patient care. "



My Development

"Senior management at the hub appear to care less about the retention of staff and more about replacing staff as many people are leaving or have left the hub in order to develop their careers more. Career development on the whole is very limited, you can progress to paramedic then it is either CTM which offers no incentive to join or management which is not a role for everyone. Queues at the hospital are making patients wait longer for an ambulance attendance which puts pressure on the service as a whole and there are ways to help ease this pressure such as the re introduction of RRVs and clinical development to allow for specialist staff to respond to specific jobs they are trained for, however this has been suggested by staff to the trust and it has been written off. It seems a common thought amongst staff that the service is more interested in saving money and ensuring that staff are in work rather than the care/welfare of patients and staff. "



Attitude

"Despite the current situation at work with long ambulance delays low staff moral and burn out. I have also been struggling with a lot of personal issues which has affected my mental health. I have approached and disclosed this to my SOM Wendy Hands who has taken the time to arrange face to face meetings, where I feel I have been heard and listened to. Wendy has discussed alternative support options at work and continuing to support me going above and beyond. I am so grateful for my SOM and feel I couldn't have asked for a more supportive and kind hearted person as my manager. I am very lucky! Wendy is approachable and supportive, she will go above and beyond for her staff and consider the best support options thinking of the individual at all times. Very kind and supportive SOM someone we all need with the current stress levels and low moral at work. "

Your results:

Staff feedback breakdown
by theme



Theme 1: My Job



“Resource” is the most common topic in this theme, mentioned 692 times.

Example comments



Our organisation is a great place to work, I am proud of my role and the innovation within the workplace. Unfortunately our line manager does not inspire the team, lacks leadership skills and the ability of man management. He is clearly out of his depth and makes questionable decisions whilst at work. If it was not for such a strong, dedicated team carrying this individual because of their own standards, values and work ethic, significant issues would arise. Overall this is resulting in fractions within the team and morale issues.

– Resource

I believe call dispatchers should not be allowed to leave work at the end of their shift until their last ambulance crew has returned. Ambulance crews are being forced to work hours over their finish times, increasing fatigue and breaching the working time directive. 60+ hours a week is already enough the 11 hour break in between does not work when you consider rest and travel travel times. late meal breaks are becoming worse and policy's are put into place and broken by their own organisation. Pay back shifts are putting extra pressure on crews welfare/cost of living.. petrol prices and travel times.

– Workload



Clarification on the bridging payments as promised by the trust due to the covid delay in original apprenticeship route. Bridging payments not included. Just a raise in hourly rate which should have occurred anyway due to being in a qualified role

– My Job-General

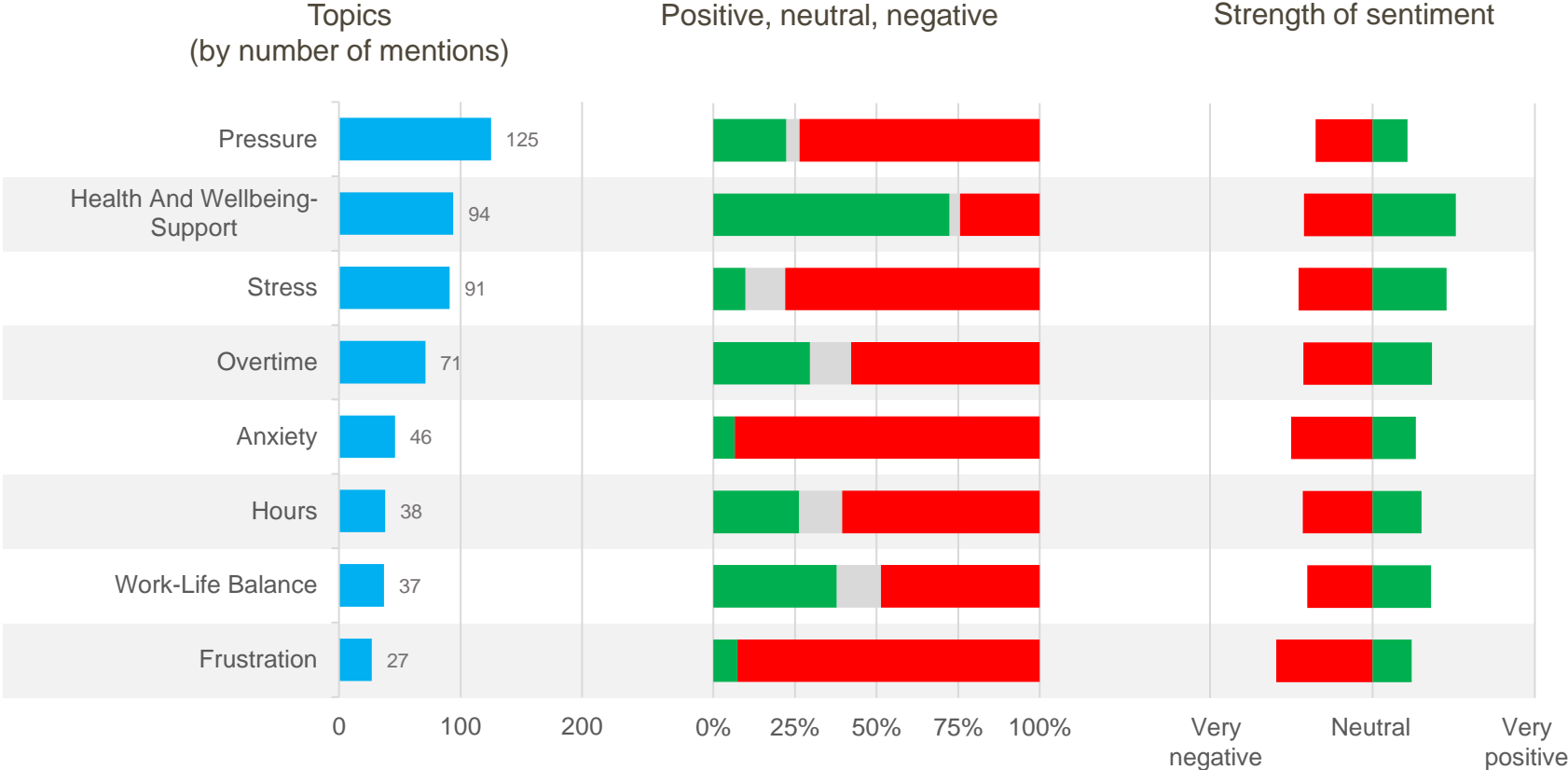
My Pay is agenda for change, workers doing my job in other areas are paid a higher band. So I believe my Job Analysis Questionnaire should be compared to there's. I want to find out why this has not happened. West Midlands VPO

– Salary



Examples of comments from Theme 1: My Job

Theme 2: Health and Wellbeing



“Pressure” is the most common topic in this theme, mentioned 125 times.

Example comments



I have always been proud to work for WMAS and the resilience that all staff continue to show. The past 2 years have been a huge challenge for all NHS but we continue to support and help colleagues work together. I do feel that there may be more work required looking into psychological hazards and burnout, especially as the demand doesn't seem to be going anywhere .

– Pressure

The environment and staff moral have been severely affected and has become extremely negative due to a recent SOM change. Work is difficult to attend on some days due to the negative environment. A lot of good friends and great clinicians have recently resigned due to this and not one was thanked for their service which in turn makes no one feel respected or valued.

– Health And Wellbeing-Support



I believe that the Chief is doing all he can in exceptionally difficult times. Things are so bad though that I worry how we'll be able to continue and if my job and therefore my family will be safe in the future.

– Anxiety

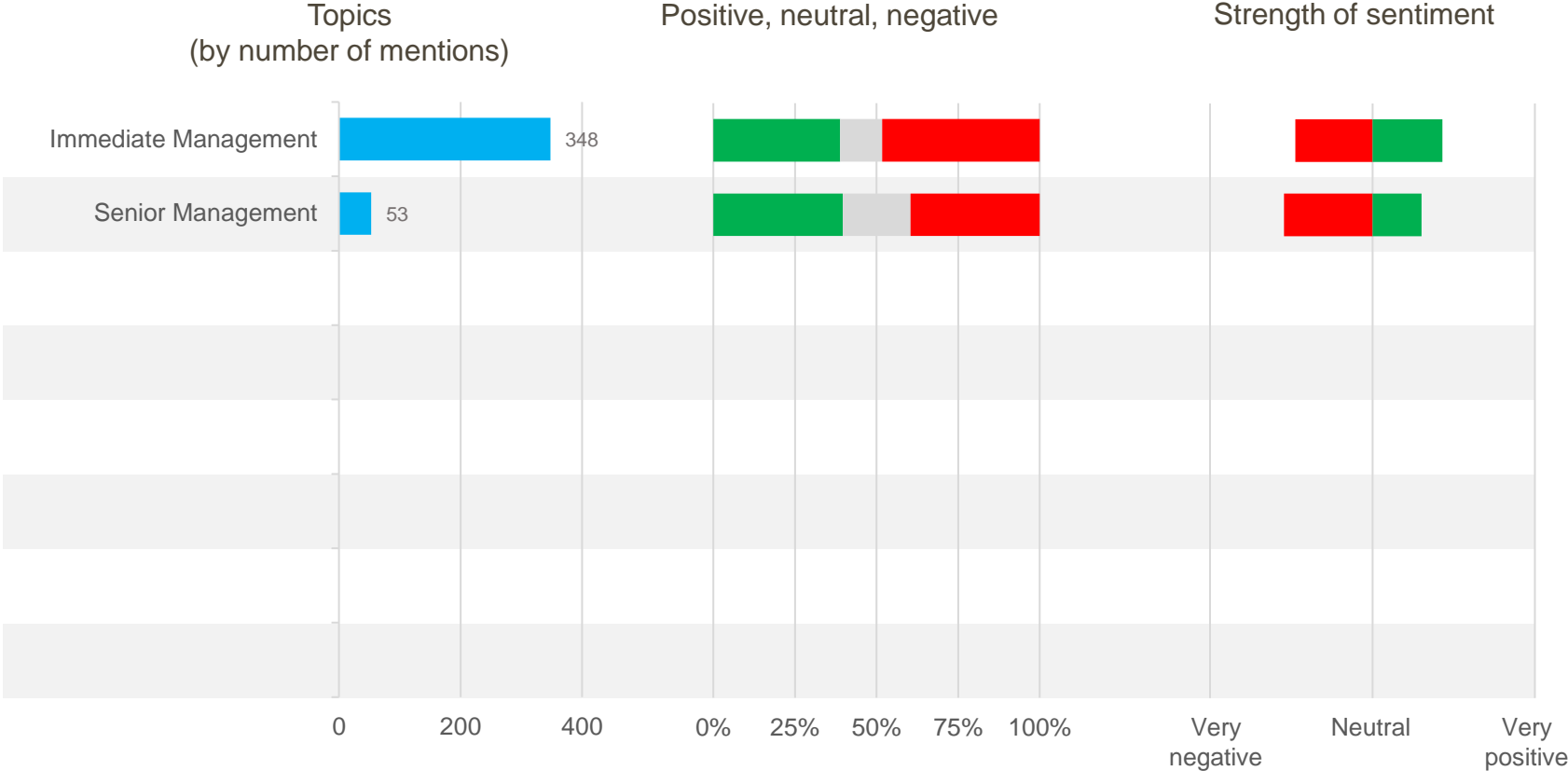
Constantly working forced overtime due to working out of area ,frequent late or missed meal breaks.

– Overtime



Examples of comments from Theme 2: Health and Wellbeing

Theme 3: Management



“Immediate Management” is the most common topic in this theme, mentioned 348 times.

Example comments



This organisation used to be great to work for. You really felt part of the team. Now that has all gone. The top managers don't even what to acknowledge you.

– Immediate Management

There is no career progression unless you want to be a manager. There is no genuine structured clinical mentoring/clinical supervision.

– Immediate Management



I feel that moral is so low at the moment, younger members of staff will leave and there will be just us “oldies” to keep going. Every time I suggest things that we could do to boost morale is ignored, or laughed at as a silly suggestion, but isn't anything worth a try?? I don't feel that snr managers listen to staff, as they are too busy, and when you do speak to them they do not seem interested .I love my job, I love WMAS, just wish morale was better 😊

– Immediate Management

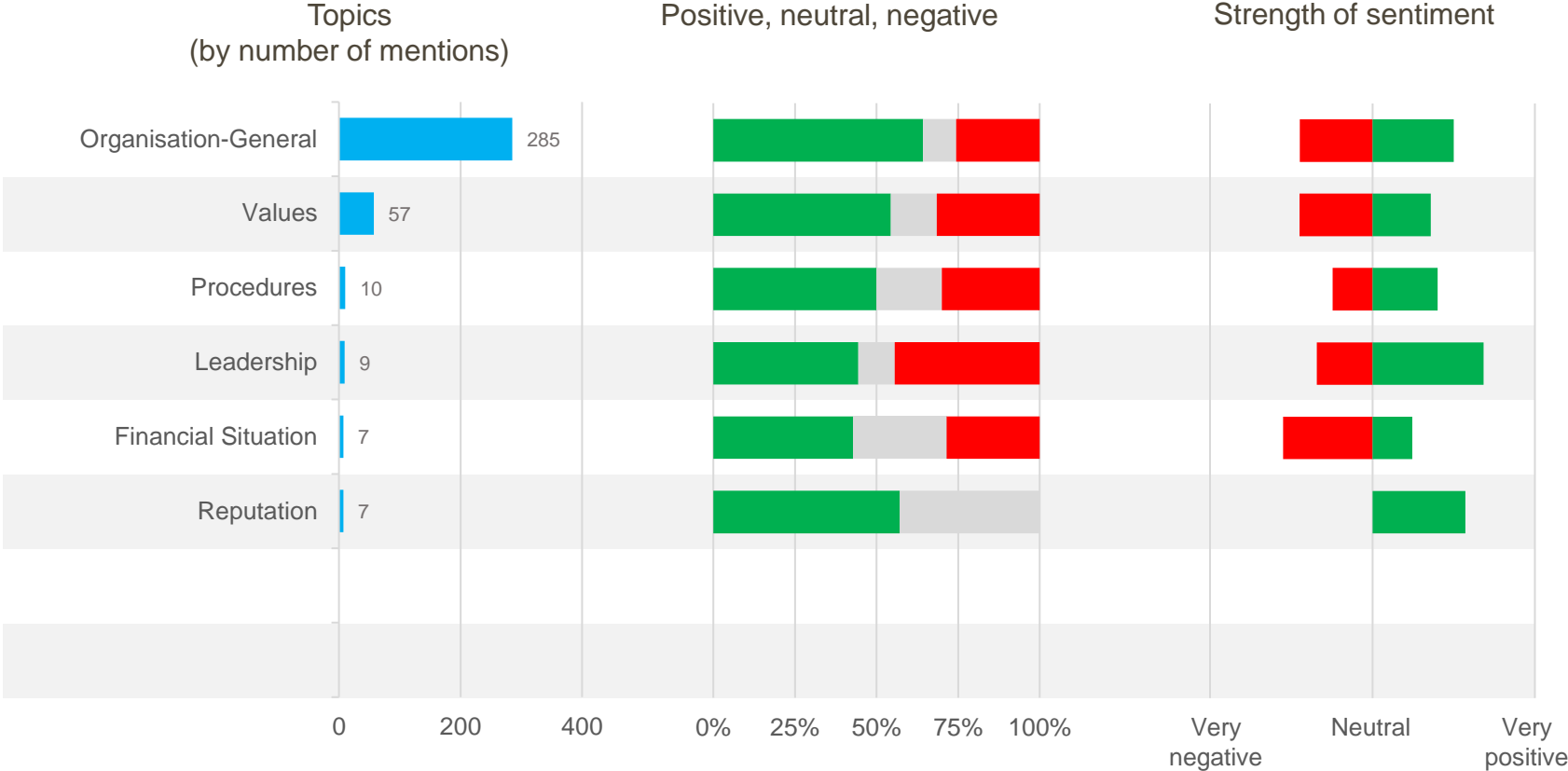
Feel unwanted and easily replaced so management are not bothered

– Immediate Management



Examples of comments from Theme 3: Management

Theme 4: Organisation



“Organisation-General” is the most common topic in this theme, mentioned 285 times.

Example comments



Organisation I work in is no longer a caring environment as when I first started.

– Organisation-General

The most frustrating aspect of the job currently is finish times. If these were as protected as much as the ridiculous break window policy then all would be good

– Values



Organisation is poorly managed from the top.

– Organisation-General

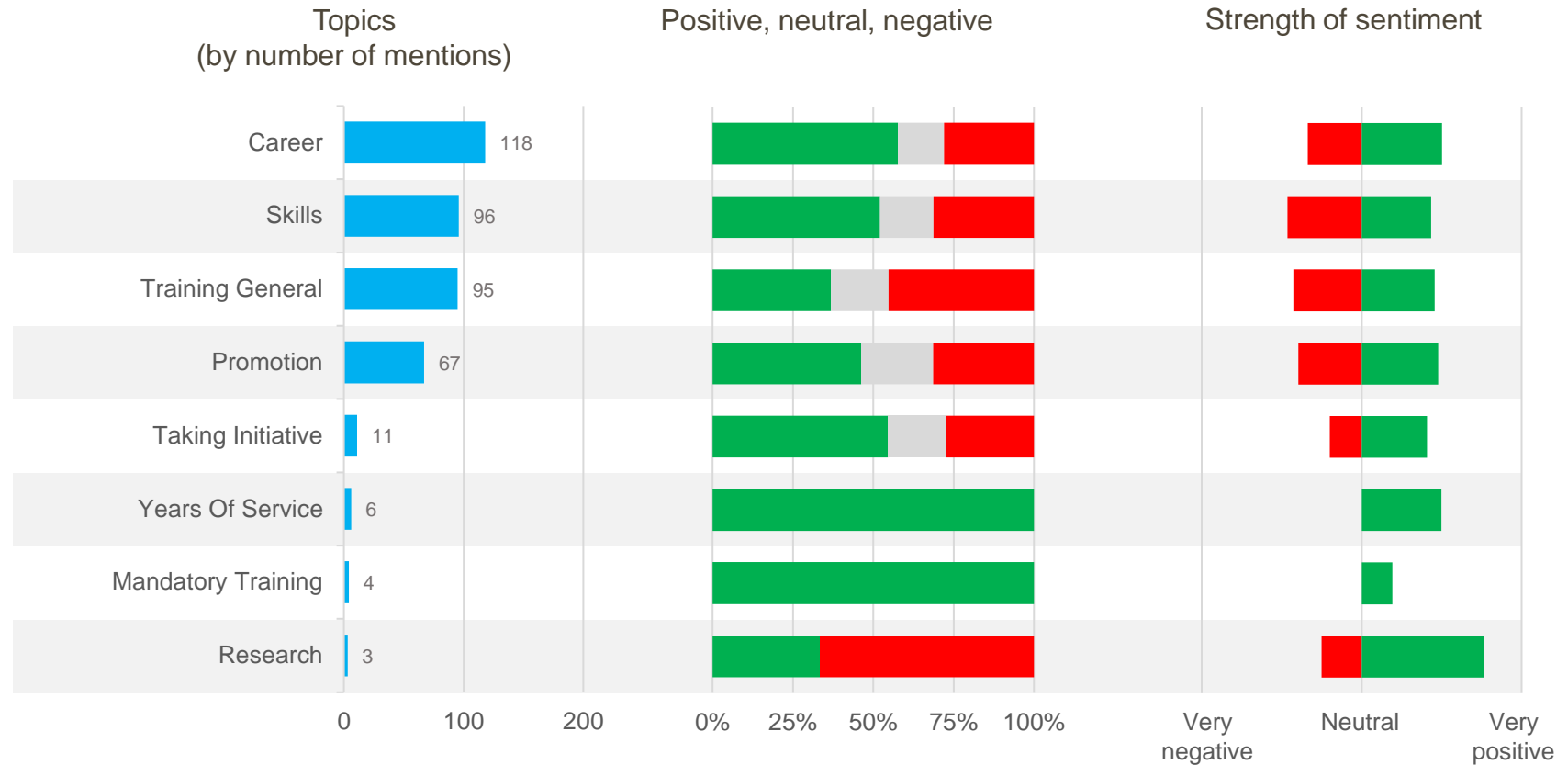
Review of end of shift policy to reduce late finishing times.

– Values



Examples of comments from Theme 4: Organisation

Theme 5: My Development



“Career” is the most common topic in this theme, mentioned 118 times.

Example comments



'- poor training in IEUC - Since TUPE of 111 mentioned things have gone really downhill making staff morale really low

– Training General

We require regular on station CPD events rather than online.

– Taking Initiative



feel like every shift we are failing patients and are unable to complete the job I am trained to do.

– Training General

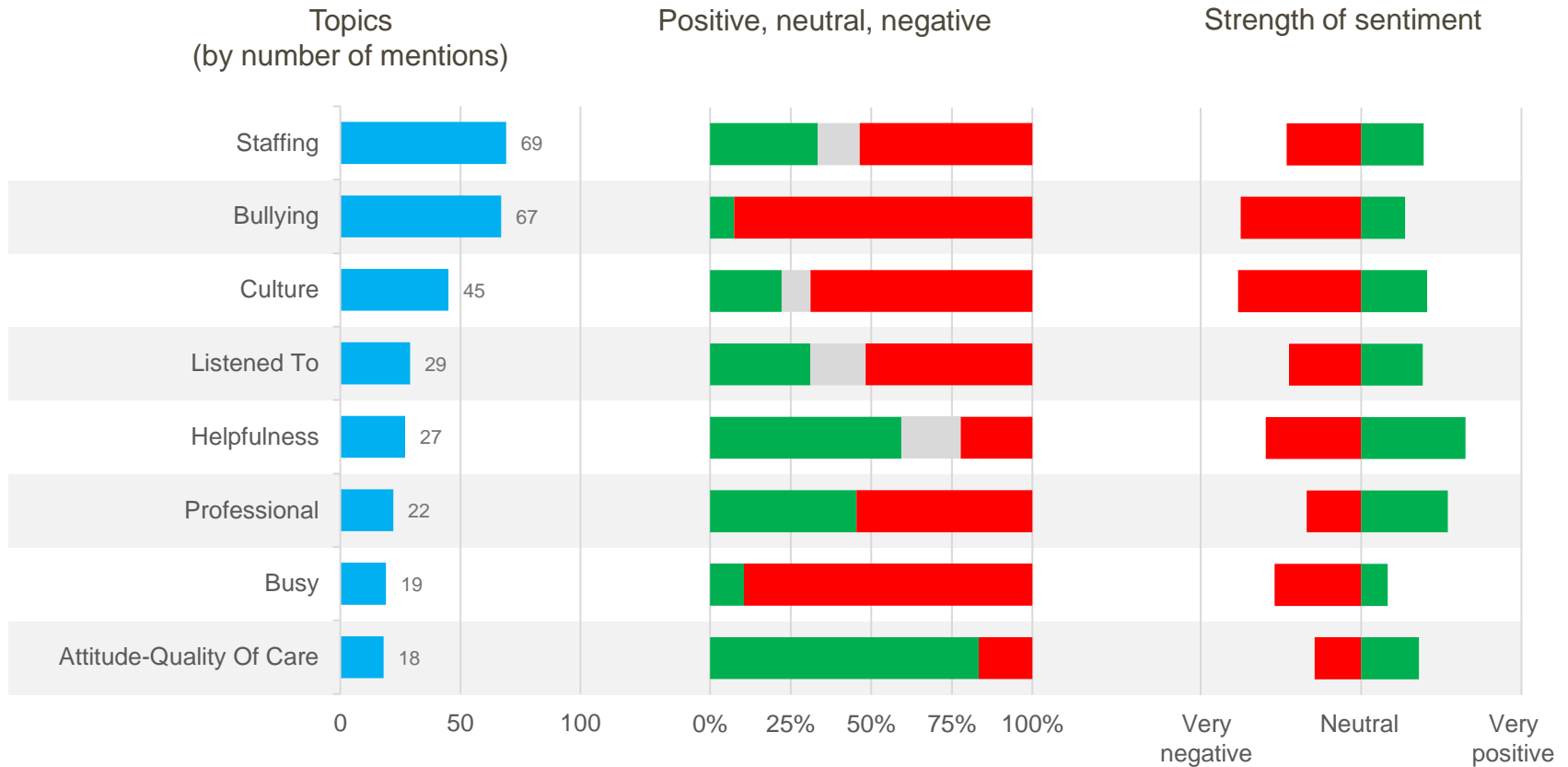
An increased frequency of CPD days/skills days at each hub would be beneficial

– Taking Initiative



Examples of comments from Theme 5: My Development

Theme 6: Attitude



“Staffing” is the most common topic in this theme, mentioned 69 times.

Example comments



12 hour shifts and late finishes are not family/children friendly.

– Friendliness

I feel there is a divide between control and road staff, control are frequently rude to staff, force staff into late finishes and seen to have no empathy for working parents

– Rudeness



Emails sent to entire workforce by staff refer to travellers in discriminatory way. Feedback not given when racist incident reported.

– Racism

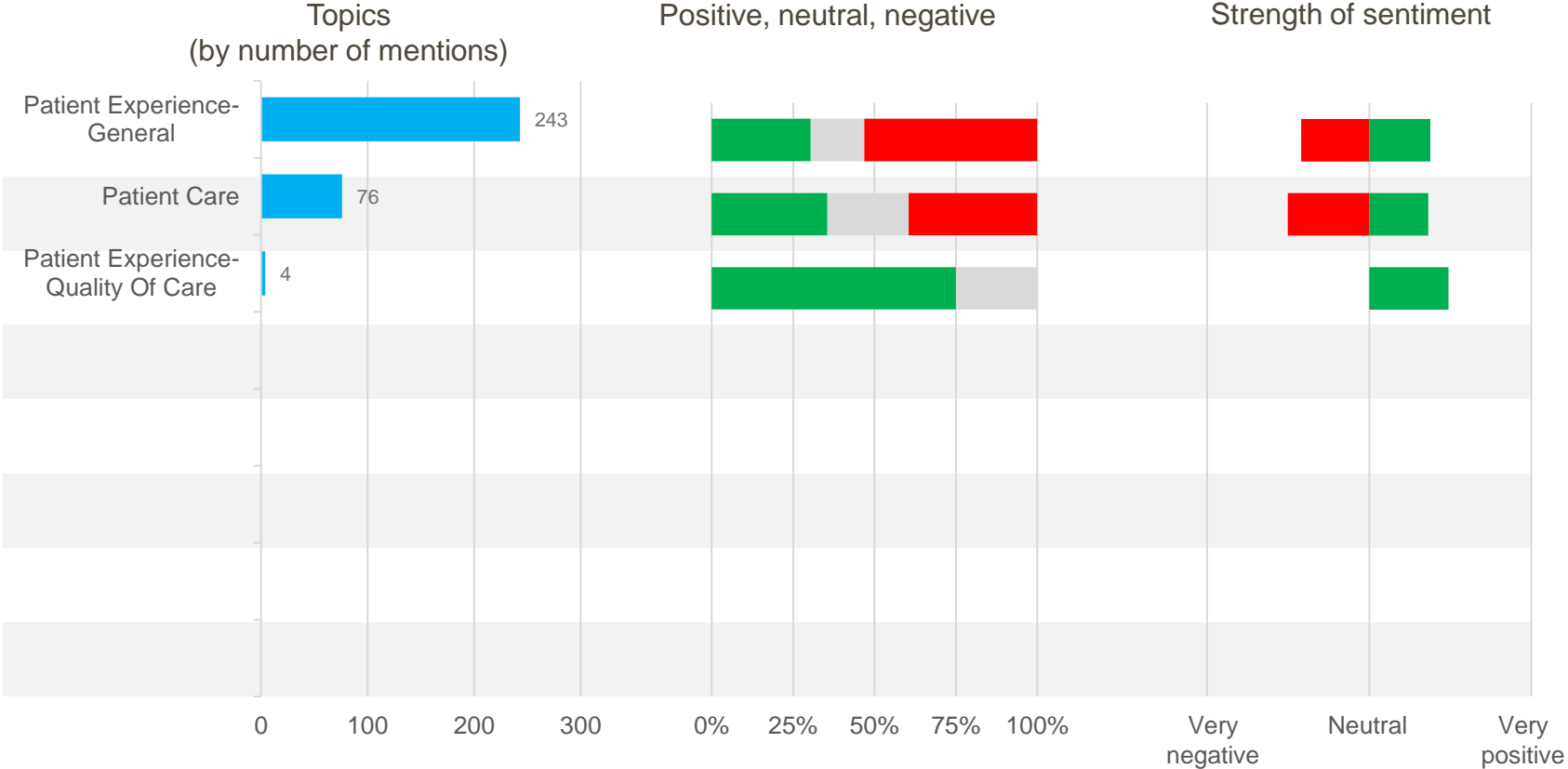
seeing more racist comments from patients

– Racism



Examples of comments from Theme 6: Attitude

Theme 7: Patient Experience



“Patient Experience-General” is the most common topic in this theme, mentioned 243 times.

Example comments

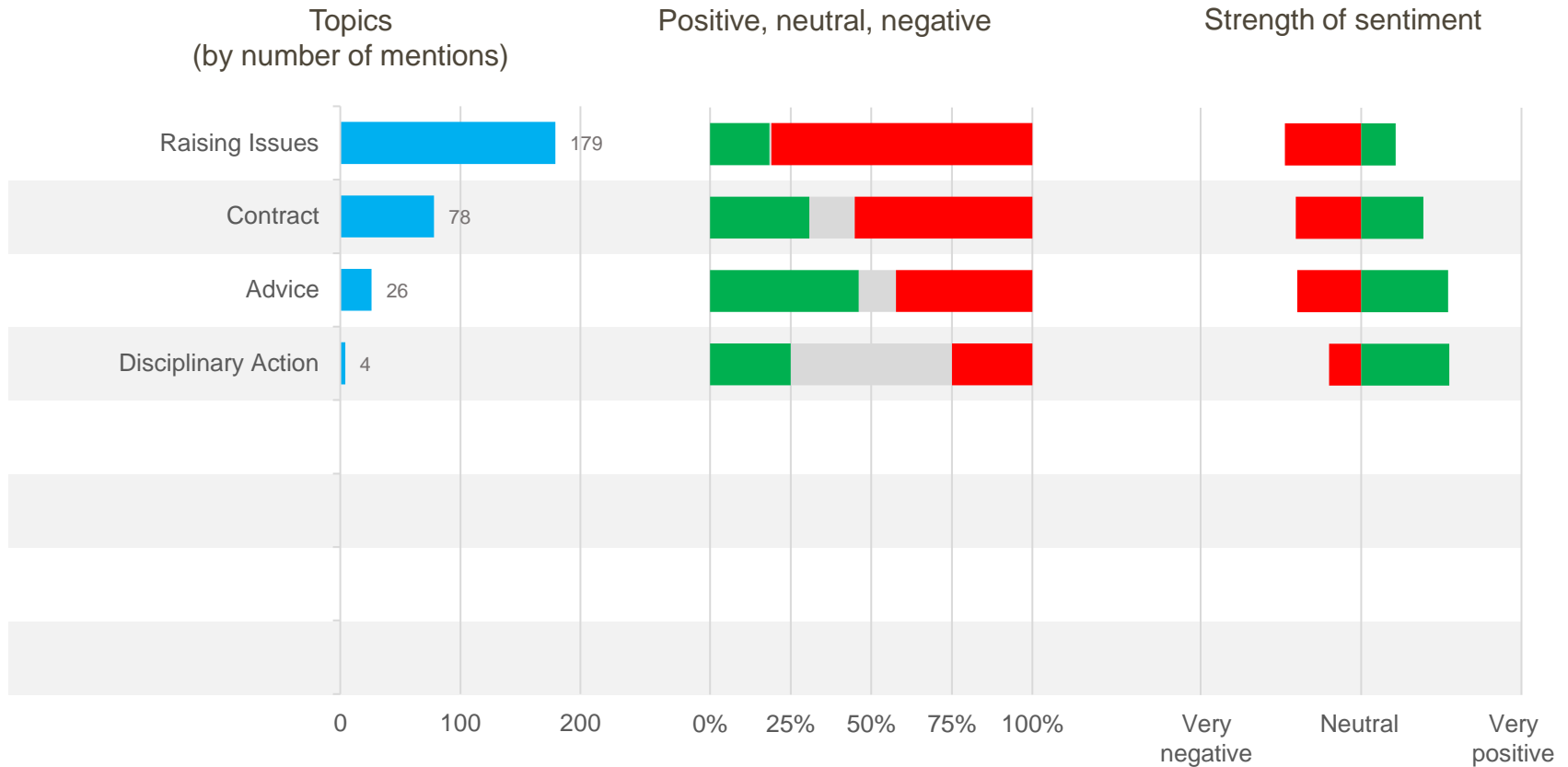


I feel staff are just a number and not a real person. Patients are being failed massively. I joined the service to hopefully make a difference. But now feel I'm not.

– Patient Experience-General

Examples of comments from Theme 7: Patient Experience

Theme 8: HR



“Raising Issues” is the most common topic in this theme, mentioned 179 times.

Example comments



Focus needs to be on SOM/OM performance and service they deliver to staff. Emails and requests frequently go unanswered. No disciplining of staff who are routinely late/book on late. No disciplining of staff who stall time on incidents and work less hard than others. Demoralising for staff who are on-time and work hard.

– Raising Issues

The lack of support for staff, who are going through an emergency, such as needing extra hours or moving onto a rota, to help them financially, is not acceptable.

– Contract



On hub portfolio help/advice for aap's, to help and advise prior to submission date would be beneficial.

– Advice

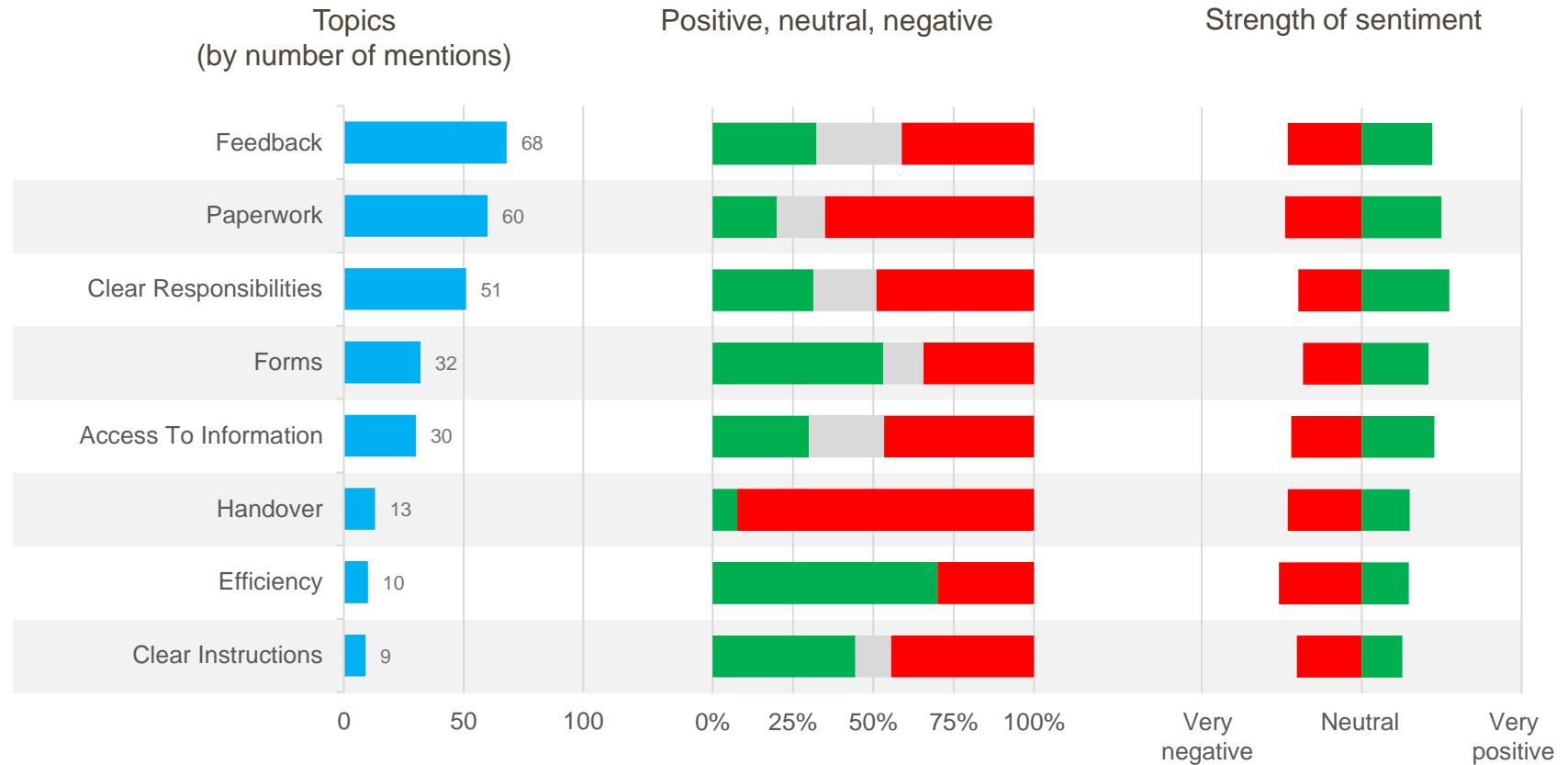
I have no comments on this as I believe nothing will change, I have worked in the nhs for 32 years ,and issues raised 32years ago are still mostly unchanged,

– Raising Issues



Examples of comments from Theme 8: HR

Theme 9: Communication



“Feedback” is the most common topic in this theme, mentioned 68 times.

Example comments



Another pointless survey nothing changes apart from things get worse

– Forms

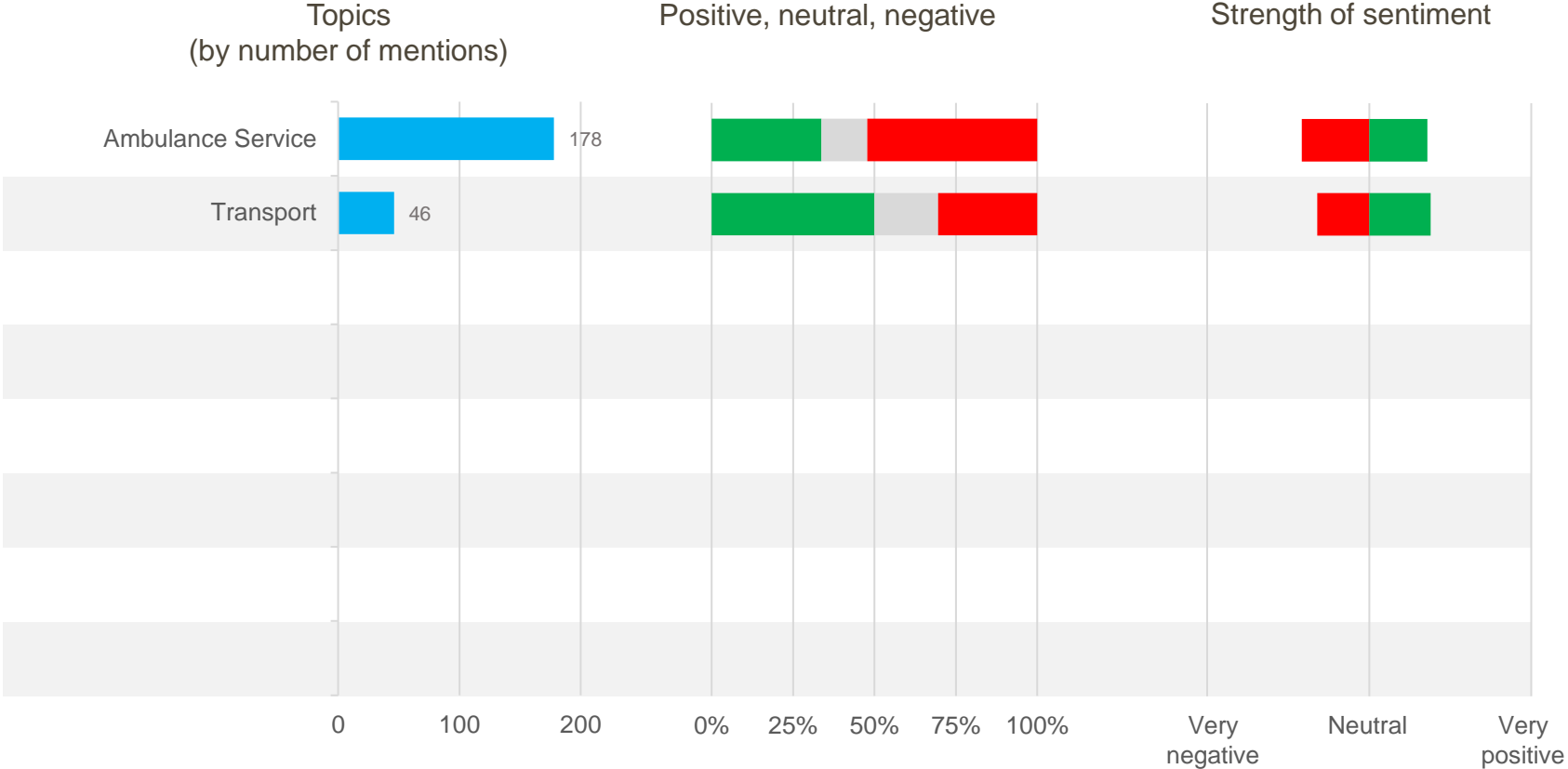
Incident reporting system is in place, but not effective in dealing with problem. No feedback given, and some actions are lip service. Same issues keep occurring, same managers comments, but nothing changes.

- Communication



Examples of comments from Theme 9: Communication

Theme 10: Transport



“Ambulance Service” is the most common topic in this theme, mentioned 178 times.

Example comments



I have worked in the ambulance service for over 25 years and semi retired but have never received any long service medals

– Ambulance Service

The ambulance service is failing on a fundamental level to meet the public's needs, a drastic rethink of how we triage jobs and what we choose to attend is needed.

– Ambulance Service



The trust I work for have no respect or concern for their employees. They send them into dangerous situations, when you refuse to attend these situations you are made to feel at fault.

They go on about staff mental health, make a big thing about it. They cause most of the mental health issues. Managers just pay lip service to issues or concerns raised.

All they are bothered about is making money, money, money.

Staff are leaving, hand over fist. This is not an issue, as another batch of student paramedics will be starting to replace the staff which are leaving daily. No issues with staff retention as they're making money from everyone who starts £9,000 plus anything from the government

Control are bullies, expect you to see violent patients and aren't happy when you refuse.

Culture of bullying.

They will leave an elderly person on the floor for nearly 20 hours. But send you to someone who does not need an ambulance or hospital.

They are more than happy to leave crews outside hospitals all shifts.

They break the law daily, staff are having to work 12, 13 hours without taking a break.

- Ambulance Service

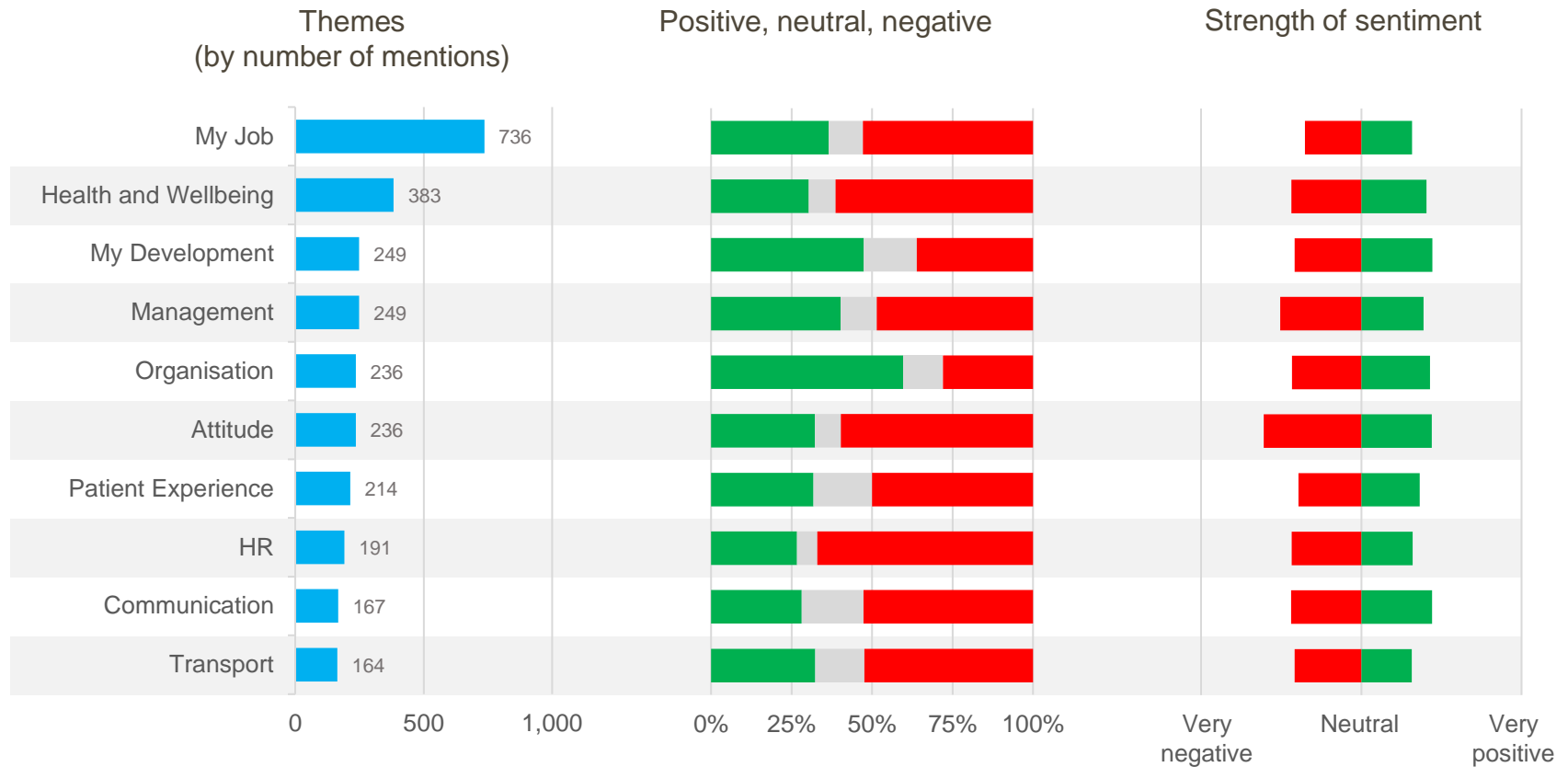
Examples of comments from Theme 10: Transport

Your results:

Locality 1 breakdown



Locality 1 : Service Delivery



“My Job” is the most common theme in this Locality 1, mentioned 736 times.

Example comments : Service Delivery



I do not feel staff are valued or respected at organisational level, I feel the majority of the workforce is physically unable to do their job roles effectively I feel the addition of an annual fitness test along with physical health and well-being input (not just mental) from qualified professionals has been lacking in the organisation for years. I don't feel working conditions and pay fairly reflect the job undertaken, in hand with increasing costs. The career progression for a paramedic within the service is next to non-existent and skills along with clinicians being deskilled as opposed to developed

– My Job

Focus needs to be on SOM/OM performance and service they deliver to staff. Emails and requests frequently go unanswered. No disciplining of staff who are routinely late/book on late. No disciplining of staff who stall time on incidents and work less hard than others. Demoralising for staff who are on-time and work hard.

– HR



The most frustrating aspect of the job currently is finish times. If these were as protected as much as the ridiculous break window policy then all would be good

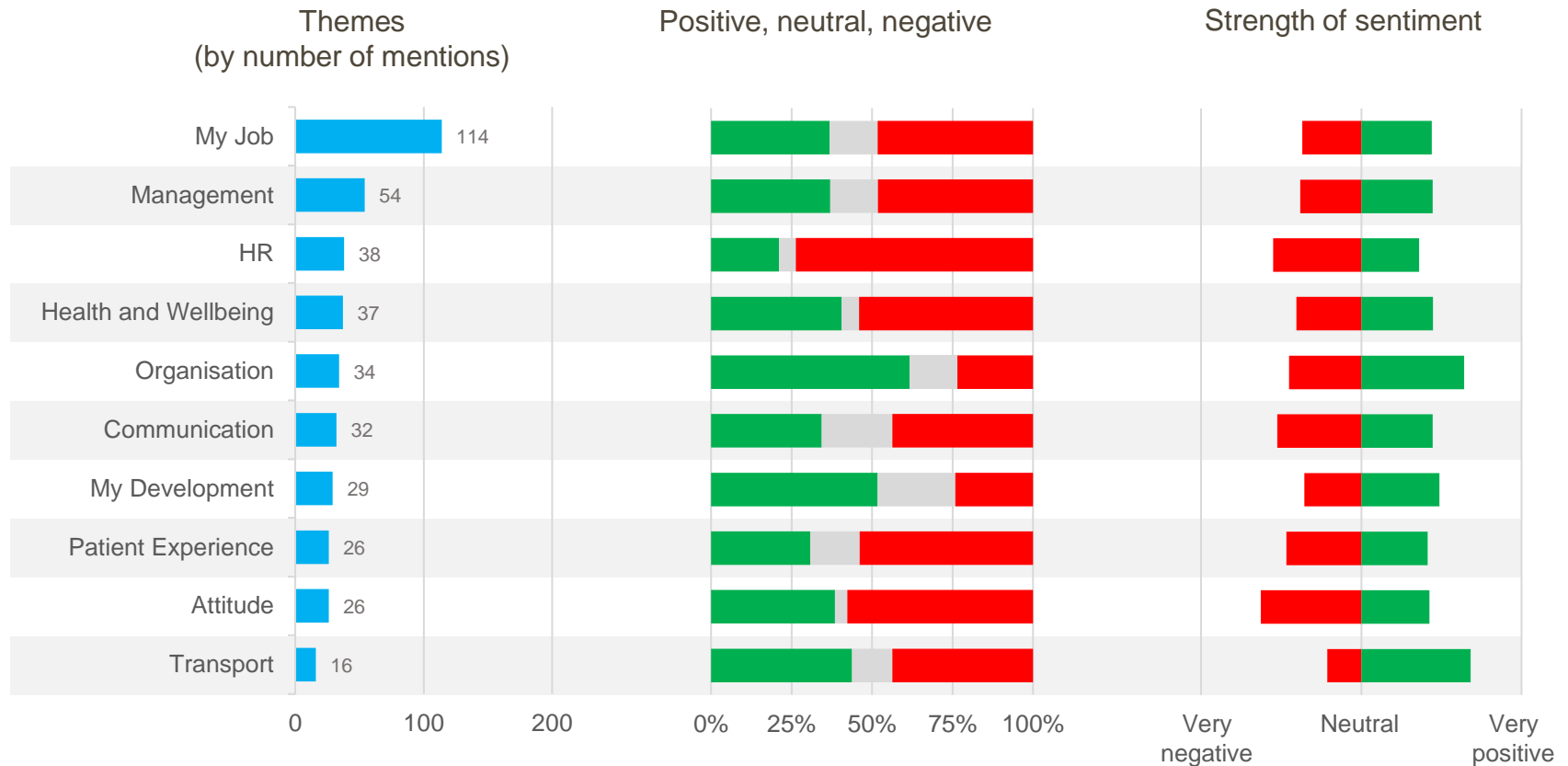
– Organisation

I feel there is a divide between control and road staff, control are frequently rude to staff, force staff into late finishes and seem to have no empathy for working parents

– Attitude



Locality 1 : Non Emergency Services



“My Job” is the most common theme in this Locality 1, mentioned 114 times.

Example comments : Non Emergency Services



Work for PTS of West Mids Ambulance Service. Our manager is pure lazy, evil and cares for nothing but themselves! Want the band scale pay but none of the responsibility. Allows division within the base, supports individuals that are known troublemakers and you, as staff cannot report anything as the manager will do nothing. What makes it worse, the managers, managers protect this individual. These is including harassment, bullying, victimisation and unsafe working practice. Should be ashamed of themselves and resign.

– My Job

seeing more racist comments from patients

– Attitude



Organisation I work in is no longer a caring environment as when I first started.

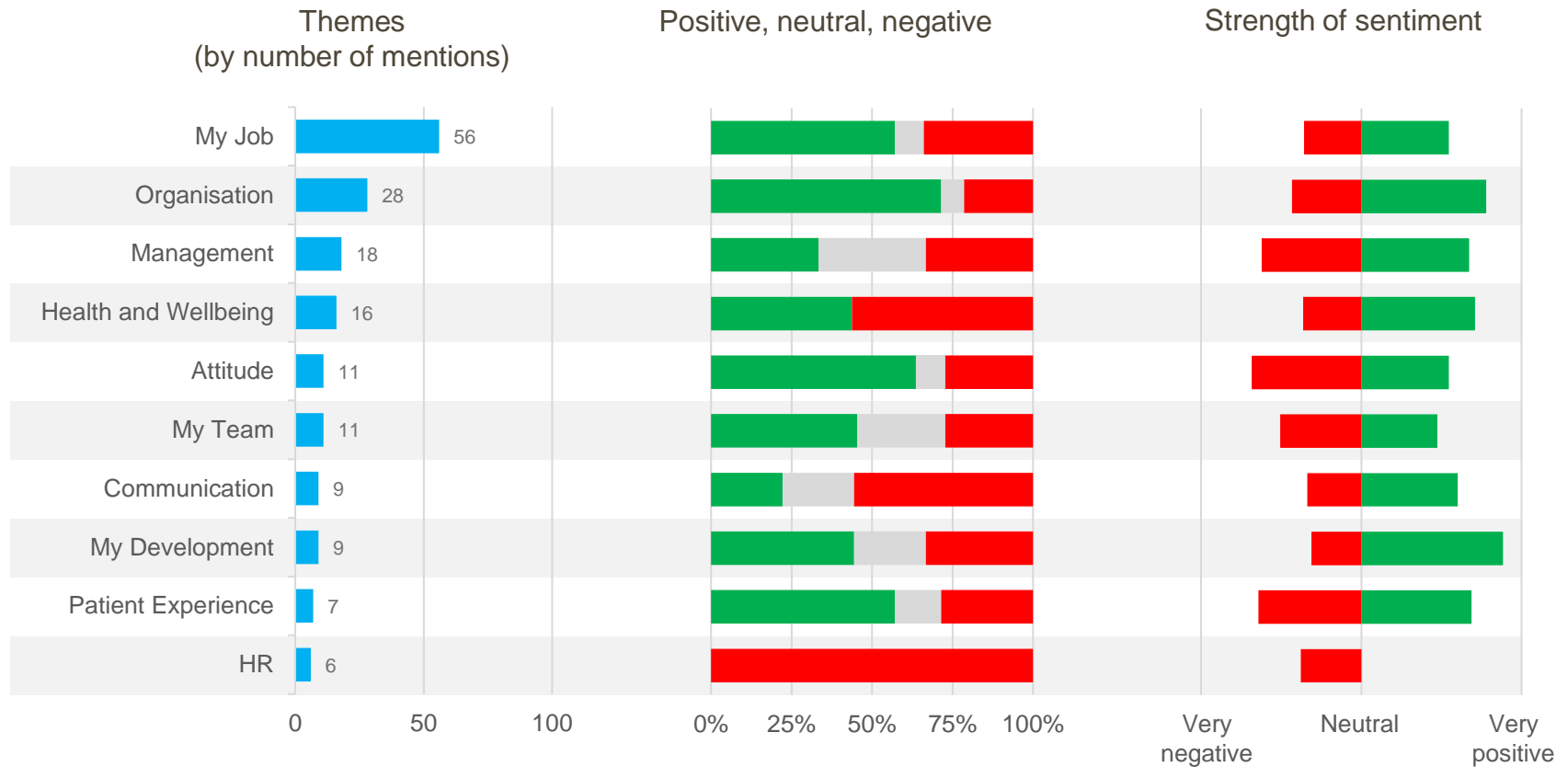
– Organisation

Used to get notifications for not having sick leave I have worked all through covid not having any sick leave. But do something or say something wrong and you get noticed

– Health and Wellbeing



Locality 1 : Central Functions



“My Job” is the most common theme in this Locality 1, mentioned 56 times.

Example comments : Central Functions



Our organisation is a great place to work, I am proud of my role and the innovation within the workplace. Unfortunately our line manager does not inspire the team, lacks leadership skills and the ability of man management. He is clearly out of his depth and makes questionable decisions whilst at work. If it was not for such a strong, dedicated team carrying this individual because of their own standards, values and work ethic, significant issues would arise. Overall this is resulting in fractions within the team and morale issues.

– My Job

Could be vastly improved if senior managers listened to people at the front line in all departments who actually do have useful ways to make a better service allround

– Management



I feel very proud to work for this organisation.

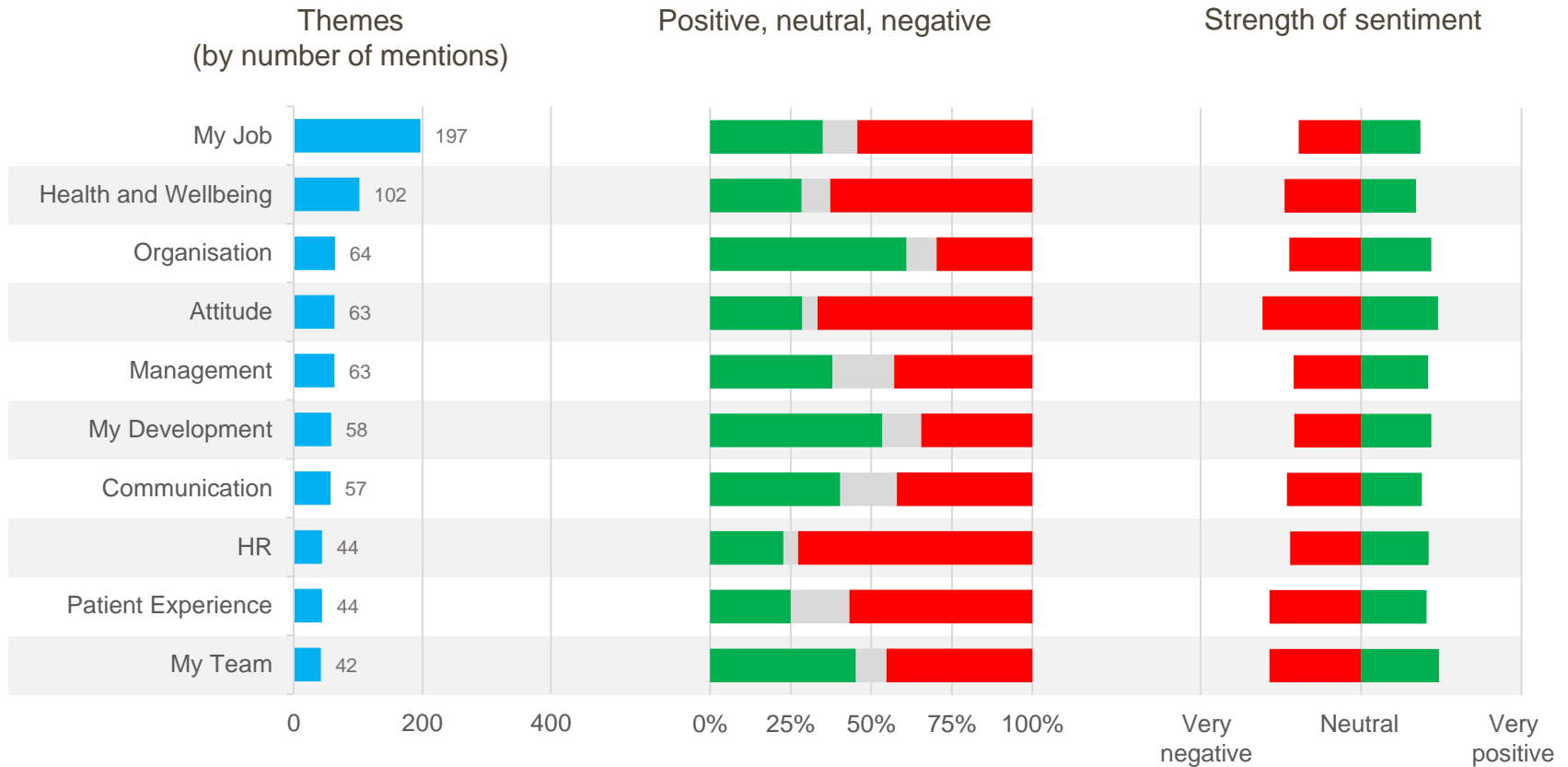
– Organisation

I have always been proud to work for WMAS and the resilience that all staff continue to show. The past 2 years have been a huge challenge for all NHS but we continue to support and help colleagues work together. I do feel that there may be more work required looking into psychological hazards and burnout, especially as the demand doesn't seem to be going anywhere .

– Health and Wellbeing



Locality 1 : Integrated Emergency & Urgent Care



“My Job” is the most common theme in this Locality 1, mentioned 197 times.

Example comments : Integrated Emergency & Urgent Care



The way the organisation goes about conducting itself when they implement change is so destructive that it leaves its staff petering on the edge of either leaving or going absent. This is due to how the directors go about dismantling one department reintroducing another department with no forward planning as to how the new idea will start begin or end with no concern or regard for their staff welfare or mental health with decisions not being made for nearly two years on pay condition and contracts. This leaves staff in a whirlpool of despair and frustration with no light at the end of an ever-extending tunnel.

– My Job

I feel staff are just a number and not a real person. Patients are being failed massively. I joined the service to hopefully make a difference. But now feel I'm not.

– Patient Experience



The lack of support for staff, who are going through an emergency, such as needing extra hours or moving onto a rota, to help them financially, is not acceptable.

– HR

'- poor training in IEUC - Since TUPE of 111 mentioned things have gone really downhill making staff morale really low

– My Development



Your results:

Staff suggestions



Staff suggestions



These are comments that have been identified as containing a suggestion for improvement for the Trust. We included the suggestions with the highest typical comment score on this slide. Whilst the complete list are accessible via the datapack.

Suggestion text

I feel that moral is so low at the moment, younger members of staff will leave and there will be just us “oldies” to keep going. Every time I suggest things that we could do to boost morale is ignored, or laughed at as a silly suggestion, but isn't anything worth a try?? I don't feel that snr managers listen to staff, as they are too busy, and when you do speak to them they do not seem interested .I love my job, I love WMAS, just wish morale was better 😊

My organisation and especially my line manager will overlook constructive suggestions where I can help improve what I do in the work place and offer additional support to my colleagues just because he does not like me.

I believe there would be more staff retention if flexible working hours were considered more. I also believe who you work with and the frequency/consistency of who you work with makes a massive difference in staff happiness which thus impacts their work, therefore keeping crew mates together would be a suggestion for improvement.

My personal manager is very supportive and approachable. Higher management tend to not listen to any suggestions, an example of this is when I was running an assessment day and raised to the commander that all the chairs in the training room were broken, in one way or another. I was told as long as there is a seat under every desk it is fine.

Even if I provided a raft of improvement suggestions, I wholeheartedly believe absolutely nothing positive would result in them being highlighted. So, why should I even bother ?.

Outlier comments



These are comments with sentiment scores that are at the extremes of positive or negative. Outlier comments are not statistically significant, but they do highlight particularly strong feedback (or feedback from unusual situations).

Themes	Comment text	Sentiment*
Management	My Boss is simply the best.	90.0%
My Job, Organisation, Patient Experience	It is a fantastic organisation and very patient centred	85.0%
My Job	I love it! I wouldn't want to work anywhere else!	80.0%

*Sentiment score on this page is the average score for each individual comment, rather than a particular theme or topic.

Outlier comments



These are comments with sentiment scores that are at the extremes of positive or negative. Outlier comments are not statistically significant, but they do highlight particularly strong feedback (or feedback from unusual situations).

Themes	Comment text	Sentiment*
My Team	I love my job and my colleagues. However, we are overwhelmed, tired and demoralised. This should not be the way we feel when we spend such a huge part of our lives trying to help people on their worst day.	80.0%
My Job, Transport	Love the Ambulance service, really feel the 'care' within it.	80.0%
Organisation	I feel very proud to work for this organisation.	73.0%

*Sentiment score on this page is the average score for each individual comment, rather than a particular theme or topic.

Outlier comments



These are comments with sentiment scores that are at the extremes of positive or negative. Outlier comments are not statistically significant, but they do highlight particularly strong feedback (or feedback from unusual situations).

Themes	Comment text	Sentiment*
Management	During a recent family emergency my manager (name) was amazing and I can't thank her enough for her support	62.0%
My Job	WMAS is a brilliant company to work for, they are very flexible with hours and always look after your health and wellbeing	61.0%
Environment, Organisation, My Job	I really enjoy my role within WMAS. I have enjoyed my time with the Organisation so far and look forward to many more. I have an amazing role which is developing at all the time. I feel I have one of the best roles in the organisation. WMAS is a good employer. I feel safe in my job security and also financially.	60.2%

*Sentiment score on this page is the average score for each individual comment, rather than a particular theme or topic.

Outlier comments



These are comments with sentiment scores that are at the extremes of positive or negative. Outlier comments are not statistically significant, but they do highlight particularly strong feedback (or feedback from unusual situations).

Themes	Comment text	Sentiment*
Management	Upper management is terrible	-90.0%
Attitude, Communication, Complaints, HR	Emails sent to entire workforce by staff refer to travellers in a discriminatory way. Feedback not given when racist incident reported	-75.0%
Attitude, Complaints, Equipment, Health and Wellbeing, Management, My Job	bullying/threatening behaviour from managers towards staff forced overtime every shit poor telephone triage constant requests for updates when assessing/treating pt	- 62.0%

*Sentiment score on this page is the average score for each individual comment, rather than a particular theme or topic.

Outlier comments



These are comments with sentiment scores that are at the extremes of positive or negative. Outlier comments are not statistically significant, but they do highlight particularly strong feedback (or feedback from unusual situations).

Themes	Comment text	Sentiment*
Health and Wellbeing, My Job, Transport	Currently everyone involved in ambulance service is very disheartened, the pressures on us are unreasonable and the pay is not appropriate.	-59.0%
Attitude, Complaints, My Job	The morale is very low to the extreme many staff are either leaving or transferring due to bullying, intimidation or being constantly micro-managed.	-59.0%

*Sentiment score on this page is the average score for each individual comment, rather than a particular theme or topic.

Outlier comments



These are comments with sentiment scores that are at the extremes of positive or negative. Outlier comments are not statistically significant, but they do highlight particularly strong feedback (or feedback from unusual situations).

Themes	Comment text	Sentiment*
Attitude, Complaints, Management, Environment	Bullying culture from the top down. Constant culture of lies from management. Would not feel safe owning up for a clinical error.	-58.4%
Patient Experience	I feel staff are just a number and not a real person. Patients are being failed massively. I joined the service to hopefully make a difference. But now feel I'm not.	-57.0%
Attitude, Complaints, My Job, Organisation	Over the last 6 months the organisation has changed a lot and i feel that it has developed a bullying culture.	-54.0%

*Sentiment score on this page is the average score for each individual comment, rather than a particular theme or topic.

Appendix:



Measurement techniques

We use two measurement techniques for analysing free text feedback.

Semantic analysis

When responding to free text questions people make comments. To help make sense of the comments they are broken into mentions (these are small pieces of text that have a single subject). Mentions are then grouped into themes.

Our semantic analysis identifies the frequency of the mentions and themes in your free text comments, which we then display as an ordered graph with the most frequent shown at the top. You will see these graphs as part of your top-line results. Then, as we deep dive into the most frequent themes, we look at the most common topics within each of them.

Sentiment analysis

We use this to measure how positive, neutral or negative the mentions are. Our sentiment analysis uses a scale of -100% to 100% (negative and positive, respectively). By using a sentiment scale we are able to identify how positive or negative your feedback is, rather than just whether it is “good” or “bad”.

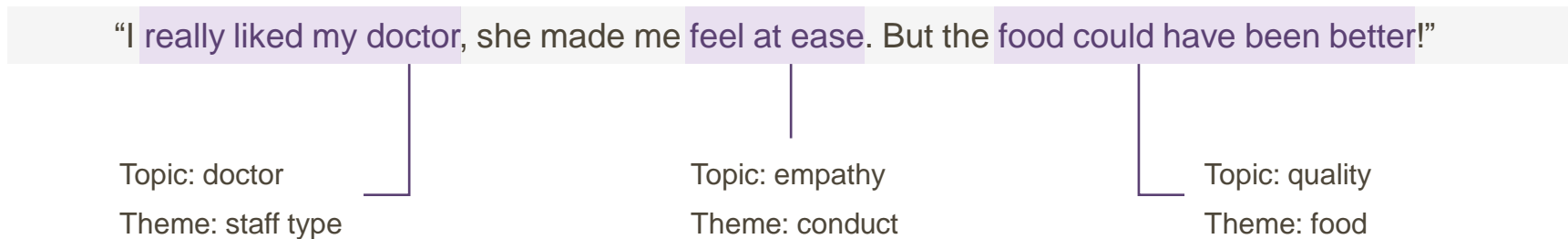
- **Strength of sentiment.** Where possible, every mention is given its own sentiment score, based on its contextual information. We then calculate the averages of these scores to give you a sentiment rating between very positive, neutral and very negative for individual themes and topics.
- **Mentions by sentiment (positive, negative, neutral).** To show the proportions of sentiment in your feedback, we also group mentioned together as “positive”, “neutral” or “negative”, using the score bands listed above. You will see this primarily in summary charts with green, grey and red bars.

Definitions

Semantic analysis

Semantic analysis is a technique that lets us identify and measure* the most common areas of your feedback – i.e. what people are talking about.

It works by splitting each comment into small pieces of text, called “mentions”. A mention contains information about *one specific subject*, called a “topic” – e.g. “I liked the food”. We then group similar topics together into “themes”, to create an overview of your feedback. In the example comment below, there are three separate mentions:



Splitting your comments up in this way allows us to calculate the number of times a particular topic is mentioned in your feedback overall. This is much more accurate than assigning labels to whole comments, as individual comments often touch on a variety of subjects.

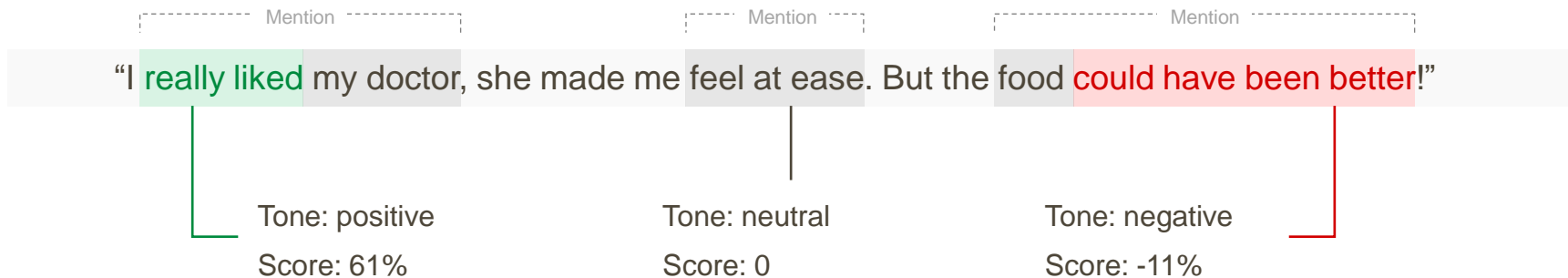
*Our base unit of measurement for semantic analysis is *number of mentions*.

Definitions

Sentiment analysis

Sentiment analysis focuses on the tonality of your feedback – i.e. whether it is positive or negative, and how strongly people feel about a particular subject. We use two levels of sentiment analysis:

- **Tone:** identifying whether a mention is positive, negative, or neutral.
- **Score (strength of sentiment):** a measurement of *how* positive or negative the mention is.



Tone scores work on a scale from -100% (as negative as possible) to 100% (as positive as possible). 0 is neutral (factual statements with no tone).

In the example above, two of the three mentions contain sentiment information: the positive mention has a score of 61%, meaning it is very positive; the negative mention has a score of -11%, meaning it is only slightly negative.

Further definitions

Typical Comments

A “typical comment” is a real piece of feedback that has been identified as *representative* of other comments within a particular group. We achieve this by analysing the themes, topics, and sentiment of all the comments within that group.

The advantage of “typical comments” is that they accurately represent feedback as a whole. They are more useful than randomly-selected examples, which may belong to the right theme but won’t necessarily represent what most people are saying.

Outliers and suggestions

This report identifies two types of comments that sit *outside* the general feedback trend:

- **Outliers.** These are comments with strength of sentiment scores that are at the extremes of positive or negative. They provide insight into feedback from unusual situations (e.g. particularly high praise or very strong complaints)
- **Suggestions.** These are comments that have been identified as containing a “suggestion for improvement” for the trust.

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West Midlands Ambulance Service

University NHS Foundation Trust

Minutes of the Performance Committee held on 23 February 2023, 9am, via Microsoft Teams

Present:

- JJ Julie Jasper, Non-Executive Director (Chair in Mr Khan’s absence)
- MB Michelle Brotherton, Non-Emergency Services Delivery and Improvement Director
- CC Craig Cooke, Operations Support Services Director
- PJ Paul Jarvis, Interim Director of Finance
- DJS Diane Scott, Organisational Assurance Director
- MF Mason Fitzgerald, Good Governance Institute – GGI (observing)
- DMS Donna Stevenson, EA to Director of Finance (Minutes)

Meeting held on 23 February 2023		ACTION
01/23/01	Welcome and Apologies	
	<p>Apologies were received from Mushtaq Khan, Narinder Kooner, Nathan Hudson, Remone Williams, Wendy Farrington-Chadd, Jeremy Brown, Phil Higgins.</p> <p>Mason Fitzgerald from the Good Governance Institute (GGI introduced himself to the meeting and said the GGI will be supporting the Trust in undertaking a Well Led Review. Members and attendees of the meeting also introduced themselves to the meeting for the benefit of MF.</p> <p>It was noted that the meeting is quorate but there were a number of apologies.</p>	
02/23/02	Minutes of the Meeting of the Performance Committee held on 23 January 2023 and Matters Arising	
	<ul style="list-style-type: none"> • Resolved : The minutes of the Performance Committee meeting held on 23 January 2023 were agreed as a true record. It was noted that JJ is a member of the Committee. 	
02/23/03	Action Log	
	<ol style="list-style-type: none"> 1. Overtime Reporting – PJ to meet with NH to consider options for overtime reporting. 2. iPads – CC said he would send the EMB paper on the usage of iPads to DS to circulate to members. 	<p>PJ/NH</p> <p>CC/DS</p>
	<p>Resolved:</p> <ol style="list-style-type: none"> a) The Action Log was received and noted by members. b) NH and PJ to provide overtime information. c) CC to send paper on iPads to DS to circulate. 	<p>NH/PJ</p> <p>CC/DS</p>



02/23/04	Month 10 Finance Pack, Budget Setting and FIPs	
	<p>PJ presented the Finance report and highlighted the following:</p> <ul style="list-style-type: none"> • At the end of month 10 a deficit of £0.5m was reported, however, this was reduced by £1.4m from the previous month and is in line with the recovery plan. • The Trust is on target to deliver financial balance at the 2022-23 year-end. • There have been a number of discussions held with the ICS regarding the sharing of financial pressures across the system as WMAS have stated that they cannot deliver the £6m of savings included in the ICS plan. A meeting is also being held with Tom Jackson and Karen Rutter in early March where this will be raised. • JJ said the budget and ICS meetings had been discussed in detail at both EMB and Board. The Trust is still waiting on information to come back from the ICS and said the situation has been raised at the highest level. JJ said this also requires escalation on the risk register. • No further questions were raised on the month 10 position. <p><u>Budget setting 2023-24</u></p> <ul style="list-style-type: none"> • PJ outlined the budget setting paper to the meeting and said this paper had been produced following a number of months of discussions and iterations to get to this position. He said that 2023-24 the Trust will be under significant financial pressure. • The draft deficit budget plan being submitted is £63m. • There are pressures are around : <ul style="list-style-type: none"> ○ Reduction in Covid income, including PTS covid income. ○ Cost pressures - eg inflation in non-pay areas, such as Fleet and maintenance which have seen increases of around 10%. ○ Lost income and use of non-recurrent monies this year. ○ £20m released through balance sheet provisions. ○ Other main issue is around productivity – handover delays impact on responses and level of service provided. <p>PJ said he is able to send MJ bridging documents if required.</p> <ul style="list-style-type: none"> • PTS – the debt in PTS has come about due to block contracts, increase in activity and increase in taxi prices. This is being debated with ICBs and the Trust has secured some additional money from one commissioner, but discussions are ongoing with our other PTS customers. • Cessation of 111 services – the workforce is reducing, and there are 	



West Midlands Ambulance Service

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	<p>plans in place to address the over establishment of call handlers following the transfer of 111.</p> <ul style="list-style-type: none"> • CIPs – 3% to 3.5% to be achieved in 23-24. The main areas of focus to make savings will be pay costs which will be a challenge for the Trust. • It was noted that the Black Country ICB is WMAS’ host service even though there are 6 ICBs in the WMAS region. • JJ said that there will be big decisions to make going forward. DJS said that a deficit budget has never been set before in the Trust and raised concern over further cost efficiencies that may have to be made. DJS asked if the PTS service private providers would also be affected by rising costs. MB said that the private providers are not under the same terms and conditions as WMAS’ provision due to WMAS being an NHS organisation. PJ pointed out that private providers charge at cost per activity compared to block contracts in the NHS. 	
	<p>Resolved:</p> <ul style="list-style-type: none"> a) The Committee received and noted the Month 10 report. b) The Committee received and noted the draft budget. 	
<p>02/23/05</p>	<p>Operational Report</p>	
	<p>MB outlined the January report to the Committee on behalf of NH and highlighted the following main items:</p> <ul style="list-style-type: none"> • Incident demand is down by 12% compared to January last year, which is as expected. • Lost hours - Hospital delays are the biggest risk at 22,000 hours lost, but this has halved compared to the hours lost during December. • It was pleasing to note that a Paramedic on every ambulance target remains strong at 99.8% in January. • Compliance is also excellent with regard to PDRs, Mandatory training, and deep cleans. • HART – a bladed weapon exercise was held on 8 January which went very well, positive feedback received. • Risks • Continue to be hospital handovers as the target is to handover patients within 15 minutes of arrival at hospital. • Industrial action – ongoing industrial action with Unite and GMB, but there is a strong relationship with Staff Side colleagues. Unison will also be taking industrial action on 8 March and discussions will take place with Unison on Monday 27 February. Unite and GMB industrial action will take place on Monday 6 March. JJ also said that risk assessments in relation 	

West Midlands Ambulance Service

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	<p>to the industrial action are very precise and the attention to detail is excellent.</p> <ul style="list-style-type: none"> • Clinical performance and operational performance – work is ongoing around Serious Incidents. • Abstractions are high currently with training and students, and will continue to the end of March. 	
	<p>Resolved:</p> <p>a) The Committee received and noted the report.</p>	
<p>02/23/06</p>	<p>IEUC Performance Report</p>	
	<p>CC outlined the report to the Committee on behalf of JB and the following items were highlighted:</p> <ul style="list-style-type: none"> • Call volume demand - During January 2023 the Trust received 105,238 emergency calls, resulting in 76,255 incidents. This was a marked reduction in activity in comparison to December (157,000 calls). This is predominantly due to the assistance to London Ambulance Service which ceased in December. • January saw a reduction in Cat 1 incidents - 12.4% in January compared to 16.2% in December. • The National performance picture was pointed out and it was noted that January has seen an improvement compared to December. • 111 – in spite of being in the transition phase WMAS have continued to deliver a good service. Call answering for January - 72% answered in 60 seconds, which is pleasing when compared to the difficulties experienced in December. • H and T – 12% for January, compared to 20% in December. This is because there were more resources available in January to be able to respond to incidents. • The re-contact rate was down in January to 1.3% compared to 2% in December. • Segmentation – WMAS is playing an important role in the national pilot (along with London AS) which is to try and triage Cat 2 patients in control rooms from those patients who are top priority Cat 2 compared to lower priority cat 2. • Sickness – has reduced in January to 8.98%. It is expected this will reduce to 5%-6% after the transition of 111. <p>Risks –</p> <ul style="list-style-type: none"> • TUPE and transfer of 111. • Admin support at Navigation Point. • Sickness levels. • Cat 1 performance – to achieve the 7 minute target. <p>JJ said that the process of transferring 111 has been very well managed and thanked all involved in the transfer. CC echoed these comments.</p>	



	<p>Resolved:</p> <p>a) Report received and noted by the Committee.</p>	
02/23/07	Commercial Services Report - confidential	
	<p>MB presented the report to the Committee and pointed out the main items including:</p> <ul style="list-style-type: none"> • Increase in activity experienced during January and a big increase across all contracts in higher mobility patents (Stretcher and sitter 2's) and this impacts on PTS capacity. • KPIs – all KPIs were achieved apart from 2 in one contract which relates to stretcher activity. Concerns have been fed back to the commissioner. • Additional actions have been taken for the month of February regarding the number of vacancies which has impacted on the service and PTS is working with HR who are assisting with recruitment. • High dependency staff have returned to PTS in January due to vacancies on PTS. • Attrition is normally 6 to 8 per month, now around 16 to 18 per month and this is being monitored. • Challenging conversations are being held with commissioners regarding extra finances required on contracts. • Contracting – confidential update given to the Committee. • Compliance – Mandatory training, Mandatory workbooks, vehicle cleaning, sickness and PDRs are all on track. <p>Risks noted:</p> <p>a) Finances</p> <p>b) Workforce – 47 vacancies</p> <p>c) Capacity due to increased stretcher cases/social distancing</p> <p>JJ thanked MB for the update and noted the risks had been raised in previous meetings. DJS said that the management on the increase in stretcher patients is commendable and credit should be given to MB and her team.</p>	
	<p>Resolved: The Committee received and noted the update.</p>	
02/23/08	Terms of Reference	
	<p>JJ said that due to absence of members it was agreed to defer the review of the Terms of Reference to the April meeting. JJ asked members to send any comments to MK as Chair prior to the April meeting.</p>	
	<p>Resolved:</p> <p>a) The Committee deferred item to the next meeting.</p> <p>b) All members to raise any issues with MK prior to the next meeting.</p>	<p>DS ALL</p>



02/23/09	<p>Minutes of the Capital and Revenue Investment Advisory Group held on 17.1.23</p> <p>Terms of Reference for Financial Investment Group (FIG)</p>	
	<p>The minutes of the previous CRIAG meeting was circulated for noting only.</p> <p>Terms of Reference of the newly formed Financial Investment Group (FIG) formerly CRIAG, to be deferred to the next meeting. PJ pointed out that the Terms of Reference for FIG now include a requirement for any business cases over £250k to be reviewed at Performance Committee.</p> <p>The FAQs and Financial Planning Guidance were also circulated for information to the Committee.</p>	DS
	<p>Resolved:</p> <ul style="list-style-type: none"> a) The Committee received and noted the minutes from the CRIAG meeting. b) Terms of Reference for FIG to be deferred to April meeting. c) All members to review the FIG T of R prior to the April meeting. d) The FAQs and Financial Planning Guidance were reviewed and noted. 	DS All
02/23/10	<p>Any New Risks Identified at the Meeting</p>	
	<p>The following risks were pointed out:-</p> <p>Finance:</p> <ul style="list-style-type: none"> • Financial Position and deficit budget to be highlighted on the BAF. • Cost pressures in 23-24. <p>PTS:</p> <ul style="list-style-type: none"> • Commercial PTS contracts. • PTS vacancies. • Social distancing in PTS. • It was noted that the PTS risks are on the PTS departmental risk register. <p>JJ also said that work is being carried out in the area of Departmental risks and how they link into the BAF.</p>	
02/23/11	<p>Schedule of Business</p>	
	<p>Received and noted. Schedule to be reviewed and refreshed alongside the review of the Terms of Reference.</p>	



	Resolved: a) The Schedule of Business to be reviewed.	ALL
02/23/12	Any Other Urgent Business	
	DJS congratulated JJ on chairing the meeting at short notice and said it might be an idea for other NEDs to chair different Committee meetings on occasion and Directors to present other Directors' reports as well, as was carried out at today's meeting. MF said he had seen this undertaken at other Trusts.	
02/23/13	Dates and times of Future Meetings 2023-24	
	<ul style="list-style-type: none"> • 25 April 2023 • 25 July 2023 • 24 October 2023 • 23 January 2024 • 27 February 2024 • 23 April 2024 • 22 July 2024 • 29 October 2024 <p style="text-align: right;">The meeting closed at 1030 hours</p>	All

Action Points from Meeting held on 23 February 2023

Minute	Details	To be actioned by	Complete	Evidence
02/23/03	<p>3. Overtime Reporting – PJ to meet with NH to consider options for overtime reporting.</p> <p>4. iPads – CC said he would send the EMB paper on the usage of iPads to DS to circulate to members.</p>	<p>PJ/NH</p> <p>CC/DS</p>	<p></p> <p>Complete</p>	<p></p> <p>Report circulated.</p>
02/23/08	<p>Performance Committee Terms of Reference –</p> <p>1. The Committee deferred item to the next meeting.</p> <p>2. All members to raise any issues with MK prior to the next meeting.</p>	<p>DS</p> <p>All</p>	<p>Complete</p>	<p>Added to Agenda for April Mtg</p>
02/23/09	Terms of Reference for			



Minute	Details	To be actioned by	Complete	Evidence
	Financial Investment Group deferred to April meeting – all to review/comment.	DS All	Complete	Added to Agenda for April Mtg
02/23/11	Schedule of Business to be reviewed.	All		



West Midlands Ambulance Service

University NHS Foundation Trust

Minutes of the People Committee
held on Monday 27th February 2023 at 1000 hours
via Microsoft Teams

Members:

Mohammed Fessal (Chair)	MF
Narinder Kooner	NK
Carla Beechey	CB
Lucy Mackcracken	LM
Michelle Brotherton	MB
Nathan Hudson	NH
Paul Jarvis	PJ
Jeremy Brown	JB

Invited:

Diane Scott	DJS
Julie Jasper	JJ
Paul Tolley	PT
Barbara Kozlowska	BK
Usha Ramnatsing	UR
Mohammed Ramzan	MR
Reena Farrington	RF
Pete Green	PG
Stephen Thompson	ST
Simon Day	SD
Dawn John	DEJ
Damian Dixon	DD
Sophie Adesoye (Good Governance)	SA
Mike Weaver (Good Governance)	MW
Sarah Round	SR
Pippa Wall	PW
Adam Joynes	AJ
Sophie Cooper	SC

ITEM	Meeting held on 27 th February 2023	ACTION
02/23/01	Welcome: The Chair thanked everyone present for attending. He welcomed Mike Weaver and Sophie Adesoye from Good Governance.	
	Apologies / Did not attend: Diane Scott, Paul Tolley (Adam Joynes and Sophie Cooper attended) Simon Day, Stephen Thompson, Usha Ramnatsing, Damian Dixon.	

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02/23/02	<p>Minutes of the last meeting of the People Committee held on 21st November 2022:</p>	
	<p>The minutes from the meeting on 21st November 2022 were submitted and agreed as an accurate record.</p>	
02/23/03	<p>Actions arising:</p> <p>There are currently no actions outstanding for People Committee.</p>	
02/23/04	<p>Freedom to Speak Up</p> <p>PW presented her quarterly report, which has gone through Quality Governance Committee.</p> <p>There are currently 50 Ambassadors, and we continue to promote the role, which is pivotal in terms of staff access and visibility. The ambassadors work closely with SALS and HWB champions. Work continues around integrating the national training content within the training portal. Thanks are extended to Adam Joynes.</p> <p>The 8 concerns raised between October 2022 and December 2022, as documented on the report are all anonymised and were appropriately discussed with directors of relevant areas.</p> <p>NK thanked PW for this report and raised the following concern with regard to 22-090 where the member of staff had decided to resign from the Trust and the matter had been closed.</p> <p>PW and CB assured that investigation continues in terms of further learning and dignity at work issues. The case is closed as there is no further communication with the member of staff on this occasion. Caution is exercised not to identify the individual as the report is available publicly.</p> <p>A discussion followed and NK suggested that it would be useful to have a report on the diversity breakdown to support the zero tolerance of racism, harassment and bullying. The message of professional conduct of all staff at all times needs to filter through all the workstreams.</p> <p>CB assured that the Dignity at Work Policy leads into the Disciplinary Policy, and everyone has a responsibility to make sure standards are maintained.</p> <p>The Chair asked if the policies discussed are already part of the PDR conversation? PW stated that it is mandatory on the learning portal. BK added that the current PDR paperwork contains questions around dignity, respect, bullying and harassment. There is new paperwork being developed for next year to support the reviewer and reviewee to have that coaching conversation.</p>	

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	<p>The group agreed that this FTSU report is a great piece of work, which every organisation will be able to feed into. The Chair is confident in the work ongoing.</p>	
	<p>Resolved: a) That the contents of item 4 are received and noted.</p>	
02/23/05	<p>Vetting Misconduct Misogyny in the Police Service</p> <p>CB presented item 5, which is largely around an investigation following the death of Sarah Everard. Both reviews for the Police and Fire Services contained several recommendations.</p> <p>We have carried out a self-assessment at WMAS to see if there are any red flags. The action plans are as tabled. There are no red flags but there are ambers, which need the oversight of this group and assurance. We continue to learn and develop our current practices.</p> <p>The Chair raised concerns around the DBS process and individuals signing up to keep their records up to date. CB confirmed that we are strongly advising staff to do that. We have DBS checks for all new staff and those moving into different roles.</p> <p>The Chair asked about devices assigned to staff and if we can prevent the downloading of WhatsApp and similar? SR confirmed that our devices are managed with controls over applications that can be downloaded. There is some freedom around own device and Oms may have shared devices that are exchanged on each shift.</p> <p>BK stated that the Values Framework comes into effect on 10th March. The leadership is quite clear with references and links on our action plans.</p> <p>The Chair asked if bodycams are still being trialed? NH confirmed that body worn cameras are now issued and we are currently researching stab vests.</p>	
	<p>Resolved: a) That the contents of item 5 are received and noted.</p>	
02/23/06	<p>Independent Culture Review of London Fire Brigade Self-Assessment</p> <p>CB presented and discussed with the item above.</p>	
	<p>Resolved: a) That the contents of item 6 are received and noted.</p>	
02/23/07	<p>Industrial Action Update Industrial Action Protocol</p>	



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	<p>CB presented item 7 and confirmed that UNISON have given notice to strike on 8th March. UNITE and GMB are striking on 6th March. There is a meeting planned for this afternoon to discuss the derogations for both of those dates.</p> <p>Thanks are offered to Staffside colleagues for the way we have been able to work together to keep our patients and staff safe. The three unions have been working together to do the right thing for their patients, while exercising their right.</p> <p>RF also extended her thanks to management during this time.</p> <p>The Chair commended the collaborative working and asked if there was a prediction on what the impact might be?</p> <p>RF reiterated that discussions will take place this afternoon with key Directors. Life and limb cover will be provided to make things as safe as we can.</p> <p>JB agreed that as UNISON are our majority union, we can expect to see a far greater number of staff exercising their right and working to derogation. The concept has been tested and tweaked and we will continue to provide a safe practice.</p> <p>The Chair noted that on a national level, nurses have paused negotiations with the Government. Is there anything coming from the wider NHS and Paramedics.</p> <p>Staffside explained that as of last Thursday / Friday, discussions were starting. There is no further update at present. The RCN are not affiliated with the TUC. There are unconfirmed suggestions that the Government are inviting other Unions for discussion.</p> <p>CB added that the RCN situation is difficult and has caused angst among Unions. RCN have had the opportunity to be around the table when other staff groups have not. The NHS terms and conditions apply to everyone and affect everyone. Nothing is happening fast or soon.</p> <p>JJ wished to take the opportunity to say that having previously had experience of trade union conversations, she had never seen a more exemplary example of industrial relations than at WMAS. There is real acquiescence and risk management to minimize disruption to patients. The way the two sides work together is refreshing. She recognised that everyone has played a part and are doing their best.</p>	
	<p>Resolved:</p> <p>a) That the contents of item 7 are received and noted.</p>	
<p>02/23/08</p>	<p>Workforce Key Performance Indicators dashboard and analysis: December 2022</p>	
	<p>CB presented the December KPI with salient points as follows: There has been an increase in sickness within NHS 111 staff. This service passes to DHU this week so we will continue to monitor.</p>	



Attrition is high. Exit interview data is analysed to stabilise areas of attrition. Data has shown that NHS 111 staff did not want to TUPE to DHU.

The student paramedic recruitment plan is under hitting. Overtime is being used.

NK asked for sight of ethnicity breakdown and local pay scale in the Trust once staff have transferred to DHU. CB will bring to the next People Committee.

Flu vaccination rate is lower for the Trust, but still higher than the National average. A 'Lessons Learnt' meeting is scheduled to work through the reasons of non uptake before the campaign starts again in July 2023.

NK asked if we monitor Covid vaccines and boosters? CB responded that since the legal requirement for this vaccine was revoked, we have lost sight of the data. However, we are not seeing side effects etc. as a reason for sickness absence.

The Chair enquired about the mandatory training figures up until December, where numbers are quite low. Are we going to be learning from that.

MB assured that we are on track and have got mandatory training in March. There may be people on maternity leave or long-term sick, who will return to work via training school to catch up on what is missed.

NH assured that we are on track for training with no concerns. JB added that his area is around 96% complete and he has no concerns.

The Chair raised the issue of numbers in workforce vs budget. Is this considered as a risk?

CB replied that there is a risk from a financial perspective. Providing a safe level of service balanced with what we can afford.

Conversations are ongoing as to what the new financial year figures will look like.

The Chair noted that the current workforce will be stretched in the service we would want to provide, ability to deliver and wellbeing. PJ responded that we have worked together around the difficulties to build the budget and workforce plan to deliver our best possible service. There have been challenges in handover delays, which are now improving. We have made up gaps with overtime, which has resulted in cost issues. In the current operating conditions, we cannot afford to deliver what we would hope to.

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	<p>NH agreed that is right to raise this as a risk. CB added that the recruitment plan for 2023 / 2024 takes into account the gap and has been factored in to what we need to achieve. However there is currently a gap in the funding of such requirements.</p> <p>It was agreed to consider this topic as a review to monitor the impact on staff if numbers remain lower than expected. It will be registered as a risk. CB and PJ to pick up at the next People Committee.</p>	
	<p>Resolved: b) That the contents of item 8 are received and noted.</p>	
<p>02/23/09</p>	<p>People Report:</p>	
	<p>LM presented item 9 with the following highlighted from her papers: NHS 111 is ready for transfer on 1st March. Some people have chosen to resign and not transfer over, therefore the numbers within the report will be slightly different now. JB acknowledged the help from staffside and HR during this extended TUPE process. The Chair also offered his thanks to everyone involved in working through this complex and elongated process. It will be interesting to see data in the Board reports as we move away from NHS 111.</p> <p>The Chair noted that there are a greater number of employment tribunals linked to disability. Is this unusual and if so, what are we learning from this? LM replied that the majority of our dismissals are related to attendance and therefore health related. There have been unfair dismissal claims around the long-term sickness process. We have reviewed and strengthened our sickness management process. There have been decisions around support and guidance for dismissals with the input from Mills & Reeve. The HR team are supporting the DCA network. There are many things we are doing to support managers and their decision making. NH added that we show compassionate leadership with listening, empathy, and support throughout the sickness process. NK noted that some of the tribunals show dates in June and December 2023. Why so far in advance? LM confirmed that the dates are set by the employment tribunals and reflect the backlog in HM Courts and Tribunal Service. One case is July 2024. These are not internal WMAS dates.</p> <p>All policies presented today were ratified.</p>	

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	Resolved: a) That the contents of item 9 are received and noted.	
02/23/10	Recruitment Report:	
	<p>LM presented item 10 with the salient points as follows: The trajectory is to achieve 350 student paramedic offers. We are minus 50 down in headcount. This will be taken into the recruitment plan for 2023 / 2024.</p> <p>A huge amount of work has been undertaken to run and attend events in schools, colleges and the community to promote the student paramedic programme. This work will continue to fill the places for next year.</p> <p>The digital, paperless corporate induction is in a really strong position.</p> <p>The Chair asked about DBS checks. If someone has started in place before the DBS result, can we risk assess and continue with their offer?</p> <p>LM confirmed that yes essentially, in a supervised and controlled environment. However, it would depend on the circumstances e.g. if an individual has moved around a lot their DBS can take longer to come back. The risk assessment would be undertaken by the Recruitment Manager, supported by LM and CB.</p> <p>JJ stated that the DBS process is robust and thorough. She has also attended one of the recruitment events, which was a very enjoyable evening. She noted that it was attended by a lot of younger females. There was not much by way of diversity to be seen but good to see the enthusiasm from those who did attend.</p> <p>NK wondered about the location of some of the events. Only four or so have diverse communities. We need to look on the census in terms of diversity of different areas e.g. Birmingham, Handsworth, Small Heath, Sparkbrook etc.</p> <p>LM assured that we do explore locations for events where there are gaps in our workforce. However, there is a very small resource within our recruitment team and to attend 40 events has been quite an achievement. We must acknowledge that travel commuting is a limiting factor in the regional geographical spread and we need staff across all areas of the Trust not just in the more diversely populated areas.</p>	
	Resolved: a) That the contents of item 10 are received and noted.	
02/23/11	Health and Wellbeing Report:	
	LM presented item 11 with the following highlights:	

	<p>The Just B calls to staff to talk about mental health are ongoing and will inform our action plans. We are planning to hold the Staff Wellbeing events, working in partnership with other providers including Barclays Finance and Cycle to Work. There is specific funding for health and wellbeing through AACE and we are meeting with the focus group tomorrow to look at how we process this money. There is access to specific funding for long term rehabilitation through AACE for long Covid and other conditions. This is an innovative approach with a full package of support.</p> <p>The Chair acknowledged the amount of work going on in mental health, which is invaluable. The HWB data shows that there are more people accessing the service with personal issues rather than work. There are many younger people in need of support. Is this because they experience more issues or are more comfortable in accessing the support? The people who use the QWELL service really like it. LM added that the demographics show that men are traditionally less likely to seek help. Support is available via SALS or the Black Country Hub. We will continue to promote the multi-faceted range of services.</p> <p>A discussion followed.</p> <p>NK asked how much funding would be available through AACE? LM answered that the first part if £50k to be spent within emergency control centres. We will work with JB to decide how to spend this within the criteria. NK noted that 16% of people felt that their support did not address their issues, which is quite high. Are there lessons to be learnt? LM responded that the report is anonymised so we look at the data as a whole and triangulate to see if we can identify areas for further work.</p> <p>Both the Chair and NK thanked LM for her work in HWB.</p>	
	<p>Resolved: a) That the contents of item 11 are received and noted.</p>	
<p>02/23/12</p>	<p>Equality, Diversity and Inclusion Progress Report:</p> <ul style="list-style-type: none"> • 12a DISAG Report Update • 12b WRES Action Plan 2022 / 2023 • 12c WDES Action Plan 2022 / 2023 • 12d Gender Pay Gap Action Plan 2022 	



	<p>MR presented item 12 with salient points as follows:</p> <p>There is training planned for 2023 / 2024 around unconscious bias to be delivered by MR and BK.</p> <p>The Equality Impact Assessment process is streamlined and simpler. There is evidence that we are paying due regard.</p> <p>We have submitted both WRES and WDES data and have action plans to deliver on.</p> <p>We do need to hold events in community centres, mosques and temples etc to make a difference. As already discussed, resources are a major issue for the team.</p> <p>MR has attended the South Asian NHS Network to help put WMAS on the platform. Contact has been made with Handsworth community and Canon Hill Park.</p> <p>Work is ongoing with the ICB to do a trust wide EDS3 assessment and evidence gathering.</p> <p>A key piece of work being Health Inequality produced by AACE and Public Health England. The ambulance service can do more to address gaps.</p> <p>Discussion are being held to purchase religious and cultural clothing as part of ambulance service uniform. Photographs need to go onto the internet and intranet.</p> <p>Board development sessions have taken place.</p> <p>The Chair thanked MR for his work. There are lots of things going on that are really great and other areas where we need to make a difference speedily. It is clear that we need to look at resources in this organisation to progress this work.</p> <p>An extra-ordinary meeting of the People Committee was held in October 2022 to address the D&I agenda.</p> <p>The Gender Pay Gap report will be available at the end of next month as a statutory requirement. We can also now produce the ethnicity pay gap year on year.</p> <p>CB advised the group that within the HR team, we have allocated a HR manager to each of the staff network groups. Everyone has to contribute to support this agenda, not just MR.</p> <p>We are reaching out to other ambulance service trusts to see how they focus their resources on the D&I agenda and will bring back to People Committee once the results are collated.</p> <p>Action: Carla Beechey</p>	<p>Carla Beechey</p>
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	<p>The Chair stated that the WRES and WDES measures need to be smarter. We haven't made inroads in the current approach for the past 4 years. Where would be the harm in trying something different? The Chair will follow up at Board and request a lengthy time for discussion at the away day in the summer.</p> <p>NK added that she would like to see attendance from the WRES and WDES teams at some of the disciplinary hearings relating to discrimination or racism so that improvements can be recognised.</p> <p>NK would also like to see zero tolerance on all forms of racism, bullying and harassment underlined in all documents produced by the Trust, including job descriptions and advertisements, to send a strong message to staff and patients. We need a robust diversity statement. It would be helpful to triangulate a paper on EDI for Board to come back to this committee to capture everything we are doing. A joint network members meeting was suggested to include non-executive directors with agenda items such as FTSU, Diversity Champions. The aim would be to get everyone together to encourage and support each other. CB noted that we are doing this for consistency, with the different avenues people have for communicating with each other.</p> <p>MR is committed to making himself known in the West Midlands combined authority networking area to help and influence.</p> <p>JJ expressed her thanks for the work ongoing in this area and offered support and attendance at overarching network meetings.</p>	
	<p>Resolved: a) That the contents of item 12 are received and noted.</p>	
<p>02/23/13</p>	<p>Organisational Development Report: 13a Employee Engagement Report 13b Winningtemp Q3 Report and 13c Comments Winningtemp all localities 13d Summary of Staff Survey Results 13e Survey Monkey PDR data</p>	
	<p><i>1300 hours: At this point in the meeting, it was agreed to go into extra time to allow the final presentations to be heard.</i></p> <p>BK presented her papers, which she explained were linked, as there has never been a more important time to focus on our culture. In October we refreshed our values and agreed a cultural statement that sets out exactly what the Board expects our culture to look like.</p>	

	<p>The framework of values and behaviours will be launched on 10th March. There will be a video of the event with the key messages. This is the start and now we need to embed this culture and hold people to account. It has been agreed that starting in April, we will hold a series of staff conversations and 1:1 interviews, where staff can speak freely and analyse the responses and data. We will then be able to publish how the data is performing, and what we are doing with it.</p> <p>The Quarter 3 Winningtemp Data tells us how people are feeling. Localities have not been identified. There is focus on some really good practice and discussions to develop other areas to work in the same way.</p> <p>The Staff Survey has an overarching, Trust wide action plan for the Listening into Action groups and a Staff Engagement report, which tends to focus on what is bad. We should be looking at what is good and working out how to make that great.</p> <p>Overall we are building our resources to support patient care and the understanding that we are all here for the same purpose.</p> <p>MR confirmed that the new values are excellent and will be used across all of the EDI resources.</p> <p>A discussion followed with the members agreeing that although there is a massive amount of excellent work going on in the EDI agenda, it is not yet fully bearing fruit.</p> <p>NH aired his observations that although we all fully support the EDI agenda, there are resourcing constraints on what is achievable. He advised to pick one or two key areas as if we attempt to achieve everything, we will achieve nothing. It is all so important, and in an ideal world we would have at least another 20 staff to deliver this. BK offered that this is why we have a very short, focused action plan to look at what staff are asking for.</p> <p>The Chair agreed that resources are limited, but there are certain things we must have.</p> <p>The group agreed that this is a bigger conversation to persevere with.</p>	
	<p>Resolved: a) That the contents of item 13 are received and noted.</p>	
<p>02/23/14</p>	<p>Education and Training Update:</p>	
	<p>AJ presented the Education and Training Update on behalf of PT:</p>	



	<p>There were a couple of points to raise:</p> <p>ESR data, and not SharePoint data captures information from a KPI perspective.</p> <p>The figures on the NQP tracking audit are fairly fluid. Portfolios are now down to zero (not 11 as stated). The figures include IEUC clinicians.</p> <p>Huge thanks are extended to colleagues who have assisted with the Mandatory training workbook for next year. We will be re-designing the workbook for 2024 / 2025 and if anyone has any ideas or input, please get in touch.</p> <p>SC was also present at the meeting and members were invited to raise any questions or concerns regarding OFSTED to her.</p> <p>The Chair noted the improvement in the completion of the NQP portfolio, which is encouraging.</p>	
	<p>Resolved:</p> <p>a) That the contents of item 14 are received and noted.</p>	
02/23/15	Risks Identified:	
	<p>Risks remain around the workforce numbers, previously reported.</p> <p>There are no new risks today.</p>	
02/23/16	Schedule of Business 2023 – 2024:	
	<p>Taken as read.</p>	
	<p>Resolved:</p> <p>a) That the contents of item 16 are received and noted.</p>	
02/23/17	Any Other Urgent Business:	
	<p>As discussed above in item 02/23/12, an update is requested before the next People Committee meeting, on the resources and staffing required for full delivery of the EDI agenda.</p> <p>CB has already reached out to other ambulance service trusts to be able to produce a benchmark report.</p> <p>WMAS has one whole time employee and diversity champions.</p> <p>CB will circulate as soon as the report is available.</p> <p>Action: Carla Beechey</p>	Carla Beechey
02/23/17	Dates of Future Meetings 2023 to 2024:	
	<p>Via Microsoft Teams unless otherwise notified:</p> <p>2023 – 2024:</p> <p>Monday 22nd May at 1000 hours</p>	



	Monday 4 th September at 1300 hours Monday 20 th November at 1000 hours Monday 26 th February at 100 hours PLEASE CHECK THESE MEETINGS ARE IN YOUR DIARIES	
Close:	The Chair thanked everyone for their input and apologised for running over time. The meeting closed at 1340 hours.	

DRAFT



Minutes of the meeting of the Quality Governance Committee held on 22 March 2023

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

Paper 10c

Present:

Lisa Bayliss-Pratt	(LBP)	Non-Executive Director (Chair)	
Mohammed Fessal	(MF)	Non-Executive Director	
Dr Alison Walker	(AW)	Executive Medical Director	
Nick Henry	(NVH)	Paramedic Practice & Patient Safety Director	
Matthew Ward	(MW)	Consultant Paramedic – Head of Clinical Care	
Vickie Whorton	(VW)	Integrated Emergency & Urgent Care (IEUC)	Clinical Commander

In attendance:

Diane Scott	(DJS)	Organisational Assurance Director
Julie Jasper	(JJ)	Non-Executive Director
Alexandra Hopkins	(AH)	Non-Executive Director
Mason Fitzgerald	(MFd)	Good Governance Institute (Well Led Review)
Jenny Lumley-Holmes	(JLH)	Head of Clinical Audit
Pippa Wall	(PW)	Head of Strategic Planning
Chris Kerr	(CK)	Head of Governance & Security
Matt Brown	(MWB)	Head of Risk

Secretariat:

Nicky Shaw	(NS)	PA to Executive Director of Nursing & Clinical Commissioning & Executive Medical Director
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ITEM	Quality Governance Committee (QGC) Meeting 22 March 2023	ACTION
03/23/01	Apologies and Introductions	
	<p>Apologies were received from Mark Docherty, Executive Director of Nursing & Clinical Commissioning, Michelle Brotherton, Non-Emergency Services Delivery & Improvement Director, Jeremy Brown, Integrated Emergency & Urgent Care Director (<i>Vickie Whorton attending in their absence</i>), Jason Wiles, Consultant Paramedic for Emergency Care, Vivek Khashu, Strategic Planning & Engagement Director and Stephen Thompson, Staffside Representative. The meeting was quorate.</p> <p>The following observers were welcomed to the meeting:</p> <p>AH is a Non-Executive Director with special responsibility around Freedom to Speak Up and advised her background is in higher education and a Cancer Nurse. From 1 April 2023, AH will be taking over the role of the Chair of QGC.</p> <p>JJ is a Non-Executive Director and the Chair of Audit Committee.</p> <p>MFd is a Consultant from the Good Governance Institute and will be observing the meeting as part of the Well-Led review being conducted within the organisation.</p> <p>For the benefit of AH, JJ and MFd, QGC committee members introduced themselves.</p>	



	LBP gave thanks to everyone for the amazing papers which had been circulated noting there is lots of information and analysis providing strong evidence for discussion.	
03/23/02	Minutes of previous meeting – 18 January 2023	
	The minutes of the meeting held on 18 January 2023 were submitted.	
	Resolved:	
	That the minutes of the meeting held on 18 January 2023 be received and approved as a true and accurate record.	
03/22/03	Action Log	
	The QGC Action Log contains the schedule of matters upon which the QGC have asked for further action or information to be submitted. Matters on this log can only be deleted through resolution of the QGC. (For the avoidance of doubt unless specified below all matters contained on the QGC log will remain on the log until the QGC resolves that the matter can be discharged).	
	Resolved:	
	1. In relation to continued minute 10/22/04.3: Professional Standards Group Chair's Report AW had emailed DJS and the People Director as they are the Lead for Education and it was agreed a quarterly update would be presented to QGC and a format would be agreed ready for the next QGC meeting. QGC agreed to discharge this continued minute.	Discharged
	2. In relation to continued minute 01/23/04.3: Professional Standards Group Chair's Report The Chair's Report from the meetings held on 28 November and 24 October 2022 and Action Logs of 24 October and 26 September 2022 had been ratified and included as part of the today's. QGC agreed to discharge this continued minute.	Discharged
	3. In relation to continued minute 01/23/5.4: Clinical Supervision Plan 2021-22 and 2022-23 The Clinical Supervision Plans 2021-22 and 2022-23 will be discussed as an agenda item. QGC agreed to discharge this continued minute.	Discharged
	4. In relation to continued minute 01/23/07.5: Measuring Organisational Learning Report The Measuring of Organisational Learning Report will be discussed as an agenda item. QGC agreed to discharge this continued minute.	Discharged
03/23/04	Chair's Reports from Working Groups	
	4.1 Learning Review Group (LRG)	
	The Chair's Report from the meetings held on 20 February and 16 January 2023 and Action Logs of 16 January 2023 and 23 November 2022 had been submitted.	



	<p>In MD's absence, AW agreed to cover off the risks from Learning Review Group, Health, Safety, Risk & Environment Group and as well as the Professional Standards Group.</p> <p>It was noted committee members had agreed to change the order of the agenda so that the risks highlighted from the working groups are discussed earlier in the meeting.</p> <p>On that basis, the risk highlighted in the LRG Chair's Report for 20 February 2023 were:</p> <ul style="list-style-type: none"> • the ER54 reporting issues and with the introduction of Datix this will reduce that risk going forward. • serious incident themes picked up through the serious incident review group system including concerns around non-conveyance and non-traumatic chest pain. <p>There were no new or increased risks raised at the January meeting.</p> <p>In terms of assurance, LBP stated it was good to see these meetings are being held and colleagues are putting time aside to attend and discuss/work through these issues.</p> <p>AW replied LRG meets monthly as planned and the Serious Incident Review Group (SIRG) was established as a working group to review the increasing number of serious incident investigatory reports as 3 years ago there would only be 5 to 6 serious incidents per month which would be discussed at the LRG meeting, but this has increased to around 21 each week which means there are too many to discuss at each LRG meeting. It was noted although there was a backlog in reviewing the serious incident investigation reports, this has now been cleared and back on track again.</p> <p>QGC were informed from 1 April 2023, NVH will be taking over the role as the Chair for LRG and the SIRG meetings.</p> <p>LBP congratulated the members of LRG in terms of the work that is done in order to keep our patients safe.</p>	
	<p>Resolved:</p>	
	<p>That the Chair's Report from the meetings held on 20 February and 16 January 2023 and Action Logs of 16 January 2023 and 23 November 2022 be received and noted.</p>	
	<p>4.2 Health, Safety, Risk & Environment (HSRE)</p> <p>The Chair's Report from the meeting held on 8 February 2023 and the Action Log of 14 November 2022 had been circulated.</p> <p>There were no new or increased risks raised at the February meeting.</p> <p>MF referred to the EOC risks relating to the clinical rota outputs not matching resource and advanced clinical practitioner not available at times. MWB replied these risks are on the Board Assurance Framework (BAF) agenda item and relate to specific risks around the 111 contract which have been reviewed and archived based on the areas where we saw the real challenges have gone because the 111 contract has ceased.</p>	



	<p>MF highlighted the number of physical assaults appears to be roughly the same compared to last year and asked is there a reason why the use of the body worn cameras has reduced as you would think these number would increase if the number of physical assaults are reducing. Also, in terms of learning, is there anything more that can be done and are other ambulance trusts seeing the same thing and what are they doing.</p> <p>CK stated the use of the body worn cameras has not reduced it remains stable and there has only been a very slight reduction of less than 1% year on year in the number of physical assaults. It was hoped from the evidence that the use of the body worn camera would demonstrate an effective preventative measure but this is not showing any great reduction.</p> <p>NHS England have requested RAND, who have made a significant investment in the body worn cameras, to undertake a survey across the English ambulance services and although WMAS submitted their information some months ago, the report is still be presented to the National Security Group or the Association of Ambulance Chief Executives (AACE).</p> <p>MWB supported CK's comments because it is not for the want of trying to improve on the use of the body worn cameras and there has been a long delay in being able to identify a case where the body worn camera footage has been successful in a prosecution and showing good practice. There are some issues that MWB and CK have picked up for example staff uniform whereby the camera is attached to the jacket but in the warmer weather there will be nowhere to put the camera on the polo shirt and also all the Hubs are different in terms of where the cameras are stored.</p> <p>There is work being done by MWB and the Head of Security & Safety to push the usage of body worn cameras with Managers at the Senior Management Team meetings and with staff when they are doing site visits as well as publishing articles in the weekly brief.</p> <p>LBP noted there had been numerous Board discussions around the body worn cameras, stab vests and the safety of the workforce but it does not feel like we are building the evidence base as to when to use or not use them or if they are the right type of equipment. We are all aware the staff view is not to wear them for numerous reasons i.e. the vest does not cover the areas where they are likely to be stabbed therefore we need to keep pushing this agenda at the Board to try to find a solution.</p> <p>MF was also in favour of building the evidence not only for the organisation but as a sector as a whole and if stab vests are not needed we need to understand that even though we have seen cases where we think it works it might not be enough as an evidence base.</p>	
	<p>Resolved:</p>	
	<p>That the Chair's Report from the meeting held on 8 February 2023 and the Action Log of 14 November 2022 be received and noted.</p>	



	<p>4.3 Professional Standards Group (PSG)</p>	
	<p>The Chair's Report from the meetings held on 30 January 2023, 28 November and 24 October 2022 and Action Logs of 28 November, 24 October and 26 September 2022 had been received.</p> <p>With regards to the PSG risks, the October report shows concerns raised around the national shortage of certain clinical consumables, these being:</p> <ul style="list-style-type: none"> • EZIO needles and a plan was put in place to take some of these needles off the major incident vehicles to replenish stock. • an issue obtaining the 300mg of aspirin therefore the Trust switched to the 75mg (x4) to provide the same dosage. <p>In terms of the Clinical Performance Indicators, PSG have noted concerns around cardiac arrest management and the lack of use of the cardiac checklist. A lot of work has been done on this for example roadshows have been held on cardiac arrest with Education & Training at the Academy along with online training.</p> <p>There were concerns raised around the referral of patients to the DVLA and this is around when paramedics attend patients who have had a potential seizure and are adamant they can still drive. This issue has come to JRCALC, who write the clinical practice guidelines for paramedics which AW is the Chair, and there is a piece of national work being undertaken by the Royal College of Paramedics.</p> <p>Concerns were raised around the capacity to attend inquests noting over the last 3 years the number of serious incidents have increased along with Coroners requests for attendance at inquests.</p> <p>The November Chair's Report shows concerns raised around poor clinical performance and the assurance levels of the clinical audits.</p> <p>There were concerns raised around the capacity to fulfil the Learning Disability and Autism Training which was escalated to the Executive Management Board (EMB) by the People Director and we are still awaiting more information from Health Education England (HEE) in terms of the levels of training required for the various staff groups.</p> <p>A risk was raised around bariatric provision and a risk assessment was presented at EMB with a proposal to increase the Trust's bariatric provision. MWB added there is also a bariatric working group being set up and terms of reference drafted, the first meeting will be in April and the group will report back into HSRE.</p> <p>AW referred to the clinical audit ethics issues which has identified through the clinical audit concerns around non-conveyance for example if a patient has an abnormal 12 lead ECG and a history of ACS and discharged at home and not conveyed to hospital. These concerns have been raised at the National Ambulance Service Medical Directors (NASMeD) and National Clinical Quality Audit Review Group.</p> <p>The January Chair's Report shows the risk highlighting the non-recovery of STEMI performance but there has been a lot of work done to improve performance.</p>	



	<p>It was noted a higher number of cardiac arrests had been seen in December and when checked nationally this had been seen across all ambulance services.</p> <p>A process has been established to review STEMI cases where patients have had a delayed response which resulted in delayed treatment for this type of heart attack and could be potential serious incidents.</p> <p>Concerns were raised and escalated to EMB in relation to the clinical audits for Non-Conveyance of Chest Pain and Head Injury and there is a an agenda item outlining the actions taken.</p> <p>MF sought more information around the clinician dashboard and staff seeing their own RAG rating and if this was in place and how it had been received. AW advised an update will be provided under the clinical performance agenda item.</p>	
	<p>Resolved:</p>	
	<p>That the Chair's Report from the meetings held on 30 January 2023, 28 November and 24 October 2022 and Action Logs of 28 November, 24 October and 26 September 2022 be received and noted.</p>	
<p>03/23/05</p>	<p>Care, Quality & Safety</p>	
	<p>5.1 Executive Medical Director & Executive Nurse Director Quality Summary Report including the Impact and Risks of Hospital Handover Delays Paper</p> <p>The Executive Medical Director & Executive Nurse Director Quality Summary Report had been submitted together with the Impact and Risks of Hospital Handover Delays Paper.</p> <p>This month the joint quality summary report had been produced by AW, MD and NVH who hold the 3 clinical director posts within the Trust.</p> <p>In terms of serious incidents (SIs), NVH advised there are 104 currently open and 23 reported so far this month, noting only 3 are March as the others relate to the work still ongoing reviewing some of the audits where patients had long delays or a delayed response to STEMI. It is anticipated there will be 30 SIs this month which is the average for the last 6 months.</p> <p>There is some work being done with the Lead Commissioners around the thematic reviews in relation to delayed responses as we have been doing these over the last 12 months but it has come to a point where in terms of learning there nothing more that can be done as there are no new answers to try to improve the situation.</p> <p>NVH said it is a case of as a Trust we know what the issues are but there is not more learning as we have reviewed this 5 or 6 times and reviewed with the Integrated Care Board (ICB). Therefore, it has been agreed from 1 April 2023, thematic reviews will cease and we are working through a process with the Lead Commissioners to close that off.</p> <p>The patient safety team are working hard to ensure there are no SI investigations out of time and to maintain that workload going forward the best that we can.</p>	



Hospital handover delays are still double the numbers pre-COVID and this month we have seen challenges at Hospitals but they seem to be going in the right direction from December being the worse month and hopefully this will continue into the new financial year.

Page 12 captures the calls with the longest waits and the original call category had been added to show what category of call it started as to provide a true reflection of what we are looking at.

AW said for most of the year the main focus has been reducing the risk to patients particularly those waiting in the community for an ambulance response at the cost of hospital handover delays.

AW has raised concerns around staff being frequently late off shift (3 hours or more) because they are held in hospital handover delays at various regional meetings and it is positive to note that a position has been reached with the ICB that every patient will be handed over before a crew is due to go off shift.

A system is being devised with ED in that it will be recognised a crew needs to go off shift and ED will take their patient next unless there is a specific clinical risk to another patient, who would be handed over first.

These concerns have also been raised at Lead ED regional meetings and the Royal College of Emergency Medicine (RCEM) where staff stories have been shared so they recognise the risk to staff and their wellbeing. RCEM is working through this with all the ED's as they are looking for them to pledge their support which is positive news and baseline data will be produced so every Acute Trust is aware of how many ambulance crews are late off shift. There is a promise to have zero late shifts which is a position that has not been previously reached so this is a positive piece of work and conversations had which have not been had before. AW said this process is only for a small part of the hospital handover delays and the risk relevant to our staff.

AW stated the remainder of the reports outlines all the other workstreams herself and MD have been involved in.

JJ asked is there a system in place to ensure staff are not in breach of the working time directives if they are delayed off shift because of hospital handover delays. AW confirmed there are robust systems in place to monitor this and this has been clearly raised with the Acute Trusts because this is specifically about our NHS staff Bands 3 to 6 being able to go home on time which happens elsewhere in the NHS.

NVH added the working time directive is monitored through the electronic global rostering system (GRS) which is a system used for rostering shifts, logging annual level, overtime, etc. GRS captures the hours worked by staff and ensures they have an 11 hour break between shifts which means their shift start times are amended accordingly and this is managed locally at the Hubs and by the GRS admin team. It was noted the handover delays do not only impact on the resources on that day but the next day as we have to ensure staff have the required 11 hour break before coming back into work.

MF highlighted there has been a slight improvement seen in hospital



handover delays over the last couple of months until the last reporting period where the trajectory is still downwards and does this link to when the strike action happened.

AW replied we were optimistic that a reduction in hospital handover delays seen with the milder weather, post flu and other respiratory infections i.e. Strep A but the reality is we have not seen a reduction anywhere near to where were in 2019 where there were almost no hours lost as we are still seeing around 600 lost hours per day and some days this is more. Therefore the figures have plateaued and whereas some Acute Hospitals are able to complete interventions to reduce their hospital handover delays, some hospitals are still struggling due to staff and ED flow. Work is continuing on the wider topic of hospital handover delays as it is clear the national standard states 15 minutes for our crew to complete handover, but it is safe to say this is not going away.

There has not been much impact from the Junior Doctors strike action as the ED has been managed by more Senior Clinicians and there are Senior Clinicians on the ward trying to discharge patient. This is slowing down the emergency care discharge as a result but a massive amount of work had been put in place to mitigate the risks of the Junior Doctor strike.

NVH added from a WMAS perspective, there has been some impact felt this week from the Junior Doctors strike and we will be reviewing the REAP level earlier than Friday as we are already at Surge 4 this morning noting it took longer to reach this position than yesterday. This month has been impacted by hospital handover delays as on the trajectory this is around 19,000 hours lost which is 4,000 above last month and approximately 3 times the average pre-COVID.

MF referred to the ambulance decision areas which have been running for 6 months asking whether there is any data to show these areas are making a difference. AW said there was definitely an impact in the first 3 to 4 months where Paramedic were acting as a rapid assessment system using the ED systems and taking the first steps into the ED investigations to be done i.e. blood tests, x-rays, etc. AW had visited the ambulance decision area at Heartlands and there were only 3 ambulances waiting outside where there is normally a lot more and the feedback from the sites has been very complimentary of the work we are doing. It was noted there was an increase in hospital handover delays in December and January but these are reducing down to what they were in November.

MF asked whether there is the intention to do something specifically on research and having the evidence base to compare what the impact when these were not in place. AW replied this is not research and was aware MB had agreed with the Acute Trusts to a service evaluation as they hold the output data on how many patients have gone through that area. They have been asked to provide the data for before and after but we wanted to let the project run a while for it to be imbedded and over the winter period where the trajectory is continuing downward except for December and January.

NASMeD and the Operational Group are also interested in this data and



what we have done in terms of moving the patient through the emergency care system.

JJ had done an operation shift with a Stafford crew who had waited 5 hours outside Burton Hospital and made the observation from a human factors interest point of view how crews deal with patients and staff is really commendable. AW agreed that WMAS staff are really flexible and adapt to their situations.

MWB informed there is some work being done around Cohorting and a survey was sent out last week to all new staff asking for feedback on the role, their base and what they would change so there will be a report will some useful quality data from staff as well.

AW referred to Paper 6b, which is a brief paper which was originally written back in August 2022 outlining the risk and impacts associated with hospital handover delays and patient safety. The paper has been expanded and more detail has been added to the 5 main areas of impact which are:

- those patients waiting for an ambulance who are being prevented from receiving emergency care to critically ill patients due to ambulances waiting outside ED.
- families and friends waiting for delayed ambulance responses during period of patient deterioration including for some patients ending in cardiac arrest.
- impacts on paramedics and other WMAS responding staff where they arrive hours they should have got to the patients and are facing distressed or angry patients or relatives or even where the patient has died noting all the moral harms and mental health harms associated with this.
- impact on WMAS EOC staff where up to around 25% of 999 calls are patients/families ringing back and shouting or threatening them asking when the ambulance will be arriving leading to them making human factor-related mistakes on subsequent calls.
- Impact on the number of patients seen and clinical experience of the student paramedics and newly qualified paramedics, noting previously these staff groups would be assessing around 8 patients per shift and this had been reduced to around 4 or less per shift.

There is also the consideration of the increasing number of serious incidents being reported due to mistakes being made by staff and the impact of the additional workload for the Risk and Patient Safety Teams.

AW will be sharing the paper with the Care Quality Commission (CQC) and other external groups so they are clear on where the risk lie with patients and staff.

LBP said we are piloting to a different model of care for our patient and tying in the ambulance decision areas is the way forward as what we are looking at now might look at lot different in the future.

AH gave thanks for the detail in the report but had concerns around the issue with feedback with the Higher Education Providers on these impacts and are they going to adjust the educational inputs as students are not receiving the same kind of clinical experience they expected to get before



	<p>COVID and perhaps the care model could be evolved and they need to understand were some of the gaps are as they have the responsibility as well.</p> <p>LPB advised there has been a series of discussions around NQPs and the need for additional support for those trained through COVID including having good preceptorships and CPDs.</p> <p>MW is working with Health Education England (HEE) currently who are providing some funding through Keele University to do a non-ambulance placement service project which has now turned into a clinical placement so that staff will have more exposure to patients in different group settings. There is a wider remit for Practice Facilitators and a report is being published to HEE at the end of May as this work has been going on nationally and all the providers spoken to have given excellent feedback and it is hoped to trial acute, secondary care, private and voluntary services to see what is out there and doing more work in terms of prescribing and pathways and how to do a referral safely.</p> <p>AH said it was like watching history being made as to what we have out there and it is being looked at nationally and the internal knowledge bringing into the governance group.</p> <p>It was agreed AW would email the report to QGC colleagues who felt it is clear and what we want to say and would be useful in any conversations/discussions about this topic internally and externally.</p>	
	<p>Resolved:</p>	
	<p>a) That the contents of the Executive Medical Director & Executive Nurse Director Quality Summary Report be received and noted.</p> <p>b) That AW would circulate Paper 6b to colleagues for information.</p>	<p>AW</p>
	<p>5.2 Trust Board Reporting – Clinical Performance</p> <p>The Clinical Performance Report for February 2023 had been circulated together with the EMB action plans for Patient Safety.</p> <p>AW noted the concerns around clinical performance and the clinical audit reports had already been reviewed and PSG have highlighted some of the actions and risks.</p> <p>The salient points to note from the report are:</p> <ul style="list-style-type: none"> • the Stroke care bundle has improved which is good news. • Cardiac Arrest ROSC performance is stable but has improved from the position earlier in the pandemic. • STEMI is still a concern but a new ‘prompt’ system has been implemented to improve performance and has been rolled out for Stroke in February and for Sepsis in the future as it is believed staff are not documenting absolutely everything. <p>JLH confirmed STEMI and Stroke care bundles have improved since the introduction of the quality screen on the EPR and means if a crew records an impression of STEMI and tries to close the record down, there is a prompt by the system stating ‘you have recorded a STEMI impression but not recorded for example aspirin’.</p>	



It was noted this is not a mandatory field because the EPR system is not an audit tool and it is only a prompt for staff who can choose to exit the record if they want to.

In order to put this into context, pre-October 2021 STEMI was reporting above 95% and from October 2021 there was a dramatic decrease down to 74% but since the quality screen has been implemented performance has increased to 92% which is back on track to where we were.

For Stroke, pre-October 2021 performance was 99% and there we did see a drop but this came up to 98% with education being promoted through the Clinical Times. As the quality screen was only switched on in February for Stroke we will have to wait and see how this has impacted on the performance data.

With regards to MF's question around clinicians accessing their clinical dashboard, this is not happening yet but a process is currently in place where the data is being sent to the Senior Operation Managers (SOMs) which is then feedback to clinicians via the Clinical Team Mentors (CTMs).

The data is broken down into 3 layers to provide feedback:

1. GREEN - A care bundle had been done and everything has been documented in the right place within the EPR.
2. AMBER - A care bundle has been done but not everything has been documented in the right place i.e. they have put what medicines administered in the comments rather than the analgesia section. This prompts an improvement in documentation and/or training on EPR.
3. RED - No care bundle had been done therefore staff will need further support in the background of and training on the care bundle in terms of why and what they should be documenting.

The second phase of this workstream is giving clinicians access to their own dashboard to see their data but there are still lots of developments still to be put in place in particular to resolve the issues around security access so clinicians can only see their own data.

LBP said by having the prompt system this provides a balance of supporting clinician to do the best thing but is not taking away that thought process. AW added the quality screen is a similar concept of having a surgical checklist as staff know what to do but there is so much to remember therefore it is just a gentle reminder to staff to ensure they have documented all the elements and there is a lot of evidence that a quality checklist can improve documentation and patient care.

The other thing we need to put into context is that staff have been on a digital journey over the last 12 months with the change from using the EPR tablets to the new I-Pad systems and then the system changing from EPR1 to EPR2 which is a lot for clinicians to take on board.

There was a brief discussion to clarify how staff are involved in providing feedback to changes being made to the EPR system and record and it was confirmed there are various mechanisms in place. These being staff groups who trial the system and work with the EPR Project Lead providing feedback/recommendations for improvements and ensuring the



system runs correctly before it goes 'live'. There is also the digital transformation oversight group who are pulling together a digital agenda for the organisation and working with staff to develop their ideas on how to make systems and processes work easier through digital technology and then there is the 'all ideas matter' email where staff can put forward any ideas they might have to the organisation which are referred to the correct directorate to see if these ideas can be brought in and a report is presented at the People Committee.

MF raised in line with regulations, when the organisation is making clinical changes, there should be a designated Clinical Safety Officer therefore who is this for WMAS. NVH advised any clinical changes are made through the Senior Clinical Leads group in terms of protocol changes or changes in research and it also depends where the changes are coming through as they would go to the clinical groups before going to PSG for sign off in terms of clinical practice.

AW added there is no specific role as when we looked at this it was felt the process was mapped and set up for Acute Trusts so any process changes were agreed through the predecessor group to Senior Clinical Leads and PSG. This is a good point and perhaps we need to look back at it to check all the elements are still mapped into the new committees and new roles.

MF suggested the Trust should review this even if it is not something we do as it is believed lots of Primary Care are putting this in place. DJS thought this might be included as part of JW's role as Consultant Paramedic for Emergency Care and would confirm if the Trust has a Clinical Safety Officer role.

AW stated everything we do is based on emergency care and thought since Primary Care came in there are so many different streams of guidance to review i.e. MHRA, NICE, JRCALC, etc for PSG and this is a good point and perhaps we need to look back and check all the elements are still clearly mapped across into the organisation and new roles.

AW stated the next part of the report is around the concerns raised on the clinical audits, as there are currently 13 repeat audits which are still showing insufficient assurance and have been for some period of time. These concerns have been escalated to EMB and an action plan put in place to improve the outcomes of the clinical audits and the ambulance clinical performance indicators which is attached as Paper 7b.

The non-conveyance audits in particular non-traumatic chest pain and head injury have been escalated as we know non-conveyance is an area of risk and an action plan has been put in place for the non-traumatic chest pain audit to improve assurance and it is good that we are doing this piece of work.

AW raised there have been 2 non-traumatic chest pain audits for just over 100 patients and between 70%-80% have either had a history suggestive of ACS and about 14 patients had abnormal 12 lead ECGs suggestive of ACS who have been discharged at scene. There is a piece of work being conducted reviewed the cases of highest concern and there is a plan in place to feedback to the patient and their family, next of kin and



GP depending on the patient's view on this.

The concerns around the clinical audit ethics had been re-escalated to National Ambulance Service Medical Directors (NASMED) and the National Clinical Quality Group where it was confirmed there is no process and WMAS is the first ambulance service to raise this. AW said when looking at individual ECGs and EPR records the Trust has a duty of care and the age quip guidance had been reviewed but is vague in terms of what to do and the GMC guidance is clear that Doctors have a duty of care and Medical Leads have a higher level of responsible therefore at the next NASMED each ambulance service is bringing their current plan for the risk to these patients.

There are 2 issues, the first being the ongoing concern around the number of insufficient clinical audit report some of which are linked to STEMI delays which we have reported that there is some work being done on that and the second is the capacity to be able to roll out some of the other audits which NVH is working through with the Operational Team.

LBP asked if there was anything required from QGC, in response AW replied QGC is responsible for providing assurance for the clinical audit outcomes and the clinical performance indicators and as part of that process the clinical audit programme progress is shared and clinical performance along with any clinical audit reports that QGC should be made aware of so therefore we look for support to continue with this work as clearly there is a capacity issue as we have had to delay some audit to report on the non-conveyance audits to review the medical records, to draft letters and to check patients have not rang back with the same or a related condition which is quite a lot of work.

The intention as part of the QGC paper to Board is to include all of these aspects under 'new and ongoing risks' and the discussion on the insufficient clinical audit reports will be included in the minutes.

MF agreed the need to have space to have this conversation as the work demonstrates a high standard and the organisation should be proud as this is the best clinical audit programme they had seen. The results are the issue being insufficient across a number of areas and we talked about training and re-educating staff but is there more we should be doing or is it more to do with the pressures staff have going on. AW replied the pressures of non-conveyance rates are increasing month-on-month and there is a fine line as the Trust has now moved to more than 50%. With regards to chest pain and head injury there needs to be more thought around non-conveyance and in practice how assessing these patients.

AW had suggested to NASMeD all ambulance trusts do a non-conveyance audit of non-traumatic chest pain noting they do not have a paramedic on every ambulance so might struggle as WMAS is an outlier. This has been raised as a concern but AW did not believe WMAS would be an outlier if everyone audited in the same way.

The impact of hospital handover delays have influenced staff particularly if they are at the end of their shift and on patients as well who refuse to go to hospital because there could be a 5-hour wait time which comes



together to create even more risk but AW did think we have rightly brought this to the attention of the ambulance services nationally.

As the Chair of JRCALC, AW welcomed the positive comments of the introduction of intra-nasal Naloxone particularly the concerns around it previously being used inappropriately but with the introduction of the mucosal atomisation devices (MAD) this will lower the risk of needle injury. AW was happy to be made aware of any other medicines we should be having a look at.

JJ stated the clinical audit programme and annual report comes through to Audit Committee as it is their responsibility to provide assurance to the Board on the clinical audit process. From a governance perspective this is monitored through CARPG, PSG and QGC who report to the Board on how the process is working in terms of risk and to provide assurance that mechanisms are in place. Therefore any inadequacy in that system along with outcomes in terms of management and resources are reported back to the Board from QGC.

It was noted that LBP, MD and AW have flagged these sort of issues at Board and it is around when and where to escalate to make sure that we are getting the checks and the balance in the right balance.

AW raised when the clinical audits were discussed last time, the Trust was in the phase where the usage on the I-Pad had increased to 30% and we had seen an improvement in documentation and were hopeful when this reached 60% or higher that the trajectory would continue but when it got to that point it was clear the figures had plateaued and this was not just about the technology and the need to look at other options which is where the implementation of the 'quality screen' came from in terms of being able to see what is going on.

All of these concerns were escalated to EMB on the basis this committee did not meeting again until March, but this is the right time to take these issues from QGC to the Board providing assurance the technology aspect is working in terms of the implementation of the 'quality screen'.

NVH said the concerns have been condensed into some actions which have been created in terms of what we need to do with the audits going forward based on what we have found and Paper 7b covers of the headlines to try to improve clinical performance. There has been an improvement with STEMI and the actions how we support the Clinical Team Mentors (CTMs) and give staff access to their own data continues to be done to support staff in their clinical care with the prompt/nudge process and capturing some of the learning and development to take into the non-traumatic chest pain and head injury audit plans.

In terms of the learning, it is all about what we do with the information we know about which is a new area for us and comes back to capacity as we cannot stop doing the other things that need to be done but the improvements being implemented and the changes being made is identifying patients we need to go back to and understand the level of harm and this is a new workstream and there is still more work to be done on that.

NVH advised the clinical supervision model for the organisation is being



	<p>relooked at because it is based around clinicians on an ambulance but we have other clinicians working in the Trust so there is some work being done to capture supporting those staff to improve patient care.</p>	
	<p>Resolved:</p>	
	<p>That the contents of the Clinical Performance Indicator Report for February 2023 be received and noted.</p>	
	<p>5.3 Review DRAFT Quality Account</p> <p>The DRAFT Quality Account has been received.</p> <p>PW advised the first DRAFT of the Quality Account had been circulated noting it is still in the early stages of the process and the document is currently being prepared for stakeholder engagement. It was noted the format of the Quality Account looks slightly different compared to previous year as PW is hoping to streamline the document.</p> <p>In terms of the contents of the Quality Account, the Trust is guided by national guidance but this has not been issued over the last few years and the Trust will not be audited externally again this year either meaning the requirements around the Quality Account are a lot looser.</p> <p>The majority of the content is last year's and emails have been sent out to the appropriate leads for new content updates which should be received by the end of next week. The actual figures to complete the year end data should be available around mid-April.</p> <p>PW wanted to raise awareness around the Quality Account priorities as the purpose of the is for the organisation to look back at what has been achieved for this year noting the content currently shows Quarter 3 updates which QGC received back in January 2023, and the Quarter 4 updates should be received shortly to be included in the document.</p> <p>There have been discussions with the Clinical Leads around the Quality Account priorities for this year in which a number have been put forward and submitted in a paper to EMB yesterday. It was noted there has been a conversation between AW and VK around including falls in elderly people as a priority but this was not included in the EMB paper.</p> <p>AW said the falls in older people might be a timely priority to do as it includes a significant proportion of patients where it is not obvious if someone has collapsed or fallen and WMAS already does a falls in older people audit which is showing insufficient assurance and there is now going to be a National Ambulance Service comparator.</p> <p>In terms of the governance process timeline, PW advised a DRAFT Quality Account will be produced by early April which will be sent out to stakeholders for comments and we normally give them 1 month to review and come back with their comments.</p> <p>There will also be some engagement with the Council of Governors and Lead Commissioners so that a final document will be ready by the middle of May. The final document will include the financial data and stakeholder comments and will be presented to EMB, QGC and the Board at the end of May for approval and then will be published by the end of June 2023.</p>	



	Resolved:	
	That the discussion on the Quarterly Exception Report on the Priorities of the Quality Account be received and noted.	
	<p>5.4 Security Monthly Report</p> <p>The Security Monthly Report had been circulated.</p> <p>CK stated the report was ‘as read’ highlighting that even though the number of assaults are still high there is a slight reduction compared year on year. The number of body worn camera activations are shown on Page 2 these being 12% for physical assaults and 0.08% for verbal assaults.</p> <p>The remainder of the report provides a breakdown of physical and verbal assaults by Hub level to support the Operational Managers.</p> <p>It was noted there had been the first successful prosecution with body worn camera footage evidence and an article had been published in the weekly brief to highlight this to staff.</p> <p>AW raised on average it seems there are approximately 20 staff ER54s supported by body worn camera footage which equates to less than 1 per day therefore it would be interesting to see how many shifts and what percentage of staff are wearing them because it would be assumed they face more than 20 verbal assaults and perhaps this could form part of the work by HSRE to encourage that. LBP agreed and said this all falls into the work discussed earlier around having more evidence.</p>	
	Resolved:	
	That the contents of the Security Monthly Report be received and noted.	
	<p>5.5 Violence Prevention & Reduction Action Plan Report</p> <p>The Violence Prevention & Reduction Action Plan Report had been submitted.</p> <p>CK advised the violence prevention and reduction standard (VPRS) provides a risk based framework that supports a safe and secure working environment for NHS staff. WMAS are required to review its status against the VPRS and provide the Board with assurance that we have met the standard twice a year.</p> <p>The peer to peer review report is attached which was conducted across the English Ambulance Services and the table shows ambulance service compliance against the VPRS. It was noted WMAS compliance is 94.6% with there being only 1 other ambulance service scoring above 60% which was East Midlands at 75% with the remainder of the ambulance services scoring being below 60%.</p> <p>The VPRS action plan had been included showing a full breakdown of all actions including the 3 RED areas which we are looking at to increase WMAS compliance up to the full 100%.</p> <p>AW gave credit for all the hard work done by the small team in order for the Trust to achieve 95% compliance.</p>	



	Resolved:	
	That the contents of the Violence Prevention & Reduction Action Plan be received and noted.	
	<p>5.6 Clinical Supervision Plan</p> <p>The Clinical Supervision Plan had been circulated.</p> <p>NVH advised the report was ‘as read’ noting this had been another successful year for clinical supervision particularly around how it was delivered by the Operational Team and the ALS training being delivered face to face which was received really well by staff.</p> <p>There is work in progress to produce term of reference for a clinical supervision working group which will be established in Quarter 1 of the new year plan.</p> <p>In terms of the level of completion, this would be around 95% and those individuals who have missed the training due to long term sickness, maternity leave, etc will be picked up on their return to work programme.</p> <p>NVH shared the live data set of the compliance board via his screen with colleagues which showed high compliance in the high 90’s noting this will never be at 100%. This data can be accessed by the SOMs who can easily see the headlines as to where they are compared to other Hubs and drill-down into the data for individual staff. This work has been going on for a number of years linked to training school and the learning portal and is part of the clinical programme for staff to stay compliant.</p> <p>MF referred to the survey and whether staff are asked questions on the quality of the supervision, what they are getting from it and it is in line with what they were expecting. In response, NVH said the majority of feedback has been around having more time and their own learning set as each clinician has their own needs and maternity is an area that we need to improve on.</p> <p>AW gave an updated position on the NQPs feedback where the Trust had listened to their request that the clinical supervision was more evenly spread out during the NQP period rather than at the end and work has been work done to address that.</p> <p>LBP suggested NVH present back to QGC some evaluation and feedback data from the survey to see what impact clinical supervision is having.</p>	
	Resolved:	
	<p>a) That the contents of the Clinical Supervision Plan be received and noted.</p> <p>b) That NVH present back to QGC some evaluation and feedback data from the clinical supervision survey to see what impact clinical supervision is having.</p>	NVH
	<p>5.7 Update from the Health Education England (HEE) Lead on Non-Medical Prescribing and Advanced Clinical Practice</p> <p>The Report from the Health Education England (HEE) Lead on Non-Medical Prescribing and Advanced Clinical Practice had been received.</p>	



MW advised following the separation of 111 as the Trust has lost a number of experience non-medical prescribers but has managed to retain some staff within the clinical validation team and gave thanks to VW and the Organisational Development Team for providing support.

The trust has gone from having 46 NMPs mostly of which were in 111 to 7 within the whole of the organisation as at 6 March 2023. These are broken down as 4 in EOC, 2 in enhanced care and the Trust Pharmacy Lead. It was noted WMAS is one of the first ambulance trusts to have NMP in the 999 system.

In terms of compliance with the Care Quality Commission (CQC), the NMP action plan had been updated to reflect the recent changes within 111 and there is further work throughout the year noting some of the time periods in both action plans are next year relating to education elements which is reliant on funding from HEE.

The Trust is supporting 26 trainee advanced clinical practitioners; 4 in critical care and 22 in the Emergency Operations Centre (EOC) within the clinical validation team who are undertaking Masters in advanced clinical practice and are being supported by MW, VW and members of the team.

The organisation has undertaken a self-assessment against the HEE matrix which was published for advanced practice and we are achieving all of those elements noting the area that is most limited is the number of qualified advanced clinical practitioners to facilitate overall clinical supervision, educational support and development. It was noted with the increased number of advanced practitioners there needs to be 3 supervisors required to support those staff and currently there is only 1 who is in EOC.

AW wanted to recognise the vast amount of work MW had done taking into consideration the starting position of the Trust to being compliant against the mandatory requirements nationally and being in a much better position. Also, this work has been done during the time where MW as a part-time consultant and we need to consider capacity if we want to progress advanced roles for our paramedics as WMAS is behind the curve compared to other ambulance services as we only have 10% of paramedics who are advanced paramedics.

AW raised the designated prescribing practitioner role for advanced practice is incredibly time consuming and not the same as a day's supervision because it is ongoing commitment for 2-3 years and staff volunteering to do this role need to recognise that therefore it is currently being sourced from outside of the organisation.

MF was happy with the work MW had progressed so that the organisation has more of a structure to keep itself safe, support individuals and provide assurance to the Board. It is great for the organisation to see where it fits in with the vision for the future and this forms part of the board conversation around the changing landscape of the NHS future and the 5 year strategy around doing things differently in terms of prevention rather than treatment and this goes back to the real issues like hospital handover delays and looking at different ways on how we manage patients.



	<p>The ICS will be commissioning differently therefore we need to look at new models for patients as well as supporting staff to retain them and help them grow and feel valuable in the organisation.</p> <p>LBP congratulated MW on what had been achieved and asked is there any evidence these advanced practitioners are keeping our patients safer and where is the value added i.e. how it is helping with clinical audits, conveyance, getting patient safety indicators green. LBP made a recommendation from this committee and for inclusion in these minutes that this is further discussed in terms of how we maintain and grow this and what it means for the organisation.</p> <p>MW agreed it is now about what we do with advanced practice in the future, by having NMPs in the 999 all the governance processes are in place and in the future when there is enough practitioners we can look at some rotation placements in primary and second care and be more of an employer for advanced practice.</p> <p>It was noted that an advanced clinical practitioners and consultant practitioners policy and advanced clinical practice strategy have been drafted and currently reviewed through the governance process in the organisation.</p>	
	<p>Resolved:</p>	
	<p>That the contents of the Report from the Health Education England (HEE) Lead on Non-Medical Prescribing & Advanced Practice be received and noted.</p>	
	<p>5.8 Integrated Emergency & Urgent Care (IEUC) & 111 Assurance Report</p> <p>VW requested the report is deferred to the next meeting as historically it was produced by another colleague who has now left the Trust.</p>	
	<p>Resolved:</p>	
	<p>That the Integrated Emergency & Urgent Care (IEUC) & 111 Assurance Report will be presented at the next meeting.</p>	<p>JB/VW</p>
<p>03/23/06</p>	<p>Risk</p>	
	<p>6.1 Board Assurance Framework (BAF)</p> <p>The Board Assurance Framework (BAF) had been received.</p> <p>MWB stated the report was 'as read' with the salient point being against the 2 x 25 scoring risk assessments and a paper has been submitted to EMB and the Board recommending given the evidence and demand these cannot be reduced currently because no significant improvement has been seen in hospital handover delays, lost hours, etc.</p> <p>There are 4 risks no longer on the BAF which relate to 111 as these have been reviewed and archived. There has been a reduction of risk score for the IPC risk for PTS around the transferring of COVID positive patients who are identified before travel and transported separately.</p>	



	<p>JJ raised a risk assessment has been drafted with Finance and the Chief Executive Officer outlining the current financial position and sustainability for the organisation which is being presented at the Board next week and monitored going forward. MWB said we will start seeing a focus on the financial risks on the BAF due to the current position.</p> <p>A risk was raised around the closure process on the Patient Safety ER54 management system and this has been escalated to the BAF.</p>	
	Resolved:	
	That the contents of the Board Assurance Framework be received and noted.	
03/22/07	Governance/Compliance and Regulation	
	7.1 Terms of Reference & Committee Self-Assessment	
	<p>The Terms of Reference & Committee Self-Assessment had been circulated.</p> <p>It was agreed AW and NVH would review the terms of reference in light of the recent directorate and portfolio changes and bring back to the next meeting.</p> <p>The committee self-assessment would be re-circulated to colleagues for individual completion and returned back to NS to collate responses.</p>	
	Resolved:	
	<p>a) That AW and NVH would review the terms of reference and bring back to the next meeting.</p> <p>b) That the committee self-assessment would be re-circulated to colleagues for individual completion and returned back to NS to collate responses.</p>	<p>AW/NVH</p> <p>ALL/NS</p>
	7.2 Serious Incident Report	
	<p>The Serious Incident Report for January 2023 had been circulated.</p> <p>NVH stated the report was 'as read' as the headlines had been covered in the joint quality report.</p> <p>It was noted the Trust will be moving to Patient Safety Incident Risk Framework (PSIRF) from by autumn 2023 and NVH is working through the initial terms of reference for a transition group and will provide a future update on how that is working.</p>	
	Resolved:	
	That the contents of the Serious Incident Report be received and noted.	
	7.3 Data Sharing & Protection Toolkit (DSPT) Report	
	<p>The Data Sharing & Protection Toolkit (DSPT) Report had been submitted.</p> <p>CK advised the report is 'as read' with the salient point being the DSPT is a self-assessment and assurance is key therefore the report captures that the DSPT has gone through the SIRO, HSRE, Audit Committee and EMB.</p>	



	<p>Internal audit have done a high level audit on the process which is currently with the Directors and will be submitted to Audit Committee soon.</p> <p>The action plan is attached noting the next review by the Cyber Security Group will take place later this week.</p>	
	Resolved:	
	That the contents of the Data Sharing & Protection Toolkit (DS&PT) Report be received and noted.	
	<p>7.4 Measuring Organisational Learning Report</p> <p>The Measuring Organisational Learning Report had been circulated.</p> <p>The report was submitted to Audit Committee who have made some updates to the narrative and the actions and supported the paper. MWB is working with the Head of Corporate Efficiencies to consolidate some of the work streams for smarter working across the whole of the Trust.</p> <p>AW said this is a good piece of work because the cross directorate and committee learning is important and suggested it might be useful to see some examples of standardised learning as there might be slightly different views on what that should look like. MWB would bring back some examples to QGC.</p> <p>MF said this is a great idea and was keen to see how this will be delivered in practice as it be difficult and challenging to do. The standardisation will help committees but it is not clear from a Board perspective what this looks like and accepted this is still in the planning stage. MWB acknowledged there will be challenges to face but was confident the Trust can come up with something from each Chair and committee and to incorporate some of this into the Human Factors Strategy and inclusion of the PSIRF in terms of smarter working.</p>	
	Resolved:	
	<p>a) That the contents of the Measuring Organisational Learning Report be received and noted.</p> <p>b) That MWB would bring back some examples of standardised learning back to QGC.</p>	MWB
03/23/08	Documents for Approval/Discussion	
	<p>8.1 WMAS Public Health Strategy 2023-2028</p> <p>The WMAS Public Health Strategy 2023-2028 had been circulated.</p> <p>AW gave a brief background to the Public Health workstream advising that they had been the responsible Director for the last 12 months work which was to set up a Public Health system for WMAS and gave thanks to the Head of Diversity and PW for the massive amount of work that have been done to support this.</p> <p>In Quarter 4, the Trust appointed a new Public Health Lead who has drafted the Strategy based partly on the AACE Public Health Strategy and a number of other things, noting MW is leading the education research perspectives.</p>	



	<p>The Strategy has received good feedback from PSG, EMB and has been circulated to the Non-Executive Directors and we are the stage where we are in a good position to submit to Board for approval at the end of the month. AW gave thanks to everyone involved with developing the Strategy.</p> <p>JJ thought this was a great piece of work and there is no better document setting out our position moving forward to the ICBs and ICSs.</p> <p>It was noted the new Director of Nursing will take over as the responsible Director when appointed as they are also the Lead for Making Every Contact Count. In the interim this will be DJS who will be supported by AW.</p> <p>MF and MW left the meeting.</p>	
	Resolved:	
	That the contents of the WMAS Public Health Strategy be received and noted.	
	8.2 Patient Experience Strategy	
	The Patient Experience Strategy had been submitted.	
	<p>The contents of the Patient Experience Strategy were noted. The Strategy had already been through LRG and PSG for comments and feedback.</p> <p>The committee members had enjoyed reading the Strategy as it was written in plain English and it was fully supported by QGC.</p>	
	Resolved:	
	That the contents of the Patient Experience Strategy be received and noted.	
03/23/09	Schedule of Business	
	The Schedule of Business had been received.	
	Resolved:	
	That the Schedule of Business be received and noted.	
03/23/10	Any Other Urgent Business	
	<p>As this was LBP's last meeting, QGC colleagues were wished all the best for the future and stated it had been a pleasure to be part of the QGC meeting and Chair such a vibrant group of people who are committed and have the passion and enthusiasm for ensuring patient safety and providing the best patient care.</p> <p>AW thanked LBP on behalf of the whole of the committee for all her work and providing challenge in a supportive way. It was noted how much support had been given and progress made by QGC with LBP as the Chair.</p>	
03/23/11	New or Increased Risks highlighted from the meeting	
	<p>There were no new/increased risks highlighted at the meeting.</p> <p>There being no further business, the Chair declared the meeting closed at</p>	



	13.05 pm.	
03/23/12	Date and Time of the next meeting	
	Wednesday 24 May 2023 at 10.00 am via Microsoft TEAMS	

These minutes were agreed as an accurate record on Wednesday 24 May 2023.

	Board Schedule of Business		Lead	31/05/23	28/06/23 Board Briefing	26/07/23	Aug 23	27/09/23 Board Briefing
Standing Items								
	Apologies		Chair	✓		✓		
	Declarations of Interest		Chair	✓		✓		
	Minutes of Previous Meetings		Chair	✓		✓		
	Board Action Log		Chair	✓		✓		
	CEO report		ACM	✓		✓		
	Risks arising from meetings		All	✓	✓	✓		✓
Care Quality and Safety								
Annual reports	Patient Experience Report	Report through QGC	MD	✓		✓		
	EDI Annual Report	Report through PC	MR			✓		
	Safeguarding Report	Report through QGC	MD	✓		✓		
	Infection, Prevention and Control Report	Report through QGC	MD	✓		✓		
	Patient Safety, Duty of Candour and Serious Incidents Report	Report through QGC	MD	✓		✓		
	Research and Development Report	Report through QGC	CC	✓		✓		
	Medicines Management Report	Report through QGC	MD	✓		✓		
	Accountable Officer for Controlled Drugs Report	Report through QGC	MD	✓		✓		
	Annual staff survey report	Report through PC	CB			✓		
	Physical and Verbal Assaults to Staff Report	Report through QGC	CC/JK	✓		✓		
	Better Births Annual Report	Report through QGC	MD	✓		✓		
	Annual Report on Health and Safety, including fire safety	Report through QGC	MD/MB	✓		✓		
	Making Every Contact Count Annual Report			✓				
	Medicines Management Annual Report			✓				
	Controlled Drugs Annual Report			✓				
	Emergency Preparedness Annual Report			✓				
	Security Management Annual Report			✓				
Learning from Deaths Annual Report			✓					
Freedom to Speak Up Bi-annual Report			MD					
Quality Impact Assessment Report (and also any Equality Impact Assessment) Relating to CIP			KR/PW					
Governance								
Annual Governance Statement as part of the Annual Report		Confidential	KR	✓				
Annual Budget (including capital programme and CIP programme) - Draft			KR					
Annual Budget (including capital programme and CIP programme) - Final			KR					
Review Board Assurance Framework and Significant Risks			MD/MB	✓		✓		
Annual Review of Risk Appetite Statement			MD/MB					
Review of Register of Seals		Confidential	PH	✓				
Minutes from Committee Meetings	Audit Committee		JJ	✓		✓		
	Annual Report of Audit Committee		JJ			✓		
	Performance Committee		MK	✓		✓		
	Quality Governance Committee		LBP	✓		✓		
	People Committee		MF	✓		✓		

	Remuneration and Nominations Committee		IC	✓		✓		
	Review of Terms of Reference to Committees of the Board		PH					
	Annual Review of Self Assessment of Committees of the Board and their membership		PH					
	Review of Governance structure of the Trust		PH					
	Staff Survey Action Plan Quarterly Review	Report through PC	CB			✓		
	Staff Survey Action Plan Annual Outcome Report	Report through PC	CB	✓				
	Procurement Workplan	Report through AC	KR					
	Review Leases due to IFRS16							
	Executive Scorecard		VK					
	Update on the implementation of the PWC recommendation							
	NHS Resolution Annual Scorecard	Confidential	MD					
	Update on NARU - KP to attend		KP	✓				
	Serious Incidents report	Included in MD/AW report	MD/ST	✓		✓		
	Claims & Coroners Report	Confidential	MD/MK	✓		✓		
	Communications Report & Data Pack (Quarterley update)	To be reported through EMB Reprc	MM			✓		
	Communications Report & Data Pack (Annual update)		MM	✓				
	EPRR Update		JW/CEO			✓		
Trust Information Pack								
	Regular performance KPI based exception reports covering:			✓		✓		
	Finance including CIPS and Capital Programme		KR	✓		✓		
	Governance & Security Indicators		CK	✓		✓		
	Nursing & Clinical Indicators		MD	✓		✓		
	Operational Key Performamnce Indicators		CC	✓		✓		
	Workforce Indicators		CB	✓		✓		
Strategy & Engagement								
	People Strategy		CB					
	Operational Strategy		CC					
	Clinical Strategy		MD					
	Quality Strategy		MD					
	Stakeholder Engagement Strategy		VK/MM					
	Commissioning Strategy		MD					
	Communications & Engagement Strategy		VK					✓
	Commercial Services Stragegy		MB					
	Operating Model		CC					✓
	HART, Academy, West Brom Estate Strategy		CC					✓
	FTSU Strategy and Self-Assessment and Board Development Session		VK					✓
	Risk Management Strategy		MD					
	Fleet Strategy		CC					
	Research Strategy		CC					
	Commissioning Intentions		MD					
	Operating Plan (NHSI Submission)		VK					
	Finance Strategy		KR					
	IT Strategy		MD/CC					
	Procurement Strategy		KR					

Sustainability Strategy		CC					
HWB Strategy		CB					
EDI Strategy		CB					
Security Management Strategy (Oct 2024)		CK					
5 Year Strategic Plan		VK		✓			
Regulatory, Guidance or Contractural							
Annual Audit Letter ISA 260	Confidential	Auditors	✓				
Annual report and accounts	Confidential	KR	✓				
Quality Account Approval		PW/VK	✓				
Review of Register of Interests - Directors		PH	✓				
Data Security and Protection Toolkit (March - review, June - submission)		CC/CK		✓			
GDPR/Data Protection Officer Report	Forms part of Trust Information Pack	CC/CK					
Learning From Deaths Report	Included in MD/AW report	MD/ST	✓		✓		
Workforce Race Equality Standard data report for publishing		CB			✓		
Workforce Disability Equality Standard data report for publishing		CB			✓		
Gender Pay Gap data report for publishing		CB					
Trade Union Facility Time Regulations report for publishing		CB		✓			
Professional Registration and Medical Revalidation Assurance		CB			✓		
Licence Conditions		PH	✓				
Annual Meeting of Members - Agenda Approval		PH	✓				
Board Developments							
Safeguarding and Prevent	Nicola Albutt	Chair		✓			
General Data Protection Regulation (GDPR)	Chris Kerr	Chair		✓			
Directors role in Inclusion and Diversity	Mohammed Ramzan	Chair					
WRES Updates and Training	Mohammed Ramzan	Chair		✓			
Patient Safety, Duty of Candour and Serious Incidents	Simon Taylor	Chair					
Research Development	Andy Rosser	Chair		✓			
NHS Patient Safety Syllabus Training (level 1+ Online Training)	Carla Beechey	Chair					
Downside Scenerio Planning	Mark Docherty/Karen Rutter	Chair					
Miscellaneous Items							
Winter Plan		CC					
Festive Plan		CC					
Quality Improvement Update		VK			✓		
Going Concern Review		KR					
Review of SFI's		KR			✓		
Refresh on SFI's delegations and investment decision making		KR					✓