



West Midlands Ambulance Service

University NHS Foundation Trust

AGENDA

TITLE OF MEETING: Extraordinary Meeting of the Board of Directors

Wednesday 29 November 2023 at 11:00 hours

To be held at the Sandwell Hub, Shidas Lane, Oldbury, B69 2GR
or via Microsoft Teams and an invitation will be sent upon request to the Trust Secretary –
phil.higgins@wmas.nhs.uk

Membership

Prof. I Cumming*	Chair	Non Executive Director (Chairman)
Mr A C Marsh*	CEO	Chief Executive Officer
Ms W Farrington Chadd*	WFC	Non Executive Director (Deputy Chair)
Ms C Beechey	CB	People Director
Mrs C Eyre*	CE	Director of Nursing
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	Director of Performance & Improvement
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
Dr R. Steyn*	RS	Interim Medical 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 D Scott	DJS	Interim Organisational Assurance Director
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
Mr M Brown	MB	Head of Risk
Mr C Cooke	CC	Operational Support Service Director

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			
		Chair	Verbal	Verbal 11.00
02	Declarations of Interest			
	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	
03	CEO Update report			
	To receive a report from the CEO 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	CEO	Paper 01	11.05- 11.20
04	Board Assurance Framework			
	To receive a report from the Director of Nursing The Committee is asked to receive and approve the revised Board Assurance Framework.	Director of Nursing	Paper 02 a to c	11.20- 11.30
05	Clinical strategy			
	To receive a report from the Medical Director & Director of Nursing The Clinical Strategy has been reviewed, updated and produced in a new format with input from across the service. The document outlines the organisation's ambition to respond to the needs of our communities and improve health and health outcomes across the West Midlands Region	Medical Director/ Director of Nursing	Paper 03	11.30- 11.40
06	Estates update			
	To receive a report from the Director of Finance	Director of Finance/ Operational Support Service Director	Paper 04	11.40- 11.50

Item No	Description	Lead	Paper No	Timings
07	Appointment of WMAS External Audit providers			
	To receive a report from the Director of Finance	Director of Finance	Verbal	11.55-12.00
08	Any Other Business (previously notified to the Trust Secretary)			
09	Review of the meeting and any increased or new risks			
10	Date and time of the next ordinary meeting: The next meeting will be on 31 January 2024			

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

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 03 MONTH: November 2023 PAPER NUMBER: 01

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. The National Ambulance Coordination Centre (NACC) 2. CEO Meetings – 16 October to 17 November 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.

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

AGENDA ITEM: 03

MONTH: November 2023

PAPER NUMBER: 01

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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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 03 MONTH: November 2023 PAPER NUMBER: 01

Action required

The Board of Directors is asked to:

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

1. National Ambulance Coordination Centre (NACC)

The National Ambulance Coordination Centre (NACC) is a National Ambulance Resilience Unit (NARU) asset. It is hosted and provided by WMAS. For a number of years, NHS England have provided additional funding for the NACC to be 'stood up', due to challenges such as Covid-19, increasing system pressures, etc.

The NACC in its 'stood up' form provides Staff Officer cover daily between 0600-0200. This is provided by five WMAS paramedics on secondment.

NHS England has formally communicated that the NACC will be stood down on 1 November 2023. This is primarily due to them wanting to move urgent & emergency care (UEC) escalation to a National Operations Centre (NOC) function. The five WMAS paramedics will have their secondments ended and will revert to their substantive roles.

The 'NARU NACC plan' details the indications and procedures for the NACC to be stood up, for example in the event of a major incident in the ambulance sector requiring mutual aid. WMAS, and the NACC will remain prepared to stand up the NACC, as part of the NARU contract.

2. Chief Executive Officer Meetings – 16 October to 17 November 2023

Staff

- Chaplaincy Meeting
- Maternity Roadshow
- FTSU Event
- Student Network Launch
- Council of Governors

National Meetings

- Marc Thomas, NHS England
- NHS England - UEC Check In
- NHS England – Ambulance Escalation Meeting

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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 03 MONTH: November 2023 PAPER NUMBER: 01

- NHS England – Tier 1 Monthly Meeting with Sarah-Jane – SWAST
- NHS England – Ambulance Productivity Meeting

Regional Meetings

- Sir David Nicholson & David Loughton
- Systems CEO Meeting
- ICB/NHSE/WMAS Confirm & Challenge Core Standards Meeting

**Anthony C. Marsh
Chief Executive Officer
November 2023**

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 04

MONTH: NOVEMBER 2023

PAPER NUMBER: 02

Board Assurance Framework (BAF)	
Sponsoring Director	Director of Nursing (Caron Eyre)
Author(s)/Presenter	Matt Brown, Head of Risk
Purpose	The Board Assurance framework has been revised as part of the Good Governance Institute, Well Led Review of the Trust.
Previously Considered by	Board Briefing/Development session – 27 September 2023 Board of Directors – 25 October 2023
Report Approved By	Executive Director of Nursing
Executive Summary	
<p>Following both internal and external (Good Governance Institute) discussions, it has been agreed that a revised BAF is developed. This will include a new risk template allowing greater clarity and a more appropriate and direct recording of strategic risks to allow for a focussed discussion at Board. This new process will enable greater assurance and reflect the Trust Risk Appetite.</p> <p>The revised BAF is attached for review by the Board of Directors.</p>	
Related Trust Objectives	Please tick relevant objective
To meeting which of the Trust's objectives does the proposal contribute:	
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"/>

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 04

MONTH: NOVEMBER 2023

PAPER NUMBER: 02

Related Trust Objectives/ National Standards	There is a national requirement for WMAS to have a Board approved Board Assurance Framework
Risk and Assurance	The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the board's strategic objectives. It is an essential tool for boards and the effective application of board assurance arrangements to produce and maintain a BAF will help management and the board to consider collectively the process of securing assurance using a formal process that promotes good organisational governance and accountability.
Legal implications/ regulatory requirements	The completion of a BAF and ensuring risks are managed appropriately is an issue of good corporate governance
Financial Implications	There are no direct financial implications for the Committee to consider, however the BAF does address organisational financial risk.
Workforce & Training Implications	There are no direct workforce implications, however the BAF does address workforce issues.
Communications Issues	The new BAF format will need to be communicated to colleagues in the organisation.
Diversity & Inclusivity Implications	This is addressed, where appropriate in the risks identified and mitigating actions.
Quality Impact Assessment	This is addressed, where appropriate in the risks identified and mitigating actions.
Data Quality	The information in the BAF is sourced from the WMAS Risk Register
Action required	
The Board is requested to review and approve the revised BAF.	



Revised BAF update – November 2023.

Following both internal and external (Good Governance Institute) discussions, it has been agreed that a revised BAF is developed. This will include a new risk template allowing greater clarity and a more appropriate and direct recording of strategic risks to allow for a focussed discussion at Board. This new process will enable greater assurance and reflect the Trust Risk Appetite.

Several actions have taken place to ensure the process is fully understood, offers clarity, and provides improved assurance to the Board, and that all key stakeholders are engaged and can comment and advise on the content of the documentation with the governance arrangements involved moving forward.

Ongoing actions are shown below:

- Review and update of relevant policies and procedures to align with new BAF process and governance arrangements, including the risk appetite statement, risk assessment and management policy and risk strategy against the new BAF – work planned for 24/11/2023.
- BAF Report completed in DRAFT format, reviewed by Executive Director of Nursing, Organisational Assurance Director, and Trust Secretary – to be tabled at Board, 29th November.
- Head of Risk to attend each assurance committee to review their relevant BAF risks to Board via the Chair's report.
- Trust Secretary and Head of Risk to undertake assurance committee review to update to terms of reference to include BAF and accurate governance arrangements.
- Share revised BAF with ICB via collaboration with Head of Risk and Strategy and Engagement Director, to improve collaboration and understanding of expectations of risk at a system level. A meeting is to be held on 14/11/2023 with ICB Chief Nurse to discuss.
- Executive Director of Nursing, Organisational Assurance Director, and Head of Risk met and agreed that a new process will be introduced reviewing high risks monthly – 1st meeting on 13/11/2023.
- Update to be shared with GGI, Head of Risk to meet 15/11/2023.

Completed actions to date.

- Review of the existing BAF and risk documents – action completed, EMB initially met on 19/09/2023 to determine BAF risks which were tabled and discussed in depth at the Board Development session on 27/09/2023.
- Structured discussions with relevant staff members to ensure that the BAF is understood and there is ownership of the document and process moving forward, which occurred at the Board Development session on 27/09/2023 and continues via ongoing review work.
- Development and population of the revised BAF, including a workshop with senior team managers. This occurred at the Board Development session on 27/09/2023 and BAF templates have been shared for comments to be received by 16th October. Any comments received have been incorporated appropriately.



- DRAFT BAF FAQs also circulated for review and comment by 16th October. These set out a clear process of review and governance and offer key areas to consider when reviewing. Any comments received have been incorporated appropriately.
- Updated actions presented at EMB 17th October.
- Presentation of BAF at the Board of Directors meeting on 25th October.
- Amend BAF documentation to add a column to allocate a committee to each risk.
- Tabled at Quality Governance Committee on 18th October for oversight and comment.
- Tabled at Quality Governance Committee on 18th October for oversight and comment.



Board Assurance Framework

October 2023



The Board Assurance Framework is an agreement between the board and management which summarises:

- the organisation's strategic objectives,
- the risks to achieving the objectives,
- the controls management are required to put in place to minimise the likelihood or effect of those risks materialising,
- the assurances the board needs to be confident that the controls are operating effectively.

This Document comprises of the following sections:

- The current strategic objectives [\(go to this section\)](#)
- A summary of identified risks mapped to committees of the board and executive directors [\(go to this section\)](#)
- An overview of the effect of controls (risk score movement over time) [\(go to this section\)](#)
- Reporting cycle of the BAF [\(go to this section\)](#)
- Risk Updates [\(go to this section\)](#)
- Individual risks and the relevant detail [SR1](#) [SR2](#) [SR3](#) [SR4](#) [SR5](#) [SR6](#) [SR7](#)



Strategic Objectives



Safety, Quality and Excellence

Our commitment to provide the best care for all patients.



A Great Place to Work for all

Creating the best environment for staff to flourish.



Effective Planning and use of Resources

Continued efficiency of operation and financial control.



Innovation and Transformation

Developing the best technology and services to support patient care.



Collaboration and Engagement

Working in partnership to deliver seamless patient care.



Identified Risks mapped to Committees of the Board and Executive Directors

Ref	Risk	Strategic Objectives					Committee(s)	Exec Lead(s)
		1	2	3	4	5		
SR1	Handover Delays	✓	✓	✓		✓	Performance Committee	Nathan Hudson
SR2	Call Stacking	✓	✓	✓		✓	Performance Committee	Nathan Hudson
SR3	Occupational Stress	✓	✓	✓			People Committee	Carla Beechey
SR4	Organisational Culture	✓	✓	✓			People Committee	Carla Beechey
SR5	Financial Duties		✓	✓		✓	Performance Committee	Karen Rutter
SR6	Innovation	✓	✓	✓	✓	✓	Quality and Governance Committee	Nathan Hudson
SR7	Engagement			✓	✓	✓	Quality and Governance Committee	Vivek Khashu

Key:

- ✓ - Primary link to strategic objectives
- ✓ - Secondary link to strategic objectives



Effect of Controls

Ref	Risk	Inherent Rating	Oct 23	Dec 23	Feb 24	Apr 24	Jun 24	Trend	Target Score
SR1	Hospital Delays	25	20	25				Increasing	16
SR2	Call Stacking	25	20	25				Increasing	16
SR3	Occupational Stress	16	12					Reducing	8
SR4	Organisational Culture	16	12					Reducing	4
SR5	Financial Duties	16	12					Reducing	8
SR6	Innovation	12	8					Reducing	4
SR7	Engagement	16	12					Reducing	8



Staff & Patient Experience



Education and Training



Clinical Effectiveness & Research



Audit & Compliance



Risk Management



Staff Management



Business Intelligence



Reporting Cycle

The Board Assurance Framework will be presented to each meeting of the Board (Bi-Monthly) for review. A summary of changes since the last report, will be provided, as well as the direction which the risk is travelling.

Between the meetings of the Board the risks in the Assurance Framework will be continually reviewed by the committees of the Board. For each of the committee meetings, any BAF risks that are aligned to the committee will be included in the Committee Chairs Report to ensure appropriate opportunity to review and update the BAF risks, ensuring that the Board are informed in an accurate and timely way.

The Audit Committee will also receive a copy of the Board Assurance Framework at each of its quarterly meetings to provide oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes.

	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Board Meeting	✓			✓			✓			✓		
Assurance Committees	✓				✓			✓		✓		
EMB (interim reviewing group)		✓				✓		✓		✓		



Risk Updates

November 2023

EMB has requested that both risks aligned to SO1 – hospital delays and calls waiting - were reviewed given increasing concerns within these areas. A report was formulated and tabled at EMB with data and evidence to add further context and to recommend that both risks are increased to 25.

Meeting is scheduled for the 14/11/2023 with Black Country ICB to discuss engagement and support because of revised BAF – specifically to support SO4 and SO5.

As part of the Complex Patient working group, ICB have agreed to share requests to partners (mainly GP's) from WMAS regarding an “early warning” process. This will monitor patients, who haven't needed an emergency pathway, but will imminently and communicate this to WMAS so that we can make relevant assessment arrangements (address flagging, risk assessment) to provide key information to ensure the most appropriate resource is allocated when needed – this work will support SO4 and SO5 predominantly but also impact other areas and of course, improve patient experience and safety.

High Risk (graded 20) review process started on 13/11/2023 to ensure that rating is appropriate and identify where any relevant actions can be applied to reduce. This has been initiated by EMB and the panel consists of Patient Safety Director, Interim Executive Medical Director, Executive Medical Director of Nursing and Head of Risk. The panel will bring information and updates from committees and meetings they each attend and provide an objective oversight and approach. It is hoped that this monthly review will also alert EMB and Assurance Committees to emerging risks which may impact the BAF at some point.



Strategic Risks 1-7

Strategic Objective 1: Safety, Quality and Excellence – Our commitment to provide the best care for all patients.					Risk Score 25	
Strategic Risk No. 1: Handover Delays						
<i>If</i> ... handover and offload delays at hospital continue		<i>Then</i> ... this will lead to a failure to provide safe and effective care		<i>Leading to/Resulting in</i> ... poor patient outcomes, low staff morale and negative impact on performance.		
	Impact	Likelihood	Score	Risk Trend <i>In future editions this box will include a trend line showing how the score of the risk has changed from month to month</i>		
Inherent	5	5	25			
Current	5	5	25			
Target	4	4	16			
Risk Lead	Nathan Hudson – Director of Performance and Improvement			Assurance Committee	Performance Committee	
Controls				Assurances reported to Board and Committees		
<ul style="list-style-type: none"> Ambulance handover delays board report Reducing ED congestion workgroup – workstreams include, “Reducing Demand and Enhancing Patient Flow Gold Commander “reactive protocol” to specific cases in the event of significant Patient delays & Ambulance Turnarounds Hospital desk 24/7 hours of operation. SOC & EOC management of Hospital delays, escalation of each delay to NHSE, CCG and Hospital Directors to gain resolutions on delays. WMAS escalation process – HALO to OM/SOM Director of Clinical Commissioning and Service Development EMS levels monitoring - Escalation Management system used to monitor pressures within an acute trust. Intelligent conveyance - a conveyance method used to spread the workload across all acute trusts during times of pressure. Declaration of Major Incident in extremis. Patient with ambulance clinician whilst on vehicle Ambulance clinician able to provide nursing care. Ambulance equipped with heating and air con. Intelligent conveyance Supporting RA’s covering handover delays and IPC prolonged exposure 				First and second line (internal) assurances) Reports to: <ul style="list-style-type: none"> HALO Cohorting SOP Communication between WMAS staff and hospital staff (HALO, Navigator, Nurse etc) Divert processes. Implementation and monitoring of the conveyance policy REAP and surge plan Operational performance plans Local SOM’s rota demand management Meal break and end of shift management in place to protect category 1 and 2 patients. REAP escalation procedure. 24-hour SOC provision Surge demand management plan (SDMP) now embedded within the EOC and utilised as required. Category 3 and 4 clinical validation Introduction and embedding of Category 2 segmentation – clinical navigation and validation of a specific subset category 2 dispositions as provided by NHSE. 		
				Third line (external) assurances <ul style="list-style-type: none"> NASMED guidance on delayed handover AACE IPC precautions during hospital handover delays 		



<ul style="list-style-type: none"> Ambulance decision areas in place at several sites Immediate offload to free up crews to respond to outstanding patients. End of shift tasking memorandum of understanding across footprint 	<ul style="list-style-type: none"> Professional care standards for patients waiting in Ambulances. Regular meetings between WMAS and hospital Regular liaison with hospital leads from WMAS Improved partnership working with all stake holders through SOC. Engagement with partner agencies (111, commissioners, GP's, police and hospitals) to understand what can be done in the future during periods of intense demand to take a more holistic approach in reducing demand upon the Ambulance Service. Continued positive dialogue and collaboration between WMAS, acutes and ICB and NHSE. Continuous engagement with SCC and wider system level calls
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<p>Gaps in Controls and Assurances</p>	<p>Actions to address control / assurance gaps</p>
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<ul style="list-style-type: none"> Continued hospital delays. Patient harm. Failure of category 2 performance. HALO cover reduced to pre COVID Levels. SCC Resourcing and cover to manage increased demand. Crew late finishing 	<table border="1"> <thead> <tr> <th data-bbox="963 510 1601 566">Action</th> <th data-bbox="1601 510 2150 566">Owner</th> </tr> </thead> <tbody> <tr> <td data-bbox="963 566 1601 758">Continue to reinforce End of Shift Tasking MOU across the region to ensure Crews can offload patients at end of their shift, reducing oncoming crews to relieve them and improving resourcing.</td> <td data-bbox="1601 566 2150 758">Michelle Brotherton and Nina Mitchell December 2023</td> </tr> <tr> <td data-bbox="963 758 1601 853">Escalation to NHSE of RSH and WRH decision to cease ADA.</td> <td data-bbox="1601 758 2150 853">Michelle Brotherton and Nina Mitchell December 2023</td> </tr> <tr> <td data-bbox="963 853 1601 965">Engagement with Hospitals in region regarding deteriorating performance and requesting action and collaboration.</td> <td data-bbox="1601 853 2150 965">Michelle Brotherton and Nina Mitchell December 2023</td> </tr> <tr> <td data-bbox="963 965 1601 1093">Review of SCC Staffing and Cover, especially during times of increased demand and Winter period</td> <td data-bbox="1601 965 2150 1093">Michelle Brotherton and Nina Mitchell December 2023</td> </tr> </tbody> </table>	Action	Owner	Continue to reinforce End of Shift Tasking MOU across the region to ensure Crews can offload patients at end of their shift, reducing oncoming crews to relieve them and improving resourcing.	Michelle Brotherton and Nina Mitchell December 2023	Escalation to NHSE of RSH and WRH decision to cease ADA.	Michelle Brotherton and Nina Mitchell December 2023	Engagement with Hospitals in region regarding deteriorating performance and requesting action and collaboration.	Michelle Brotherton and Nina Mitchell December 2023	Review of SCC Staffing and Cover, especially during times of increased demand and Winter period	Michelle Brotherton and Nina Mitchell December 2023
Action	Owner										
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Engagement with Hospitals in region regarding deteriorating performance and requesting action and collaboration.	Michelle Brotherton and Nina Mitchell December 2023										
Review of SCC Staffing and Cover, especially during times of increased demand and Winter period	Michelle Brotherton and Nina Mitchell December 2023										

<p>Risk Updates</p>

DRAFT V2 shared for final comments prior to new BAF going LIVE



Associated Risks on the Operational Risk Register		
Risk no.	Description	Current Score
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	15

DRAFT



Strategic Objective 1: Safety, Quality and Excellence – Our commitment to provide the best care for all patients.					Risk Score 25
Strategic Risk No. 2: Call Stacking					
<i>If ...</i> delays responding to emergency calls continue		<i>Then ...</i> this will cause long waits in the call stack		Leading to/Resulting in ... poor patient and staff experience and potential serious incidents.	
	Impact	Likelihood	Score	Risk Trend <i>In future editions this box will include a trend line showing how the score of the risk has changed from month to month</i>	
Inherent	5	5	25		
Current	5	5	25		
Target	4	4	16		
Risk Lead	Nathan Hudson – Director of Performance and Improvement		Assurance Committee	Performance Committee	
Controls			Assurances reported to Board and Committees		
<ul style="list-style-type: none"> Significant investment and increases in operational staffing levels Significant increase in Call Assessor numbers. Current establishment circa 420 trained call assessors. Strong hospital turnaround management in place including additional investment into HALO provision and ADA functions. Resource output producing around 350 frontline ambulances at peak per day Full establishment of VPO's across all HUBS There are no EOC vacancies across any function. Surge demand management plan (SDMP) now embedded within the EOC and utilised as required. Implementation of the SCC (excluding Staffordshire) 			First and second line (internal) assurances) Reports to: <ul style="list-style-type: none"> Local SOM's rota demand management Meal break and end of shift management in place to protect category 1 and 2 patients. REAP escalation procedure. 24-hour SOC provision On call Tactical Command function ER54 Incident reporting system Welfare calls completed by paramedics who following re triage can upgrade call if clinically appropriate. Surge demand management plan (SDMP) now embedded within the EOC and utilised as required. Category 3 and 4 Clinical Validation Embedding of Category 2 segmentation – clinical navigation and validation of a specific subset Category 2 dispositions as provided by NHSE. 		
			Third line (external) assurances <ul style="list-style-type: none"> Engagement with partner agencies (111, Commissioners, GP's, Police and Hospitals) to understand what can be done in the future during periods of intense demand to take a more holistic approach in reducing demand upon the Ambulance Service 		
Gaps in Controls and Assurances			Actions to address control / assurance gaps		



<ul style="list-style-type: none"> Continued stacking of calls. Failure of category 2 performance. Continued patient delay and harm. Poor staff morale 	Action	Owner
	Implementation of OREO Team to improve resource availability	Performance Improvement Director December 2023
	Additional recruitment of CVT to improve resource availability and opportunity to manage calls	IEUC Director December 2023

Risk Updates

DRAFT V2 shared for final comments prior to new BAF going LIVE

Associated Risks on the Operational Risk Register

Risk no.	Description	Current Score
EOC-003	Clinical validation for Cat 3 and Cat 4 incidents	12
EOC-022	Clinical validation for Cat 2 999 Calls impacting patient safety and performance	15
EOC-024	Risk associated with not staying on the line with callers, resulting in patient harm, litigation, stress and SI's	10
EOC-027	Consideration for Category 2 IEUC Closing Instructions impacting patient safety, performance and staff wellbeing	10



Strategic Objective 2: A Great Place to Work for all – Creating the best environment for staff to flourish.				Risk Score 12	
Strategic Risk No. 3: Occupational Stress					
<i>If</i> ... staff experience occupational stress and exposure to psychological hazards		<i>Then</i> ... this may increase sickness, staff turnover and demand on other staff		<i>Leading to/Resulting in</i> ...an inability to cope with other demands and sickness within other areas of the Trust.	
	Impact	Likelihood	Score	Risk Trend <i>In future editions this box will include a trend line showing how the score of the risk has changed from month to month</i>	
Inherent	4	4	16		
Current	4	3	12		
Target	4	2	8		
Risk Lead	Carla Beechey – People Director		Assurance Committee		People Committee
Controls			Assurances reported to Board and Committees		

DRAFT



<ul style="list-style-type: none"> • Development and improvement of effective communication pathways within the organisation, through intranet sites, weekly briefing, webinars, network forums • Freedom to Speak Up Advocates / Guardian • Leave/Time Off for Domestic Reasons Policy • Stress Risk Assessment Questionnaires • Return to Work Risk Assessments • Risk Assessment process reviewed and being applied where necessary to identify required support for staff. • Training for managers has been provided in occupational stress, absence management and reasonable adjustments. • Mental Wellbeing Service, including Mental Wellbeing Practitioners and option to refer for private counselling via The Listening Centre. • Dedicated WMAS Wellbeing Internet site hosting wide range of support materials and specialist signposting, events, webinars, podcasts. • Health and Wellbeing Champions • Online 24/7 wellbeing resource, subscriptions for all WMAS Staff (Qwell) • Inclusion in PDC to have specific conversation on Health and Wellbeing • Increase in mental wellbeing staffing • Interviews testing suitability • Mandatory training with mental health information • Ongoing review of HWB initiatives and interventions targeted at specific areas of identified need. • HWB Roadshows • Just B Proactive HWB conversations • Decider Skills Training delivered in EOC and now incorporated into AAP and Grad Induction Programmes • Mandatory Training • Back Up available to staff at jobs where required Post Incident De-Briefs • Automated message from control to officers where ION is identified. • Support for EOC staff from a supervisor on any call if needed etc and timeout of control after a traumatic / difficult job • SALS 	<p>First and second line (internal) assurances)</p> <p>Reports to:</p> <ul style="list-style-type: none"> • Occupational Stress Policy • Sickness Absence Policy and procedures • Dignity at Work Policy • Flexible Working Policy • Well Being Handbook • Personal Development Review • Resolutions procedure • SALS advice service • Incident reporting process • People Strategy • Health and Wellbeing Strategy • Sickness Absence Data • Turnover Data • HWB Uptake • Mandatory Training Compliance (inc CRT) • Launch of The Decider Skills Training (and training uptake) • Corporate Induction with mental health information/Mentorship / Clinical Team Mentors • Designate line manager on 24/7 • PDC's with Health and Well Being (HWB) conversations • Stress policy and stress risk assessments, <p>Third line (external) assurances</p> <ul style="list-style-type: none"> • Support from external organisations/professions in provision of counselling and psychological support • Single contact provider for occupational health provision. • Occupational Health for support during employment • The Listening Centre • Pre employment screening by OH • Team of trained mediators to assist with resolving workplace conflict
<p>Gaps in Controls and Assurances</p>	<p>Actions to address control / assurance gaps</p>
<ul style="list-style-type: none"> • Staff Survey Performance • Unable to control and manage attendance where exposure to possible stressors may be present. 	<ul style="list-style-type: none"> • Trust wide Staff Survey action plan and local action plans in place. • WinningTemp data. • Culture Review.



Risk Updates

DRAFT V2 shared for final comments prior to new BAF going LIVE

Associated Risks on the Operational Risk Register

Risk no.	Description	Current Score
ORG-027	Failure to succession Plan for Senior Management leading to contingency concerns, increased sickness and concerns of task completion	9
ORG-048	Risks associated with increased workload due to reduced management capacity and support Staff capacity	9
WF-001	Staff experiencing Occupational Stress leading to increased sickness, increased demand on other staff, inability to cope with other demands and sickness within other areas of the Trust	12

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Strategic Objective 2: A Great Place to Work for all – Creating the best environment for staff to flourish.					Risk Score 12
Strategic Risk No. 4: Organisational Culture					
<i>If</i> ... the organisational culture within the Trust is unsuitable		<i>Then</i> ...there will be a failure to provide a suitably safe, healthy and rewarding place to work		<i>Leading to/Resulting in</i> ... low staff morale, increased sickness, increased turnover and complaints.	
	Impact	Likelihood	Score	Risk Trend <i>In future editions this box will include a trend line showing how the score of the risk has changed from month to month</i>	
Inherent	4	4	16		
Current	4	3	12		
Target	4	2	8		
Risk Lead	Carla Beechey – People Director		Assurance Committee	People Committee	
Controls			Assurances reported to Board and Committees		
<ul style="list-style-type: none"> All sites displaying posters describing what sexual assault and harassment are and detailing what help is available. Regular updates and development about the importance of civility and respect at work (Engaging Managers and Leaders and other Organisational Development interventions such as Having Vital Conversations). Safeguarding arrangements in place to ensure safety of patients, staff and students. 7-minute Safeguarding briefing covering sexual safety and people in a position of trust Information on sexual safety and support issued to all new students and apprentices. Update to Managing Safeguarding Allegations Policy and Procedure Regular communications about the importance of speaking up. Regular updates for managers about how to respond if someone raises a concern. Reviewing managers' responses to ensure consistency and openness. Regular updates about the importance of civility and respect at work Pulse surveys to measure fear of detriment. Sharing success stories from concerns that have been raised. Multidisciplinary review process with HR, Management and Safeguarding Sexual Safety and Managing Allegations Sessions provided across the Trust Supportive education package around behaviour impact awareness led by Organisational Development Sexual Safety awareness and education delivered to Managers, Supervisors, Networks, ETOs, Mentors and CTMs Engaging Leaders and Engaging Managers Programmes incorporate encouraging staff to raise concerns and how to deal with them, and how to 'hold to account' 			First and second line (internal) assurances) Reports to: <ul style="list-style-type: none"> Sexual Safety Charter Occupational Stress Policy Sickness Absence Policy and procedures Dignity at Work Policy Flexible Working Policy Wellbeing Handbook Personal Development Conversations Sickness Absence Data Turnover Data and Trends Resolution procedure Freedom To Speak Up Policy (Whistleblowing) Incident reporting Process People Strategy Health and Wellbeing Strategy New Values and Behaviours Values and behavioural framework refreshed with Values Self-Assessment and new Culture Statement launched. Sexual Safety incorporated into the Induction and Mandatory Workbook Corporate Induction updated to include sexual safety. Staff Survey Results and Staff Survey Response Action Group (SSRAG) 		



<ul style="list-style-type: none"> • Vital Conversations development for CTMs and OMs • CTM annual update training updated to include reference to declaration of interest if a consensual relationship is formed with a student • Infographic displayed on Trust TV screens to raise awareness to staff • Sexual Safety awareness and education delivered to Board to Directors • Development and improvement of effective communication pathways within the organisation, through intranet sites, weekly briefing, webinars, network forums • Freedom to Speak Up Advocates / Guardian. • Online 24/7 wellbeing resource, subscriptions for all WMAS Staff (Qwell) • Promoting “You Said, We Did Together” regularly for Staff Survey, All Ideas Matter (AIM), Freedom to Speak Up (FTSU) campaigns linked for greater awareness. • Triangulation of data to highlight areas of increased concerns or where no concerns are raised. 	<ul style="list-style-type: none"> • Winningtemp platform • Employee Relations Casework Data • Culture Statement Values and Behavioural Framework <p>Third line (external) assurances</p> <ul style="list-style-type: none"> • Support from external organisations/professions in provision of Counselling and Psychological support • Single contact provider for Occupational health provision. • Occupational Health for support during employment • The Listening Centre • Review undertaken and action plan implemented following Independent Culture Review of London Fire Brigade report in January 2023 • Review undertaken and action plan implemented following Met Police review • Letter sent to all partner HEI Vice Chancellors • CEO Managers Briefing presentation. • All Staff Briefing
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Gaps in Controls and Assurances	Actions to address control / assurance gaps
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<ul style="list-style-type: none"> • Staff Survey Performance • Reports of Harassment • Potential underreporting of concerns by staff 	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Action</th> <th style="width: 50%;">Owner</th> </tr> </thead> <tbody> <tr> <td>Improving engagement, further increasing awareness, delivery of training</td> <td>OD, HR, Safeguarding and E&T January 2024</td> </tr> <tr> <td>FTSU Action Plan implementation – future updates to be captured within review of RA (reported via EMB)</td> <td>HR and FTSU January 2024</td> </tr> <tr> <td>Culture review and action plan as a result to be completed.</td> <td>OD, EMB November 2023</td> </tr> </tbody> </table>	Action	Owner	Improving engagement, further increasing awareness, delivery of training	OD, HR, Safeguarding and E&T January 2024	FTSU Action Plan implementation – future updates to be captured within review of RA (reported via EMB)	HR and FTSU January 2024	Culture review and action plan as a result to be completed.	OD, EMB November 2023
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Culture review and action plan as a result to be completed.	OD, EMB November 2023								

Risk Updates

DRAFT V2 shared for final comments prior to new BAF going LIVE



Associated Risks on the Operational Risk Register		
Risk no.	Description	Current Score
ORG-035	Risk associated with the Trust failing to follow the Freedom to Speak Up Process and procedure leading to staff wellbeing issues, failure to learn and implement appropriate measures to reduce issues, and possible litigation	9
WF-033	Risk of an individual feeling uncomfortable, frightened or intimidated in a sexual way within the workplace, resulting in psychological and/or physical harm, litigation, reputational harm, loss of trust and/or confidence	12

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Strategic Objective 3: Effective Planning and use of Resources – Continued efficiency of operation and financial control				Risk Score 12	
Strategic Risk No. 5: Financial Duties					
If ... the Trust fails to undertake appropriate financial and workforce planning		Then ...there may be an impact on the ability to ensure the availability of sufficient resources		Leading to/Resulting in ... sub optimal patient care, workforce impact and failure to achieve strategic objectives	
	Impact	Likelihood	Score	Risk Trend	
Inherent	4	4	16	<i>In future editions this box will include a trend line showing how the score of the risk has changed from month to month</i>	
Current	4	3	12		
Target	4	2	8		
Risk Lead	Karen Rutter – Director of Finance			Assurance Committee	Performance Committee
Controls				Assurances reported to Board and Committees	
<ul style="list-style-type: none"> Annual business plan, workforce plan and financial plan and their in-year monitoring and management Finance team – structure, functions, roles, and regular review of finance risk register by senior finance management team Reviewing cost base of Trust activities More timely, accurate and relevant information provided to operations - e.g., Re overtime working. Business Case process for all projects including post project benefit realisation assessment. Cost Improvement Programme including regular scrutiny. Senior Finance staff to maintain and be aware of current technical accounting and developments. SFIs, Scheme of Delegation, Standing Orders Medium- and long-term financial planning processes. Regular cycle of budgetary control, financial management and support. Efficiency audits. Workforce Planning – Finance/HR/Ops. 				First and second line (internal) assurances Reports to: <ul style="list-style-type: none"> Standing Financial Instructions, Standing Orders and Scheme of Delegation Policies and Procedures Audit Committee Performance committee Internal Audit plan Monitoring throughout the committee structure up to EMB and Board level Efficiency & Transformation Group Financial Investments Group Monitor achievement of the CIP schemes Identify sources of funding to meet new areas of work. People committee. 	
				Third line (external) assurances <ul style="list-style-type: none"> External Audit Opinion. Collaboration and engagement with host ICB and ICS. NHSE Use of Resources Framework. 	



Gaps in Controls and Assurances	Actions to address control / assurance gaps					
<ul style="list-style-type: none"> Gaps within financial systems and improvements to ways of working Establishing Contracts and Commissioning Improvements required to current internal audit provision. Education/Training capacity 	<table border="1"> <thead> <tr> <th>Action</th> <th>Owner</th> </tr> </thead> <tbody> <tr> <td>Review of Finance structures and systems within WMAS</td> <td>Karen Rutter December 2023</td> </tr> </tbody> </table>	Action	Owner	Review of Finance structures and systems within WMAS	Karen Rutter December 2023	
Action	Owner					
Review of Finance structures and systems within WMAS	Karen Rutter December 2023					

Risk Updates
DRAFT V2 shared for final comments prior to new BAF going LIVE

Associated Risks on the Operational Risk Register		
Risk no.	Description	Current Score
FI-007	Funding Allocations require year on year efficiency improvements with increasing demand. The Trust fails to achieve its CIPs/EPs fully and on a recurrent basis	15
FI-009	Patient activity is increasing at a rate which exceeds the cost base the Trust is funded for.	20
SR-002	As a result of increasing financial challenges to the NHS, The Trust fails to meet its financial duties resulting in risks to planning, commissioning and patients	12

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Strategic Objective 4: Innovation and Transformation – Developing the best technology and services to support patient care				Risk Score 8		
Strategic Risk No. 6: Innovation						
<i>If</i> ... the Trust encounters competing priorities, and a lack of resource and budget availability.		<i>Then</i> ... it will face development and implementation challenges		<i>Leading to/Resulting in</i> ... a failure to innovate and transform.		
	Impact	Likelihood	Score	Risk Trend		
Inherent	4	4	12	<i>In future editions this box will include a trend line showing how the score of the risk has changed from month to month</i>		
Current	4	2	8			
Target	4	1	4			
Risk Lead	Nathan Hudson – Director of Performance and Improvement			Assurance Committee	Quality and Governance Committee	
Controls				Assurances reported to Board and Committees		
<ul style="list-style-type: none"> Innovation and transformation a key focus for the Organisation. University Trust and continuing growth with partner Universities. All Trust Strategies have a clear and ambitious focus on growth, innovation and transformation. Continued drive for vehicle efficiency aligned to Green Plan and Sustainability No Trust Vehicles older than 5 years Introduction of E-DCA The lightest van conversion ambulance vehicle in England, continually working with our convertor to reduce weight to improve fuel consumption and emissions. Paramedic on every vehicle Intelligent Conveyance Ambulance Decision Areas and ADA Paramedics Collaborative approach and understanding between Financial and Operational priorities with a focus on innovation including “Invest to Save” schemes. Clinical Validation. Significant investment in mental health provision including specialist response vehicles, specialist team and resources. Paper Free Scheme. Level 6 Bsc Honours Paramedic Apprenticeships scheme and awarded 2023 (to commence 2024) Reduction of waste 				<p>First and second line (internal) assurances</p> <p>Reports to:</p> <ul style="list-style-type: none"> Trust Strategy – innovation features centrally Fleet strategy Green Plan Operational Strategy Sustainability Strategy Estates Strategy Patient Safety Strategy Quality and Improvement Strategy Waste Management Policy Digital Transformation Group <p>Third line (external) assurances</p> <ul style="list-style-type: none"> CQC Rating OFSTED Rated Global Digital Exemplar Official medical providers for Birmingham 2022 Commonwealth Games 		



<ul style="list-style-type: none"> • Driver Simulation from 2024 to reduce carbon footprint. • Investment in 2 x Anatomage Tables. • Digital Make Ready • KIT Bag and HeadSet App • Operational Resource Efficiency Officers • First English Ambulance Service to implement control room solution. 	
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Gaps in Controls and Assurances | **Actions to address control / assurance gaps**

<ul style="list-style-type: none"> • Financial constraints to innovate. • Resource availability and impact on ability to complete innovation. • Appetite for innovation and competing priorities. • Potential change in Regulatory ratings if Trust fails to innovate. 	<table border="1"> <tr> <th>Action</th> <th>Owner</th> </tr> <tr> <td>Explore feasibility of funding budget solely for innovation – that can be accessed by project leads</td> <td>Karen Rutter – Director of Finance – January 2024</td> </tr> </table>	Action	Owner	Explore feasibility of funding budget solely for innovation – that can be accessed by project leads	Karen Rutter – Director of Finance – January 2024	
	Action	Owner				
Explore feasibility of funding budget solely for innovation – that can be accessed by project leads	Karen Rutter – Director of Finance – January 2024					
<table border="1"> <tr> <td>Refresh Quality and Improvement Strategy to include Innovation to focus on Staff suggestions and involvement</td> <td>Michelle Brotherton – Non-Emergency Services Delivery and Improvement Director</td> </tr> </table>	Refresh Quality and Improvement Strategy to include Innovation to focus on Staff suggestions and involvement	Michelle Brotherton – Non-Emergency Services Delivery and Improvement Director				
Refresh Quality and Improvement Strategy to include Innovation to focus on Staff suggestions and involvement	Michelle Brotherton – Non-Emergency Services Delivery and Improvement Director					

Risk Updates

DRAFT V2 shared for final comments prior to new BAF going LIVE

Associated Risks on the Operational Risk Register

Risk no.	Description	Current Score
F&W-054	Operational Trial of E-DCA A&E Ambulance (Fiat Ducato 2019 build)	6
EOC-022	Clinical validation for Cat 2 999 Calls impacting patient safety and performance	15



Strategic Objective 5: Collaboration and Engagement - Working in partnership to deliver seamless patient care					Risk Score 12
Strategic Risk No. 7: Engagement					
<i>If</i> ... the Trust continues to encounter system challenges		<i>Then</i> ... collaboration could prove difficult at a local place or neighborhood level		Leading to/Resulting in ... a failure to respond to local needs and relationship friction at a place / neighborhood level between the Trust and Public.	
	Impact	Likelihood	Score	Risk Trend <i>In future editions this box will include a trend line showing how the score of the risk has changed from month to month</i>	
Inherent	4	4	16		
Current	4	3	12		
Target	4	2	8		
Risk Lead	Vivek Khashu – Strategy and Engagement Director			Assurance Committee	Quality and Governance Committee
Controls				Assurances reported to Board and Committees	
<ul style="list-style-type: none"> Strong engagement with ICS Professional engagement with other external groups and Networks Governor engagement with specific area SOM engagement with local communities and partnerships locally Consistent engagement approach across regional footprint, setting expectations. CFR Community engagement School and College engagement at Hub level. HALO engagement locally at Hospitals Alternative Pathway engagement via CVT work Hospital Flow Lead engagement with local systems WMAS is a “partner” member on the board of our host ICB – the black country, we have a host to minimise the transaction impact of operating in a complex system, a lead / host ICS was the preferred model during consultation with the sector. Significant partnership / collaboration through our research programmes 				First and second line (internal) assurances) Reports to: <ul style="list-style-type: none"> Engagement Strategy Annual Stakeholder Survey PALS patient surveys Public Health Strategy EDI Strategy and Network Engagement with other sectors through NARU, JESIP, AACE et al. ICS Links Assurance to Board ICS Engagement Reports Quality Account 	
				Third line (external) assurances <ul style="list-style-type: none"> Engagement with ICS Engagement at Professional Groups Lead ICB engagement WMAS Chair, CEO and Strategy Engagement Lead meet with CEO and Chair of each ICB twice yearly. WMAS CEO meets monthly with Black Country ICB counterpart. WMAS Chair meets monthly with Black Country ICB Chairs. WMAS joins the ICB and partners for its own quarterly review with NHS England Local Authorities and Healthwatch 	



Gaps in Controls and Assurances	Actions to address control / assurance gaps	
<ul style="list-style-type: none"> Lack of capacity at local level. Lack of engagement at local level. Lack of Engagement with Third Sector such as major charities Loss of DOS Leads who were WMAS representatives at a local level and led on engagement. Capacity within geographical footprint. 	Action	Owner
	Board discussion and agreement on expected levels of engagement at local level	Vivek Khashu December 2023
	Identify key groups to engage and collaborate with	Vivek Khashu December 2023
	Identify opportunities where other staff groups can engage and collaborate e.g., Governors, SOMs with Councils	Vivek Khashu December 2023

Risk Updates
DRAFT V2 shared for final comments prior to new BAF going LIVE

Associated Risks on the Operational Risk Register		
Risk no.	Description	Current Score
ORG-028	Changes to Services – Wider NHS, resulting in delay to treatment, complaint, and litigation	9
ORG-087	Proposed changes to Urgent and Emergency Care Quality and Access Standards will result in new set of measurement metrics	12
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	20
WF-030	The devolution of workforce planning and educational commissioning could potentially have a detrimental effect on services, such as ambulance, that operate on a regional footprint	4

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 05 MONTH: November 2023

PAPER NUMBER: 03

Revised Clinical Strategy	
Sponsoring Director	Richard Steyn
Author(s)/Presenter	Christopher Phillips, (Shrewsbury Operations Manager) Karl McGilligan (Head of Public Health & IPC)
Purpose	The Clinical Strategy has been reviewed, updated and produced in a new format with input from across the service. The document outlines the organisation's ambition to respond to the needs of our communities and improve health and health outcomes across the West Midlands Region.
Previously Considered by	The previous clinical strategy was approved by the Board of Directors in October 2021. This version was approved by Executive Management Board on 31 st October 2023.
Report Approved By	Interim Executive Medical Director
Executive Summary	
<p>This strategy details the clinical direction and journey for the next 5 years and illustrates our objectives. It allows our individual teams to develop their own strategies which then align with the overarching direction. Ultimately, our vision is the delivery of up-to-date, high-quality clinical care for each and all of our patient groups. Our clinical leadership structure includes a team of expert healthcare professionals that are motivated, knowledgeable, experienced and capable to deliver the objectives we set out in our strategies.</p>	
Related Trust Objectives	Please tick relevant objective
To meeting which of the Trust's objectives does the proposal contribute:	
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"/>

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 05 MONTH: November 2023

PAPER NUMBER: 03

Risk and Assurance	By having a clear clinical strategy, focussed programmes of work in each clinical related service area will align to a common purpose in delivering the Trust clinical objectives.
Legal implications/ regulatory requirements	There are no legal implications associated with this paper.
Financial Implications	There are no financial implications associated with this paper.
Workforce & Training Implications	There are no workforce or training implications associated with this paper.
Communications Issues	There are no communications implications associated with this paper.
Diversity & Inclusivity Implications	There are no diversity or inclusivity implications associated with this paper.
Quality Impact Assessment	No quality impact assessment has been carried out however, this document has been created with the view to respond to and deliver the health care needs and support good health for all our communities within the West Midlands.
Data Quality	There are no data quality issues associated with this paper.
Action required	
The Board is requested to review and approve the Strategy.	



Clinical Strategy

2023 - 2028



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FOREWORD



Anthony Marsh
Chief Executive Officer

In an ever-changing world with continued pressures on local healthcare economies, the importance of achieving clinical excellence as a pre-hospital provider of emergency care within the integrated care system has never been so important. Continuing to deliver outstanding clinical care despite pressures on the NHS is at the forefront of our objectives.

As the first English ambulance trust to ensure every frontline emergency ambulance is led by a paramedic, our commitment to delivering clinical excellence has never been a higher priority, whilst we care for more patients for longer periods of time.

The clinical strategy sets out the key objectives of our clinical delivery as a provider of emergency care, that we can measure our success against to monitor our delivery of outstanding clinical care.

We will continue to invest in innovative ways that we can meet the growing demand on the NHS, in partnership with our local healthcare economies and within the integrated care system, to ensure our patients receive the right care, in the right place at the right time.





Executive Summary

The clinical strategy sets out the way in which we will achieve high quality, safe and effective clinical care whilst meeting national requirements and delivering on our objectives.



Our values are aligned to our duties under the NHS Constitution, which places a duty to aspire to the highest standards of excellence, keeping patient care at the heart of everything that we do. We will work across organisational boundaries to deliver excellence and integrate within the healthcare system.

Our Vision

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

Our Values



Excellence

A high performing organisation with professional, engaged, empowered and valued staff that learn from each other to be the best we can be.



Integrity

We all do the right thing for our staff, volunteers, our patients and service users, the organisation and the system with candour.



Compassion

We believe that showing genuine concern about the needs of others through our actions fosters appreciation and tolerance.



Inclusivity

We treat everyone with dignity, respect, fairness and integrity, valuing difference across our workforce and with our service users.



Accountability

We are committed to upholding our values and behaviours and holding others to account for them across all of the organisation.



Strategic Objectives

We play a critical role in the delivery of urgent and emergency healthcare, within the integrated system. We recognise that we are increasingly the single point of contact for the NHS for thousands of patients each day, placing us in prime position to contribute to the recovery of urgent and emergency care.



Safety, Quality & Excellence
Our commitment to provide the best care for all patients.



A Great Place To Work For All
Creating the best environment for staff to flourish.



Effective Planning & Use of Resources
Continued efficiency of operation and financial control.



Innovation and Transformation
Developing the best technology and services to support care.



Collaboration and Engagement
Working in partnership to deliver seamless patient care.

Our Workstreams

We will deliver on our strategy, through these specific workstreams and plans to recognise, evaluate and improve excellence in clinical care provided to our patients.

Patient Safety

Clinical Excellence

Clinical Audit

Clinical Quality

Research & Development

Public Health

Clinical Intelligence

Patient Experience & Feedback

Education & Training

Clinical Efficiency

Scope

This strategy details the clinical direction and journey for the next 5 years and illustrates our objectives. It allows our individual teams to develop their own strategies which then align with the overarching direction. Ultimately, our vision is the delivery of up-to-date, high-quality clinical care for each and all of our patient groups.

Our clinical leadership structure includes a team of expert healthcare professionals that are motivated, knowledgeable, experienced and capable to deliver the objectives we set out in our strategies.



Clinical Objectives

Our 5 year clinical strategy set out the key clinical objectives that we will work to, and measure our achievement against.

Our Objectives

Measuring Our Success

Delivering outstanding levels of emergency clinical care to our patients, supported by the innovation of healthcare technologies, within the integrated care systems.

Achieving excellence across all of the Ambulance Clinical Quality Indicators and local clinical audits, utilising healthcare technology, electronic patient records and business intelligence to support practice and learning.

Develop our clinical leadership framework across the Trust, to ensure we continue to provide expert oversight, senior clinical support and peer review amongst all areas of our clinical practice and specialised practitioners.

We will collaborate, inspire and support our teams to deliver on the trust clinical objectives and strengthen the trust and confidence held by our workforce in delivering excellence.

Develop our learning culture, ensuring that we hear the voices of our patients, our service users and colleagues, to ensure we are continually learning, and are responsive to maintain excellence in clinical care, reducing the health inequalities gap.

Implementation of impactful learning processes, including the Patient Safety Incident Response Framework and clinical evidence. Embedding a just culture, developing system learning approach and to better support patients, families and our colleagues.

Developing a standardised Clinical Supervision and education model across all clinical areas within the Trust – further developing the model against all Trust Directorates have a visible dashboard / Trust level.

Embedding a clinical supervision model, clinician dashboards and measurable supervision outputs to facilitate consistent compassionate clinical excellence and effectiveness through reflective, iterative and development practice. Providing a platform for colleagues to advance in their knowledge, skills and experience.

Advancing clinical practice within the trust, continuing to develop and explore the opportunities for pre-hospital emergency and acute practice across the remote and face-to-face specialist with advanced clinical practice across service delivery.

To achieve the NHS England Workforce, Training and Education Directorates advancing practice maturity matrix.

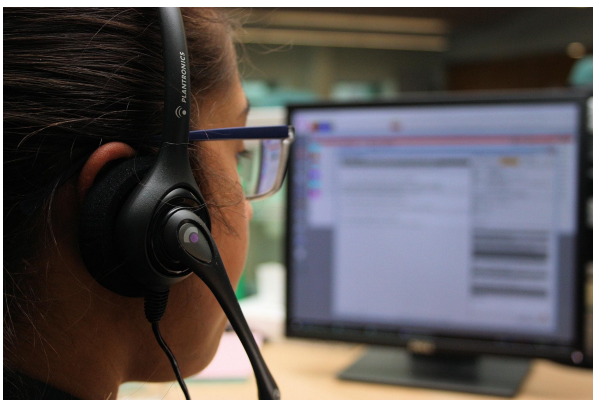


Patient Safety

The clinical strategy links closely with our patient safety directorate to identify trends and influence change. This helps us create a safe environment for care to be delivered.

Closely monitoring our themes and trends identified through learning and changing our practice to promote excellence helps our service delivery to be safe.

The Patient Safety Incident Response Framework will shape the future of how we respond to incidents where learning has been identified, engaging with our clinical strategy to implement high impact changes to achieve clinical excellence.



Education & Training

As a University Ambulance Trust, we are committed to the professional development of our workforce. Our aim is to deliver education through new and innovative ways, which includes our apprenticeships that support our future paramedics with their clinical development.

Our Education & Training will be influenced by listening to our people and service users, whilst aligning to the core skills training framework and the care certificate.

We are leading the way in the development of the Level 6 BSc apprenticeship, that offers a blended approach to paramedic education.





Clinical Audit

Clinical audit is a quality improvement process for the clinical care that we provide to our patients whilst providing assurances about the quality of care we provide.

Upholding clinical audit principles within the organisation not only allows us to meet national reporting requirements, but to develop and sustain a culture of best practice and learning in all clinical areas.

Clinical audit is integrated within our patients safety focus, clinician education and training, national frameworks and campaigns to achieve clinical excellence.



Research & Development

Clinical evidence and the research we undertake, drives, and informs the clinical practice we deliver to patients throughout our organisation. The availability of current, high quality and robust clinical evidence ensures that all our patients receive excellence in clinical care, that is equitable, inclusive and accessible to all. We are proactively working to reduce the gap in clinical evidence by broadening our understanding, developing innovation and evaluating treatment pathways.

We are committed to ensuring that our research activity is reflective of the broad healthcare we provide and the diverse community we serve.





Our Responsibilities

To achieve clinical excellence within our practice, we share our objective of achieving the highest level of clinical care across the organisation, measuring our achievement against set objectives that are reviewed regularly and against local and national performance indicators.



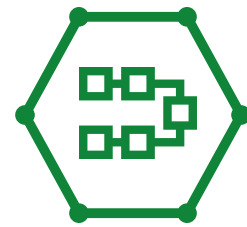
Our Clinical Staff

- Putting the patient first in their individual decision making
- Delivering the highest quality of clinical care
- Contributing to continuous improvement in the standards of care that they provide
- Accessing clinical support and senior clinical advice to enhance their professional care
- Upholding the behavioural standards of the trust in care we provide



Our Clinical Leaders

- Putting the patient first in their strategic decision making
- Providing clinical leadership and holding those delivering clinical services to account
- Providing clinical support to appropriate clinicians and seeking guidance from expert clinicians where necessary
- Reviewing the quality of care delivered to patients by clinicians, incorporating leadership support and supervision



Our Organisation

- Putting our patients forefront in our board and executive decision making
- Ensuring clinicians at all levels have robust and effective clinical structures to deliver excellence in patient safety, care and clinical effectiveness
- Developing and continually improving our systems of clinical leadership throughout the workforce
- Delivery of excellence in research through evidence-based clinical developments and clinical audit



Clinical Governance

The overarching pillars of clinical governance across the NHS forms a fundamental part of the clinical strategy, shaping the framework for how both we and the NHS as a whole will achieve clinical excellence through a framework promoting safety and development of clinical quality.



Staff & Patient Experience



Education and Training



Clinical Effectiveness & Research



Audit & Compliance



Risk Management



Staff Management



Business Intelligence

Clinical Governance is structured within each of our key clinical areas, supported by our clinical directors, consultants and specialist practitioners who are experienced in embedding clinical governance into our key clinical areas below.





Population Health Management

Our healthcare needs are changing, and our lifestyles are increasing the risk of preventable disease, this widening the health inequality gap.

Population health forms one of the Integrated Care Systems core aims alongside improving physical and mental health outcomes, promoting wellbeing and reduce health inequalities.

Our clinical strategy recognises the importance of Population Health Management, in influencing our delivery of our strategic plans for improving care quality across all patient groups and helping to reduce healthcare inequalities across the West Midlands. We will achieve this through engagement and collaboration with the integrated care system.



11% of UK Population

The West Midlands has a population is estimated to equate to 11% of the UK population. It is estimated this will reach 6.7 million by 2043.



Ageing Population

West Midlands has an ageing population, with 1.1 million people aged over 65, which is 19% of the total West Midlands population, estimated to be 22% by 2043 (1.5 million).



20% Rural Population

80% of the population within the West Midlands live within urban areas, with 20% living rurally that creates a unique dynamic for our clinical operations.



High Deprivation Levels

Overall, the West Midlands has the highest levels of deprivation compared to England overall. 30% of the West Midlands live in the most deprived quantile.



Diverse Population

Population survey highlights 795,000 people in the West Midlands were from ethnic minorities, equating to 17%.



Making Every Contact Count

Making Every Contact Count is a prevention programme to change behaviours that supports and informs patients and their wider social network to take active steps to make changes to their lifestyle, promoting their health and wellbeing during contact with our service.

Successfully embedding a public health approach within our organisation will help us tackle health inequalities with the West Midlands, and ensure our clinicians understand their role in positively promoting lifestyle change and reducing the risk of preventable disease from occurring.

Making Every Contact Count will allow us to make the most of every opportunity we have for broadening the chances to make a difference.



Our aim is to embed 'Making Every Contact Count' into everyday clinical practice. We will achieve this through the delivery of effective education and training which will instil confidence and competence amongst our workforce to deliver health promotion messages to our patients.



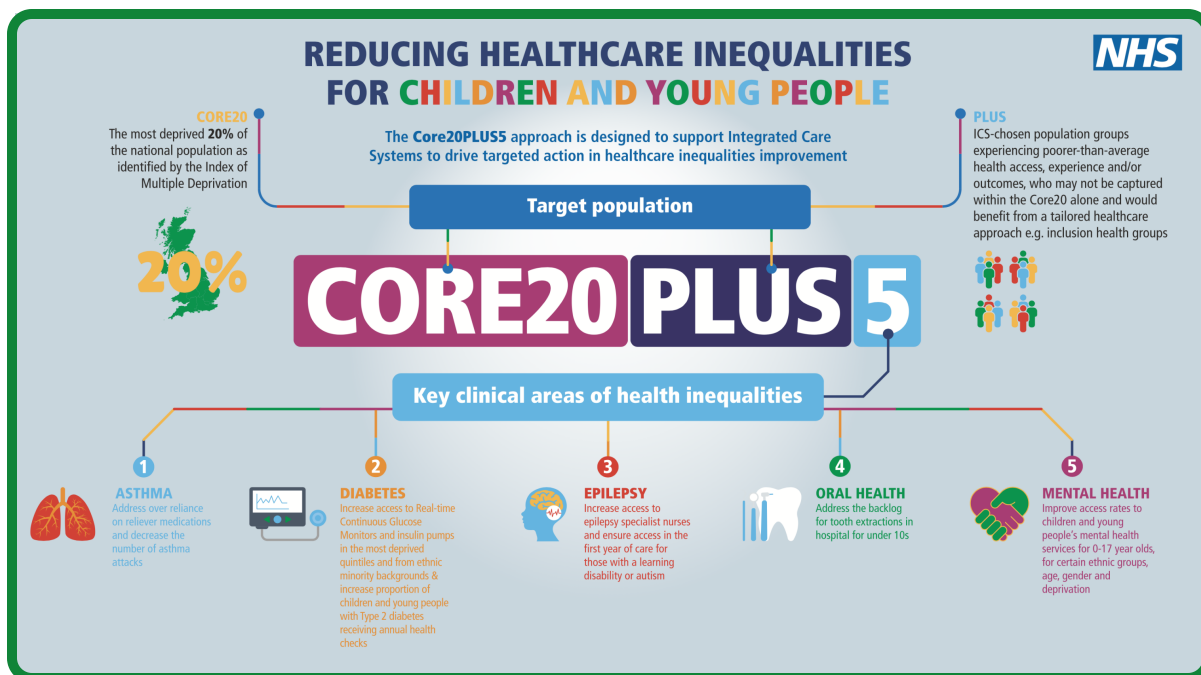
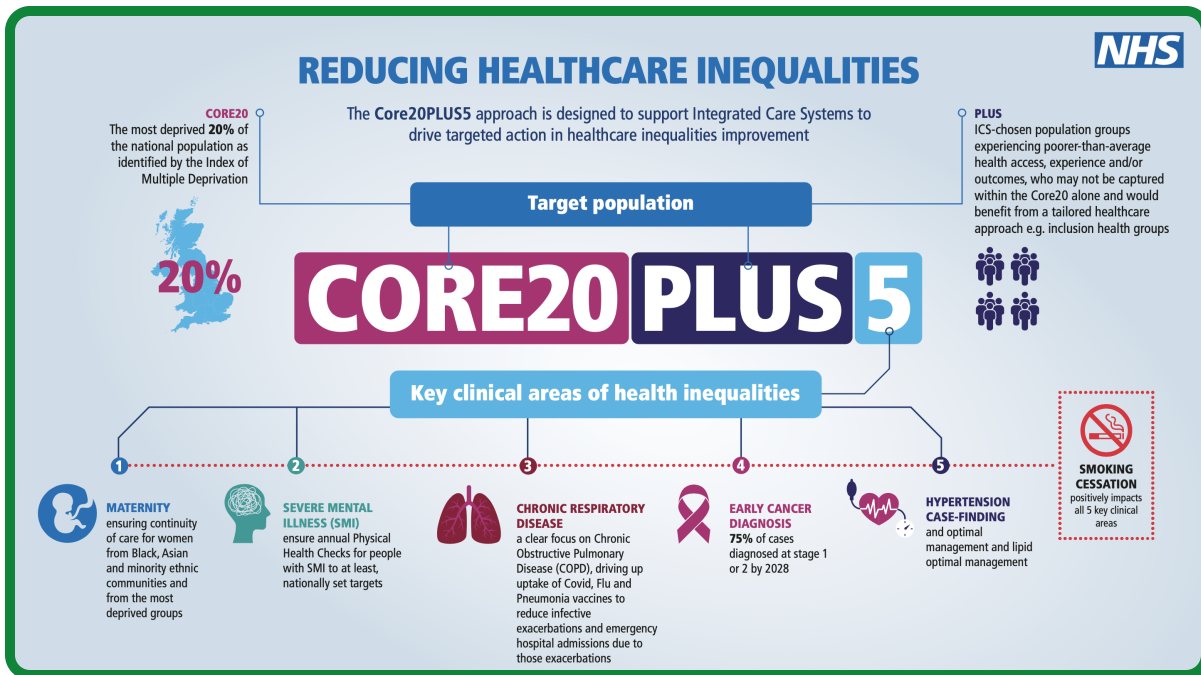


CORE20PLUS5



30% of the West Midlands is considered to experience socioeconomic deprivation.

CORE20PLUS5 is a national NHS approach to reduce health inequalities. The programme defines a target population cohort and identifies '5' clinical focus areas requiring accelerated improvement. 'Core20' represents the most deprived 20% of the national population.





Clinical Efficiency

We will measure our clinical efficiency by looking at how we use our resources to successfully meet the needs and demands of our patients. This also includes ensuring our resources are affordable, represent value for money and are sustainable.

The Lord Carter (2008) report highlights unwarranted variations in operational productivity and performance within English ambulance services, and examines how standardisation across the ambulance sector could improve performance and efficiency.

Clinical efficiency is an ongoing programme of exploration for our organisation, as we continue to evolve in our delivery of clinical care. Clinical efficiency supports our overall delivery of outstanding clinical care to patients within the West Midlands.

Measuring Clinical Efficiency

- Accurate and meaningful demand forecasting aligning with capacity
- Resource planning that meets demand forecasting
- Effective plans to mitigate variables in resourcing
- Suitably high-level skilled workforce, for all frontline ambulances
- Use of telemedicine to improve our 'Hear and Treat' disposition.
- Community and Integrated Care System engagement
- Incident cycle time reduction





Human Factors in Clinical Practice

Human Factors and Ergonomics (HF/E) is an established science that uses many different disciplines to understand how people perform under different circumstances. This will support our learning response to adverse incidents in-line with the Patient Safety Incident Response Framework.

This includes looking at human behaviours, abilities, limitation and other characteristics and applying to the design of systems, tasks and jobs to promote safe, efficient and effective practice.

To create the most effective ways of working, we must understand the interactions between people and all other elements of the system to identify requirements to ensure optimum system performance.



Cognitive

Processes affecting the user and user interactions with technology, task and other factors. These include memory, reasoning, perception, decision making and skilled performance.



Physical

Characteristics of individuals (clinicians and patients) including capabilities and limitations based on a number of factors such as anatomy, physiology, anthropometrics, posture and handling.



Organisational

Understands the complex interactions within the socio-technical systems including design and work system analysis, looking at influencing factors.

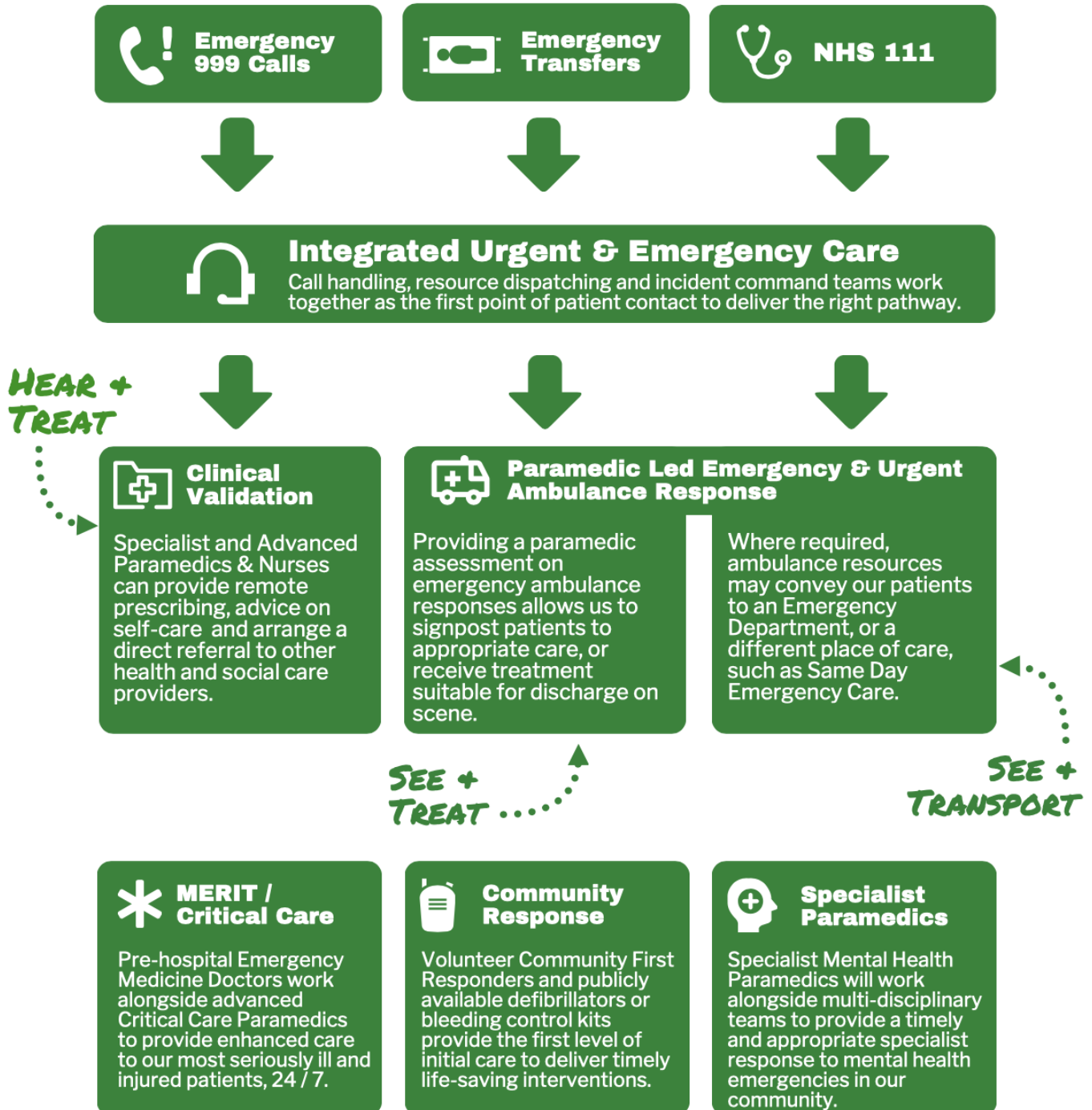


Key Themes

Understanding human error, work as imagined VS work done, workarounds and trade offs, learning from incidents, just culture with patients being a key part of the system,



Clinical Operating Model





Strategy Links

Our clinical strategy is interlinked with other key strategies we have within our organisation. This helps us deliver a joined up approach to outstanding clinical care, through collaboration with every directorate which puts patient care at the heart of everything we do.



Public Health Strategy



Quality & Improvement Strategy



Operational Strategy



Advancing Practice Strategy



Trust Strategy & Objectives



Patient Experience Strategy



Risk Management Strategy



Research & Development Strategy



West Midlands Ambulance Service 
University NHS Foundation Trust

AMBULANCE Incident Support Unit