West Midlands Ambulance Service
University NHS Foundation Trust

AGENDA

TITLE OF MEETING: Meeting of the Board of Directors

Wednesday 25 October 2023 at 10:30 hours
To be held at Millennium Point, Brierley Hill, Dudley or 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)
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 and 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.

Rebecca Parker-Williams and Ed Middleton

In attendance

Ms D. Scott	DJS	Interim Organizational Assurance Director
Ms K. Freeman	KF	Private Secretary – Office of the Chief Executive
Ms L. Harrison		CQC
Ms K. Delhom		CQC
Ms B. Kozlowska	BK	Head of Organizational Development Workforce (For staff survey item)
Mrs J. Watson	JW	GGI (For part of the meeting)
Ms R Parker-Williams		NEOC Manager (For staff survey item)
Mr E Middleton		Senior Operations Manager (For staff survey item)
Ms R Farrington	RF	Staff Side Representative
Mr P. Higgins	PH	Governance Director & Trust Secretary

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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**			
A	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	
B	Review of Registers: a) To receive the Registers of Directors Interests b) To receive the registers of the Governors Interests	Governance Director & Trust Secretary	Paper 01a&b	
03	**Any Questions from the Public**	Chair	Verbal	
04	**Board Minutes**			
04A	To agree as a correct record the Minutes of the following meetings of the Board of Directors: a) Ordinary meeting held 26 July 2023. b) The Extraordinary meeting held on 27 September 2023	Chair	Paper 02 a&b	
04B	Board Log and any matters arising from the Minutes not on the Agenda for this meeting.	Interim Organisational Assurance Director	Paper 03	10 minutes
05	**Board Assurance Framework & Good Governance Institute Well Led Action Plan Review**			
05a.	To receive and approve the Board Assurance Framework following review by the Board of Directors.	Director of Nursing/ Head of Risk	Paper 04a	10 minutes
05b.	GGI Well Led Action Plan-Update	Interim Organisational Development Director/ Governance Director & Trust Secretary	Paper 04b	10 minutes

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Item No	Description	Lead	Paper No	Timings
06	**Staff survey action plan - Update**			
	To receive update report on the 2022/23 Staff Survey Action Plan following its review at a meeting of People Committee in September 2023	People Director	Paper 05	15 minutes
07	**Workforce Race Equality Standard (WRES) Annual Report 2023 and Action Plan 2023/24**			
	Following review of the WRES at the meeting of the People Committee on 4 September 2023: a) To receive and approve the WRES data 2023 and associated action plan for 2023/24. b) To receive and close down the WRES Action Plan for 2022/23. c) To note the content of the above and approve for publication and placing on the Trusts internet by 31st October 2023.	People Director	Paper 06	15 minutes
08	**Workforce Disability Equality Standard (WDES) Annual Report 2023 and Action Plan 2023/24**			
	Following review of the WDES at the meeting of the People Committee on 4 September 2023 a) To receive and approve the WDES data 2023 and associated action plan for 2023/24. b) To receive and close down the WDES Action Plan for 2022/23. c) To note the content of the above and approve for publication and placing on the Trusts internet by 31st October 2023.	People Director	Paper 07	15 minutes
09	**Diversity and Inclusion (D&I) Annual Report 2022/23**			
	Following review of D&I Annual Report 2022/23 at the meeting of the People Committee on 4 September 2023 a) To receive and approve the Diversity and Inclusion Annual Report 2022/23. b) To agree progression to Trust Board for ratification for publication and placing on the Trusts internet.	People Director	Paper 08	10 minutes
10	**Chief Executive Officers Reports**			
10a	To receive the report of the Chief Executive Officer.	CEO	Paper 09a	

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Item No	Description		Lead	Paper No	Timings
	Action	To receive and note the contents of the paper seeking clarification where necessary.			15 minutes
10b	Executive Scorecard and ICS Scorecard relating to performance for the month of September 2023.		CEO	Paper 09b-1 Paper 09b-2	05 minutes
	Action	To receive the Scorecards.			
10c	Care Quality Commission (CQC) Inspection feedback – Core Services and Well Led		Strategy & Engagement Director	Paper 09c	10 minutes
	Action	To receive the feedback letter and to receive an update on the Action Plan.			
11	**Reports of the Strategy & Engagement Director**				
11a	Review of Enabling Strategies				
	Action	To receive an update from the Strategy and Engagement Director on underpinning strategies, reporting lines and future governance arrangements	Strategy & Engagement Directors	Paper 10	10 minutes
12	**Reports of the Director of Finance**				
12a	A financial update from the Director of Finance.		Director of Finance	Paper 11	10 minutes
	Action	To receive a report from the Director of Finance.			
12b	Review of Scheme of Delegation - Process		Director of Finance	Paper 12	05 minutes
	Action	To review and approve the process for the review of Scheme of Delegation			
13	**Quality Reports**				
13a	Combined Clinical Directors Quality Report October 2023.		The Interim Medical Director/ Paramedic Practice and Patient Safety Director/ Director of Nursing	Paper 13	10 Minutes
	Action	To receive the report			

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Item No	Description		Lead	Paper No	Timings
14	**FTSU Guardian Reports**				
14a	The paper includes: a) Guardian Report covering the period April 2023 to September 2023 b) Demographic analysis of Ambassadors c) Action Plan produced in response to National Guardian's Office Speak Up Review of the Ambulance Sector d) Action Plan produced in response to review and support from NHS England e) Draft Communications Plan f) NHS England's Reflection and Planning Tool V2		FTSU Guardian	Paper 14 a to f	10 Minutes
	Action	To receive and approve the Self- Assessment			
15	**Operations Update**				
	Action	To receive the report from the Director of Performance & Improvement on the following a) Emergency and Urgent operations b) Integrated Emergency & Urgent Care c) Non Emergency Operational Update	Director of Performance & Improvement	Papers 15a	10 minutes
16	**Board Committee Reports and Minutes**				
16a	Quality Governance Committee				
	i. To receive the approved minutes of the meeting held on 19 July 2023		Chair of the Quality Governance Committee	Paper 16	05 minutes
	ii. To receive the Report of the Chair of the Quality Governance Committee on the meeting of the Cttee held on 18 October 2023			Paper 17	
16b	Performance Committee				
	i. To receive the approved minutes of the meeting held on 25 July 2023)		Chair of the Performance Committee	Paper 18 (to follow)	05 minutes
	ii. Report of the Chair of the Committee on the salient matters for the meeting held 24 October 2023			Verbal	

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Item No	Description	Lead	Paper No	Timings
16c	People Committee			
	i. To receive the approved minutes of the meeting held on 22 May 2023	Chair of the People Committee	Paper 19	
	ii. Report of the Chair of the Committee on the salient matters for the meeting held on 4 September 2023		Paper 20	05 minutes
16d	Audit Committee			
	To note that the Chairs report on the most recent meeting held on 18 July 2023 was submitted to the last Board meeting in July 2023 and the next meeting of the Committee will be on 7 November 2023. The report from the meeting to be held on 7 November 2023, and the approved minutes of the meeting held 18 July 2023, will be submitted to the Board meeting in January 2024.	Chair of the Audit Committee	To receive and note the report	
17	**Board of Directors Schedule of Business**			
	To receive the Schedule of Business and Development Sessions. Action: To review and note the Board Schedule of Business	Trust Secretary	Paper 21	05 minutes
18	**Any Other Business** (Previously notified to the Trust Secretary)	Chair		
19	**Review of the meeting & Identify any new or Increased Risks Arising from the Meeting**	All present led by the Chairman	Verbal	
20	**Date and time of the next meeting:** **The next meeting will be on 31 January 2024 from 09:00 hours.**	Chair		

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

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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
			Professor 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	
			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	
			Son is a Health Partner at PA Consulting	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	
			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
			Director of Pharmacy Change Grow Live	Indirect	
			Member of the Advisory Council of the Misuse of Drugs	Indirect	
			Member of the Advisory Drugs Council for Anguilla which I started in May 2023	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	

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			Member of the Black Country ICB System Investment Committee.	Direct	

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) Trustee of Avonreach Multi Academy Trust Member of the Black Country ICB System Investment Committee.	Indirect Direct Indirect Direct	26.05.2023

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 General Charity	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: • 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	
Mrs	Eyre, Caron Elizabeth **(Commenced**	Director of Nursing	Expert Witness via Caron Eyre Ltd, Associate Expert Witness at Fiona Johnson Ltd.	Direct	13.08.2023
			Chair and Trustee of the Association of British	Direct	

	23 August 2023)		Paediatric Nurses	Direct	
			IMAS Pool Member	Direct	
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 **(Stepped down from the Board on 1 August 2023)**	Non-Emergency Services Operations Delivery & Improvement Director	Husband – Chief Executive – University Hospitals Birmingham	Indirect	14.04.2023
			Sister - Paramedic – Worcester	Indirect	
			Sisters Boyfriend - Technician	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 **(Stepped down from the Board on 1 August 2023)**	Integrated Emergency & Urgent Care & Director	Wife is an employee of the Trust (Press Officer)		31 May 2023
Mr	Docherty, Mark **(Voting Member of the Board 05/06/2023 to**	Interim Director of Nursing	Professional Advisor to the Midlands Air Ambulance Charity from 02 August 2023	Direct	31 August 2023

	22/08/2023)				
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
			Daughter a Student Paramedic within the trust	Indirect	
			Stepdaughter is a Paramedic within the trust	Indirect	
			Sister is the Trust Midwife	Indirect	
			Cousin is VPO within the trust	Indirect	
Mr	Hudson, Nathan **(Voting member with effect from 1 August 2023, previously non voting member for period 1 April 2023 to 31 July 2023)**	Director of Performance and Improvement	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	14.04.2023
			Wife works at Dudley Hub	Indirect	
			Nephew works at Dudley Hub	Indirect	
			Niece works at Sandwell Hub	Indirect	
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	
Mr	MacGregor, Murray **(Non Voting)**	Communications Director	None		13.04.2023
Ms	Scott, Diane **(Stepped**	Interim Organisational Assurance and Clinical	Chair of The Ambulance Staff Charity (TASC)	Indirect	14.04.2023

	down from the Board 05.06.2023)	Director	Pool Member of NHS IMAS	Indirect	
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	Chaplain, Stratford Sea Cadets, TS Ghurka Cllr. Chair Gaydon Parish Council	Indirect Indirect	14/09/16	
Dr	Brian Murray	Public –	None		10/01/20	

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Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation	Notifiable Interest	Indirect/ Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
		Coventry and Warwickshire				
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 Non-Executive role on West Midlands Police and Crime Panel	Direct Indirect Direct Indirect Direct	28/01/19	Labour Party
Mr	Duncan Spencer	Staff – Emergency Operations Centre Staff	None			

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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 as Senior Operations Manager for the NHS England National UEC Operations Team		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

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NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Paper 02a

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Minutes of the Meeting of the Board of Directors held on 26 July 2023,
at 10:45 hours, Sandwell Hub & via Microsoft Teams

Present:		
Prof I Cumming*	Chairman	Non-Executive Director (Chairman)
Mr A C Marsh*	CEO	Chief Executive Officer
Ms W Farrington Chadd*	WFC	Non-Executive Director (Deputy Chair)
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	Interim 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	NH	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
Mr M. MacGregor	MM	Communications Director
Mrs K Rutter*	KR	Director of Finance
Dr R Steyn*	RS	Interim Medial 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 Sandwell Hub		
Ms D Scott	DJS	Interim Organisational Assurance Director
Mr K Prior	KP	NARU Director (part of meeting)
Mr P. Higgins	PH	Governance Director & Trust Secretary
Ms K Freeman	KF	Private Secretary – Office of the Chief Executive
Ms R Farrington	RF	Staff Side Representative
Mrs P Wall	PW	Freedom To Speak Up Guardian

07/23/01	**Welcome, Apologies and Announcements**	
	Apologies for absence received from Dr Alison Walker, Carla Beechey and Narinder Kooner.	
07/23/02	**Declarations of Interest**	
	There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda.	

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07/23/03	**National Ambulance Resilience Unit (NARU) Update**	
	The NARU Director gave a presentation on the work of NARU. The Chairman asked in relation to the continuation of the contract what will happen next. Is it NHS England's intention that NARU will continue as a separate entity or will it be broken up and split amongst the Ambulance Services. The NARU Director said he had no indication of their intention to split the contract and it is likely that the current arrangements of it being a separate entity will continue for the foreseeable future. Mr Fessal asked if there was a similar arrangement in the Fire Service as there were clear benefits to the public. The NARU Director explained there was something similar, but not on the same scale as the Ambulance Service.	
	Resolved:	
	That the contents of the update be received and noted.	
	Mr Prior left the meeting.	
07/23/04	**Questions from the Public**	
	None received.	
07/23/05	**Board Minutes**	
	To agree the Minutes of the meetings of the Board of Directors held on 31 May 2023.	
	Resolved:	
	That the Minutes of the meeting of the Board of Directors held 31 May 2023 be approved as a correct record.	
07/23/06	**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 05/23/10 – Combined Clinical Directors Quality Report. The Paramedic Practice & Patient Safety Director had checked on the reference made in the report to a long wait of 3 hours 11 minutes for a Cat 1 response. It was confirmed that the call had been originally	

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	reported as a Category 1 call and it then had been reassessed as a Cat 4 call. On this basis the Board agreed that this item could be discharged.	**Discharged**
	Action 05/23/15 – Freedom to Speak Up Strategy. The Strategy was included in the papers for this meeting. On this basis the Board agreed that this item could be discharged.	**Discharged**
	Action 05/23/23a – Step Down IPC Measures. The Operations Notice was issued and circulated separately to Board Members. On this basis the Board agreed that this item could be discharged.	**Discharged**
07/23/07	**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 Business Continuity Policy was reviewed and approved by the Executive Management Board (EMB). The EMB had also had reviewed the Internal Audit Plan for 2023/24 and part of that programme includes a review of business continuity in the Trust to provide assurance.	
	Resolved:	
	a) That the contents of the report be received and noted	
07/23/08	**Executive Scorecard & ICS Scorecard relating to Performance for the Month of June 2023**	
	The Executive Scorecard of KPIs for the month of June 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.	
07/23/09	**Emergency Preparedness, Resilience and Response (EPRR) Update**	
	The CEO informed the Board that the paper submitted to this meeting is the regular update the Board receives. There is a lot of information redacted. However if any of the members of the Board wanted clarity on the redacted information he requested that they contact the CEO direct.	

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	Resolved	
	That the contents of the paper be received and noted.	
07/23/10	**Category 2 Trajectory Update**	
	A report of the Integrated Emergency & Urgent Care Director was submitted that informed the Board detailing the Trusts predicted Category 2 performance based upon a number of factors that will influence the forecast. The report was monitored by the ICB on a monthly with the previous months' prediction updated with actual details. The report is now predicting a Cat 2 mean for the year of 27 minutes. This is well within the stretch target of 30 minutes.	
	Resolved	
	a) That the contents of the paper be received and noted.	
07/23/11	**Emergency & Urgent Recruitment 2023/24**	
	The CEO informed the Board that he was presenting the reports submitted on behalf of the People Director who was on leave. This has been discussed previously but there was a risk as to the affordability of the plan and given that discussions were still taking place. EMB on 27 June 2023 considered the content of this report and approved the revised E&U Recruitment Plan for 2023/24 as follows: • Graduate Recruitment (140) • Student Paramedic Recruitment (180) The Recruitment Team will work to recruitment of as many Graduate Paramedics as possible, offsetting any under achievement of Student Paramedic recruitment and keeping within the WTE 3,546 at year end. As per normal arrangements, attrition levels will continue to be monitored throughout the year and any variation reflected in the cohort intake numbers of students in the latter part of the year. Mr Fessal pointed out that the numbers in the paper are still below the workforce numbers at the start of the year and he asked if we are confident the new numbers will be sufficient for winter planning, and meeting patient needs. The CEO confirmed that he confident that they would, as these figures underpin the Cat 2 trajectory. The CEO explained that 27 is the average number of last year's attrition. Mrs Farrington-Chadd said there was discussion around turnover recently and sought clarity if this reflected the current trend in terms of turnover. The CEO confirmed that it did and explained that it has been reducing but this will be kept under review every quarter and a report	

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	submitted to the Board via the People Committee to provide assurance. Mr Fessal noted that overtime had been reintroduced to some degree and asked if this was still for some areas or for all operational areas. The CEO explained that the Trust has reintroduced overtime for emergency crews on days, emergency crews on nights, for CVT, Trainers for CFT training and VPO's where required. There are no current plans to extend overtime and it will be kept under review monthly.	
	Resolved	
	a) That the contents of the report submitted be received and noted. b) That approval be given to the revised E&U Recruitment Plan for 2023/24 as set out in the report submitted and as now detailed: • Graduate Recruitment – 140 • Student Paramedic Recruitment – 180	
07/23/12	**Report of the Director of Finance**	
	A report of the Director of Finance was submitted. The Director of Finance presented the report the Board that the audited financial statements were presented to and approved at Audit Committee on 6 June with the External Audit opinion. The statements are required to be laid before Parliament and this was confirmed, by the DHSC Parliamentary Affairs Team, to have taken place on 3 July. The Director of Finance reported that the results for the first quarter of this financial year show that the Trust is delivering to plan although there are several risks which need to be recognised. The Trust's financial reporting information is included in the Black Country ICB reports to NHS England. The Trust reported a slight surplus in line with plan. This position is as a result of the limited spend on overtime, CIP delivery and the reported issues with PTS income. Month 4 is looking to be in line with quarter 1 results. There are several reviews taking place across 8 ICBs, one of which is Black Country. The Trust is currently working with the ICB and a recovery partner who are conducting a balance sheet review with records assessed for the previous 5 years to 2022/23. The Director of Finance has asked them to review the latest and not go back 5 years. The partner organisation engaged to undertake the balance sheet review work is PWC. The Director of Finance said she was holding firm as we are delivering what we said we would. The Chairman pointed out that the 4 Acute Trusts are not performing well this year financially and he asked what the risk to us is that we get part of the way through the year, and they decide to share the risk with us. The Director of Finance said the risk is high. We cannot extend our CIP anymore and if we do	

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	have any share, we will have to report it as a deficit. Mrs Jasper pointed out that we opted out of the risk pool share this year. Mrs Jasper also indicated that a meeting of the Performance Committee was held on the previous day, and a good debate took place on finance and performance. Mr Fessal asked in relation to risk pooling what would the uptake be from the other ICB's. It was stated that this Trust is part of the Black Country ICB which impacts us, but financial recovery could also have an impact on the other ICBs. The Director of Finance confirmed this has been raised. The Black Country ICB has a link in with the other ICBs. Mr Fessal asked if the Trust had received any notice from the other ICBs on how this may affect services in their area. The Director of Finance had not heard anything. The Strategy & Engagement Director said the other ICBs respect the Trust's position and route queries though to the Black Country ICB. We need to do more about the Black Country ICB representing us against all 6 ICB's. There is more to be done in this regard, but no one has raised any concerns.	
	Resolved	
	That the contents of the report be received and noted.	
07/23/13	**Quality Reports – Combined Clinical Directors Quality Report – July 2023**	
	The combined Clinical Directors Report was submitted. The Paramedic Practice & Patient Safety Director explained that the issue of patient handover delays continues to remain above pre-pandemic average of 7,000 hours, with June seeing over 12,000 hours lost. 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 and the risk to patient safety, the risk continues to be graded as a 25. These will be reviewed over the next month to see if this is still relevant or whether the risk rating could be reduced. The Trust has seen a continued reducing trend of serious incidents being reported during June and this is 61% less than May 2022. There are no SI's out of date and no recommendations out of date. The new process has seen an increasing number of patient safety incidents being reported by our staff to date. Historically the Patient Safety team would not be sighted on the number being reported as staff raised these concerns independently of the department. Currently there are 149 NHS to NHS concerns awaiting responses from the ICB, with 40 waiting since April that have been escalated. This month has seen two appointments made to the Safeguarding team and the Paramedic Practice and Patient Safety Director thanked the Board for their support.	

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	The Strategy & Engagement Director informed the Board that the first engagement session took place recently with the new CQC Relationship team. This was a good constructive meeting and will take place once a month. The question was posed as to a response time of 1 hour 7 minutes for a Cat 1 call. It was confirmed that this could be correct as some calls start off as a lower acuity and then become higher. The Emergency Services Operations Delivery Director said this is linked to performance and hospital delays.	
	Resolved	
	That the contents of the report be received and noted.	
07/23/14	**Board Assurance Framework (BAF) & Significant Risks**	
	The Board Assurance Framework document was submitted. The Interim Director of Nursing advised the Board that as per the latest Internal Audit request, the BAF will now be reported quarterly and in a format which Internal Audit have proposed more suitable. Unfortunately, due to the continued delay of the DATIX project, it is unclear whether the BAF can be utilised through that software at this stage. The Interim Director of Nursing informed the Board in relation to risk IPC-035 and the bird access at Shrewsbury hub; the swallows were due to be removed. However due to public concern this had been placed on hold despite the issue of Infection prevention and the risks it posed in a clinical setting. It was felt that there needed to be a long-term plan for this site as this is an IPC risk. The Chairman pointed out that a question from a member of the public had been received for that evenings AGM meeting and the Emergency Services Operations Delivery Director will respond to any question.	
	Resolved	
	a) That the contents of the report be received and noted b) That approval be given to the content of the Board Assurance Framework.	
07/23/15	**Freedom To Speak Up (FTSU) Guardian Report**	
	The Freedom to Speak up Guardian gave an update and informed the Board that we would not normally report at this time but as there are a lot of work streams ongoing an interim report has been submitted today. The Strategy has been updated to include the amendments suggested by NHSE.	

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	The action plans that were presented at the March meeting of the Board of Directors have 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. There was an action related to recruitment of a new Guardian and interviews are taking place next week. The Trust's Reflection and Planning tool 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. One of the actions was to develop a quarterly newsletter. The first quarterly newsletter is currently being drafted and will be published based upon data and news from April to June 2023. The first newsletter will be an introduction of who we are and what we do. The National Guardian's Office have published the theme for Speak Up Month 2023, which relates to identification and breaking of barriers to raising concerns. Our FTSU team across the organisation will be developing ideas to promote this key message across the Trust as we approach October. The FTSU Guardian explained that the Trust has a good team of Ambassadors and WMAS has one of the largest teams in the Ambulance Sector. There is still work to do on its diversity in relation to the Ambassadors and this will be the focus for this year. The Chairman asked if we knew any more about the FTSU work in ambulance services. The FTSU Guardian said no further updates had been received since the NGO attended the Board meeting earlier this year. The Strategy & Engagement Director said the Trust has updated NHSE on section 2 and 4 of the Action Plan as requested but we have not heard anything back. The work had been commissioned nationally and will be taken forward with ambulance services and AACE.	
	Resolved:	
	a) That the contents of the report be received and noted. b) That the Board of Directors approved the Strategy and Action Plan.	
	Mrs Wall left the meeting.	
	Operations Update	
07/23/16	**Non-Emergency Services Operations Delivery & Improvement Director Update – Michelle Brotherton**	
	The Non-Emergency Services Operations Delivery & Improvement Director informed the Board that there was an increase of activity of 8% in May, but June was stable. There has been higher mobility of patients. We are still working with the ICBs regarding the income and are making good progress. On the Ambulance Decision Areas (ADAs) there was a	

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	reduction of lost hours in June from May. Further work is being undertaken with Shropshire, Worcester, and University Hospital North Midlands (UHNM). For UHB a business case was developed jointly by WMAS and UHB and presented to the Systems Investment Board. There were initial discussions around extending HALO provision and ADA provision, however, the decision has been made to request funding to continue the project in its current format due to the current financial constraints across the System. Several meetings have taken place with UHNM since last July. There is a lot of interest, but we are still waiting for them to confirm. The Non-Emergency Services Operations Delivery & Improvement Director would circulate the UHB Board paper to Board members. Mr Fessal asked in terms of research if this could go beyond our Region. The Non-Emergency Services Operations Delivery & Improvement Director had spoken to Andy Rosser about this, and it will be written up. The CQC have visited UHB, and we have received very positive feedback on this. The Chairman said the ADAs are brilliant, but we are just treating the symptoms rather than the cause. The Non-Emergency Services Operations Delivery & Improvement Director said the preferred option is for them to have their own service. The Chairman pointed out that it has been said that patients are staying longer in hospital. We are doing the right thing for patients, but we must keep focus on the problem which is the flow through hospitals.	
	Resolved:	
	a) That the contents of the update be received and noted. b) That the Non-Emergency Services Operations Delivery & Improvement Director would circulate the UHB Board paper to Board members.	**MB**
07/23/17	**Integrated Emergency & Urgent Care & Performance Director**	
	The report was as submitted. The Integrated Emergency & Urgent Care & Performance Director gave an update and informed the Board that call answering remains very strong whilst we are also providing support to other ambulance services. We are taking around 20-35% of the total 999 activity for East Midlands Ambulance Service (EMAS) averaging 450 calls per day as well as providing support to Yorkshire Ambulance Service (YAS). So far there has been no adverse impact to the Trust. A tariff has been agreed for the calls answered for other ambulance services. The Integrated Emergency & Urgent Care & Performance Director explained that for call answering and training for EMAS this amounts to £1.2M and £100k for YAS.	
	Resolved:	
	a) That the contents of the paper be received and noted.	

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07/23/18	**Emergency Services Operations Delivery Director Update**	
	The report of the Emergency Services Operations Delivery Director was submitted. The Emergency Services Operations Delivery Director advised the Board that performance has been challenged in June and Q1. Performance was reviewed in detail at the Performance Committee yesterday and a recovery plan to achieve the Cat 2 trajectory was submitted to EMB on 25 July. Sickness for E&U Operations is 3.19% with June at 3.14%. This is significantly below the national average and best in the country from an ambulance perspective.	
	Resolved:	
	a) That the contents of the report be received and noted	
	Governance	
07/23/19	**Well-Led Review Report and Action Plan**	
	The CEO said this is an item we have covered previously. The draft action plan was presented at the Board of Directors Briefing session on 4 July 2023. The final Good Governance report, presentation and resulting action plan (Version 3) is attached for Board members information. The Board was requested to review the report and action plan. The action plan will be progressed and it is planned to have a further discussion at the September Strategy Day.	
	Resolved	
	a) That the contents of the report be received and noted. b) That approval be given to the content of the Action Plan.	
07/23/20	**Review of Governance Structure and Approval of the Terms of Reference**	
	The paper was as presented. The terms of reference have been reviewed and approved at each of the Committees. The Chairman asked if all in attendance were content with this paper. The Chairman thanked Mr Khan for the help and advice provided. If the NEDs wanted to discuss this with the Chairman outside of today's meeting, please let him know. Executive Directors to provide any comments to the CEO. The Chairman explained that a paper on managing the board agenda and frequency of meetings is in hand and will be submitted to a future meeting.	
	Resolved	

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	a) That the contents of the report be received and noted. b) That the Board of Directors approved the Governance Structure. c) That the Board of Directors approved the Terms of Reference submitted.	
07/23/21	**Board Committee Reports & Minutes**	
	21a - Audit Committee The minutes of the Audit Committee meeting held on 6 June 2023 were submitted. Mrs Jasper explained that this meeting was primarily to sign off the annual accounts. An unqualified opinion was received for our accounts. A report was submitted by the Chair of the Audit Committee on matters considered at the meeting of the Audit Committee held on 18 July 2023. Mrs Jasper advised the Board that the Internal Audit report on Risk Management and the Assurance Framework received a rating of requires improvement. The BAF needs improvement. This links in with the welled work which recognised work was required in these areas. Significant assurance was received for the Internal Audit reviews undertaken on the General Ledger, Budgetary Control and Payroll. The Committee competed the self-assessment tool kit. Mrs Jasper informed the Board that the meeting was quorate but attendance at the meeting is still disappointing. We are out to tender for our External Auditors as we are now out of contract. The CEO advised the Board that the Internal Audit Plan was discussed at the EMB meeting on 25 July. This is a great plan, but we agreed some areas to include which would strengthen the plan. The additional areas are: • Cyber Security – which is critically important. • GRS • BAF Review • Business case Post Implementation Review. The Annual Report of the Audit Committee was submitted. Mrs Jasper advised the Board that this report was signed off by both Mrs Jasper and Mrs Farrington-Chadd. The report follows the HFMA format. The Chair and CEO attend by invitation of the Committee, with the CEO attending annually to present the Annual Governance Statement. Three meetings were quorate and two were not quorate, but we are trying to resolve this. The Chairman thanked members for the work of the Audit Committee and was helpful that attendance would now improve.	
	Resolved:	
	a) That the Minutes of the Audit Committee meeting held on 6 June 2023 be received and noted.	

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	b) That the report of the Chair of the Audit Committee regarding the meeting of the Committee held on 18 July 2023 be received and noted. c) That the Board of Directors received the Annual Report of the Audit Committee.	
	21b - Quality Governance Committee (QGC) The minutes of the QGC meeting held on 24 May 2023 were submitted. The Professor Hopkins advised the Board that a further meeting has taken place since May. Professor Hopkins will provide a Chairs Report in future if she is sent the template. The Chairman explained that he had asked Mrs Jasper to trial the report this month to see what colleagues thought of the report. The Chairman found this to be useful and agreed it should be rolled out to the other committees. Mr Fessal also found the report useful. Mr Fessal explained that another meeting of the QGC took place. Discussion at the meeting was around the clinical audit concerns. The Committee asked for this to be reviewed and risk rated. The Paramedic Practice & Patient Safety Diretcor confirmed his Team were looking into the audit work.	
	Resolved:	
	a) That the minutes of the Quality Governance Committee held on 24 May 2023 be received and noted.	
07/23/22	**Board of Directors Schedule of Business**	
	The Schedule of Business was submitted.	
	Resolved:	
	a) That the Board Schedule of Business be received and noted.	
07/23/23	**The Date of the next meeting**	
	Wednesday 25 October 2023	
	There being no other business for this meeting the Chairman brought proceedings to a close and thanked members for their attendance.	

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Paper 02b

The Minutes of the extraordinary meeting of the Board of Directors held on Wednesday 27 September 2023 at 10:00 hours in the Sandwell Hub, Shidas Lane, Oldbury.

Present:

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 N. Henry	Nhen	Paramedic Practice & Patient Safety Director
Mr M Fessal*	MF	Non Executive Director
Prof. A. Hopkins*	AH	Non Executive Director
Mr N Hudson*	NHud	Director of Performance & Improvement
Mrs J Jasper*	JJ	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

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

In attendance

Ms D Scott	DS	Interim Organisational Assurance Director
Mr P Higgins	Secretary	Governance Director & Trust Secretary

ITEM		ACTION
	Apologies Dr A Walker & Mr M Khan	
C09/23/01	**Declarations of Interest**	
	No Director declared any conflict of interest in relation to any matter on the agenda for this meeting.	
C09/23/02	**Fit and Proper Persons Test Framework Changes Briefing**	
	A report of the People Director was submitted. The report was submitted for the purpose of informing the Board of Directors on the changes introduced to NHS England's Fit and Proper Person Test Framework, which were introduced on 2 August 2023. They must be fully implemented by 31 March 2024, with some forward	

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facing changes from 30 September 2023. The changes support the implementation of the recommendations from the Kark Review and are mandatory for all Trusts.

The Fit and Proper Persons Test has been in existence since 2014. The Kark Review (2019) was commissioned by the government in July 2018 to review the scope, operation, and purpose of the existing Fit and Proper Person Test (FPPT) as it applies under the current Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The review included looking at how effective the FPPT is: "… in preventing unsuitable staff from being redeployed or re-employed in the NHS, clinical commissioning groups, and independent healthcare and adult social care sectors." The review highlighted areas that required improvement to strengthen the existing regime.

The Framework and changes are effective from 30 September 2023 and should be implemented by all boards going forward from that date. NHS organisations are not expected to collect historic information to populate ESR or local records, the expectation is that the new arrangements will be used for all new board level appointments or promotions post 30 September 2023 and for all board members prior to the annual assessments submission to be completed by March 2024.

The framework applies to:

- both executive directors and non-executive directors (NEDs), irrespective of voting rights
- Interim (all contractual forms) as well as permanent appointments
- those individuals who are called 'directors' within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.((a) Director of the service provider, or (b)performing the functions of, or functions equivalent or similar to the functions of, such a director)

At this Trust the Framework is deemed to apply to:

- Chair
- Chief Executive
- Executive Medical Director
- Director of Performance & Improvement
- People Director
- Executive Director of Finance
- Executive Director of Nursing
- Paramedic Practice & Patient Safety Director
- NARU Director
- Deputy Director of Finance
- Strategy & Engagement Director
- Non Emergency Services Operations Delivery Director

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- Integrated Emergency & Urgent Care Director
- Interim Organisational Assurance Director
- Communications Director
- Operational Support Services Director
- Governance Director & Trust Secretary
- Non-Executive Directors x 6
- Chief of Staff and Head of Enhanced Care
- Head of Emergency Preparedness, Resilience and Response

The ultimate accountability for adhering to this framework will reside with the Trust Chair, who will also be subject to the Framework. Work is required between now and the end of March 2024 to ensure that all appropriate members are compliant with the new framework. It was reported that the Recruitment Manager will shortly contact individuals to commence the new checks required and ensure these are updated in ESR. Any new appointments to the Trust will be subject to these arrangements.

NHS England is finalising the new NHS Leadership Competency Framework for board level roles, due by September 2023 so that Trusts can implement this alongside the FPPT Framework. A new board appraisal framework will also be published, incorporating the Leadership Competency Framework, by March 2024. NHS England will ask Trusts to use this for all future annual appraisals of board directors from this point.

The Trust's Recruitment and Selection Policy will be reviewed and updated with the changes and will proceed through the due consultation and approval process.

Checks already undertaken as part of the previous annual submission will be recorded in the new ESR module over the coming weeks. Directors will be contacted where there are gaps in information that are required to be addressed in preparation for the annual submission prior to March 2024.
In addition the 3 yearly audit to be built into the Trust's internal audit workplan.

Revised board level appraisal process and documentation will be implemented from April 2024 to reflect and incorporate the new NHS England Leadership Competency Framework and board appraisal framework.

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	Resolved	
	That the report now submitted be received, and that the contents of the Briefing paper be noted.	
09/23/03	**ICS and WMAS Hub Engagement by WMAS Directors**	
	A report of the Strategy & Engagement Director was submitted. The purpose of the report was to update the Trust's engagement arrangements with Integrated Care Systems (ICSs), AE Delivery Boards (AEDBs) and our sites / hubs following changes to the membership of the Board of Directors.	
	Resolved	
	That approval be given to the contents of the report submitted.	
09/23/04	**WMAS Winter Plan**	
	The Chief Executive Officer submitted the Trust's Winter Plan The CEO informed the Board that the Winter Plan sets out the Strategic overview of the arrangements for the Trust for the coming Winter Period for 2023/24. The Trust has many years of experience of developing its robust planning arrangements for the Winter period and this captures learning from previous plans, plus the NHS England winter priorities.	
	Resolved	
	That approval be given to the contents of the Winter Plan.	
	There being no any other urgent business, the Chairman thanked the members for their attendance and closed the meeting.	

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NHS
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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 for approval.	**KR**	**Update to Oct 2023**	A finance strategy is being developed which will in part align with the Black Country ICB and will be produced for the Board to review.
03/23/21	**Review of 25 Graded Risks to Consider Reducing the Risk Score** 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.	**KR**	**Oct 2023**	Discussions are ongoing with the ICB, and the Board will be kept up to date
07/23/16	**Non-Emergency Services Operations Delivery & Improvement Director Update – Michelle Brotherton** The Non-Emergency Services Operations Delivery & Improvement Director would circulate the UHB Board paper to Board members.	**MB**	**End of July 2023**	Complete – paper circulated via email to Board Members on 27/7/23.

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 5 MONTH: October 2023 PAPER NUMBER: 04

Revised BAF update	
Sponsoring Director	Caron Eyre
Author(s)/Presenter	Matt Brown, Head of Risk Joanna Watson (Good Governance Institute)
Purpose	The Board Assurance framework (BAF) has been revised into a new format with several actions in progress.
Previously Considered by	EMB 17 October 2023 Board Briefing & Development Day 27 September 2023
Report Approved By	Executive Director of Nursing

Executive Summary

The Well Led Review undertaken with the Good Governance Institute (GGI) recommended that: "The trust should revise the BAF to include a smaller number of strategic risks, ensuring that risks in relation to each of the strategic objectives have been considered. This should then be used to shape the agenda and the discussions that take place at the board and its committees, so that the board's focus is on strategic issues." The review of the BAF has been undertaken in partnership the GGI.

The overall aim of the review was to revise the BAF to include a smaller number of strategic risks and ensuring that risks in relation to each of the strategic objectives have adequately been considered, as well as identifying and communicating the correct governance arrangements for the BAF.

Several actions have taken place to ensure the process is fully understood, offers clarity and improved assurance to the Board, and that all key stakeholders are included. The actions are reported here for comment and agreement which includes tertiary actions including governance impact and updates.

Order of document presentation attached;

1. Paper 1 - Revised BAF update
2. Paper 2 – BAF FAQ's
3. Paper 3 – Strategic Risk 1 – Hospital Delay
4. Paper 4 – Strategic Risk 2 – Call Stacking
5. Paper 5 - Strategic Risk 3 - Staff experiencing Occupational Stress
6. Paper 6 - Strategic Risk 4 - Organisational Culture
7. Paper 7 - Strategic Risk 5 - Inadequate Financial Planning
8. Paper 8 - Strategic Risk 6 - Innovation
9. Paper 9 - Strategic Risk 7 - Collaboration and Engagement

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 5 MONTH: October 2023 PAPER NUMBER: 04

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.
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 1 BAF risk does address risks to Trust finances.
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 and has been populated following a number of engagement sessions with EMB and at the Directors Development Day.
Action required The Board is asked to review, discuss, and agree the changes to the BAF and suggest any further actions prior to start of new process.	

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Paper 1 - Revised BAF update

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.

Progress to date on actions are shown below:

- 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 the at 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.
- 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.
- Amend BAF documentation to add a column to allocate a committee to each risk.
- Head of Risk to attend each assurance committee to review their relevant BAF risks to Board via the Chair's report.
- Board to receive and review first iteration of BAF in October 2023, for start of new process in January 2024.
- 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 with ICB Chief Nurse to discuss.
- Executive Director of Nursing, Interim Organisational Assurance Director, and Head of Risk met and agreed that a new process will be introduced reviewing high risks monthly.
- Update to be shared with GGI, Head of Risk to meet 19th October.
- Tabled at Quality Governance Committee on 18th October for oversight and comment.

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Paper 2 - Board Assurance Framework (BAF) FAQs

What is the Board Assurance Framework (BAF)?

The BAF is a tool to support the board in carrying out its duties. It provides an evidence-based structured framework for managing and reporting on strategic risks, which in turn should drive the work of the board and assurance committees by ensuring that the right information is reported to the right people at the right time. The BAF brings together in one place all the relevant risk information on the threats to the achievement of the board's strategic objectives.

What are the Risks on the BAF?

Following review and development of a new BAF format, EMB and the Board agreed that there are 7 risks which should be included as risks to achieving our Strategic Objectives. These are:

1. Impact of Hospital Delays (SO1)
2. Impact of Call Stacking (SO1)
3. Staff experiencing Occupational Stress (SO2)
4. Organisational Culture (SO2)
5. Inadequate Financial Planning (SO3)
6. Innovation (SO4)
7. Collaboration and Engagement (SO5)

What is included in the risk template?

Each template includes appropriate information regarding that specific risk which allows clear understanding of how it impacts the achievement of the strategic objective it relates to, mitigations in place to offer assurance, any gaps in assurance and identified actions which can reduce the risk. Specific areas of the risk template are:

- **Risk Score** – this relates to the levels of risk, where inherent relates to the "worst case scenario", untreated risk. Current Score is where the risk is scored at the time of review and Target Score is the level of residual risk the Trust would be satisfied with. This also links to the Trust risk appetite.
- **Controls** – these are measures which the Trust has in place to manage the risk, such as workstreams in place which ensure continued risk management, such as strategies and policies and procedures.
- **Assurances** – these provide evidence that the controls in place are working to reduce risk and relate to data which provides tangible evidence, such as a reduction in incidents, improvement in call performance etc. External assurance is also provided in the form of external audit and regulatory reviews.
- **Gaps in Control and Assurance** – these provide areas of focus for the Assurance Committees and Trust Board of where action is needed to further reduce the risk.
- **Actions** – actions required to address gaps in control or assurance. These should include action owners and timescales for completion.
- **Associated Risks** – these are operational risks which are on the Trust Risk Register which relate in some way to the strategic risk, these may provide further assurance, but it is not for the Board to review and action these.

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How is the BAF effective?
The BAF identifies and quantifies the risks to achieving the Trust strategic objectives and presents them in an easy-to-understand format. It summarises the controls in place to mitigate those risks, provides assurances that these risks are managed and if any action is required to reduce the risk. The BAF should be a continuously evolving document to reflect ongoing work towards risk reduction and the risk appetite of the Trust. The effective application of board assurance arrangements and continued sight of the BAF will assist the board in securing assurance and promoting good organisational governance and accountability.

How are the Board assured that the risk is managed?
Each risk has an identified Assurance Committee who has oversight of the risks. They are responsible to discuss, review and update their specific risk at each of their committee meetings as part of the agenda. They should be led by the BAF, and discussions should be framed on how ongoing work and actions are impacting that BAF risk. This should then be escalated to the Board to clearly identify management of the risk, which in turn should offer the required assurance.

What is the expectation of the Board?
The Board are the owners of the BAF and should influence the direction and change of the document. When the BAF is presented to Board it should provide the relevant assurance that the risk is being managed, which should clearly show within the template. The BAF should set the Board agenda in as much that discussion should be in the context of the strategic objectives and relate back to the BAF. Active debate should be encouraged and reflected in the BAF utilising the Trust risk appetite to identify what can be tolerated and where areas of focus are needed. If gaps are identified and the Board believe that assurance is lacking, this will be fed back to the assurance committee to identify increased focus and action in that area.

How can the Assurance Committees and Board direct their focus to ensure they are managing the risks appropriately?
By referring to associated terms of reference, risk policies and using the Trust Risk Appetite, informed and appropriate decisions can be made alluding to the management of risk. It is key that discussions at the assurance committees are articulated in relation to how they impact the BAF and the operational management of them. Key stakeholders will be able to provide expert knowledge within their area on accurate and ongoing updates and offer the required assurance based on sound understanding of the risk management process. The Board will use the risk appetite to ensure confidence in the information presented but to challenge where necessary, for example where gaps in assurance remain a threat.

Below is a quick guide to the review and escalation process.

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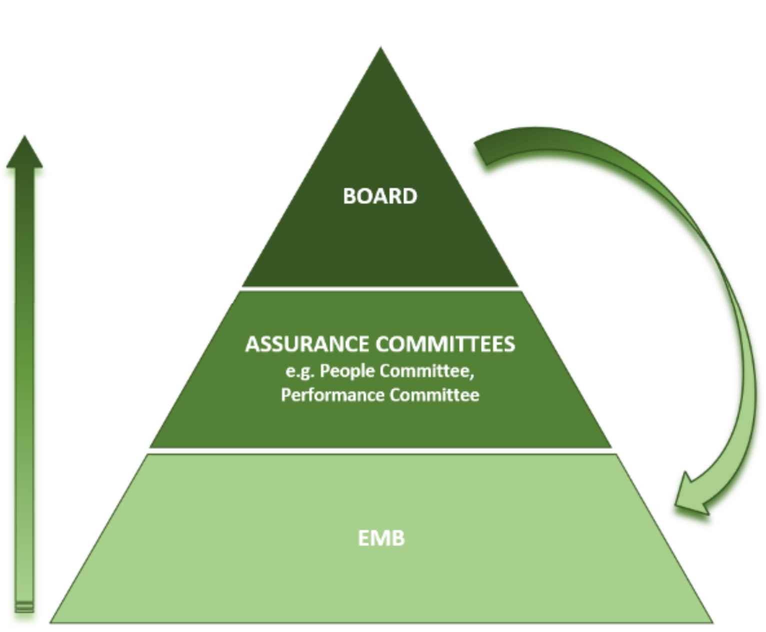

Expectations of the Board:

- Owners of the BAF
- Continuous monitoring of the Strategic Risks
- Assessment of Risk Scoring
- Risk Appetite / Tolerance of Risks
- Assurances Accepted / Not Accepted
- Filter down to Assurance Committees for further actions and assurances

Expectations of Assurance Committees:

- Appropriate committee assigned to manage relevant strategic risks
- Agenda to include discussions around the control of risks:
  - Are the controls listed still in place?
  - Have any new controls been established since the last review?
- Discussions to provide assurances the risk is controlled:
  - What processes are in place to provide assurance that the controls are working?
  - Are these providing positive or negative assurance?
- Agenda to include any Actions required to manage the risk:
  - Have any actions been completed since the last review, and has this resulted in any new controls or assurance?
  - Do any new actions need to be added to the action plan?
  - Do the actions listed remain appropriate and relevant?
- Committee meeting minutes & actions are fed into EMB & Board to offer assurances that strategic risks are being managed appropriately

Expectation of EMB:

- Agenda and discussions should relate to whether assurance is provided by the relevant committees and is appropriate and agreeable to the Board

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Paper 3

Strategic objective 1: Safety, quality and excellence Our commitment to provide the best care for all patients			Risk score **20**
Strategic Risk No. 1:			
If … handover and offload delays at hospital continue	***Then*** … this will lead to a failure to provide safe and effective care	***Leading to/Resulting in*** … poor patient outcomes, low staff morale and negative impact on performance.	

	Impact	Likelihood	Score	Risk Trend
Inherent	5	5	25	*In future editions this box will include a trend line showing how the score of the risk has changed from month to month*
Current	**5**	**4**	**20**	
Target	4	2	8	

Risk Lead	Nathan Hudson – Director of Performance and Improvement	Assurance committee	Performance Committee

Controls

- 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
- 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

Assurances reported to Board and committees

First and second line (internal) assurances)

Reports to:

- 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

- NASMED guidance on delayed handover
- AACE IPC precautions during hospital handover delays
- 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.

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	• 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
Gaps in Controls and Assurances	**Actions to address control / assurance gaps**
• 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	(see actions table below)

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

Current status – notes
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
PS-074	Risks associated with extensive Hospital Breaches, Delays and Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents	20

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Paper 4

Strategic objective 1: Safety, quality and excellence Our commitment to provide the best care for all patients	Risk score 20
Strategic Risk No. 2:	

If … delays responding to emergency calls continue	***Then*** … 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
Inherent	5	5	25	*In future editions this box will include a trend line showing how the score of the risk has changed from month to month*
Current	**5**	**4**	**20**	
Target	4	2	8	

Risk Lead	Jeremy Brown – IEUC Performance Director	Assurance committee	Performance Committee

Controls

- 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)

Assurances reported to Board and committees

First and second line (internal) assurances)

Reports to:

- 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

- 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

- Continued stacking of calls.
- Failure of category 2 performance.
- Continued patient delay and harm.
- Poor staff morale

Actions to address control / assurance gaps

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

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Current status – notes
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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-016	Increase in stacking of calls during times of high demand	**20**
EOC-24	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**

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Paper 5

Strategic objective 2: A great place to work for all Creating the best environment for staff to flourish Strategic Risk No. 3:			Risk score **12**
If … staff experience occupational stress and exposure to psychological hazards ,	***Then*** … this may increase sickness, staff turnover and demand on other staff	***Leading to/Resulting in*** …an inability to cope with other demands and sickness within other areas of the Trust.	

	Impact	Likelihood	Score	Risk Trend
Inherent	4	4	16	*In future editions this box will include a trend line showing how the score of the risk has changed from month to month*
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
• 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 devliered in EOC and now incorporated into AAP and Grad Induction Programmes • Mandatory Training	**First and second line (internal) assurances)** Reports to: • 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, **Third line (external) assurances** • 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

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• 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	
Gaps in Controls and Assurances	**Actions to address control / assurance gaps**
• Staff Survey Performance • Unable to control and manage attendance where exposure to possible stressors may be present.	• Trust wide Staff Survey action plan and local action plans in place. • WiinningTemp data. • Culture Review.

Current status – notes
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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Paper 6

Strategic objective 2: A great place to work for all Creating the best environment for staff to flourish Strategic Risk No. 4:			Risk score **12**
If … the organisational culture within the Trust is unsuitable ,	***Then*** …there will be a failure to provide a suitably safe, healthy and rewarding place to work	***Leading to/Resulting in*** … low staff morale, increased sickness, increased turnover and complaints.	

	Impact	Likelihood	Score	Risk Trend
Inherent	4	4	16	*In future editions this box will include a trend line showing how the score of the risk has changed from month to month*
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
• 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: • Sexual Safety Charter • Occupational Stress Policy • Sickness Absence Policy and procedures • Dignity at Work Policy • Flexible Working Policy • Well Being 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) • Winningtemp platform • Employee Relations Casework Data • Culture Statement Values and Behavioural Framework **Third line (external) assurances** • 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

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- 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.

</td><td>

- 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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<tr><th>Gaps in Controls and Assurances</th><th>Actions to address control / assurance gaps</th></tr>
<tr><td>

- Staff Survey Performance
- Reports of Harassment
- Potential underreporting of concerns by staff

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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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Current status – notes
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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Paper 7

Strategic objective 3: Effective planning and use of resources Continued efficiency of operation and financial control Strategic Risk No. 5:			Risk score **12**
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	*In future editions this box will include a trend line showing how the score of the risk has changed from month to month*
Current	**4**	**3**	**12**	
Target	4	2	8	

Risk Lead	Karen Rutter – Director of Finance	Assurance committee	Audit Committee

Controls	Assurances reported to Board and committees
• 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: • 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** • 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	
• Gaps within financial systems and improvements to ways of working • Establishing Contracts and Commissioning • Improvements required to current internal audit provision. • Education/Training capacity	Action	Owner
	Review of Finance structures and systems within WMAS	Karen Rutter December 2023

Current status – notes
DRAFT V2 shared for final comments prior to new BAF going LIVE

Associated Risks on the Operational Risk Register		
Risk no.	Description	Current score

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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**

Paper 8

Strategic objective 4: Innovation and transformation **Developing the best technology and services to support patient care**	Risk score
Strategic Risk No. 6:	**8**

If … the Trust encounters competing priorities, and a lack of resource and budget availability.	***Then*** … it will face development and implementation challenges	***Leading to/Resulting in*** … a failure to innovate and transform.

	Impact	Likelihood	Score	Risk Trend
Inherent	4	4	12	*In future editions this box will include a trend line showing how the score of the risk has changed from month to month*
Current	**4**	**2**	**8**	
Target	4	1	4	

Risk Lead	Michelle Brotherton – Non-Emergency Services Delivery and Improvement Director	Assurance committee	Quality and Governance Committee

Controls

- 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
- 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.

Assurances reported to Board and committees

First and second line (internal) assurances)

Reports to:

- 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

Third line (external) assurances

- CQC Rating
- OFSTED Rated
- Global Digital Exemplar
- Official medical providers for Birmingham 2022 Commonwealth Games

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<table>
<tr><td></td><td></td></tr>
<tr><th>Gaps in Controls and Assurances</th><th>Actions to address control / assurance gaps</th></tr>
<tr><td rowspan="3">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.</td><td><table><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><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></td></tr>
</table>

Current status – notes
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**

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Paper 9

Strategic objective 5: Collaboration and engagement Working in partnership to deliver seamless patient care Strategic Risk No. 7:			Risk score **12**
If … the Trust continues to encounter system challenges	***Then*** … 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
Inherent	4	4	16	*In future editions this box will include a trend line showing how the score of the risk has changed from month to month*
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
• 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: • 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** • 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
• Lack of capacity at local level. • Lack of engagement at local level. • Lack of Engagement with Third Sector such as major chairites • Loss of DOS Leads who were WMAS representatives at a local level and led on engagement. • Capacity within geographical footprint.	see table below

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

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		Identify opportunities where other staff groups can engage and collaborate e.g., Governors, SOMs with Councils	Vivek Khashu December 2023

Current status – notes
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**

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST
REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 05b MONTH: October 2023 PAPER: 04b

Developmental Well Led Review (Good Governance Institute) Action Plan - Update	
Author(s)/Presenter	Governance Director, Trust Secretary / Interim Organisational Assurance Director
Purpose	To present the latest action plan arising out of the Well Led Review and report of the Good Governance Institute which was last presented to the Board of Directors on 26 July 2023.
Previously Considered by	The GGI recommendations report was presented to the Board of Directors prior to its meeting on 31 May 2023. The recommendations arising from the GGI Well Led Report were turned into an Action Plan, and this draft action plan was submitted to the meeting of the Executive Management Board (EMB) on 27 June 2023 to approve the content of the action plan, including the lead and also priority status. Then the final draft action plan, incorporating the review by EMB was presented at the Board of Directors Briefing session on 4 July 2023. A copy of the report and action plan was presented to the ordinary meeting of the Board of Directors on 26 July 2023. The minutes of that meeting have been submitted to this meeting.
Report Approved By	Chief Executive Officer.

Executive Summary

To further prepare the Trust pending a possible Care Quality Commission (CQC) visit the EMB agreed, and the Board endorsed a Well Led Review. It agreed to use the 2019 WMAS Well Led Review Report as a benchmark, to identify any areas for review and subsequent learning for reassurance.

Given that the Trust was using the Well Led Review report produced in 2019 by the Good Governance Institute (GGI) as a benchmark and GGI are familiar with the Trust; it was agreed, that subject to an appropriate procurement exercise the GGI should be commissioned to carry out a benchmark review of its 2019 report. The Board agreed to commission the GGI to carry out the Well Led review of the Trust. The final report and salient recommendations from the GGI report was presented to the Board of Directors by the authors prior the Board meeting in May 2023.

After considering the recommendations contained in the report it was agreed that the Interim Organisational Assurance Director would review the report in detail and produce an action plan based on the recommendations contained in the GGI report.

The initial draft action plan has been reviewed by EMB on 27 June 2023 to confirm the recommendation action, the Lead and priority status. The draft action plan was then presented at the Board Briefing on 4 July 2023. The final Good Governance report, presentation and resulting action plan (Version 3) was presented to the Board on 26 July 2023. The latest version of the action plan is now presented to the Board for their information and to review progress against each of the recommendations.	
Related Trust Objectives/ National Standards	The Board of Directors have in place strategic objectives and is currently in the process of reviewing its strategic plan. Given that the Integrated Care Boards (ICB's) have now been placed on a statutory footing, and that the licence conditions require the Trust to collaborate and align its strategy with that of system partners the Well Led Review and Action Plan is timely. The use of the external reviewer is intended to provide assurance to the Trust and the Board.
Risk and Assurance	This is a major element of the Well Led review and makes a number of proposals on a review of the Board Assurance Framework (BAF) and Risk.
Legal implications/ regulatory requirements	Legal advice has not been sought in the preparation of this report. An appropriate Well Led Review at regular intervals of no less than three years is considered good practice. Section C 4.7 of the revised NHSE Code of Governance, which came into force on a comply or explain basis states: *All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors or governors.*
Financial Implications	There are no direct financial consequences in relation to this report other than to report that the GGI was commissioned following a procurement exercise and that the total cost of the review was budgeted.

Workforce & Training Implications	This is included within the Well Led review. The Well Led Review will require an assessment of strategy, management and culture. Including engagement with staff.
Communications Issues	Not directly applicable within the context of this report. Communications of course form part of the Well Led Review and the action plan arising.
Diversity & Inclusivity Implications	Diversity & Inclusion forms part of the Well Led Review
Quality Impact Assessment	This has not been completed as part of constructing this report.
Data Quality	The documentation relating to the procurement, process and report are held by the Trust Secretary

Proposals and recommendations:

a) Board members are requested to review the latest version of the action plan attached as Appendix 1, which is still for review and if appropriate approval.

b) To note that the learning and reflection of the recommendations and subsequent actions will be undertaken on completion of the action plan and reported back to the Executive Management Board and Board of Directors.

c) To note that the governance and review process are proposed to be at Executive Board and Board of Director level, as this is a Well Led Board level review.

Developmental well-led review (GGI) May 2023
Recommendations Action Plan

Rec No	Recommendation	Priority	Action required	Lead / Oversight	Position / Evidence	Date/ RAG
	KLoE 1: Leadership - (Pages 8 & 9)					
KL1.1	The board should review the executive team structure once the remaining two executive director appointments have been made; it should also maintain the balance of the board between non-executive and executive voting members.	H	The appointment process for the 2 x Executive vacancies is being progressed, with the interviews taking place for the Dir P&I 06/07/23 and DoN 20/07/23. On appointment the CEO will update the executive team structure and present to the Remuneration Committee, and to confirm voting arrangements in line with Trust constitution.	ACM/IC BoD	The 2 x Executive Director vacancies have been recruited. Remuneration Committee approved appointments on 26/07/23. Director responsibilities and organisational structure revised and reviewed through EMB, Chair of EMB reports to the Board of Directors. Membership of EMB reviewed and agreed that MB and JB would report in person at least annually.	30 Sept' 2023
KL1.2	A board development programme should be developed and rolled out, supported by individual board member coaching for less experienced directors. This should cover areas such as what it means to be a unitary board, how the board gets assurance, and the trust's role in integrated care systems.	H	Chair and CEO to discuss Board development needs and this may be subject to a procurement exercise to seek external support.	ACM/IC BoD	The Good Governance Institute have proposed a well led / governance workplan, which will be in operation by the end of August 2023. The Trust is following due process in regard to procurement, and in line with NHSE procedures. A Board Development Programme through GGI is underway with the first session taking place at the Board Briefing session on 27/09/23 with key areas covering: • Understand board governance and what makes it work. • Working together as a unitary board. • Preparing for the forthcoming CQC well-led inspection. • Preparing developing as a high	27 Sept' 2023

					performing board. A session on the proposed changes to the BAF is also on the agenda. Coaching for individual Directors is not included on a 1 to 1 basis for this programme, as alternative coaching and mentoring may be available through NHS schemes.	
KL1.3	As part of its continued work on succession planning, the trust should review the wider leadership development offer to senior managers in the trust.	M	This work needs to be incorporated into the Trust's Engaging Leaders programme. Also review availability through NHSE and external sources.	CB EMB	Developing Potential Development Centres implemented for 23/24. Engaging Leaders programmes continue. 2 Springboard development programme cohorts taking place in 23/24.	31 Dec' 2023
	KLoE 2: Vision and strategy - (Pages 10 & 11)					
KL2.1	The trust's strategy needs to reflect its role and responsibilities as a system partner. In refreshing the strategy, the trust should take the opportunity to build on its unique role in each system.	M	The Strategy and Engagement Director will share the latest iteration of the Strategy at the Board of Directors on 26/06/23. Further engagement with system partners is required to ensure true integration and synergy between strategies.	VK BoD	The Trust Strategy is due to go to Board briefing on 27 September 2023. This session did not take place due to the pending CQC visit and the preparation work required to meet the inspection. It is planned as an agenda item at the Board Briefing on 29 November 2023, then to the Board of Directors on 31 January 2024.	31 Dec' 2023
KL2.2	We recommend that the directors spend time together as a board, to plan their involvement in delivering the strategy, and in monitoring and reviewing progress.	M	This links with recommendations KL1.2 and KL2.1.	VK/IC BoD	The Good Governance Institute have proposed a well led / governance workplan, which will be in operation by the end of August 2023. As KL1.2 above.	27 Sept' 2023

KL2.3	The profile of environmental sustainability should be raised in the trust, including robust governance arrangements, increased accountability and reporting to the board.	M	The Director of Finance is the Executive Director responsible for sustainability. The Green Plan needs progressing to complete the agreed actions, with clear and increased governance arrangements around reporting.	KR BoD	Director of Finance in discussions with the Operational Support Service Director and Head of Fleet & Facilities Management to consolidate current plans, documentation and will ensure governance routes for monitoring and reporting.	31 Dec' 2023
	KLoE 3: Culture - (Pages 11 to 13)					
KL3.1	Encouraging staff to speak up about concerns and providing them with the support they need to do so.	H	FTSU action plans are in place and promoting staff to speak up, however, this is about the wider culture of the organisation, its policies and staff responsibilities with regards to being open and duty of candour.	VK/PW EMB	- Ambassadors play a key role in promoting FTSU to staff and encouraging them to raise concerns. - Increased communications both with Ambassadors and staff generally. - There has been an increase in the general promotion of FTSU within the Weekly Briefing and there is now a process of engagement with Senior Management Teams to ensure - Establishment of Quarterly Newsletter Activities being planned for Speak Up Month.	30 Sept' 2023
KL3.2	Addressing the underlying causes of staff concerns – this could include addressing workload, staffing levels, and the availability of resources.	H	Review of our current strategy and operational model and look at what is achievable within financial planning and workforce plan.	VK/PW EMB	Development of triangulated reporting is continuing, this will continue to expand throughout the year. Initial triangulation included in Board report in May 2023, based upon historical data. Meeting scheduled with Business Intelligence Unit to plan further report integrations.	30 Sept' 2023
KL3.3	Recognising and valuing staff for their work through regular feedback, performance reviews, and opportunities for professional development.	M	Review of the 'Flourish' framework to ensure it is fit for purpose, and that it meets the needs of the organisation. Ensure that staff are aware of what opportunities are available to them.	CB EMB	Paper refreshed each year. Career Development Pathways framework published. PDC's ongoing for 23/24, 85% compliance target.	31 Dec' 2023

					Winning temp app in place and use for providing praise and feedback. Developing Potential Development Centres implemented for 23/24.	
	KLoE 4: Governance - (Pages 14 to 16)					
KL4.1	The trust should focus on increasing the effectiveness of meetings, including: – reducing the length of papers, taking out unnecessary detail.	H	Directors and report authors to be reminded of the need for succinct papers, with supporting papers held in a repository.	PH/KR BoD	PH to draft a summary document reminding authors of papers to keep them to: - Complete the Trust header sheet. - Ensure there is a clear summary and recommendations. - Keep papers succinct and simple. - Reduce number of pages. - Avoid duplication. - Hyper Link any documents for information. - Use a virtual library/repository. PH to present proposed changes to improve the effectiveness of meetings to members at the Board Briefing Day on 27/09/23. This session did not take place due to the pending CQC visit and the preparation work required to meet the inspection. It is planned as an agenda item at the Board Briefing session 29 November 2023, then to commence for the first meeting of the Board of Directors in January 2024, with a roll out to pillar committees thereafter. KR to present proposed amendments to the Scheme of Delegation to Board Briefing on 27/09/23 for discussion to	31 Jan' 2024

					the October Board for approval. This will assist with the duplication of papers.	
KL4.1.1	– increasing the use of assurance reports from board committee to board, and from management groups to executive management board.	H	Review of the committee structure, ToRs, frequency and reporting lines.	PH/KR BoD	PH is undertaking a review of schedule of business and cycle of reports of the Trust Board and its pillar committees. Paper to EMB on 3 October 2023, then to 25th October Board. The Chairs' assurance reports from Pillar committees will commence from the 25 October 2023.	25 Oct' 2023
KL4.1.2	- tightening up on reports going to more than one committee, to minimise duplication of discussions.	H	Chair of each committee to provide a brief update to the next appropriate meeting, with approved minutes.	PH/KR BoD	The Chair has approved the use of a revised Chairs report template which was trialled by the Audit Committee Chair following the meeting on 18/07/23 and was presented to the Board on 26/07/23.	31 Oct' 2023
KL4.1.3	– using the board assurance framework (BAF) to help set the board agenda, so as to have a strategic, risk-based focus.	H	As above, to ensure the purpose of the report is clear.	PH/KR BoD	This is part of KL1.2 above. The Good Governance Institute have proposed a well led / governance workplan, which will be in operation by the end of August 2023. PH to agree with IC the opportunity to raise the BAF higher up the Board agenda. PH to clarify with GGI how this will be achieved. The BAF is the first agenda item on the Board of Directors meeting on 25 October 23.	25 Oct' 2023

KL4.1 .4	- The BAF has been reviewed by GGI and Internal Audit and may be subject to a procurement exercise to seek external support. This should link with the ICB's and Trust strategy.	H	Work is required on the current BAF to ensure it meets the needs of the organisation, and links where appropriate with the Lead ICB and Trust strategies.	CE/ BoD	The Good Governance Institute have proposed a plan to revise the board assurance framework (BAF) to include a smaller number of strategic risks, and ensuring that risks in relation to each of the strategic objectives have adequately been considered, which will be in operation by the end of August 2023. Work has commenced and is ongoing with GGI, EMB and BoD to revise the BAF. EMB 19/09/23, BobD on 27/09/23. EMB a	31 Dec' 2023
KL4.2	The policy group should be renamed and its objectives reviewed. The trust should consider forming a separate group with oversight of policies to provide assurance that policies are being managed and updated appropriately.	M	A review of the current process of how policies are approved should be undertaken, which may result in a major change to the ToRs of the Policy Group. Consultation and engagement are separate to approval.	PH/NH EMB	This review needs to take place, and a list of policies and procedures which go to the Group for consultation, or for information. The name of the Group is also to be discussed and changed if appropriate.	31 Dec' 2023
KL4.3	To improve resilience and support improvement, we recommend increasing the size of the central governance team.	H	An audit of the current support workforce to propose new ways of working with centralised corporate and administrative functions.	PH/KR EMB	A review of the current administrative resources available across the Trust should be undertaken. Interim support has been agreed to support the Trust Secretary and Executive office, with a review within 2 months.	30 Sept' 2023
	KLoE 5: Management of risks, issues and performance – (Pages 16 to 19)					
KL5.1	The trust should revise the BAF to include a smaller number of strategic risks, ensuring that risks in relation	H	Links to KL4.1 - The BAF has been reviewed by GGI and Internal Audit and may be subject to a procurement exercise to seek external support. This	CE BoD	The Good Governance Institute have proposed a plan to revise the board assurance framework (BAF) to include a smaller number of strategic risks, and	31 Dec' 2023

	to each of the strategic objectives have been considered. This should then be used to shape the agenda and the discussions that take place at the board and its committees, so that the board's focus is on strategic issues.		should link with the ICB's and Trust strategy.		ensuring that risks in relation to each of the strategic objectives have adequately been considered, which will be in operation by the end of August 2023.	
	KLoE 6: Information management - (Pages 19 to 21)					
KL6.1	The trust should: - Adopt the 'hierarchy of data visualisation' and work with staff to ensure that all data presented supports intelligent decision-making.	M	It is unlikely that the Trust will have this knowledge and may be subject to a procurement exercise to seek external support If this is to be pursued.	KR EMB	Discuss with GGI what exactly was meant by this recommendation and how it is interpreted within the Trust.	31 Dec' 2023
KL6.2	Review and update the information available to the public about the performance of the trust (via the website).	M	A review of the website is required to ensure that key information is available about the Trust, and how it can be maintained and up to date.	MM EMB	A review of the website has commenced, and we have updated several sections. We are waiting on feedback on some sections and will update as and when we receive the information.	31 Dec' 2023
	KLoE 7: Service users, staff and external partner engagement - (Pages 21 to 24)					
KL7.1	The board should look at the culture in the organisation and its impact on engagement.	M	Links with KL2.1.	VK BoD		31 Dec' 2023
KL7.2	More needs to be done to increase executive and non-executive visibility with staff.	H	Chair to refresh the Buddy scheme in line with updated executive appointments.	IC BoD	Paper to extra ordinary board meeting on 27/09/23, confirm the allocation of Directors and their roles, and reminding Directors of their obligation to be seen and heard within the Trust.	30 Sept' 2023
KL7.3	The board should review and increase the resourcing and support for staff networks and	M	Consider what the resourcing requirements look like and what they would achieve.	CB EMB	HR Manager aligned to each staff network.	31 Dec'

	provide them with greater opportunities to engage with the board.		If appropriate draft a business case and apply for funding.		Exec Director sponsors in place for all networks. National consideration of standardised sector approach for time allocation to trust peer support networks – WMAS supporting proposal. Standardised sector approach for time allocation to trust peer support networks – 15 hours per month protected time for chairs now given. Network chairs attend Board to provide update and engage with the board.	2023
KL7.4	The trust should think about ways it can collaborate with partners (other providers, Healthwatch) on patient engagement around service quality and experience.	M	Internal and external engagement should be reviewed, with opportunities to improve. This will link with the Trust Engagement Strategy review.	CE/VK EMB		31 Dec' 2023
KL7.5	The trust should review its ICS engagement and involvement and do more to contribute strategically to the systems in which it operates, especially in the Black Country ICS as host, to develop the trust's sphere of influence.	M	Links to KL2.1. Further engagement with system partners is required to ensure true integration and synergy between strategies.	VK EMB	A report is going to the extraordinary BoD meeting on 27/09/23 to link the Directors with ICS.	31 Dec' 2023
KL7.6	The trust should do more to engage and involve partners in the decision-making process and should review/ develop its process for doing so.	M	Links to KL2.1. Further engagement with system partners is required to ensure true integration and synergy between strategies.	VK EMB		31 Dec' 2023
KL7.7	The trust should look at how it can support and create more opportunities for governors to	M	The Membership and Governor Support Officer will review this as part of ongoing	PH CoG/BoD	There is a review of the current constitutional areas for Governors, with	31 Dec'

	engage with staff, even if this must be virtual due to operational constraints.		engagement with the Council of Governors.		a proposed realignment to the ICB areas. The Chair has written to ICB's informing them of the changes, and requesting how Governors can be engaged more. Governors are offered the opportunity to undertake an operational shift, and a number have undertaken.	2023
	KLoE 8: Learning, continuous improvement and innovation - (Pages 24 & 25)					
KL8.1	The trust should: - Review the results of the staff survey in detail to consider the disconnect in staff experience of improvement and develop plans to make improvements in this area.	H	The People Director will review as part of the current arrangements for improving the staff survey results.	CB EMB	Staff Survey Response Action Group in plan. Staff survey action plans in place Culture review undertaken. Exec working group set up to consider findings and agree next steps. Exec group met 25th September, further session arranged for 16th October to complete review and action place.	30 Oct' 2023
KL8.2	Consider how learning, improvement and innovation can be done collaboratively with partners at place and system level.	H	Consider how this can be done.	CB/VK EMB	Engagement with Black Country People Programme Delivery Board. Engagement with BC ICS OD focus group ongoing.	30 Sept' 2023
	Stakeholder Audit (SA) – Annex D (Pages 34 to 42) The summary recommendations for WMAS to consider are:					
	Strategic Approach (Page 44)					
SA 01	The trust should review its strategic engagement and involvement with all systems but especially the Black Country ICS, with a view of providing more strategic	M	Review as part of our engagement strategy and the buddying arrangements with ICS and ICB's.	VK EMB	In part KL7.7 above.	31 Dec' 2023

	leadership (for instance the chief executive attending the regular Black Country chief executive meetings).					
SA 02	The trust should develop an internal strategic stakeholder engagement plan to frame its engagement with partners and the ICSs it operates in, with sections dedicated to each key partner and each system.	H	Linked to SA01 Review as part of our engagement strategy.	VK EMB		30 Sept' 2023
SA 03	When the trust conducts its next corporate strategy review it should seek to maximise the involvement and input from key partners and the systems leaders and link to the four key ICS aims.	H	This is part of the Board Briefing session on 04/07/23. This action will be carried forward to September briefing session and the October Board of Directors meeting.	VK BoD		31 Oct' 2023
SA 04	The trust should look at what more it can do to communicate its strategy and strategic objectives to partners and frame decisions it takes against these.	H	Links to KL4.1 and 5.1 - The BAF has been reviewed by GGI and Internal Audit and may be subject to a procurement exercise to seek external support. This should link with the ICB's and Trust strategy.	VK BoD		30 Sept' 2023
	Leadership skills and involvement – (Page 44)					
SA 05	The trust should look at how its NEDs can be more visible to and engaged / involved with partner and systems work, particularly in collaboration with other NEDs across the systems.	M	Communicate with partner organisations to link NEDs across the system, through Chairs' network meetings.	IC BoD	Review current arrangements in place and propose how the engagement can be improved.	31 Dec' 2023
SA 06	The trust should review is buddying arrangement of	H	Linked to KL7.2.	IC	As above in KL7.2	

	NEDs and execs allocated in pairs to each system, to ensure it is being implemented and reflect on its effectiveness.		Chair to refresh the Buddy scheme in line with updated executive appointments, and review annually in PDR's and to report back to the CoG.	BoD	Paper to extra ordinary board meeting on 27/09/23, confirm the allocation of Directors and their roles, and reminding Directors of their obligation to be seen and heard within the Trust.	27 Sept' 2023
SA 07	The trust should look at developing the system leadership skills of its board as part of its board development programme.	H	Linked to KL1.2.	ACM/IC BoD	GGI engaged who will take forward the Board development plan which will include this aspect. Head of OD is continually checking for arm's length bodies, NHS Leadership Academy and NHSE for Leadership courses.	31 Dec' 2023
	Decision-making input- (Page 44)					
SA 08	The trust should do more to engage and involve partners in decision-making and should review/ develop its process for doing so.	M	Working in consultation with partners in advance of major/strategic changes.	VK EMB		31 Dec' 2023
SA 09	The trust should review the forums it used to run or be part of, especially with the universities it works with, that would provide platforms for strategic discussions and partner input into trust decision making.	M	Linked to SA 08. Review all current arrangements and consolidate to ensure a co-ordinated approach by the Trust.	VK/CB EMB	University consortium in place. Regular engagement meetings take place with partner HEI's. CEO meeting with HEI Deans on 28th September 2023.	31 Dec' 2023
	Communication approach – (Page 45)					
SA 10	The trust should reconsider its approach of sending these formal letters and utilising other means or else reviewing	M	Linked to SA 08. Working in a more collaborative approach with partner organisations.	ACM EMB	Various new Directors in place who will bring a new approach to system working including the means of escalation such as issuing formal letters etc	31 Dec' 2023

	the tone and framing of these letters.		Consider personal engagement at the appropriate level before formal sending correspondence.			
SA 11	Review the trust's use of public communication methods in relation to content which explicitly names and casts partners in a negative light.	M	Working more collaboratively with partners.	MM EMB	We continue to work with colleagues in ICBs, Trusts and NHSE regarding maters where the actions of another organisation might be called into question. MM joins each of the ICB Comms groups to discuss matters with them and have done for over a year. For example, today we had a query about the funding re the MAI – worked with ICB and NHSE to create a response which was both robust but also missed some of the failings of the ICB. I am a little unclear what they mean within this action as we have been doing this for some considerable time, particularly with SATH, WAH and RSUH. We will continue to be robust with our statements but will continue to issue with a 'no surprises' with partner organisations.	31 Dec' 2023
	Structures and resourcing – (Page 45)					
SA 12	The trust should review the engagement demands on these areas and re-assess the capacity requirements in light of these demands, especially in its education and quality teams.	M	Review of current resources and arrangements for engagement.	ACM EMB	Directors' capacity has been increased with the appointment of patient safety and paramedic practice director which provides additional capacity and capabilities.	31 Dec' 2023

Developmental well-led review (GGI) May 2023
Recommendations Action Plan

Priority timescales	
High (H)	1 to 3 months
Medium (M)	4 to 6 months
Low (L)	7 to 9 months

RAG Rating legend	
Green	Action complete
Amber	Action commenced, but not complete (Ongoing)
Red	Action not commenced

Lead

Initial	Name	Position
IC	Ian Cumming	Chair
ACM	Anthony Marsh	Chief Executive Officer
KR	Karen Rutter	Director of Finance
PW	Pippa Wall	Freedom To Speak Up Guardian / Head of Strategic Planning
CB	Carla Beechey	People Director
VK	Vivek Khashu	Strategy & Engagement Director / FTSU Executive Director
MM	Murray MacGregor	Communications Director
PH	Philip Higgins	Governance Director / Trust Secretary
NH	Nathan Hudson	Emergency Services Operations Delivery Director
CA	Caron Eyre	Director of Nursing

Governance	
BoD	Board of Directors
EMB	Executive Management Board
CoG	Council of Governors

Developmental well-led review (GGI) May 2023
Recommendations Action Plan

Rec No	Recommendation	Priority	Action required	Lead / Oversight	Position / Evidence	Date/ RAG
	KLoE 1: Leadership - (Pages 8 & 9)					
KL1.1	The board should review the executive team structure once the remaining two executive director appointments have been made; it should also maintain the balance of the board between non-executive and executive voting members.	H	The appointment process for the 2 x Executive vacancies is being progressed, with the interviews taking place for the Dir P&I 06/07/23 and DoN 20/07/23. On appointment the CEO will update the executive team structure and present to the Remuneration Committee, and to confirm voting arrangements in line with Trust constitution.	ACM/IC BoD	The 2 x Executive Director vacancies have been recruited. Remuneration Committee approved appointments on 26/07/23. Director responsibilities and organisational structure revised and reviewed through EMB, Chair of EMB reports to the Board of Directors. Membership of EMB reviewed and agreed that MB and JB would report in person at least annually.	30 Sept' 2023
KL1.2	A board development programme should be developed and rolled out, supported by individual board member coaching for less experienced directors. This should cover areas such as what it means to be a unitary board, how the board gets assurance, and the trust's role in integrated care systems.	H	Chair and CEO to discuss Board development needs and this may be subject to a procurement exercise to seek external support.	ACM/IC BoD	The Good Governance Institute have proposed a well led / governance workplan, which will be in operation by the end of August 2023. The Trust is following due process in regard to procurement, and in line with NHSE procedures. A Board Development Programme through GGI is underway with the first session taking place at the Board Briefing session on 27/09/23 with key areas covering: • Understand board governance and what makes it work. • Working together as a unitary board. • Preparing for the forthcoming CQC well-led inspection. • Preparing developing as a high	27 Sept' 2023

					performing board. A session on the proposed changes to the BAF is also on the agenda. Coaching for individual Directors is not included on a 1 to 1 basis for this programme, as alternative coaching and mentoring may be available through NHS schemes.	
KL1.3	As part of its continued work on succession planning, the trust should review the wider leadership development offer to senior managers in the trust.	M	This work needs to be incorporated into the Trust's Engaging Leaders programme. Also review availability through NHSE and external sources.	CB EMB	Developing Potential Development Centres implemented for 23/24. Engaging Leaders programmes continue. 2 Springboard development programme cohorts taking place in 23/24.	31 Dec' 2023
	KLoE 2: Vision and strategy - (Pages 10 & 11)					
KL2.1	The trust's strategy needs to reflect its role and responsibilities as a system partner. In refreshing the strategy, the trust should take the opportunity to build on its unique role in each system.	M	The Strategy and Engagement Director will share the latest iteration of the Strategy at the Board of Directors on 26/06/23. Further engagement with system partners is required to ensure true integration and synergy between strategies.	VK BoD	The Trust Strategy is due to go to Board briefing on 27 September 2023. This session did not take place due to the pending CQC visit and the preparation work required to meet the inspection. It is planned as an agenda item at the Board Briefing on 29 November 2023, then to the Board of Directors on 31 January 2024.	31 Dec' 2023
KL2.2	We recommend that the directors spend time together as a board, to plan their involvement in delivering the strategy, and in monitoring and reviewing progress.	M	This links with recommendations KL1.2 and KL2.1.	VK/IC BoD	The Good Governance Institute have proposed a well led / governance workplan, which will be in operation by the end of August 2023. As KL1.2 above.	27 Sept' 2023

KL2.3	The profile of environmental sustainability should be raised in the trust, including robust governance arrangements, increased accountability and reporting to the board.	M	The Director of Finance is the Executive Director responsible for sustainability. The Green Plan needs progressing to complete the agreed actions, with clear and increased governance arrangements around reporting.	KR BoD	Director of Finance in discussions with the Operational Support Service Director and Head of Fleet & Facilities Management to consolidate current plans, documentation and will ensure governance routes for monitoring and reporting.	31 Dec' 2023
	KLoE 3: Culture - (Pages 11 to 13)					
KL3.1	Encouraging staff to speak up about concerns and providing them with the support they need to do so.	H	FTSU action plans are in place and promoting staff to speak up, however, this is about the wider culture of the organisation, its policies and staff responsibilities with regards to being open and duty of candour.	VK/PW EMB	- Ambassadors play a key role in promoting FTSU to staff and encouraging them to raise concerns. - Increased communications both with Ambassadors and staff generally. - There has been an increase in the general promotion of FTSU within the Weekly Briefing and there is now a process of engagement with Senior Management Teams to ensure - Establishment of Quarterly Newsletter Activities being planned for Speak Up Month.	30 Sept' 2023
KL3.2	Addressing the underlying causes of staff concerns – this could include addressing workload, staffing levels, and the availability of resources.	H	Review of our current strategy and operational model and look at what is achievable within financial planning and workforce plan.	VK/PW EMB	Development of triangulated reporting is continuing, this will continue to expand throughout the year. Initial triangulation included in Board report in May 2023, based upon historical data. Meeting scheduled with Business Intelligence Unit to plan further report integrations.	30 Sept' 2023
KL3.3	Recognising and valuing staff for their work through regular feedback, performance reviews, and opportunities for professional development.	M	Review of the 'Flourish' framework to ensure it is fit for purpose, and that it meets the needs of the organisation. Ensure that staff are aware of what opportunities are available to them.	CB EMB	Paper refreshed each year. Career Development Pathways framework published. PDC's ongoing for 23/24, 85% compliance target.	31 Dec' 2023

					Winning temp app in place and use for providing praise and feedback. Developing Potential Development Centres implemented for 23/24.	
	KLoE 4: Governance - (Pages 14 to 16)					
KL4.1	The trust should focus on increasing the effectiveness of meetings, including: – reducing the length of papers, taking out unnecessary detail.	H	Directors and report authors to be reminded of the need for succinct papers, with supporting papers held in a repository.	PH/KR BoD	PH to draft a summary document reminding authors of papers to keep them to: - Complete the Trust header sheet. - Ensure there is a clear summary and recommendations. - Keep papers succinct and simple. - Reduce number of pages. - Avoid duplication. - Hyper Link any documents for information. - Use a virtual library/repository. PH to present proposed changes to improve the effectiveness of meetings to members at the Board Briefing Day on 27/09/23. This session did not take place due to the pending CQC visit and the preparation work required to meet the inspection. It is planned as an agenda item at the Board Briefing session 29 November 2023, then to commence for the first meeting of the Board of Directors in January 2024, with a roll out to pillar committees thereafter. KR to present proposed amendments to the Scheme of Delegation to Board Briefing on 27/09/23 for discussion to	31 Jan’ 2024

					the October Board for approval. This will assist with the duplication of papers.	
KL4.1 .1	– increasing the use of assurance reports from board committee to board, and from management groups to executive management board.	H	Review of the committee structure, ToRs, frequency and reporting lines.	PH/KR BoD	PH is undertaking a review of schedule of business and cycle of reports of the Trust Board and its pillar committees. Paper to EMB on 3 October 2023, then to 25th October Board. The Chairs' assurance reports from Pillar committees will commence from the 25 October 2023.	25 Oct' 2023
KL4.1 .2	- tightening up on reports going to more than one committee, to minimise duplication of discussions.	H	Chair of each committee to provide a brief update to the next appropriate meeting, with approved minutes.	PH/KR BoD	The Chair has approved the use of a revised Chairs report template which was trialled by the Audit Committee Chair following the meeting on 18/07/23 and was presented to the Board on 26/07/23.	31 Oct' 2023
KL4.1 .3	– using the board assurance framework (BAF) to help set the board agenda, so as to have a strategic, risk-based focus.	H	As above, to ensure the purpose of the report is clear.	PH/KR BoD	This is part of KL1.2 above. The Good Governance Institute have proposed a well led / governance workplan, which will be in operation by the end of August 2023. PH to agree with IC the opportunity to raise the BAF higher up the Board agenda. PH to clarify with GGI how this will be achieved. The BAF is the first agenda item on the Board of Directors meeting on 25 October 23.	25 Oct' 2023

KL4.1 .4	- The BAF has been reviewed by GGI and Internal Audit and may be subject to a procurement exercise to seek external support. This should link with the ICB's and Trust strategy.	H	Work is required on the current BAF to ensure it meets the needs of the organisation, and links where appropriate with the Lead ICB and Trust strategies.	CE/ BoD	The Good Governance Institute have proposed a plan to revise the board assurance framework (BAF) to include a smaller number of strategic risks, and ensuring that risks in relation to each of the strategic objectives have adequately been considered, which will be in operation by the end of August 2023. Work has commenced and is ongoing with GGI, EMB and BoD to revise the BAF. EMB 19/09/23, BobD on 27/09/23. EMB a	31 Dec' 2023
KL4.2	The policy group should be renamed and its objectives reviewed. The trust should consider forming a separate group with oversight of policies to provide assurance that policies are being managed and updated appropriately.	M	A review of the current process of how policies are approved should be undertaken, which may result in a major change to the ToRs of the Policy Group. Consultation and engagement are separate to approval.	PH/NH EMB	This review needs to take place, and a list of policies and procedures which go to the Group for consultation, or for information. The name of the Group is also to be discussed and changed if appropriate.	31 Dec' 2023
KL4.3	To improve resilience and support improvement, we recommend increasing the size of the central governance team.	H	An audit of the current support workforce to propose new ways of working with centralised corporate and administrative functions.	PH/KR EMB	A review of the current administrative resources available across the Trust should be undertaken. Interim support has been agreed to support the Trust Secretary and Executive office, with a review within 2 months.	30 Sept' 2023
	KLoE 5: Management of risks, issues and performance – (Pages 16 to 19)					
KL5.1	The trust should revise the BAF to include a smaller number of strategic risks, ensuring that risks in relation	H	Links to KL4.1 - The BAF has been reviewed by GGI and Internal Audit and may be subject to a procurement exercise to seek external support. This	CE BoD	The Good Governance Institute have proposed a plan to revise the board assurance framework (BAF) to include a smaller number of strategic risks, and	31 Dec' 2023

	to each of the strategic objectives have been considered. This should then be used to shape the agenda and the discussions that take place at the board and its committees, so that the board's focus is on strategic issues.		should link with the ICB's and Trust strategy.		ensuring that risks in relation to each of the strategic objectives have adequately been considered, which will be in operation by the end of August 2023.	
	KLoE 6: Information management - (Pages 19 to 21)					
KL6.1	The trust should: - Adopt the 'hierarchy of data visualisation' and work with staff to ensure that all data presented supports intelligent decision-making.	M	It is unlikely that the Trust will have this knowledge and may be subject to a procurement exercise to seek external support If this is to be pursued.	KR EMB	Discuss with GGI what exactly was meant by this recommendation and how it is interpreted within the Trust.	31 Dec' 2023
KL6.2	Review and update the information available to the public about the performance of the trust (via the website).	M	A review of the website is required to ensure that key information is available about the Trust, and how it can be maintained and up to date.	MM EMB	A review of the website has commenced, and we have updated several sections. We are waiting on feedback on some sections and will update as and when we receive the information.	31 Dec' 2023
	KLoE 7: Service users, staff and external partner engagement - (Pages 21 to 24)					
KL7.1	The board should look at the culture in the organisation and its impact on engagement.	M	Links with KL2.1.	VK BoD		31 Dec' 2023
KL7.2	More needs to be done to increase executive and non-executive visibility with staff.	H	Chair to refresh the Buddy scheme in line with updated executive appointments.	IC BoD	Paper to extra ordinary board meeting on 27/09/23, confirm the allocation of Directors and their roles, and reminding Directors of their obligation to be seen and heard within the Trust.	30 Sept' 2023
KL7.3	The board should review and increase the resourcing and support for staff networks and	M	Consider what the resourcing requirements look like and what they would achieve.	CB EMB	HR Manager aligned to each staff network.	31 Dec'

	provide them with greater opportunities to engage with the board.		If appropriate draft a business case and apply for funding.		Exec Director sponsors in place for all networks. National consideration of standardised sector approach for time allocation to trust peer support networks – WMAS supporting proposal. Standardised sector approach for time allocation to trust peer support networks – 15 hours per month protected time for chairs now given. Network chairs attend Board to provide update and engage with the board.	2023
KL7.4	The trust should think about ways it can collaborate with partners (other providers, Healthwatch) on patient engagement around service quality and experience.	M	Internal and external engagement should be reviewed, with opportunities to improve. This will link with the Trust Engagement Strategy review.	CE/VK EMB		31 Dec' 2023
KL7.5	The trust should review its ICS engagement and involvement and do more to contribute strategically to the systems in which it operates, especially in the Black Country ICS as host, to develop the trust's sphere of influence.	M	Links to KL2.1. Further engagement with system partners is required to ensure true integration and synergy between strategies.	VK EMB	A report is going to the extraordinary BoD meeting on 27/09/23 to link the Directors with ICS.	31 Dec' 2023
KL7.6	The trust should do more to engage and involve partners in the decision-making process and should review/ develop its process for doing so.	M	Links to KL2.1. Further engagement with system partners is required to ensure true integration and synergy between strategies.	VK EMB		31 Dec' 2023
KL7.7	The trust should look at how it can support and create more opportunities for governors to	M	The Membership and Governor Support Officer will review this as part of ongoing	PH CoG/BoD	There is a review of the current constitutional areas for Governors, with	31 Dec'

	engage with staff, even if this must be virtual due to operational constraints.		engagement with the Council of Governors.		a proposed realignment to the ICB areas. The Chair has written to ICB's informing them of the changes, and requesting how Governors can be engaged more. Governors are offered the opportunity to undertake an operational shift, and a number have undertaken.	2023
	KLoE 8: Learning, continuous improvement and innovation - (Pages 24 & 25)					
KL8.1	The trust should: - Review the results of the staff survey in detail to consider the disconnect in staff experience of improvement and develop plans to make improvements in this area.	H	The People Director will review as part of the current arrangements for improving the staff survey results.	CB EMB	Staff Survey Response Action Group in plan. Staff survey action plans in place Culture review undertaken. Exec working group set up to consider findings and agree next steps. Exec group met 25th September, further session arranged for 16th October to complete review and action place.	30 Oct' 2023
KL8.2	Consider how learning, improvement and innovation can be done collaboratively with partners at place and system level.	H	Consider how this can be done.	CB/VK EMB	Engagement with Black Country People Programme Delivery Board. Engagement with BC ICS OD focus group ongoing.	30 Sept' 2023
	Stakeholder Audit (SA) – Annex D (Pages 34 to 42) The summary recommendations for WMAS to consider are:					
	Strategic Approach (Page 44)					
SA 01	The trust should review its strategic engagement and involvement with all systems but especially the Black Country ICS, with a view of providing more strategic	M	Review as part of our engagement strategy and the buddying arrangements with ICS and ICB's.	VK EMB	In part KL7.7 above.	31 Dec' 2023

	leadership (for instance the chief executive attending the regular Black Country chief executive meetings).					
SA 02	The trust should develop an internal strategic stakeholder engagement plan to frame its engagement with partners and the ICSs it operates in, with sections dedicated to each key partner and each system.	H	Linked to SA01 Review as part of our engagement strategy.	VK EMB		30 Sept' 2023
SA 03	When the trust conducts its next corporate strategy review it should seek to maximise the involvement and input from key partners and the systems leaders and link to the four key ICS aims.	H	This is part of the Board Briefing session on 04/07/23. This action will be carried forward to September briefing session and the October Board of Directors meeting.	VK BoD		31 Oct' 2023
SA 04	The trust should look at what more it can do to communicate its strategy and strategic objectives to partners and frame decisions it takes against these.	H	Links to KL4.1 and 5.1 - The BAF has been reviewed by GGI and Internal Audit and may be subject to a procurement exercise to seek external support. This should link with the ICB's and Trust strategy.	VK BoD		30 Sept' 2023
	Leadership skills and involvement – (Page 44)					
SA 05	The trust should look at how its NEDs can be more visible to and engaged / involved with partner and systems work, particularly in collaboration with other NEDs across the systems.	M	Communicate with partner organisations to link NEDs across the system, through Chairs' network meetings.	IC BoD	Review current arrangements in place and propose how the engagement can be improved.	31 Dec' 2023
SA 06	The trust should review is buddying arrangement of	H	Linked to KL7.2.	IC	As above in KL7.2	

	NEDs and execs allocated in pairs to each system, to ensure it is being implemented and reflect on its effectiveness.		Chair to refresh the Buddy scheme in line with updated executive appointments, and review annually in PDR's and to report back to the CoG.	BoD	Paper to extra ordinary board meeting on 27/09/23, confirm the allocation of Directors and their roles, and reminding Directors of their obligation to be seen and heard within the Trust.	27 Sept' 2023
SA 07	The trust should look at developing the system leadership skills of its board as part of its board development programme.	H	Linked to KL1.2.	ACM/IC BoD	GGI engaged who will take forward the Board development plan which will include this aspect. Head of OD is continually checking for arm's length bodies, NHS Leadership Academy and NHSE for Leadership courses.	31 Dec' 2023
	Decision-making input- (Page 44)					
SA 08	The trust should do more to engage and involve partners in decision-making and should review/ develop its process for doing so.	M	Working in consultation with partners in advance of major/strategic changes.	VK EMB		31 Dec' 2023
SA 09	The trust should review the forums it used to run or be part of, especially with the universities it works with, that would provide platforms for strategic discussions and partner input into trust decision making.	M	Linked to SA 08. Review all current arrangements and consolidate to ensure a co-ordinated approach by the Trust.	VK/CB EMB	University consortium in place. Regular engagement meetings take place with partner HEI's. CEO meeting with HEI Deans on 28th September 2023.	31 Dec' 2023
	Communication approach – (Page 45)					
SA 10	The trust should reconsider its approach of sending these formal letters and utilising other means or else reviewing	M	Linked to SA 08. Working in a more collaborative approach with partner organisations.	ACM EMB	Various new Directors in place who will bring a new approach to system working including the means of escalation such as issuing formal letters etc	31 Dec' 2023

	the tone and framing of these letters.		Consider personal engagement at the appropriate level before formal sending correspondence.			
SA 11	Review the trust's use of public communication methods in relation to content which explicitly names and casts partners in a negative light.	M	Working more collaboratively with partners.	MM EMB	We continue to work with colleagues in ICBs, Trusts and NHSE regarding maters where the actions of another organisation might be called into question. MM joins each of the ICB Comms groups to discuss matters with them and have done for over a year. For example, today we had a query about the funding re the MAI – worked with ICB and NHSE to create a response which was both robust but also missed some of the failings of the ICB. I am a little unclear what they mean within this action as we have been doing this for some considerable time, particularly with SATH, WAH and RSUH. We will continue to be robust with our statements but will continue to issue with a 'no surprises' with partner organisations.	31 Dec' 2023
	Structures and resourcing – (Page 45)					
SA 12	The trust should review the engagement demands on these areas and re-assess the capacity requirements in light of these demands, especially in its education and quality teams.	M	Review of current resources and arrangements for engagement.	ACM EMB	Directors' capacity has been increased with the appointment of patient safety and paramedic practice director which provides additional capacity and capabilities.	31 Dec' 2023

Developmental well-led review (GGI) May 2023
Recommendations Action Plan

Priority timescales	
High (H)	1 to 3 months
Medium (M)	4 to 6 months
Low (L)	7 to 9 months

RAG Rating legend	
Green	Action complete
Amber	Action commenced, but not complete (Ongoing)
Red	Action not commenced

Lead

Initial	Name	Position
IC	Ian Cumming	Chair
ACM	Anthony Marsh	Chief Executive Officer
KR	Karen Rutter	Director of Finance
PW	Pippa Wall	Freedom To Speak Up Guardian / Head of Strategic Planning
CB	Carla Beechey	People Director
VK	Vivek Khashu	Strategy & Engagement Director / FTSU Executive Director
MM	Murray MacGregor	Communications Director
PH	Philip Higgins	Governance Director / Trust Secretary
NH	Nathan Hudson	Emergency Services Operations Delivery Director
CA	Caron Eyre	Director of Nursing

Governance	
BoD	Board of Directors
EMB	Executive Management Board
CoG	Council of Governors

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06 MONTH: October 2023 PAPER NUMBER: 05

2022 Staff Survey closing report and 2023 Staff Survey opening	
Sponsoring Director	People Director
Author(s)/Presenter	Learning and Development Manager/People Director
Purpose	This paper provides an overview of the 2022 NHS staff survey actions that were taken following feedback from staff in 2022. The paper additionally informs Board Members about the progress of the current staff survey.
Previously Considered by	The results of the 2022 staff survey have been discussed at the Staff Survey Response Action Group Meetings and action plans have been presented to the Executive Management Board on 21st March 2023, to the Board of Directors on 31st May 2023 and to People Committee on 28th May and 5th September 2023.
Report Approved By	People Director

Executive Summary

The 2022 Staff Survey was carried out by Picker Europe Ltd for WMAS. It closed on 25th November 2022 with 39% response rate. Local Actions Plans and the Trust wide action plan have been shared for information.

The 2023 staff survey opened on 20th September and will run until 24th November 2023. 1634 staff have already responded to the survey at week 4 giving a response rate of 24.2%.

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	☒	Integrity	☒
	Compassion	☒	Inclusivity	☒
	Accountability	☒		
Risk and Assurance	2022 results have been shared with sector leads and the Staff Survey Response Action Group members for local analysis. This has allowed each sector to work with staff and gather suggestions on areas for focus.			

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06 MONTH: October 2023 PAPER NUMBER: 05

	Weekly response rates for the 2023 staff survey are shared with all managers.
Legal implications/ regulatory requirements	National requirement set by NHSE for all NHS Trusts to run an annual staff survey and take appropriate actions to improve staff engagement.
Financial Implications	Cost implications for running incentive schemes for the 2023 staff survey and for the lifestyle vouchers.
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	Pulse survey has been carried out to consider how actions plans impact on staff personal experience.
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.	

Staff Survey

REPORT TO THE BOARD OF DIRECTORS

USHA RAMNATSING, LEARNING AND DEVELOPMENT MANAGER

OCTOBER 2023

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1. Introduction

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 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. These scores are created by scoring questions linked to these areas of experience and grouping these results together.

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 was 39% compared to 44% in the 2021 survey. The average response rate for all Ambulance Trusts was 50% compared to 53% in 2021. Across the NHS the response rate was 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:

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.

Due to the high demand on service delivery last year, 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

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completion rate to achieve, and a decision was taken against any incentives to encourage staff to complete the survey.

2. 2022 Staff Survey Results Overview

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

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 Ambulance Sector benchmark group average, best and worst scores.

3. Trust and Local Action Plans

The staff survey results were categorised into "localities" by our staff survey contractor, Picker Europe Limited. The "localities" represent the following areas in the Trust as shown in the table below. Each of these areas received their individual staff survey results. For questions where the

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number of respondents was less than 11 the results were not shared in order to maintain anonymity and confidentiality.

Locality 3		
Call Centre/Control	Hub Hereford	Nursing & Clinical Commissioning
Corporate Services	Hub Hollymoor	Paramedic Practice & Patient Safety
Emergency Support Operations	Hub Lichfield	PTS Birmingham
EOC Operations	Hub Sandwell	PTS Black Country
EOC Training & Development	Hub Shrewsbury	PTS Cheshire
Finance	Hub Stafford	PTS Coventry & Warwick
Finance, Planning & Performance	Hub Stoke	PTS Sandwell & West B'ham
Fleet & Fleet Facilities Management	Hub Warwick	Shropshire Cohort
HALO	Hub Willenhall	Specialist Operations
Healthcare Logistics	Hub Worcester	Strategic Capacity Cell
Hub Bromsgrove	Human Resources	Support Desks
Hub Coventry	Information & Planning	Training
Hub Donnington	Information Management & Technology	UHB/BSOL Cohort
Hub Dudley	Logistics Purchasing	Worcester Cohort
Hub Erdington	NARU	

The results of the Staff Survey were analysed by the Staff Survey Response Action Group, and it was agreed that each individual hub and directorate would create their own action plans based on their individual survey results. The purpose of this method was to provide an opportunity for all staff based in those areas to have an input in building the action plans. This method has been well received in previous years and has worked well for the sectors. An Action Plan template was shared with all parties to ensure consistency in addressing all areas of concern. The template was designed to be used in a dynamic way allowing new actions to be added as more meetings take place. The purpose was to keep the action plan as an active working document to record suggestions made by staff at meetings and report feedback on actions taken.

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A Trust wide action plan was also created to address the common concerns across the organisation. Three priorities were identified for the Trust action plan (See Appendix 1):

1. Health and Wellbeing of staff
2. Safety of staff
3. Improve engagement between staff, managers and leaders.

The Local Action Plans (LAPs) and Trust wide Action Plan were coordinated and monitored for progress by the Staff Survey Response Action Group. The results and actions plans have been shared with the Executive Management Board in March 2023, to the Board of Directors on 31st May 2023 and to People Committee on 28th May and 5th September 2023. The full details of the Trust Action Plan and Local Action Plans are attached in Appendix 1.

The table below shows some examples of actions taken through the Local Action Plans.

Staff Said	Actions Taken
Support for staff for their Health and Wellbeing and Building Resilience	• Roadshows throughout the year to share information and promotion brochures around HWB questions. • Ongoing campaigns around free sanitary products available at all sites. • 'Just B' project where all staff will receive a pro-active, confidential, wellbeing awareness and support conversation via telephone from Hospice UK's dedicated support line for healthcare workers. • All managers have added a statement in their email signature to let their teams know that there is no expectation from them for their staff to respond to emails outside of their working hours. The impact is for staff to feel less pressured when they are on rest days or off work. • Health and wellbeing champions are being developed at every site, to provide support to staff
Support for staff in holding vital conversations confidently when speaking up about concerns	Sessions for vital conversations and personal impact have been widely promoted and many teams have taken up the development opportunities.

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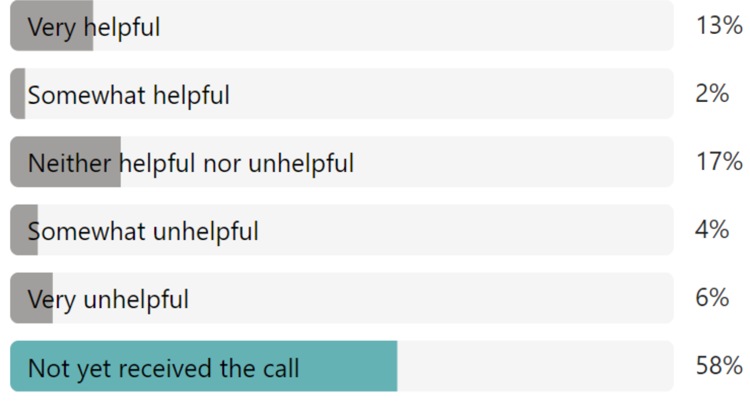
Promotion of hub based CPD and clinical support. Continue to provide regular clinical support events to increase confidence and competence, encourage staff to support.	CTM team are actively completing CPD days. CPD is being advertised on hub notices and social media. CTMs are available on admin days at the hubs each week providing support to all staff for clinical skills opportunities.
Make the working environment more welcoming	Quiet rooms and some crew rooms have been redecorated/ painted and new pictures have been added

4. Impact of Trust Wide Staff Survey Action Plan 2022 on Staff

This year the Staff Survey Response Action Group agreed that it is important to ensure that our staff see and feel a difference when actions are taken to address their concerns. To this end, following the actions taken in the Trust Action Plan, a pulse survey was carried out during September 2023 to understand the impact of the Trust Wide Staff Survey Action Plan on staff experience. The questions and results of the pulse survey are shown below and refer to the three priorities from the Trust Action Plan 2022.

1. **Many of you said that you wanted more to be done to aid staff health and wellbeing. As a result, the Trust sourced funding to set up a dedicated Health & Wellbeing website and arranged for all colleagues to receive a pro-active, confidential, wellbeing awareness and support conversation via telephone. It is provided by 'Just B', part of Hospice UK's dedicated support line for healthcare workers. The call, if you choose to accept it, allows you to consider your own wellbeing needs whilst talking to specially trained staff. Some colleagues will have received this phone call already in the last few months; others will get a call in the coming weeks.**
   How helpful was this conversation?



2. **What could be improved?**

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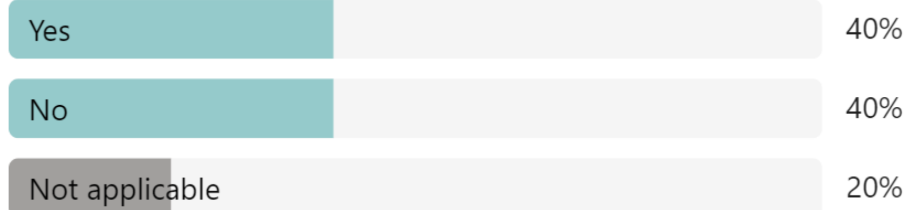
Do things to actually improve staff wellbeing such as on time finishes, staying in area, talking to staff like they are humans not numbers, and giving positive feedback. Rather than sticking the pathetic plaster on the issue of "well-being road shows and "Just B phone calls". It's not fixing the problem in the slightest
Call triggering increased frustration and sense of helplessness and hopelessness re issues causing stress I.E. hospital delays, uncaring and disinterested management with zero effort or actions made to address these delays or issues. Very good call taker who called with an excellent listening style however the conversation only achieved to reinforce feelings of a service that genuinely does not care except for numbers and does not value its staff choosing to avoid reporting adverse issues and challenges in an open and honest way but instead glossing over them with zero local interest or engagement with road staff.
Could you schedule this call as they always call when I am busy which is very frustrating
Insufficient information to comment
Pointless initiative. Very polite and friendly staff.
I have received two calls to ask about my interest which I agreed to have a call however they were unable to give me a day just a morning or afternoon however we all work shifts so this is not practical as again they call while I was at work and unable to take their call.

3. **Would you recommend 'Just B' to a friend or colleague?**



4. **All managers have added a statement in their email signature to let their teams know that there is no expectation from them for their staff to respond to emails outside of their working hours. Having this in place, do you still feel pressured to answer emails when you are on rest days or off duty?**

Yes 17%

No 54%

Not Applicable 29%

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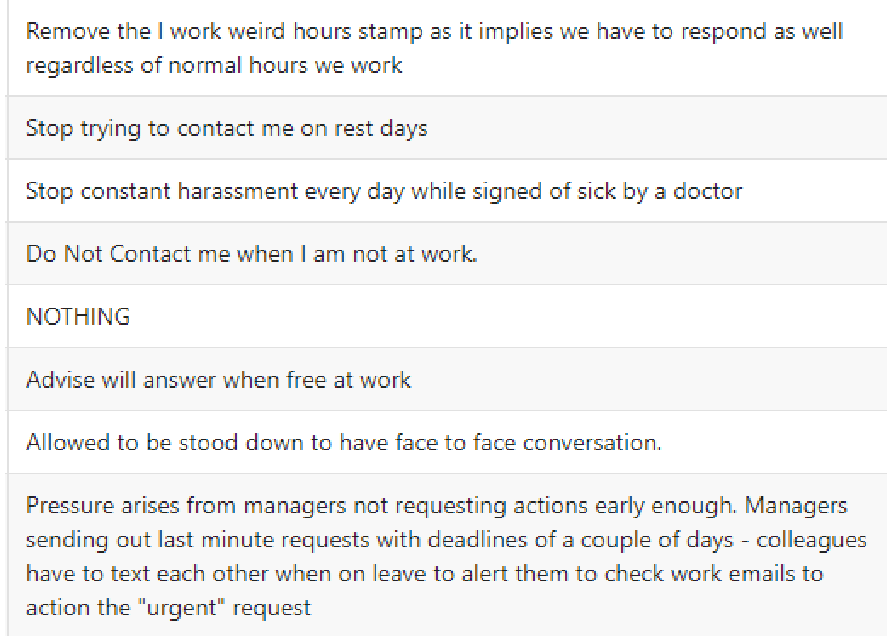
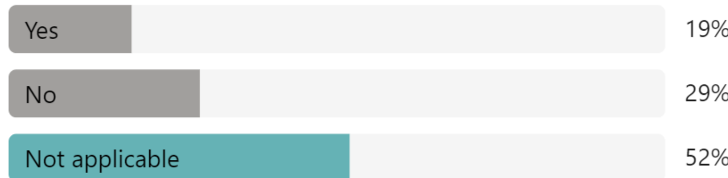
5. **What else needs to happen to enable you to feel less pressured?**



Remove the I work weird hours stamp as it implies we have to respond as well regardless of normal hours we work
Stop trying to contact me on rest days
Stop constant harassment every day while signed of sick by a doctor
Do Not Contact me when I am not at work.
NOTHING
Advise will answer when free at work
Allowed to be stood down to have face to face conversation.
Pressure arises from managers not requesting actions early enough. Managers sending out last minute requests with deadlines of a couple of days - colleagues have to text each other when on leave to alert them to check work emails to action the "urgent" request

6. **Many of you said that you would like managers to be more accessible and supportive. Many managers have added a booking link to their email signatures where staff are able to see their manager's availability and book short meetings for informal chats. If this applies to you, do you feel your manager is more visible and accessible to you personally?**



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7. **What advice would you give to your manager to help them be more accessible to you**.

be more present, be here when you should be, be in the room more when you are here so when we need you we can get to you, take what we are saying seriously and actually listen to us
Would be good to see them more around the hub, just because I haven't had to personally go and speak to a som doesn't mean you don't want to know they're around and showing face. The om's that follow my line have become better at this it's just nice to see them through the crew room etc sometimes to know they are there.
More compassions, less abrupt, stop talking over your staff, stop turning everything about in conversation, attend a management course.
OM's are very busy. They're not always available when we are. We don't get time during shift to chase them down. I don't believe it's their fault. The organisation only appears to want us on the road at all times. We don't have time to do anything else during work hours and only get 30 minutes break. It's like ships passing in the night.
Work a night / late shift every once in a while to show visibility and availability to the large cohort of staff that only work nights so never get to see you let alone talk to you
Always busy
Related to hub OMs. Highly variable. Some actively engage and make themselves available to staff and take time to note staff moods and intervene where appropriate, however the majority are disinterested, don't engage with several actively choosing to avoid staff. We have OMs who keep the office door shut with lights off inside so we can't tell if they are inside, who refuse to talk to staff at shift change time as 'they are busy' and who schedule PDRs (annual reviews) at ridiculous early hours of the morning because they have failed to do them during preceding months and are now being 'chased to get them out of the way'. I would also ask that they do not cut and paste the answers from another colleagues PDR into mine or at least if you can't be bothered and choose to do this at least get my GRS number correct and not copy the other persons … issuing notes of station meetings and actions agreed would be helpful as for those who cannot attend due to shift etc we have zero feedback from anything as a rule that happens from such meetings.
Be genuine
Become a better leader, listen to your staff, be more flexible, approachable and honest. NOTHING has fundamentally changed since the last staff survey. The results were not even shared with staff in Erdington.
I have no seen managers use the booking link on their emails, they should make the person aware of when they are next working
communicate
Just give yes or no answer to questions
Not sure anymore

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The following recommendations were made:

1. The results will be shared with the SSRAG, People Committee and the Executive Management Board for review.
2. The results will be presented to the Board of Directors on 25th October.
3. Consider what further action may need to be taken as a result of comments received, for example, during Performance and Development Conversation quality audit and reviewers' development.
4. The area covered in Question 4 has clearly had the desired impact. What more can be done in this area?
5. Communicate results and subsequent actions to staff.
6. This year's Trust-wide Action Plan will be reviewed once local action plans (LAPs) are complete to ensure common themes from those are also included.

5. 2023 Staff Survey

The 2023 Staff Survey was launched on 20th September and will be open until 24th November. We are currently in week 4 and the response rate as at the end of week 3 is 24.2% (1634 respondents). WMAS has appointed Picker Europe Ltd once again to administer the staff survey. The decision was based on the good working relationship between WMAS and Picker and the quality of the reports that they have been providing in the past. A three-year contract has been signed for 2023, 2024 and 2025 staff surveys.

Looking at the response rates over the last three years, a continuous decline was observed year on year from 2019 when there have been no incentives provided for staff to complete the staff survey.

Year	Response Rate	Incentives provided
2019	63%	Yes
2020	56%	No
2021	44%	No
2022	39%	No

Whilst it is not conclusive that the lack of incentives is the direct cause for this decline, recommendations from Picker suggest that an increase in response rates has been observed in organisations where incentives were provided. This year, in view of improving the response rate the Executive Management Board has agreed to provide incentives and protected time to staff to encourage them to complete the survey. Fifteen minutes protected time has been allocated to all staff to complete the survey and £1,500 has been allocated to run prize draws. Staff are being asked for consent after completing the survey, to enter their names in a prize draw carried out by Picker. Three draws will be carried out on 12th October 2nd and 24th November. Ten names will be drawn each time and the winners will receive a £50 voucher each from Motivates. The first draw took place

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on 12th October and 10 staff have been informed by email of their win. The staff have been asked if they would like to support the Trust in promoting the staff survey by sharing their names in articles for the weekly briefing.

In addition to the incentives the same measures as last year (see page 2) are in place to promote the staff survey. Various localities have arranged local engagement sessions when staff can walk in and take 15 minutes to complete their survey or ask any questions. The survey is also being promoted regularly through health and wellbeing events across the Trust, during site visits for Freedom to Speak up month and Black History month, through the Trust's Facebook page, on the Electronic Staff Record system, in the weekly Briefing, during flu jab sessions and at team meetings.

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Appendix 1

Trust Wide Action Plan	Trust%20action%20p lan%202023%20Mast
All Local Action Plans	All LAPS.zip

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Appendix 2

The Staff Survey Response Action Group

Members of the SSRAG

Members:	
Barbara Kozlowska	Head of Organisational Development (Joint Chair)
Pete Green	Joint Union Staffside Secretary (Joint Chair)
Andrew Lloyd	NARU Instructor
Andy Rosser	Head of Research

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Name	Role
Ash Deakins	LGBTQ Network Chair
Azad Ali	PTS Operations Manager
Ben Pallante	HART Manager
Christian Cooper	Head of Operations (NARU)
Dax Morris	Senior Operations Manager Dudley Hub
Edward Middleton	Senior Operations Manager Hollymoor Hub
Jason Wiles	Consultant Paramedic
Jim Hancox	Senior Operations Manager MERIT and Enhanced Care
John Eames	Disability Network Chair
John Woodhall	Tactical Incident Commander
Karina Graham	One Network Joint Chair
Keeling Hutton	One Network Joint Chair
Laura Johnson	NARU Procurement Manager & Deputy to Head of Procurement
Lucy Butler	Human Resources Advisor
Lucy Mackcracken	Head of Human Resources
Luke Duggan	Strategic Capacity Manager
Matt Brown	Head of Risk
Mike Foster	Staff Side Representative
Nadia Amreen	Senior Financial Accountant
Nicholas Montandon	Senior Operations Manager Hereford
Nina Mitchell	Head of Patient Flow
Patrick Asiedu	Financial Services Manager
Pippa Wall	Head of Strategic Planning
Rebecca Godfrey	Women's Network Chair
Rebecca Parker-Williams	NEOC Manager
Reena Farrington	Joint Union Staffside Chair
Sarah Round	Digital Transformation Lead

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Simon Day	Staff Side Representative
Steve Thompson	Staff Side Representative
Tony Jones	Head of Fleet Engineering
Tony Page	Head of Fleet and Facilities Management
Usha Ramnatsing	Learning and Development Manager
Vickie Whorton	EOC Clinical Manager
Wendy Hands	Senior Operations Manager

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO TRUST BOARD

AGENDA ITEM: 07 MONTH: OCTOBER 2023 PAPER NUMBER: 06

WRES Annual Report 2023 and Action Plan 2023/24	
Sponsoring Director	Carla Beechey, People Director
Author(s)/Presenter	Carla Beechey, People Director
Purpose	To receive and approve the WRES data 2023 and associated action plan for 2023/24. To receive and close down the WRES Action Plan for 2022/23. To note the content of the above and approve for publication and placing on the Trusts internet by 31st October 2023.
Previously Considered by	Diversity and Inclusion: Steering and Advisory Group One Network Executive Management Board – 27th June 2023 People Committee – 4th September 2023
Report Approved By	Carla Beechey, People Director

Executive Summary

The NHS Workforce Race Equality Standard (WRES) was introduced 2015 and is a set of specific measures (metrics) that enables NHS organisations to show progress ensuring employees from black and minority backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The WRES Action Plan to be published annually.

The WRES has been mandated by the NHS Standard Contract since 2015/2016 and from 2017 independent healthcare providers are required to publish their WRES data.
By 31 October 2023, Trusts must publish their board ratified 2023 / 24 WRES Action Plan on their website.

The WRES is deeply rooted in the fundamental values, pledges and responsibilities set out in the NHS People Plan and the NHS Constitution.

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)	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)	
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 ☒	Integrity ☒

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO TRUST BOARD

AGENDA ITEM: 07 MONTH: OCTOBER 2023 PAPER NUMBER: 06

	Compassion ☒ Inclusivity ☒ Accountability ☒
Risk and Assurance	Assurance that the Trust has been compliant with the legal requirement.
Legal implications/ regulatory requirements	All actions are compliant with the Equality Act 2010 and Employment Law. Legal advice has not been sought or necessary.
Financial Implications	There are no financial implications arising from this report at this time.
Workforce & Training Implications	The 23/24 action plan has been drawn up in line with the strategic objectives outlined in the Annual report and the 2023 data analysis. These are both to be submitted to People Committee for approval and progression to Trust Board for ratification and publication.
Communications Issues	There should be no adverse media issues. The Data and board approved action plan needs to be published on the Trusts internet to comply with reporting requirements that should be in the public domain and remain on the site for a minimum of 3 years. The data will also be submitted to the NHS Commissioner. The data has already been submitted to the NHS Data Collection Centre.
Diversity & Inclusivity Implications	The action plan was developed in conjunction with the One Network and the Trusts Diversity & Inclusion Steering and Advisory Group and other relevant stakeholders responsibly for the actions assigned.
Quality Impact Assessment	Not required for this report.
Data Quality	Data has been provided from the Trusts Electronic Staff Records, HR employment contracts of employment, Terms and Conditions frameworks, Recruitment data.

Action required:

- To receive and approve the WRES data report 2023 and associated action plan for 2023/24.
- To receive and close down the WRES Action Plan for 2022/23.
- To note the content of the above papers and ratify publication on the Trusts internet by 31st October 2023.

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METRIC 1- % of Staff in each AfC Pay Band and VSMs March 2022 vs March 2023

Reporting period as at March 2022				
BME % for WMAS **10.98%**	Clinical Staff		Non-Clinical Staff	
AFC Band	**BME**	**White**	**BME**	**White**
Band 1	11.90%	88.10%	4.55%	95.5%
Band 2	8.33%	91.67%	8.33%	91.7%
Band 3	13.52%	86.48%	30.07%	69.9%
Band 4	10.25%	89.75%	6.36%	93.6%
Band 5	6.45%	93.55%	20.16%	79.8%
Band 6	5.54%	94.46%	8.57%	91.4%
Band 7	16.91%	83.09%	16.18%	83.8%
Band 8a	8.00%	92.00%	14.71%	85.3%
Band 8b	15.38%	84.62%	12.50%	87.5%
Band 8c	37.50%	62.50%	0.00%	100.0%
Band 8d	100.00%	0.00%	0.00%	100.0%
Band 9	0.00%	100.00%	0.00%	100.0%
VSM	0.00%	100.00%	14.29%	85.7%
Headcount	525	5205	272	1161
Percentage	9.16%	90.84%	18.98%	81.02%

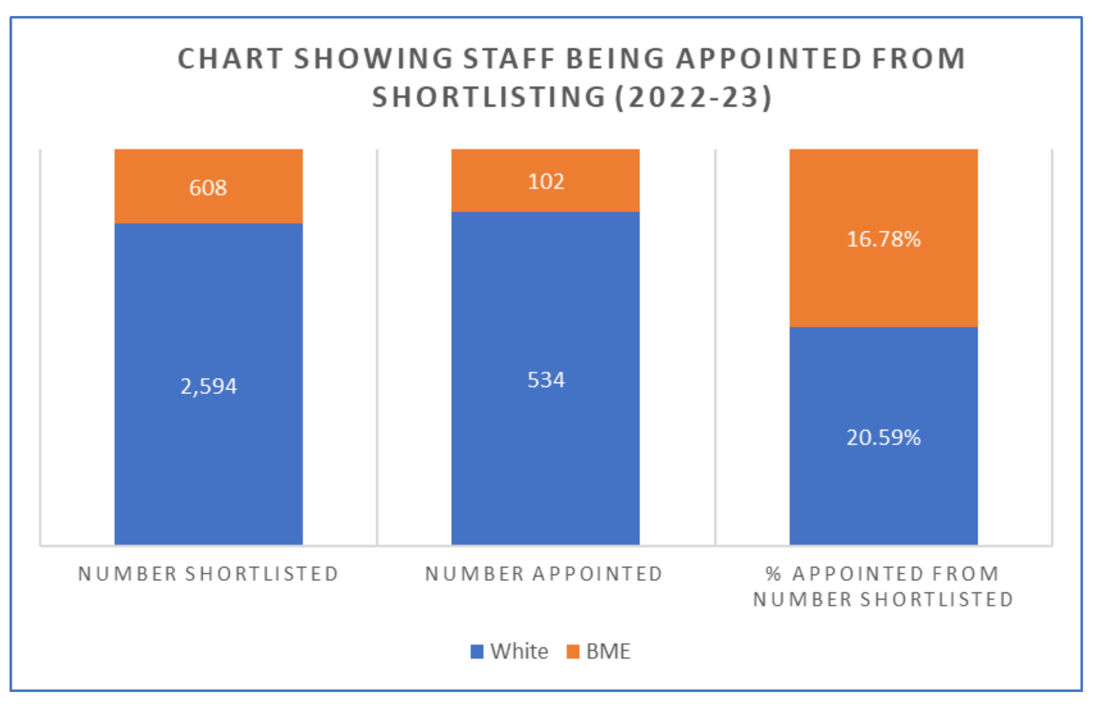
Reporting period as at March 2023				
BME % for WMAS **8.63%**	Clinical Staff		Non-Clinical Staff	
AFC Band	**BME**	**White**	**BME**	**White**
Band 1	↓ 0.0%	100.0%	↓ 0.0%	100.0%
Band 2	↑ 8.4%	91.6%	↑ 9.0%	91.0%
Band 3	↓ 13.1%	86.9%	↓ 18.2%	81.8%
Band 4	↓ 10.1%	89.9%	↑ 8.8%	91.2%
Band 5	↑ 7.1%	92.9%	↑ 9.6%	90.4%
Band 6	↓ 4.2%	95.8%	↓ 7.6%	92.4%
Band 7	↓ 11.6%	88.4%	↑ 18.3%	81.7%
Band 8a	↓ 7.7%	92.3%	↑ 19.5%	80.5%
Band 8b	↓ 13.6%	86.4%	↓ 7.7%	92.3%
Band 8c	↓ 14.3%	85.7%	0.0%	100.0%
Band 8d	↓ 0.0%	100.0%	0.0%	100.0%
Band 9	0.00%	100.0%	0.0%	100.0%
VSM	↑ 25.0%	75.0%	↑ 14.3%	85.7%
Headcount	449	5092	136	991
Percentage	8.10%	91.90%	12.07%	87.93%

The data is shown separately for **clinical** and for **non- clinical** staff, in each of the AfC bands, plus Very Senior Managers [VSM].

Our data compares the percentage of BME staff in each pay band at March 2023 vs March 2022 and indicates if there has been an increase or a decrease of BME colleagues, in each Band, over the past 12 months.

NB. Band 1 signifies all Apprentices within the Trust.
111 TUPE'd in February 2023 reducing our Trust headcount by over 400 colleagues.

METRIC 2 - Relative likelihood of staff being appointed from shortlisting across all posts comparing data for White and BME staff

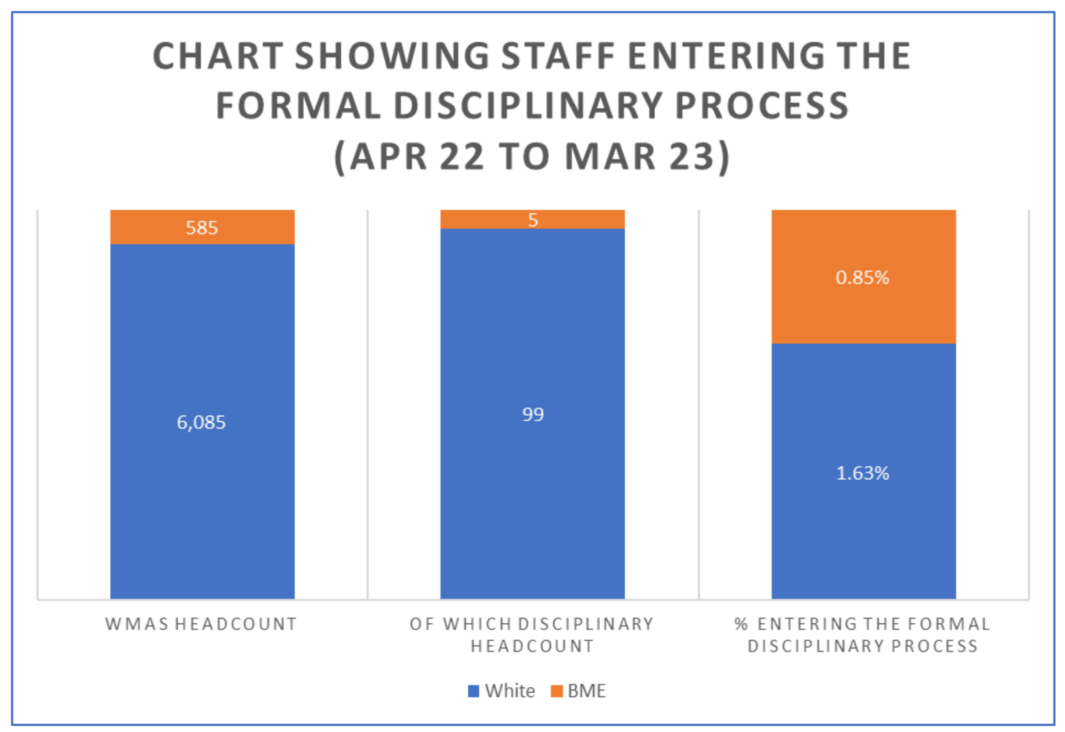


This measure is the relative likelihood of white staff being appointed from shortlisting compared to BME staff.

A figure above “1” would indicate that white candidates are more likely than BME candidates to be appointed from shortlisting

The March 2023 metric ratio is **1.23.** In March 2022 it was **1.18.**

METIRC 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation comparing data for White and BME staff

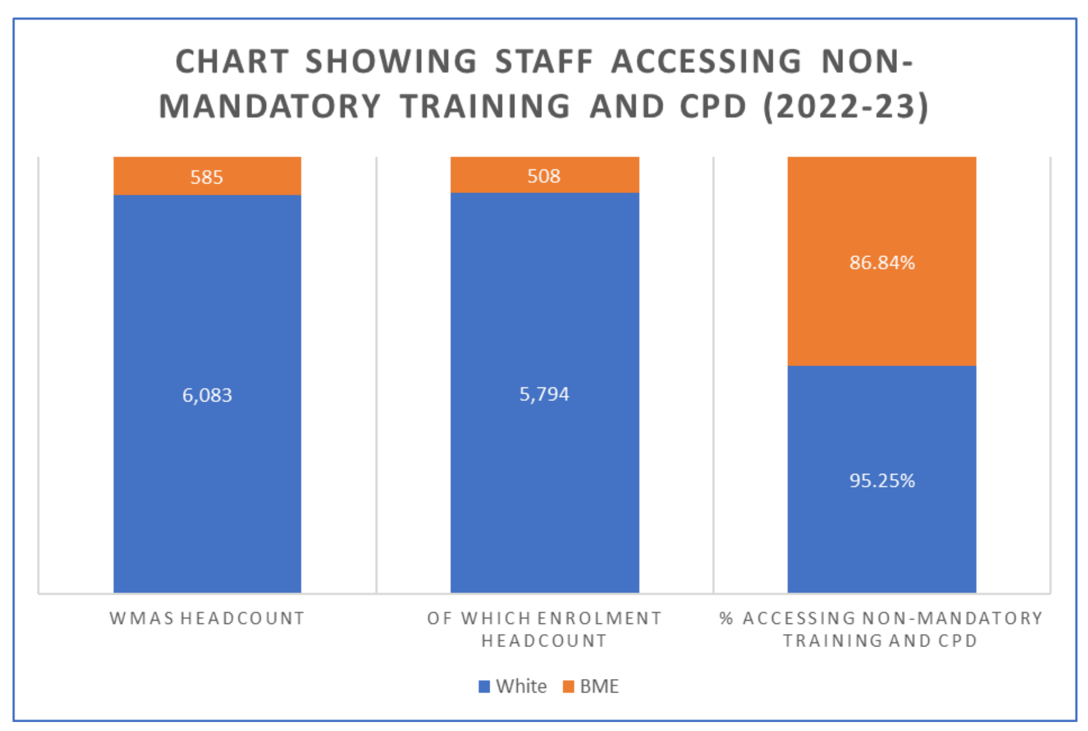


This measure is the relative likelihood of BME staff entering the formal disciplinary process compared to white staff, as measured by entry into a formal disciplinary investigation

A figure above "1" would indicate that BME staff members are more likely than white staff to enter the formal disciplinary process.

The metric ratio for 2023 is **0.53** and shows that **BME** staff are less likely to be involved in a disciplinary investigations compared to their white colleagues. In 2022, the metric ratio was **0.82.**

METRIC 4 - Relative likelihood of staff accessing non-mandatory training and CPD comparing data for White and BME staff



This measure is the relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff

A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff

Our data shows the relative likelihood of white staff accessing this type of training is **1.10.** This means that less **BME** staff are accessing non-mandatory training than their white colleagues. In March 2022 the metric ratio was **1.14**

METRIC 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

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

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

Data for Metric 5 to Metric 8 is sourced directly from the NHS Staff survey results for 2022.

In 2022, 54.2% of BME colleagues reported experiencing harassment, bullying and abuse from patients. 3.3% higher than white colleagues and 5.10% higher than BME staff reported in 2021.

METRIC 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months comparing

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

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

In 2022, 39.7% of BME colleagues reported experiencing harassment, bullying and abuse from staff. 12.2% higher than white colleagues and 4.7% higher than BME staff reported in 2021.

METRIC 7 - Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

	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

In 2022, 34.7% of BME colleagues reported believing that trust provides equal opportunities for career progression or promotion. 11.3% lower than white colleagues and 1.90% lower than BME staff reported in 2021.

METRIC 8 - In the last 12 months have you personally experienced discrimination at work from Manager/Team leader or other colleagues?

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

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

30
25
20
15
10
5
0

2018 2019 2020 2021 2022

	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

In 2022, 26.1% of BME colleagues reported personally experiencing discrimination at work from their Manager/Team leader or other colleagues? 13.63% higher than white colleagues and 3.50% higher than BME staff reported in 2021.

INDICATOR 9 - Percentage difference between the organisations' Board voting membership and its overall workforce 2023 vs 2022

% by Ethnicity 2022-23	White	BME
Total Board Members	72.2%	27.8%
Voting Board Members	72.7%	27.3%
Executive Board Members	72.2%	27.8%
Non Executive Board Members	71.4%	28.6%
Overall Workforce	89.7%	8.6%
Difference (Total Board - Total Workforce	-17.5%	19.2%

% by Ethnicity 2021-22	White	BME
Total Board Members	75.0%	25.0%
Voting Board Members	70.0%	30.0%
Executive Board Members	90.0%	10.0%
Non Executive Board Members	50.0%	50.0%
Overall Workforce	87.3%	10.9%
Difference (Total Board - Total Workforce	-12.3%	14.1%

Definitions:

Board & Voting membership – membership in this context includes all members of the Board irrespective of whether they are executive or non-executive members.

Executive membership – An executive board member is an employee of the organisation and sits on an organisation's board of directors and advises current organisational management on specific operations, e.g. Medical Director or Finance Director, as opposed to a non-Executive board member who is a member of the board of directors of the organisation who does not form part of the executive management team.

Ref	WRES Indicator	WRES Indicator Description	ACTION	OUTCOME	Lead	Timeframe	Progress	RAG
1			Trust long term goal to reach 23.7% of staff being from a BME background by achieving a 2% year on year increase (based on census data to be reflective of the West Midlands population). Currently at 8.63% across the Trust as at March 2023. Goal is to acheive 10.63% by March 2024	Long term outcome is that WMAS staff will be more diverse and representative of the population that we serve.	All	31-Mar-24	All actions within WRES indicator 1 will contribute towards the delivery of this action LJ: Limited recruitment will impact this action significantly.	
			Positive action for Graduate Paramedic Recruitment Campaign. Positive action to be included in recruitment panel training to also include conscious and unconscious bias information. How the panel welcomes the candidate and asks them to introduce themself (build into paperwork)	Managers will be confident to particiapte in the recruitment process and understand how conscious and unconscious bias can play a part in their decision making.	Louise Jones	1-Oct-23	Information videographic developed and implemented	

1.1			Recruitment Engagement activities and events targeted in diverse communities & across the year. Working with One Network to attend events jointly. Recruitment engagement events to be targeted to faith schools and colleges	Schedule will confirm range of events planned/attended Collaborative working with the ONE Network Feedback from events Targeting venues and feedback from those venues Imagery available	Louise Jones supported by Karina Graham and Keeling Hutton	30-Mar-24	Events already planned to be attended this year - faith schools targetted - no reponse as yet Handsworth Village - 16th Aug - emergency services event	
1.2			Open discussion with partner Universities to ensure their recruitment practices onto courses actively encourage applicants from BME communities	To be facilited as an agenda item with our partner universites through our contract reviews BME student statistics from each partner university	Paul Tolley	Ongoing	discussion at the contract review meetings	
1.3			Working with Newman University who will launch a Paramedic Science degree programme targeted at people from BME communities from September 2024	Number of students on programme from BME background	Paul Tolley	1-Sep-24	launched	
1.4	**1**	% of BME staff in each AfC pay band and VSM.	Launch of new external recruitment website to include diverse imagery of people More diverse imagery on all WMAS images / videos produced	The Website will be live and include imagery reflective of communities	Louise Jones Murray MacGregor	01/12/2023 31/03/2024	Website domain secured - site being built	

1.5			Promotion of development opportunities and career development pathways for our people	Increase the number of our BME taking up development opportunities and seeking to progress, to 50%.	Barbara Kozlowska	31-Mar-24	All opportunities routinely promoted and also targeted promotion where appropriate by email and telephone. New "Career Development Pathways" tool also promoted through ONE Network and email on 02/06/2023 There was an increase of 4.4% in the number of BAME staff reporting in staff survey, that they are able to access the right learning and development when they need to, from 2021(43.1%) to 2022 (47.5%)	
1.6			Focus on the retention of our BME people, identify through the newly established retention steering group, specific themes and trends in leavers from a BME perspective.	There will be a reduction in the attrition of our our BME people in Band 6 and 7 by 3% by March 2024	Lucy Mackcracken & Ellie Huddleston	31-Mar-24	Retention steering group to commence 5th July, attrition statistics to be a regular agenda item with actions associated with highlighted areas of concern	

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1.7			Promote information about how people can review and update their diversity statistics on ESR self service, focusing on our people that have blanks recorded for their diversity status	Reduction in unknown or undeclared records in ESR from 125	Ellie Huddleston	31-Mar-24	All individuals recorded as not stated on ESR for ethnicity status have been written to by LM to provide information about updating this. Everyone contacted providing information about how they can update their own data or for this to be updated for them	
2	**2**	Relative likelihood of staff being appointed from shortlisting across all posts	BME candidates to be given a guaranteed resit for interviews for mass recruitment campaigns unless there are conduct concerns	The relative likelihood of BME people being appointed will increase	Louise Jones		Need to identify how this will be monitored and actioned as ethnicity data not available. Working with EH to consider use of microsoft booking app	
2.1	**4**	% of staff believing that the trust provides equal opportunities for career progression or promotion	Add paragraph in recruitment information to promote that pre-interview / assessment support for people from an BME background is available	Uptake of pre-interview / assessment support	Louise Jones	1-Sep-23	Complete - built into all templates Time protected in diary to accommodate these sessions	
3	**3**	Relative likelihood of staff entering the formal disciplinary process	Continue to monitor disciplinary oversight data presented to DISAG and EMB to identify early trends and areas for improvement	Maintain a figure under 1	Lucy Mackcracken	Ongoing	Currently in place - metric is green and not an area for improvement at WMAS	
4			Continue to support our people who are undertaking the MRes, and to consider the learning from their research to inform further areas of improvements	Successful completion of Mres by participants leading to robust research that enables the right actions for the desired outcomes.	Barbara Kozlowska	31-Aug-25	On-going support provded by Head of OD and Coventry University academic team as required and at regular meeting and tutorials.	

4.1	4 7	Relative likelihood of staff accessing non-mandatory training and CPD % of staff believing that the trust provides equal opportunities for career progression or promotion	Active promotion of development opportunities to our BME people and promotion through ONE Network and proactive approach. Target bands 6+ early for the retention/career conversations regardless of where they are in their band and identify development. Ensure directors are using the Passport for Growth resource at PDCs with their report	Our BME staff feel supported in accessing the right development for their career and development aspirations.Increase the number of our BME taking up development opportunities and seeking to progress, to 50%.	Barbara Kozlowska	31-Mar-24	All opportunities routinely promoted and also targeted promotion where appropriate by email and telephone. New "Career Development Pathways" tool also promoted through ONE Network and email on 02/06/2023 There was an increase of 4.4% in the number of BAME staff reporting in staff survey, that they are able to access the right learning and development when they need to, from 2021(43.1%) to 2022 (47.5%)	
4.2			One Network engagement and feedback from BME people for any perceived barriers to accessing non mandatory training	Increase in number of BME staff accessing more training other than mandatory workbook.	Chaz Dheensa, Karina Graham and Keeling Hutton	31-Mar-24	to be discussed at next network meeting which is TBA	
4.3			One Network to review methods of engaging with their members to establish most useful way of communicating e.g. email distribution list, teams, social media, to enable appropriate sharing of development opportunities	increased uptake for development opportunities and a better understanding of any barriers to further develop ideas of promoting development opportunities and CPD for BAME colleagues	Chaz Dheensa, Karina Graham and Keeling Hutton	31-Mar-24	New email set up for one network and Chair provided with distrubution lists to send out emails.	

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4.4			Ensuring that all non-mandatory training and CPD is recorded on OLM, weekly briefing article, raise awareness at SMTs. OLM training provided to all hub administrators	Increase in likilhood of CPD access from BAME staff - reduction from 1.10	Ellie Huddleston and Usha Ramnatsing	31-Mar-24	Different options for recording Non-Mandatory Training on OLM have been proposed to EH. UR has offered to support EH with Training for Administrators as and when required.	
5	**5**	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Liaison with John Kelly to triangulate any themes in geographical areas	Identification of any key cluster of incidents in particular areas of concern will lead to intelligence that will allow specific actions to be devised which will lead to a reduction in harassment cases	Mohammed Ramzan	31-Mar-24	Quarterely incidents report are provided by John Kelly's team on incidents. These to be discussed at ONE network meetings twice yearly	
5.1			Press to continue to promote on social media channels examples and stories of our BME people who have experienced racial abuse from a member of the public	Articles will be published about racial abuse.	Murray MacGregor	Ongoing	No information passed to date	
5.2			Letter is sent from PALS to patients that their behaviour towards our people is not acceptable. This needs to be further promoted to staff	Increase awareness by means of a deterrent	Murray MacGregor	Ongoing		
5.3			Increase in reporting of concerns in relation to patient abuse through ER54	Increase in reporting to follow up through criminal prosecution route with the aim of being deterrent to others	John Kelly	Ongoing	WB article re. completion of ER54s published in Nov 22. New article sent to Press Office June 23.	

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6			Launch and implement anti racism charter and poster.	Staff will feel more supported to raise concerns and to know who they can raise them with. There is likely to be an increase in concerns reported following the launch of the charter	Chaz Dheensa	Ongoing	Anti racism charter and poster completed. Corresponding training package has been drafted, to be finalised and then launched subject to EMB approval	
6.1			Develop and launch anti racism awareness training package to also include other areas such as valuing differences, respecting cultural persepctives, kindness and compassion and microaggression, incivility and biases. Training to be delivered to managers, all groups that support people to raise concerns	There will be an increased awareness and education about the topics areas covered in the training. Managers will feel more confident supporting people who experience concerns and will deal with them compassionately.	Lucy Mackcracken	31-Dec-23	See above	
	6	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	Creation of infographic following roll out the anti racism charter and awareness training demonstrating what we have done and outcomes from this work	Confidence and assurance in staff to raise concerns and that action is taken	Lucy Mackcracken	31-Mar-24	poster, charter and training to be delivered first to inform infographic	
6.2			All EMB members signed up to the inclusive leadership pledge	All EMB members provided evidence of signing the pledge to CB	Carla Beechey	30-Jun-23	Complete	

	8	In the last 12 months have you personally experienced discrimination at work from manager / team leader of other colleagues?	All staff that raise formal concerns of bullying and harassment will have a face to face feedback meeting following the investigation process to thank them for raising concerns and to provide feedback	Staff that have formally raised concerns will understand how the concerns were reviewed/investigated and what actions/learning was taken as a result	Lucy Mackcracken	31-Jul-23	New letter drafted to complainants to follow the face to face meeting. Further awareness required at SMT meetings	
6.3			Continued promotion and embedding of new Trust values and behaviours framework and culture statement	Our staff experience the organisational culture which closely matches the Culture Statement	Barbara Kozlowska	31-Mar-24	Culture Review report was received by EMB and the second of 2 facilitated conversations to build an action plan will take place on Monday 16th October. Staff Survey Response Action Group monitoring Trust-wide and local action plans from NHS Staff Survey. Staff Engagement Report (annually)and Winningtemp Report(quarterley) taken to People Committee to monitor progress with culture and staff experience.	
6.4			Diversity champions to support people to raise concerns through appropraite channels and to help them in doing this	Staff retention rates, earlier intervention leading to earlier resolution of issues leading to a reduction of disciplinary/grievances. Improvement to services through active engagement.	Mohammed Ramzan	1-Nov-23	15 Diversity Champions have been approved by their managers. Next stage to arrange training briefing to the Diversity Champions	

6.5			All Trust Managers at Band 7 and above are required to have a leadership qualification	All managers at Band 7+hold a leadership qualification if apprropiate to their role and responsibility.	Barbara Kozlowska	31-Mar-24	Audit conduted every January and action taken based on results.	
9	**9**	% difference between the organisation's board voting membership	Board recruitment compact pilot for executive and search firms with NHS England	Signed up to the compact demonstrating commitment to fair and transparent processes with a focus on increasing diversity at the highest level of the Trust	Louise Jones	1-Jun-23	Complete - the Trust are signed up to the compact and working with partner agencies and NHSE	
9.1			All Board members to be visible and actively attend Trust sites to engage with staff from BME communities to include on their monthly return to OD.	Increase of DITL reporting to OD	Carla Beechey	31-Mar-24		

WMAS Workforce Race Equality Standard Action Plan 2022-2023

WORKFORCE RACE EQUALITY STANDARD (WRES) ACTION PLAN 2022/23

Introduction

WMAS have committed to meeting the requirements of the Workforce Race Equality Standard (WRES) for NHS Trusts'. WMAS have submitted the Trust's WRES data, for staff, to the national WRES team in line with the requirements to publish by 31st August 2022.

We have identified gaps through our data which will allow the Trust to use this as a basis for the WRES Action Plan. The plan covers the next 12 months and the ONE Network have been instrumental in developing this Action Plan.

The focus has been on four key elements;

- **Recruitment**
- **Equality Of Opportunity**
- **Harassment and Bullying**
- **Access to non-mandatory development**
- **Discrimination by colleague, manager, supervisor**

Monitoring and Evaluation

The action plan will be monitored by the Diversity and Inclusion Steering & Advisory Group (DISAG) on a bi-monthly basis and People Committee on a quarterly basis, and through the Trust Management Group and Trust Board for end of year assessment and evaluation.

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WMAS Workforce Race Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
1. Recruitment Metric 1 **To achieve our aim: of continuing to increase the number of BME staff across the Trust in all areas**		1a) Increase the number of BAME applicants compared to 21/22 figures and monitor impact of positive action interventions and take further action where this is not having the desired impact.	Year on year increase of BME applicants with clear date reports	Louise Jones	November 2022	New NHS jobs platform so we will not have access to the same diversity information of applicants. Report from April 2022 – Oct 2022 shows 0.3% increase compared to last year	
		1b) Carry out at least 3 community engagement events focused on BME potential applicants including the use of social media.	BME communities will be become aware of career opportunities in the Ambulance service through engagement and by attending events	Vivek Khashu Louise Jones	March 2023	Targeted BAME Recruitment Events completed since April 2022 at Himley Hall Armed Forces Day, Pedmore School of Technology, Apprenticeship National Event in Birmingham and community event in Warwick Need to plan and carry out events in Urban community venues (MR updates) Recruitment events delivered across the region and will continue throughout 23/24 – Full	

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WMAS Workforce Race Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
						report of events provided to People Committee as part of Recruitment Report	
		1c) Increase the % number of BAME applicants converting to appointments at all levels of the Trust compared to 21/22 figures.	Utilisation of the positive action commitment and representative panel members at interview to ensure fairness and equality.	Louise Jones	January 2023	ONE Network to promote and share these opportunities to members Recent fitness training completed with 20% of attendees from a BAME background Recruitment training ongoing but still with limited uptake from BAME colleagues	
		1d) Continued support and develop the BME ONE network by developing/refreshing the Terms of Reference and through 1-2-1 meetings with network chairs.	The BME ONE network will be a thriving entity for staff and the link to DISAG committee providing updates	M Ramzan ONE Network Chairs	March 2023	E&D Lead and the ONE Network chairs have continued to meet in September/October/November and also met the Chief with a view of strengthening and continuing to progress on Diversity and Inclusion agenda. Terms of reference were	

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WMAS Workforce Race Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
						refreshed and further work is continuing to align the Tors for all the networks Chaz Dheensa allocated HR Manager buddy to provide professional guidance and support to the ONE Network All network chairs invited to participate in Leadership Academy development programme	
Metric 4 **Promotion of current frameworks and processes that support BME career progression through non-mandatory and CPD development opportunities.**		4a) Offer mentor training for BME members of staff.	Mentor training offered to staff from a BME background through the ONE network supported by Organisational Development	Barbara Kozlowska ONE Network	March 2023	A reverse mentoring programme in E & U Ops with SOMs as mentees of more junior staff has just concluded, and a report is ready to be presented to the Board of Directors..	
		4b) Specific invitations to BME staff at all levels for appropriate development programmes from the OD Team and from the CEO to continue. Appropriate mentoring programmes put	Reverse mentoring programme delivered which will help career progression	Barbara Kozlowska	Nov 2022	A number of specific programmes continue to be offered by direct contact and promotion	

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WMAS Workforce Race Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
		in place					
		4c) To promote and raise awareness of non-mandatory training and vacancies within the Trust to ONE network members and managers to help career development or progression.	ONE network members and SOMs from each hub will be signposted, sighted and aware of career opportunities and non-mandated training available to them for consideration and to be cascaded to their staff	Barbara Kozlowska	November 2022	A number of specific programmes continue to be offered by direct contact and promotion.	
Metric 8 **Discrimination from a manager/team leader or other colleagues in last 12 months against BME staff**		8a) D&I Lead to work with the ONE network, internal and external facilitators where appropriate as follows: Roll out the lessons learnt from the unconscious bias case study to the ONE network, managers and to DISAG and work to embed the learning into recruitment and induction packs.	Un/conscious bias case study and learning will have been rolled out to managers, been promoted through the weekly brief and will be added to the ONE network intranet page which will result in greater awareness by managers, supervisors and	Mohammed Ramzan	Dec 2022	To be completed Work is underway with SOM of Warwick Hub and OD lead and the E&D lead to pull together un/conscious bias training. Included the case studies into the mandatory workbook	

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WMAS Workforce Race Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
			colleagues of the impact that discrimination can have on members of staff and thereby reducing negative behaviour.				
		8b) Promote and update the ONE network intranet page with relevant information 4 times a year	Intranet site will be updated which will benefit staff members	One Network	March 2023	Site launched live.	
		8c) Launch of the BLM toolkit on to the intranet site	Intranet site will be updated which will benefit staff members	One Network	December 2022	BLM Toolkit is ready to be uploaded once the intranet is up and running	
		8d) Engagement with the ONE network on significant issues having an impact on BME staff and or patients	Key decisions and policies will have had due consideration from service leads with appropriate engagement having taken place	EMB Carla Beechey	Ongoing	In the past engagement and information on significant polices has been sent to the ONE network and this is set to continue. Eg VCOD policy, 111 service change.	
		8e) Establish a Diversity Champion for each Hub, who will raise issues and concerns to CTMs, OMs and SOMs, and will feedback to the ONE network meetings.	Key issues and trends emerging will be captured and will have been shared with ONE network which will result in better outcomes for staff	Mohammed Ramzan	March 2023	Recruitment currently live. Closing date 16th April 2023. Champions identified and approved by line manager.	

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WMAS Workforce Race Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
			and timely resolved, saving WMAS costs, of undertaking an investigation, and potential tribunal and reputational damage. A well supported and motivated staff who are valued will result in better performance, less sickness days and better patient outcomes.			Training to take place mid July 2023.	
		8f) Embed expected Trust behaviours in civility & respect for all. Action carried over from last year.	A development package on civility and respect is delivered and the NHS package is promoted resulting in change in behaviour.	Barbara Kozlowska	November 2022	Refreshed Trust Values, Culture Statement and behavioural framework agreed and being launched 10th March 2023. Staff conversations will take place during April to carryout a Culture Review. "Civility Saves Lives" was featured at the OD Conference in March of this year, with Chris Turner, a founding	

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WMAS Workforce Race Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
						member, providing a session. Regular 1:1 and group sessions are delivered by OD on how to have vital conversations in the right way, and this is part of the Engaging Leaders and Engaging Leaders programmes. All PDR reviewers attend a session facilitated by OD on how to have effective PDR conversations, including supporting values, and dignity and respect. Element of Civility and Respect have been embedded into the rebranded resolutions policy (previous grievance) and Dignity at Work Policy	

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO TRUST BOARD
AGENDA ITEM: 08 MONTH: OCTOBER 2023 PAPER 07

WDES Annual Report 2023 and Action Plan 2023/24	
Sponsoring Director	Carla Beechey, People Director
Author(s)/Presenter	Carla Beechey, People Director
Purpose	To receive and approve the WDES data 2023 and associated action plan for 2023/24. To receive and close down the WDES Action Plan for 2022/23. To note the content of the above and approve for publication and placing on the Trusts internet by 31st October 2023.
Previously Considered by	Diversity and Inclusion: Steering and Advisory Group DCA Network Executive Management Board – 8th August 2023 People Committee – 4th September 2023
Report Approved By	Carla Beechey, People Director

Executive Summary

The NHS Workforce Disability Equality Standard (WDES) came into force on 1 April 2019 and is a set of specific measures (metrics) that enables NHS organisations to compare the experiences of disabled and non-disabled staff.

This information is then used by the Trust to develop a local action plan, and enable WMAS to demonstrate progress against the indicators of disability equality.

The WDES has been mandated by the NHS Standard Contract and all NHS Trusts and Foundation Trusts will be required to publish their results and develop action plans to address the differences highlighted by the Metrics. (Under SC13 of the NHS Standard Contract).

By 31 October 2023, Trusts must publish their board ratified 2023 WDES Annual Report and Action Plan on their website.

The WDES is deeply rooted in the fundamental values, pledges and responsibilities set out in the NHS People Plan and the NHS Constitution.

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)	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)	

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO TRUST BOARD

AGENDA ITEM: 08 MONTH: OCTOBER 2023 PAPER 07

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	☒	Integrity	☒
	Compassion	☒	Inclusivity	☒
	Accountability	☒		
Risk and Assurance	Assurance that the Trust has been compliant with the legal requirement.			
Legal implications/ regulatory requirements	All actions are compliant with the Equality Act 2010 and Employment Law. Legal advice has not been sought or necessary.			
Financial Implications	There are no financial implications arising from this report at this time.			
Workforce & Training Implications	The 23/24 action plan has been drawn up in line with the strategic objectives outlined in the Annual report and the 2023 data analysis. These are both to be submitted to People Committee for approval and progression to Trust Board for ratification and publication.			
Communications Issues	There should be no adverse media issues. The Data and board approved action plan needs to be published on the Trusts internet to comply with reporting requirements that should be in the public domain and remain on the site for a minimum of 3 years. The data will also be submitted to the NHS Commissioner. The data has already been submitted to the NHS Data Collection Centre.			
Diversity & Inclusivity Implications	The action plan was developed in conjunction with the DCA network and the Trusts Diversity & Inclusion Steering and Advisory Group and other relevant stakeholders responsibly for the actions assigned.			
Quality Impact Assessment	Not required for this report.			
Data Quality	Data has been provided from the Trusts Electronic Staff Records, HR employment contracts of employment, Terms and Conditions frameworks, Recruitment data.			

Action required:

- To receive and approve the WDES data report 2023 and associated action plan for 2023/24.
- To receive and close down the WDES Action Plan for 2022/23.

- To note the content of the above papers and ratify publication on the Trusts internet by 31st October 2023.

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METRIC 1 - % of staff in AfC paybands and very senior managers compared with the percentage of staff in the overall workforce.

Clinical Staff March 2023					Non-Clinical Staff March 2023					WMAS - All Staff March 2023				
WDES Banding	**Disabled**	**Disabled % across the Clinical workforce**	**% Difference**	**Non Disabled**	**WDES Banding**	**Disabled**	**Disabled % across the Non-Clinical workforce**	**% Difference**	**Non Disabled**	**WDES Banding**	**Disabled**	**Disabled % across WMAS Workforce**	**% Difference**	**Non Disabled**
Band 1-4	6.96%	6.57%	0.39%	87.86%	Band 1-4	6.37%	6.36%	0.01%	89.12%	Band 1-4	6.82%	6.53%	0.29%	5.03%
Band 5-7	6.22%	6.57%	-0.35%	81.24%	Band 5-7	7.05%	6.36%	0.69%	84.29%	Band 5-7	6.30%	6.53%	-0.23%	12.18%
Band 8a-8b	7.84%	6.57%	1.27%	92.16%	Band 8a-8b	3.45%	6.36%	-2.91%	82.76%	Band 8a-8b	5.50%	6.53%	-1.03%	7.34%
Band 8c-9 and VSM	7.69%	6.57%	1.12%	84.62%	Band 8c-9 and VSM	4.17%	6.36%	-2.19%	91.67%	Band 8c-9 and VSM	5.41%	6.53%	-1.12%	5.41%

When referring to ‘disability declaration’ we mean the information held on a person’s staff record, which provides information about whether the person has a long-term physical, mental health or hidden condition, legally defined in the Equality Act (2010) as a disability. This information is held confidentially by the Trust, and can be used to better understand the diversity of the trust’s workforce and identify actions that will support Disabled staff in the workplace.
For Metric 1, workforce data has been clustered and analysed separately by clinical and non- clinical pay bands. The clustering of pay bands allows a better understanding of Disabled staff across the workforce (because of the low declaration rates recorded in ESR).

Metric 1 – Workforce Representation

Overall 6.36% of the non-clinical workforce and 6.57% of the clinical workforce declared a disability through the NHS ElectronicStaff Record.

Across WMAS, 6.53% have made a disability declaration in 2022/2023. This represents an increase of 0.43% from the 2021/2022 WDES submission.

METRIC 2 - Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.

CHART SHOWING APPLICANTS APPOINTED FROM SHORTLISTING (2022-23)

	Not Disabled	Disabled
NUMBER SHORTLISTED	2,920	252
NUMBER APPOINTED	579	59
% APPOINTED FROM NUMBER SHORTLISTED	19.83%	23.41%

Metric 2 – Recruitment

The ratio for the relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is **0.85.**

A figure below 1.00 would indicate that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting.

In 2022 the Trust ratio was **0.96.**

METRIC 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. This indicator is based on data from a two year rolling average of the current year and the previous year.

CHART SHOWING STAFF ENTERING THE FORMAL CAPABILITY PROCESS (APR 21 TO MAR 23)

	WMAS HEADCOUNT	OF WHICH CAPABILITY HEADCOUNT	% ENTERING THE FORMAL CAPABILITY PROCESS
Not Disabled	5754	3.5	0.06%
Disabled	443	1.0	0.23%
Disability Unknown	583	1.0	0.17%

Metric 3 – Capability

The ratio for the number of disabled staff going through the formal capability processes on the basis of performance compared to non-disabled staff is **3.71**

A figure above 1.00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process

The numbers are very low for capability cases and although the ratio is 3.71, this only relates to 2 cases over a 2 year rolling average and therefore the figures are skewed somewhat by how the calculation is carried out.

METRIC 4 – Staff Survey Benchmarking Data - Q14a

a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i. Patients/Service users, their relatives or other members of the public

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

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

Metric 4ai– Harassment, bullying and abuse

Disabled staff in 2022 reported that they are more likely to experience harassment, bullying and abuse from patients/service users, their relatives or other members of the public in the last 12 months.

METRIC 4 – Staff Survey Benchmarking Data – Q14b

a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

ii. Managers

	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

Metric 4aii – Harassment, bullying and abuse

Disabled staff in 2022 reported that they are more likely to experience harassment, bullying and abuse from managers in the last 12 months.

METRIC 4 – Staff Survey Benchmarking Data – Q14c

a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

iii. Other Colleagues

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.

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

Metric 4aiii – Harassment, bullying and abuse

Disabled staff in 2022 reported that they are more likely to experience harassment, bullying and abuse from other colleagues in the last 12 months.

METRIC 4 – Staff Survey Benchmarking Data – Q14d

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

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

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

60
50
40
30
20
10
0

2018 2019 2020 2021 2022

	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

Metric 4b– Harassment, bullying and abuse

Disabled staff in 2022 reported that they are less likely to report the last time they experienced harassment, bullying or abuse at work.

METRIC 5 – Staff Survey Q15

Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

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

Metric 5 – Career progression

In 2022, Disabled staff are 7.3 percentage points less likely to believe that the Trust provides equal opportunities for career progression or promotion, compared to non-disabled staff. The % gap reduced by 3.4% between 2021 and 2022. In 2021, Disabled staff were 10.7 percentage points less likely to believe that the Trust provides equal opportunities for career progression or promotion, compared to non-disabled staff.

METRIC 6 – Staff Survey Q9e

Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

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

	2018	2019	2020	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

Metric 6 – Presenteeism

Disabled staff are 10.1 percentage points more likely, compared to non-disabled staff, to have felt pressured to come into work despite not feeling well enough to perform their duties. The % gap reduced by 4% between 2021 and 2022. In 2021, Disabled staff were 14.1 percentage points more likely, compared to non-disabled staff, to have felt pressured to come into work despite not feeling well enough to perform their duties.

METRIC 7 – Staff Survey Q4b

Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

	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

Metric 7 – Feeling valued

Disabled staff are 10.4 percentage points less likely to say that they feel the Trust valued their work when compared to non-disabled staff. The % gap increased by 0.8% between 2021 and 2022. In 2021, Disabled staff were 9.6 percentage points less likely to say that they feel the Trust valued their work when compared to non-disabled staff.

METRIC 8 – Staff Survey Q30b

Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

	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

Metric 8 – Workplace adjustments

In 2022, 53.4% of disabled staff felt that the Trust had made adequate adjustments to enable them to carry out their work. This shows a 5.30% improvement between 2021 and 2022. In 2021, 48.1% of disabled staff felt that the Trust had made adequate adjustments to enable them to carry out their work.

METRIC 9 – NHS Staff Survey - The engagement of Disabled staff

a) The staff engagement score for Disabled staff, compared to non- disabled staff and the overall engagement score for the organisation.

Staff engagement score (0-10)

Staff Engagement score (0-10)

10
9
8
7
6
5
4
3
2
1
0

2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Organisation average	6.2	6.3	6.3	5.5	5.5
Staff with a LTC or illness: Your org	5.7	5.8	5.8	4.9	5.1
Staff without a LTC or illness: Your org	6.3	6.4	6.4	5.7	5.7
Staff with a LTC or illness: Average	5.7	5.9	6.1	5.5	5.5
Staff without a LTC or illness: Average	6.4	6.4	6.4	6.1	6.0
Staff with a LTC or illness: Responses	529	671	778	747	788
Staff without a LTC or illness: Responses	2300	2616	2765	2106	1961

Metric 9 – Disabled staff engagement

In 2022 the engagement score for Disabled staff increased by 0.20 (4.9 to 5.1), however disabled staff remain less likely to feel engaged with the NHS Staff Survey.

METRIC 9 – NHS Staff Survey - The engagement of Disabled staff

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Yes

In 2022 the Disability Carer's and Advocates (DCA) partnered up with the Health and Well-being team at Trust head-quarters where health checks were offered to staff and staff had the opportunity to speak to DCA members, HR staff and the Equality lead on issues and concerns that needed to be addressed. This was an excellent example where various teams within the Trust teamed up and provided an opportunity to reach out to staff with the event being widely promoted in the weekly brief which goes out to all staff.

We have also launched a new HWB website which includes a specific section on supporting people with disabilities in the workplace. This provides resources and signposting to avenues of support, as well as detailing the Trust's health and carer's passport scheme, in addition to guidance about access to work and a 'how to guide' to make an application.

Finally the DCA membership actively have an input into the development of the WDES Action Plan prior to the report being submitted to the board.

METRIC 10 - Percentage difference between the organisations' Board voting membership and its organisation's overall workforce, disaggregated:

- By voting membership of the Board.
- By Executive membership of the Board.

% by Disability 2022-23	Disabled	Non-Disabled	Disability unknown or null
Number of staff in overall workforce	443	5754	583
Total Board members - % by Disability	5.56%	94.44%	0.00%
Voting Board Member - % by Disability	9.09%	90.91%	0.00%
Non Voting Board Member - % by Disability	0.00%	100.00%	0.00%
Executive Board Member - % by Disability	9.09%	90.91%	0.00%
Non Executive Board Member - % by Disability	0.00%	100.00%	0.00%
Overall workforce - % by Disability	6.53%	84.87%	8.60%
Difference (Total Board - Overall workforce)	-0.97%	9.57%	-8.60%
Difference (Voting membership - Overall Workforce)	2.56%	6.04%	-8.60%
Difference (Executive membership - Overall Workforce)	2.56%	6.04%	-8.60%

Definitions:

Board & Voting membership – membership in this context includes all members of the Board irrespective of whether they are executive or non-executive members.

Executive membership – An executive board member is an employee of the organisation and sits on an organisation's board of directors and advises current organisational management on specific operations, e.g. Medical Director or Finance Director, as opposed to a non-Executive board member who is a member of the board of directors of the organisation who does not form part of the executive management team.

Metric 10 – Board representation

Overall 5.56% of Board members are disabled; slightly underrepresenting the percentage of disabled staff in the wider workforce (6.53%).

WMAS Workforce Disability Equality Standard Action Plan 2022-2023

****WORKFORCE DISABILITY EQUALITY STANDARD (WDES) ACTION PLAN 2022/23****

Introduction

Due to Covid19 many WMAS staff with a disability are regularly working from home, where possible. Staff who have declared a disability or impairment have been supported by their line manager and HR to ensure they have appropriate equipment to undertake their roles and remain well physically and psychologically during this change in working conditions.

WMAS have committed to meeting the requirements of the Workforce Disability Equality Standard for NHS Trusts' and this will be our third publication. WMAS have submitted the Trust's workforce data, for disabled and non-disabled staff, to the national WDES team in line with the requirements to publish by 31st August 2022.

We have identified gaps through our data which will allow the Trust to use this as a basis for the WDES Action Plan. The plan covers the next 12 months and the Trust Disability, Carers & Advocates [DCA] have been instrumental in developing this Action Plan.

The focus has been on four key elements;

- **Bullying & Harassment**
- **Equality Of Opportunity**
- **Presenteeism**
- **Reasonable adjustments**
- **Disabled staff engagement**

Monitoring and Evaluation

The action plan will be monitored by the Diversity and Inclusion Steering Group (DISAG) on a bi-monthly basis and People Committee on a quarterly basis, and through the Trust Management Group and Trust Board for end of year assessment and evaluation.

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WMAS Workforce Disability Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
1.	**Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: Managers and other Colleagues**	Roll out of the Micro-aggressions toolkit, which has been developed, to managers and senior managers across the Trust.	Micro-aggressions toolkit will have informed managers and staff around behaviours which are not acceptable leading to a reduction in incidents	Mohammed Ramzan	March 2023	The toolkit will be sent to DCA, The weekly brief and SOMs managers in the Disability History Month 16 Nov-16 Dec 2022 Incorporated into mandatory workbook.	
		Embed expected Trust behaviours in civility & respect for all.	A development package on civility and respect is delivered and the NHS package is promoted resulting in change in behaviour.	Mohammed Ramzan Barbara Kozlowska DCA	November 2022	Refreshed Trust Values, Culture Statement and behavioural framework agreed and being launched 10th March 2023. Staff conversations will take place during April to carryout a Culture Review “Civility Saves Lives” was featured at the OD Conference in March of this year, with Chris Turner, a founding member, providing a session. Regular 1:1 and group	

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WMAS Workforce Disability Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
						sessions are delivered by OD on how to have vital conversations in the right way, and this is part of the engaging Leaders and Engaging Leaders programmes. All PDR reviewers attend a session facilitated by OD on how to have effective PDR conversations, including supporting values, and dignity and respect. Element of Civility and Respect have been embedded into the rebranded resolutions policy (previous grievance) and Dignity at Work Policy	
		Include the Micro-aggressions toolkit as part of the induction.	All new starters and employees will be aware of what constitutes micro-aggressions resulting in change of behaviour	Louise Jones / Mohammed Ramzan	January 2023	Mohammed Ramzan to review and update the E&D slides to include this Incorporated into mandatory workbook instead.	

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WMAS Workforce Disability Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
2	**Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.**	Promotion of current development that supports staff who have a disability to develop in their current roles and to support their career progression	All staff who have a disability will be aware of development opportunities.	Barbara Kozlowska	March 2022	All development is promoted Trust-wide in a variety of media/ways, and any specific development is sent to targeted groups.	
		Develop and deliver a formal "Reverse Mentoring" programme for staff with a disability to mentor a manager /supervisor in order to raise understanding of challenges faced by our disabled.	Managers and supervisors have an increased awareness of disabilities and are able to use this for data improvement.	Barbara Kozlowska & DCA	Nov 2022	BK worked with Maria Watson to build the programme. No progress/take-up to date. Not able to progress	
		Offer mentor training for DCA members.	Opportunity to have mentor training for DCA members in order to support / mentor colleagues with disabilities.	Barbara Kozlowska & DCA	January 2023	BK worked with Maria Watson to build the programme. No progress/take-up to date. Stephanie Simister, HR Manager allocated buddy to the DCA Network to provide professional support and guidance to the network All network chairs offered the opportunity to attend formal training	

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WMAS Workforce Disability Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
						programme run by the Leadership Academy	
		To promote and raise awareness of all vacancies within the Trust to DCA members as opportunities for career development or progression.	DCA members will be signposted, sighted and aware of career opportunities available to them for consideration. Louise Jones to attend a DCA meeting to discuss with the group the NHS Jobs application system and support that can be offered to individuals on a 1:1 basis.	Louise Jones	November 2022	Complete LJ attended DCA network to discuss about vacancies, recruitment process and also shared some good news stories of applicants with disabilities supported in the Trust	
		As part of well-being conversations and 1-2-1s and Return to work interviews, conduct conversations with employees for better understanding and support	Staff with a disability will have had a conversation with their manager as part of RTW interviews and well-being conversations providing supporting conditions where necessary	Lucy Mackcracken	March 2023	We have recently launched a new RTW form that provides specific prompts around reasonable adjustments, disability and support.	

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WMAS Workforce Disability Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
3	**The Disability Confident Leader certification revalidation process to be completed**	The Disability Confident Leader certification is revalidated	As a Disability Confident Leader the Trust is already benefiting from being able to draw from the widest possible pool of talent, and are securing, retaining and developing disabled staff.	Louise Jones	November 2022	Complete	
4	**Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.**	Ensure that any member of staff declaring a disability who may be absent due to sickness, that this has been taken into consideration before the instigation of any formal absence management.	Individual's disability has been considered appropriately before the instigation of formal absence management. Update manager training package to ensure there is information and resources to educate managers about supporting staff with disabilities in the workplace and implementing	Lucy Mackcracken	March 2023	Sickness absence training packages updated to include information about reasonable adjustments, and decision making. Development session held with HR Managers to assist them with considerations in relation to disability in the workplace	

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WMAS Workforce Disability Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
			reasonable adjustments.				
		To enable managers to have the knowledge about what the requirements needed are for Reasonable Adjustments. Training by Mills & Reeves on the Employment the Law and Reasonable Adjustments to be provided to manager annually.	Disabled staff are able to work effectively having had their reasonable adjustments considered and met	Lucy Mackcracken	January 2023	Sickness absence training packages updated to include information about reasonable adjustments, and decision making. Complete	
5	**Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**	Health & Wellbeing conversations are now taking place during all appraisals giving staff with disabilities the opportunity to discuss their disability and relevant support required.	To enable staff to have regular reviews and updates of their health needs.	DCA Barbara Kozlowska	Aug 2022	We now have health passports that staff take in with them to appraisals	
		Return to work interview form is reviewed and updated to include a section to discuss and document any reasonable adjustments with the individual.	Managers are prompted to ensure a conversation with regards reasonable adjustments takes place and are	Lucy Mackcracken	Nov 2022	Completed and implemented.	

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WMAS Workforce Disability Equality Standard Action Plan 2022-2023

No	Metric	Objective	Outcome	Lead	Timeline	Progress	RAG
			considered.				
		Promote the use of the NHS Health and Carer Passport. To incorporate what reasonable adjustments are in place in terms of working practices and equipment and any additional support that may be required for an individual.	To improve the experience of disabled staff within WMAS and improve manager awareness and the need to support reasonable adjustments.	Lucy Mackcracken & DCA	May 2023	Press released an article on the health & Carer passport in May 2022. Head of HR sent instructions to HR advisors and HR management to promote awareness of the NHS Health and Carer passports at weekly sickness meetings, SMTs and LPS with instruction to recruitment to include the templates as part of the induction program.	
		Service changes and other key decisions taken will have an Equality Impact Assessment completed and staff engaged.	Staff will be fully engaged with any service changes taking place at WMAS	EMB Carla Beechey	March 2023	Quality and Equality Impact Assessments undertaken.	

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Ref	WDES Indicator	WDES Indicator Description
1		
1.1		
1.2		
1.3	**1**	% of disabled staff in each AfC pay band and VSM
1.4	**10**	% difference between the organisations board membership and overall workforce
1.5		
1.6		
1.7		
1.8		
2		

2.1	**2**	Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts
2.2		
3	**3**	Relative likelihood of staff entering the formal capability process
3.1		
3.2		
4	**4ai**	% of disabled staff compared to non disabled staff experiencing harassment, bullying or abuse from patients, service users, relatives or the public in last 12 months
4.1		
4.2		

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4.3		
5 5.1 5.2 5.3 5.4	**4aii**	% of disabled staff compared to non disabled staff experiencing harassment, bullying or abuse from mangers
6 6.1	**4aiii**	% of disabled staff compared to non disabled staff experiencing harassment, bullying or abuse from other colleagues
7		% of Disabled staff compared to non-disabled staff

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7.1	**4b**	saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
8	**5**	% of disabled staff compared to non disabled staff believing that the trust provides equal opportunities for career progression or promotion
8.1		
9	**6**	% of disabled staff compared to non disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
9.1		
9.2		
9.3	**8**	% of disabled staff saying that their employer has made adequate adjustments(s) to enable them to carry out their work
9.4		
10	**7**	% of disabled staff compared to non disabled staff saying that they are satisified with the extent to which their organisation values their work

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10.1	**9**	The staff engagement score for Disabled staff, compared to non- disabled staff and the overall engagement score for the organisation.
10.2		
10.3		

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Objective	Outcome / How will we know this has been achieved
Recruitment Engagement activities and events targeted for disabled communities - 4 across the year Working with DCA Network to attend events jointly	Schedule will confirm range of events planned / attended Feedback from events
promotion of case studies through DCA, Weekly Briefing, use of health and carer passport	More case studies emerging and learning via DCA meetings - target 2. Outcome: more people with a disablity will be using the carer passport resulting in positive expereinces in staff surveys
include prompt on welfare proforma to ask about declaration of disability and is this included on ESR	More people will be directed to record their disability status on ESR
Promote on external recruitment website Access to Work support available for applicants	Available to access
Creation of how to video of declaration/update of personal details	Increase declaration rates in ESR
Ellie to provide overview to HR Team how to check declared disability status in ESR, which can then be updated following welfare meetings	Increase declaration rates in ESR
Review of commencement form options regarding disability status to encourage declaration	increased declaration on the form and less likely to be left blank
promotion of case studies of senior managers with disabilities within weekly briefing to highlight positive experiences and support for Disability Pride Month July range of disabilities including mental health, neurodiversity, physical etc	Minimum of 4 case studies will be shared and promoted to include written and video stories. These can also be included on the HWB website
include link on EDI intranet page how to acess ESR self service and update personal details	More people will be directed to record their disability status on ESR
Add paragraph in recruitment information to promote that pre-interview / assessment support for people with a disability is available	Uptake of pre-interview / assessment support

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Continue to promote reasonable adjustments can be requested through the recruitment process	Included in all invite to assessment / interview templates Prompt to ask candidates on assessment / interview booking
Ensure that more time is offered to those in the recruitment process for assessments for disabled people	Prompt to ask candidates on assessment / interview booking
Introduce oversight report to EMB and DISAG to monitor those entering the capability to spot early indicators of disproportionate treatment	There will be early monitoring of signs that staff entering the capability process who have disabilities are not disproportionately treated
Employment Panel report to DISAG to include disability status of people entering the process as well as ethnicity	There will be early monitoring of signs that staff entering the employment panel process who have disabilities are not disproportionately treated
Development and implementation of managers training package for Capability	Managers will receive formal training about how to support an employee through the capability process and make considerations for reasoanble adjustments as part of the process
Identification of any key cluster of incidents in particular areas of concern will lead to intelligence that will allow specific actions to be devised which will lead to a reduction in harassment cases	1)Work with John Kelly on introducing Disability monitoring on ER54 2) deliver training to Diversity Champions as part of their induction on Disability awareness. Outcome will be twofold: 1) increased reporting 2) reduction in harassment cases. Target a reduction of 10% from previous year.
Press to continue to promote on social media channels examples and stories of our disabled people who have experienced abuse from a member of the public	Articles will be published about abuse.
Pulse Survey to be sent to all our people that have declared a disability to ask more about their experiences of abuse experienced	Number of respondents is a good proportion of those declaring a disability, and their answers provide an insight into their experiences.

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John Kelly to report incidences of V&A to include disability status from ESR	Protected characteristics including disability and sexual orientation will be added to the monthly reports that are sent to SOMs and will also be included in reports to Trust groups and committees (LRG, HSREG, QGC etc.) Current reports already included -ethnicity, age, gender.
Continue roll out of dignity at work manager training package	Managers will receive formal training about the dignity at work process and how to support their staff experiencing concerns at work
Continue to embed new values and behaviours framework	Staff Survey, Staff Engagement Report and Winningtemp data shows an improvement in experienced behaviours.
"Valuing difference" development continues to be delivered (respecting persepctives, kindness and compassion and microaggression, incivility and biases to managers, all groups that support people to raise concerns.	Participants have greater understanding and self-awareness leading to improved behaviours and attitues, and support of our staff.
Ongoing culture review across the organisation	Report details the current expereince of staff and managers and their suggestions for improvement.
Continue promotion of avenues to raise concerns including FTSU, SALS, Diversity Champions, HWC	
Development and implementation of neurodiversity awareness education package	Managers and staff will have a greater understanding and awareness of neurodiversity and how to supprot employees and colleagues in the workplace
Changing faces: Uncomfortable Conversations webinar to be promoted in weekly briefing 19th June	Promoted on 8th June via Weekly Brief. Outcome - a reduction of staff experiencing harassment and bullying and abuse from the previous year by 5%
Continue to promote avenues to report concerns FTSU, ER54, HR Caswork figures, SALS, Trade Unions, HR, HWC	

Launch diversity champions to provide additional avenue of support, advice and signposting for staff experiencing concerns in the workplace	Training date identified for diversity champions, HR colleagues, HW, EDI and OD onboard to deliver the briefing session before the launch.
Targeted sharing to DCA Network members and people with a declared disability appropriate opportunities	Staff declaring a disability take up development opportunities as a result of the approach.
Agenda item at DCA meeting to gain further feedback on perceptions regarding equal opportunities	Information will be available on perceptions so that these can be addressed
Continued promotion of health and carers passport scheme	More staff will access and utilise these schemes
Review sickness absence policy to include annex regarding supporting people with disabilities. To also include a launch of updated suite of template letters that include rationale of decision making in relation to staff with disabilities	An improved sickness absence policy will be launched providing a more robust framework to supporting staff in the workplace with disabilities
Mills and Reeves to deliver manager mock hearing training focusing on a absence management case from a disability perspective	senior managers will have a greater udnerstanding of the legal framework for making decisions and considering The Equality Act
Development and implementation of senior manager training package to assist decision making including considering reasonable adjustments as part of the rationale	Senior managers will have a greater understanding of the process of making complex case decisions and how to rationalise that they have given due consideration to reasoanble adjustments as part of decision making
Article in weekly briefing in disability pride and disability history months to highlight what a reasonable adjustment is (July and 16 Nov to 16 December)	Staff aware of what reasonable adustements are and are recognising when they have been put in place
Q1 winning temp questions obtained to compare to this metric regarding value	Staff declaring a disability will report feeling valued by the Trust.

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Use local staff survey action plans to identify	Staff declaring a disability will report feeling valued by the Trust.
Analyse data of people that have declared a disability to understand if there are specific areas to focus improvements	Staff declaring a disability will report feeling valued by the Trust.
Face to face event for Disability History Month to highlight support availavble and HWB initiatives	Increased engagement during the event, with an increase in DCA membership

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Lead	Timeframe	Progress	RAG
Louise Jones & John Eames	30-Mar-2024	1 attended to date Sense PAN disability fair	
Mohammed Ramzan	31-Jul-2023	Case Studies included in the PSED Annual report and shared with DCA network	
Lucy Mackcracken	30-Sep-2023		
Louise Jones	1-Jul-2023	Completed - link to resources available on the WMAS internet page	
Ellie Huddleston	31-Jul-2023	Trainng video linked in weekly bried to help staff navigate their ESR portal	
Ellie Huddleston	30-Sep-2023	Training video to be recorded to show HR how to access enter and maitain to update disability details	
Ellie Huddleston	31-Jul-2023	Fileds have been update to drop down boxes that match ESR input instead of free text boxes	
Lucy Mackcracken	31-Jul-2023	5 videos created and shared across social media platforms	
Ellie Huddleston	31-Jul-2023	Information and QRcode sent to Skye to incoporate on the EDI site	
Louise Jones	1-Sep-2023	Complete - built into all templates Time protected in diary to accommodate these sessions	

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Louise Jones	1-Jul-2023	Complete - built into all templates Complete - built into every assessment / interview schedule	
Louise Jones	1-Jul-2023	Complete - built into every assessment / interview schedule	
Lucy Mackcracken	31-Jul-2023	To be included with Q1 data - Complete	
Lucy Mackcracken	31-Jul-2023	Action complete and data to be presented as part of the next report required	
Lucy Mackcracken	1-Sep-2023	Complete, session available for managers to book onto	
Mohammed Ramzan	1-Mar-2024		
Murray MacGregor	Ongoing	None shared to date. Videos on the DCA pride month as well as articles published in weekly briefing.	
Barbara Kozlowksa	1-Oct-2023	UR to develop and distribute survey and anlyse and share results.	

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John Kelly	31-Jul-2023	List of staff who have suffered V&A incidents to be forwarded to HR commencing in July 23	
Lucy Mackcracken	1-Jul-2023	Package in place and adverts on HR Intranet page	
Barbara Kozlowksa	1-Mar-2024	Culture Review completed and paper went to EMB 8th August 2023. Members of EMB had a facilitated session on 25th September and a second one will take place on 16th October to	
Barbara Kozlowksa	1-Mar-2024	Package in place and delivered to some groups. Will be further promoted during November 2023.	
Barbara Kozlowksa	1-Jul-2023	Culture Review completed and paper went to EMB 8th August 2023. Members of EMB had a facilitated session in September to consider the report and a further session on 16th October	
Pippa Wall	Ongoing		
Lucy Mackcracken	31-Mar-2024	Quote received for external specialist agency to deliver this session. Session booked to be delivered on 8th January, all 60 spaces currently allocated	
Mohammed Ramzan	30-Jun-2023	complete	
Pippa Wall	Ongoing		

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Mohammed Ramzan	31-Aug-2023		
Barbara Kozlowksa	1-Mar-2024	UR to run regular reports and send out opportunites, and capture the evidence on "OD Activities" spreadsheet.	
John Eames supported by Stephanie Simister	23-Dec-2023	Added to agenda for September Network meeting	
Lucy Mackcracken	31-Mar-2024	Recorded session promoted to all staff including DCA, hosted on HWB and HR intranet pages,	
Lucy Mackcracken	30-Nov-2023	policy review drafted and submitted to policy group for consultation, due to go to RPF in October, People Committee November 20th	
Lucy Mackcracken	28/09/2023	Booking details have been circualted to senior managers for session on 28/09/23	
Lucy Mackcracken	31/03/2023	Work to commence when new sickness policy agreed	
Stephanie Simister, with quote from John Eames	1-Dec-2023	Weekly articles in weekly brief in July, and also videos to support disability pride month completed. November/december articles ongoing	
Barbara Kozlowksa	1-Mar-2024	UR to access and report on relevant data and use Winningtemp questions as part of pulse sureys.	

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Barbara Kozlowksa	1-Mar-2024	UR to access and report on relevant data.	
Barbara Kozlowksa	1-Mar-2024	UR to access and report on relevant data.	
John Eames, Stephanie Simister and Manjeet Malhi	31-Dec-2023	Event being arranged for 14/12/23	

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO TRUST BOARD

AGENDA ITEM: 09 MONTH: OCTOBER 2023 PAPER NUMBER: 08

Diversity and Inclusion Annual Report 2022/23	
Sponsoring Director	Carla Beechey, People Director
Author(s)/Presenter	Mohammed Ramzan, Head of Diversity and Inclusion Carla Beechey, People Director
Purpose	To receive and approve the Diversity and Inclusion Annual Report 2022/23. To agree progression to Trust Board for ratification for publication and placing on the Trusts internet.
Previously Considered by	Executive Management Board – 8th August 2023 People Committee – 4th September 2023
Report Approved By	Carla Beechey, People Director

Executive Summary

This Annual Report will highlight our achievements during the past year. The Trust has a statutory responsibility to publish an annual Equality report and demonstrates the Trust's compliance with the Public-Sector Equality Duty [PSED].

This report provides information about the work we are doing and what we have achieved over the previous year including information and progress on projects such as: Equality Delivery System report and grading, The Workforce Race Equality Standard (WRES) The Disability Workforce Equality Standard (DWES) and the Gender Pay Gap data and action plans.

The report also provides a brief on our performance in regulatory compliance and our commitment to promoting a culture of inclusion for patients and staff through our vision for the future. This report will provide evidence on our commitment in meeting the Public-Sector Equality Duty (PSED) in the need to give due regard to eliminate discrimination, advance **equality** of opportunity and foster good relations between different people when carrying out our activities.

Some elements of the report are mandatory in relation to workforce data under the Specific Duty and Equality Objectives.

Related Trust Objectives/ National Standards	Compliance with the Equality Act 2010 [Specific Duties and Public Authorities] Regulations 2017

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO TRUST BOARD

AGENDA ITEM: 09 MONTH: OCTOBER 2023 PAPER NUMBER: 08

Risk and Assurance	Assurance that the Trust has been compliant with the legal requirement.
Legal implications/ regulatory requirements	Legal advice has not been sought or necessary.
Financial Implications	There are no financial implications arising from this report at this time.
Workforce & Training Implications	The Annual Report 2022/ 23 has been developed with relevant internal stakeholder engagement and is submitted to People Committee for approved.
Communications Issues	There should be no adverse media issues.
Diversity & Inclusivity Implications	The Diversity and Inclusion Annual Report 2022/23 demonstrates the Trusts obligations in meeting the Public Sector Equality Duty.
Quality Impact Assessment	Not required for this report.
Data Quality	Data has been provided from the Trusts Electronic Staff Records, HR employment contracts of employment, Terms and Conditions frameworks, Recruitment data,

Action required

- To receive and approve the Diversity and Inclusion Annual Report 2022/23.
- To agree ratification for publication and placing on the Trusts internet.

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

Diversity and Inclusion Annual Report

2022-2023

Mohammed Ramzan, Head of Diversity & Inclusion

West Midlands Ambulance Service University NHS Foundation Trust

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The following reports and action plans will be uploaded onto the organisational webpage once they are approved by the governance committees:

- WMAS GENDER PAY GAP REPORT
- WRES ACTION PLAN
- WDES ACTION PLAN

Please note: If you have trouble accessing the documents and need these in alternative formats, we may be able to assist you.
Please email: pressoffice@wmas.nhs.uk Tel: 01384 246 496

EXCELLENCE	INTEGRITY	COMPASSION	INCLUSIVITY	ACCOUNTABILITY

OUR CULTURE

As a WMAS employee, student or volunteer you will be treated with compassion. We are kind, empathetic, supportive, non-judgmental and appreciative. We are curious about what makes us unique, and about what we have in common.

We will respect each other's boundaries and always be honest, truthful and respectful. We focus on excellence in all we do so that our patients, service users and partners have the best possible outcomes and experiences. We will hold our-selves to account for our behaviours and will not shy away from holding others to those same standards and behaviours.

FOREWORD

This report outlines the challenges we have faced and our achievements for 2022-23. We are particularly proud of the progress we have made in embedding the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES), and Gender Pay Gap action plan. In the last year we have started to collect the Ethnicity Pay Gap data which will also inform the WRES action plan. Our Board membership continues to be representative of the population and staff it serves. We have expanded our Chaplaincy service and welcomed Imam Asad to join Rev. Vanessa in March 2023 to support our staff, recognising the diversity of staff needs. We are hopeful of increasing the chaplaincy service to include new membership in 2023/24

The Trust serves a population of 5.6 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Staffordshire, Warwickshire, Coventry, Birmingham, and Black Country conurbation.

The West Midlands is full of contrasts and diversity. It includes the second largest urban area in the country (Birmingham, Solihull and the Black Country) yet over 80% of the area is rural. We are the second most ethnically diverse region in the country after London which makes it vital that we work closely with the many different communities we serve. Ensuring we listen and respond to their suggestions and comments ensures that our service meets the needs of everyone in the region.

As the region's emergency ambulance service, we respond to around 4,000 '999' calls each day. To manage that level of demand, we employ approximately 7000 staff and operate from 15 new fleet preparation hubs across the region, and three 999 Emergency Operations Centres. The West Midlands 111 service is no longer hosted by the Trust. Around 4509 staff transferred under TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) regulations across to the new provider, which will have had an impact on the demographics of some staff groups within the Trust. We also provide non-emergency patient transport services across some parts of the region for those patients who require non-emergency transport to and from hospital and who are unable to travel unaided because of their medical condition or clinical need. Our staff complete approximately 1 million non-emergency patient journeys each year.

Many people still think ambulance services only take patients to hospital. In fact, only just over 50% of our patients end up going to an emergency department with the rest either being treated at the scene or in their home, given advice over the phone or taken to another service such as a GP or minor injuries unit. We have achieved that by investing heavily in the skills that our staff have. We are the first Trust in the country to have a paramedic on every vehicle and continue to operate this delivery model.

Our Diversity and Inclusion vision is centered around three pillars:

1. to build a diverse pipeline of people into WMAS as well as valuing diversity of thought and experience of our existing staff.
2. to create an inclusive workplace for all and
3. to reflect diversity in the delivery of our service to the diverse communities we serve.

Building and valuing a diverse and inclusive workforce takes purpose and dedicated action, but the benefits are substantial, both to ourselves and those we serve.

We have robust governance processes in place to ensure strategies, policies, procedures and major service changes are regularly assessed for impact on equality issues and our Board, Committees, Diversity & Inclusion Steering Group and staff networks help us to understand those needs. The Trust continues to progress and embed, Diversity and Inclusion into everything we do.

People Director

Carla Beechey

Chief Executive

Professor Anthony Marsh

Head of Diversity & Inclusion

Mohammed Ramzan

EXECUTIVE SUMMARY

This Annual Report will highlight our achievements during the past year. The Trust has a statutory responsibility to publish an annual Equality report. This report provides information about the work we are doing and what we have achieved over the previous year. The report demonstrates the compliance with the Public-Sector Equality Duty [PSED]. Further, the report will highlight some of the key achievements over the year and include information and progress on projects including Equality Delivery System 3 report and grading, the Workforce Race Equality Standard (WRES) data and action plan, the Disability Workforce Equality Standard (DWES) and the Gender Pay Gap.

The report also provides a brief on our performance in regulatory compliance and our commitment to promoting a culture of inclusion for patients and staff through our vision for the future. This report will provide evidence on our commitment in meeting the Public-Sector Equality Duty (PSED) in the need to give due regard to eliminate discrimination, advance **equality** of opportunity and foster good relations between different people when carrying out our activities.

Some elements of the report are mandatory in relation to workforce data under the Specific Duty and Equality Objectives.

The Trust also understands the importance of a workplace that reflects the communities we serve, which is known to provide better quality patient care.

CORE SERVICES

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST PROVIDES THE FOLLOWING:

EMERGENCY AND URGENT

This is the most-known part of the Trust and deals with the emergency and urgent patients. The Emergency Operations Centre (EOC) answers and assesses calls for 999. EOC will identify the most appropriate ambulance crew or responder to the patient or reroute the call to our Clinical Validation Team staffed by experienced clinicians (paramedics or nurses) who are able to clinically assess and give appropriate advice. Over the past few years, the EOC has expanded considerably to manage the volume of calls, especially in response to the COVID pandemic. Where necessary, patients are conveyed by ambulance to an Accident and Emergency Department or other NHS facility for further assessment and treatment. Additionally, they can refer the patient to their GP where appropriate.

NON - EMERGENCY PATIENT TRANSPORT SERVICE (PTS)

As well as dealing with '999' emergency calls, West Midlands Ambulance Service plays a key role in getting thousands of patients to and from their out-patient appointments and take people home from hospital. We complete in the region of one million non-emergency Patient Transport Service (PTS) journeys each year. We have contracts in Birmingham, Black Country, Coventry & Warwickshire as well as throughout Cheshire, Warrington and Wirral. The majority are commissioned by Clinical Commissioning Groups and tendered on a competitive commercial contract basis.

The Trust employs nearly 900 PTS staff using more than 350 vehicles to get patients to and from their hospital appointments throughout the region and beyond, 24 hours a day, seven days a week. The journeys are booked and coordinated by dedicated control rooms based in Stafford, Coventry, Brierley Hill, Warrington and Frankley.

EMERGENCY PREPAREDNESS

This part of the organisation deals with the Trust's planning and response to significant and major incidents within the region as well as coordinating a response to large gatherings such as football matches, festivals and this year the hosting of the Commonwealth Games in Birmingham. It also aligns all the Trust's Specialist assets and Operations into a single structure. Examples of their assets include the staff, equipment, and vehicles from the Hazardous Area Response Team (HART), Air Operations, Decontamination staff and the Mobile Emergency Response Incident Team (MERIT).

The Trust constantly arranges training for staff and ensures the Trust understands and acts upon intelligence and identified risks to ensure we keep the public safe in terms of major incidents. The Trust is supported by a network of Volunteers. More than 500 people from all walks of life give up their time to help.

COMMUNITY FIRST RESPONDERS

Community First Responders (CFRs) are always backed up by the Ambulance Service but there is no doubt that their early intervention has saved the lives of many people in our communities. WMAS is also assisted by voluntary organisations such as BASICS doctors, water-based Rescue Teams, and organisations.

OUR DIVERSITY & INCLUSION VISION FOR THE FUTURE

The Trust continues to implement its diversity & inclusion vision statement with staff and the community. We continue to implement positive action measures in our recruitment to better represent the communities we serve, and in the way we engage with more 'seldom heard' community groups. It means bringing in new voices, backgrounds and experiences into our service which we have demonstrated in our EDS work and with greater engagement with our staff and networks.

The journey means we want to listen, be courageous and think outside the box. Being inclusive only comes from working together with each other and our stakeholders.

We believe in fairness and equity, and value diversity in our role as both a provider of services and as an employer. WMAS aims to provide accessible services that respect the needs of each individual and exclude no-one. We are committed to eliminating discrimination based on the Equality Act 2010.

We recognise that discrimination can be direct or indirect and takes place within organisations and at a personal level. Such discrimination is unacceptable and unlawful. We have a zero-tolerance approach towards behaviour that amounts to harassment or the exclusion of any individual.

We expect all WMAS employees to fulfil their responsibilities and to challenge behaviour or practice that excludes or is offensive to service users, suppliers, or colleagues. WMAS continues to develop a healthcare workforce that is diverse, non-discriminatory, and appropriately skilled to deliver modern healthcare services to all.

Alongside our vision statement, we are required under the Equality Act 2010 to demonstrate that we are meeting our equality and diversity legal duties.

The PUBLIC-SECTOR EQUALITY DUTY (PSED) is part of the Equality Act 2010 and came into force in April 2011. This duty requires NHS organisations and other public bodies to:

- Comply with the General Equality Duty
- Comply with the Specific Duty
- Publish Equality Objectives every four years.

The GENERAL EQUALITY DUTY has three aims and requires us to have 'due regard' to:

1. Eliminate unlawful discrimination, harassment and victimization and other conduct prohibited by the Act.
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Our staff and patients are all different, and 'one size does not fit all'. In WMAS we aim to make sure our work and the services provided are fair and meet local needs. The Trust has a legal duty to promote equality and ensure services are accessible for all.

OUR WORKFORCE

WMAS is a dynamic organisation with over 6,879 staff as of 13th June 2023. The full breakdown of workforce data is attached to this report in the appendix section. The organisation has robust policies and procedures in place which ensure that all staff are treated fairly and with dignity and respect. The Trust is committed to promoting equality of opportunity for all current and potential employees. The Trust is aware of the legal equality duties as a public sector employer and has equality and diversity training, at induction, in place for all staff.

The Trust opposes all forms of unlawful and unfair discrimination and will ensure that barriers to accessing services and employment are identified and removed, and that no person is treated less favourably on the grounds of their race, ethnic origin, sex, disability, religion or belief, age, sexual orientation, transgender status, marital or civil partnership status, pregnancy or maternity, domestic circumstances, caring responsibilities, or any other relevant factor.

The organisation realises that staff need to be representative of the local population. Therefore, continued briefing and training for recruiting managers, in partnership with human resources personnel, will be crucial to address this gap and will form part of the equality action plan for 2023/24.

EQUALITY IMPACT ASSESSMENTS – DUE REGARD

Due Regard (diversity & inclusion analytics) is the mechanism by which the Trust seeks to ensure that its functions, policies, processes and practices do not have an adverse impact on any person in respect of their protected characteristics as described in the Equality Act 2010.

Due Regard means thinking about the aims of the PSED in the decision-making process. This means that consideration must be given to equality issues such as:

- How the Trust acts as an employer
- How the Trust develops, evaluates, and reviews policy
- How the Trust designs, delivers and evaluates services
- How the Trust commissions and procures from others

The EIA process has been embedded into the governance mechanism of the Trust and the framework is available for staff to use when developing or reviewing business activity. Training on how to utilize the EIA framework was delivered to appropriate staff in 2022/23, as well as being promoted in the weekly brief and is available on the intranet for staff to download. Further advice and guidance has been developed on the EIA process and the equality lead has provided one to one support on completion of the forms when needed.

COMMUNICATIONS & ENGAGEMENT

Partner Stakeholder Survey

WMAS undertook its third annual stakeholder survey towards the end of 2023 where we asked our key stakeholders, such as commissioners, regulators, hospital trusts, local authorities, health-watch, universities and others what WMAS is like as a partner to work with. The survey had ten questions and enabled respondents to provide free text replies.

We had responses from a wide range of stakeholders who were very supportive of the Trust but did provide feedback on how we could further strengthen partnership working in what is a complex challenging environment.

The results of the survey have been shared with executive management board and Trust board, so the leadership team can see how we are progressing with regard to partnership working, communications and engagement.

Integrated Care Systems

The Chair, CEO and Strategy and Engagement Director have undertaken a rolling series of engagement sessions with the Chairs and CEOs of each of the 6 ICS WMAS works with. This has helped WMAS build relationships and share knowledge with new partners and served as a forum to discuss areas of mutual interest.

EQUALITY OBJECTIVES 2021-2025

The Trust is required under the "Specific Duties" to prepare and publish one or more specific and measurable equality objectives which will help to further the three aims of the Equality Duty. The objectives must be published every four years. Despite the challenges of the COVID 19 pandemic, we have made meaningful progression and will continue to work on areas over the course of the Equality Strategy 2021-2025.

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

Over the last year we have done this through:

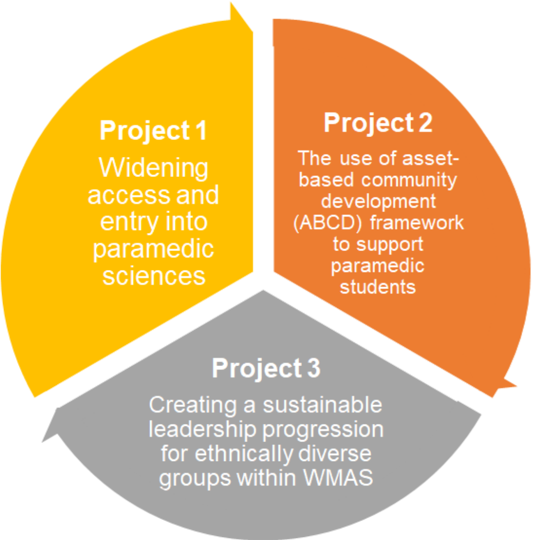
- Implementing and strengthening our approach to the NHS Equality Delivery System by working with Black Country ICB on a joint assessment on Domain 1 of the new framework. Please see below for further information.
- Monitoring of the Workforce Race and Disability Equality Standards and the Gender Pay Gap action plans.
- Investigating the experiences/satisfaction of staff through further surveys (Winning-Temp survey platform) and focus groups
- 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 have done this in part by:

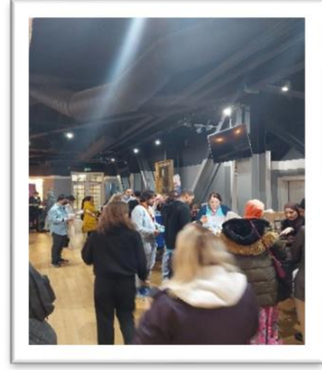
- Targeting local and diverse communities in recruitment campaigns.
- Work closely with external partners and providers (e.g., university paramedic programmes) to ensure diversity among the student group, and appropriate course content.
- Ensure the recruitment and selection training programme informs recruiting staff and managers of their legal duties under the Equality Act 2010.
- Partnering with Coventry University and Heath Education England to support three Masters of Research for 3 inter-related studies:



Recruitment in Action - Recruitment engagement 2022-2023.

The recruitment team attended 40 different social engagement events in 2022-2023 within a variety of different settings, from schools that cater for pupils with multiple profound disabilities, delivering careers advise in partnership with the department of working pensions; to colleges and academy's that are looking to inspire their pupils. There has been a real sense this year of positivity and interest in working within the service. Some of the highlights this year have included Working with Connexions at their annual careers event held at West Bromwich Football club, demographically this area has a 40.9% BAME population with this specific event aimed at 15- 19-year-olds who use the connexions service to develop their employability skills. November saw the teamwork alongside the Princes Trust focusing on getting young people who have faced disadvantage and adversity to build a better future for

themselves through job opportunities, education training and enterprise at their careers event held at Birmingham's Villa Park. Lots of positive engagement with those who were drawn to the Trusts stand where the team were on hand to talk them through the recruitment and selection process as well as sharing their experiences of working within the Trust. Children and public service students braved the Birmingham weather to attend an emergency services day held in central Birmingham. Where they were introduced to members of the Trusts HART and Recruitment Team, asking questions about the roles they do and looking at all the specialist equipment and careers within the service. The year finished off with career presentations delivered at Juniper Training, who provide free training courses for 16-18year old across the country at different training centres. Juniper trains and educates a lot of disadvantaged pupils who have face difficulties within mainstream education to help them gain the vital skills and confidence to take them into the workforce. The 2023-2024 diary is already filling up with further diverse engagement opportunities such as working with BBC Asian Network to recruit more staff from diverse backgrounds and the opportunity to visit faith schools.



Inclusive Uniform Work Up for National Award

The work undertaken to create a new more inclusive uniform for the UK Ambulance Sector was nominated for a national award and reached the finals. WMAS staff played a key role in the programme which saw the introduction of a range of items that help meet their beliefs such as Hijabs, Turbans, and Kippahs. It also saw the introduction of lighter polo shirts with underarm ventilation, trousers that fit different body types, helmets that can be used with cochlear implants and hats that allow space for hearing aids, and maternity clothing for staff who move into alternative duties in an office when pregnant. The work was nominated at the UK National GO Awards Ceremony to celebrates the very best procurement achievements from across the UK's public, private and third sector organisations. Trust Equality, Diversity and Inclusion Lead, Mohammed Ramzan, said: "The project took over two years to complete because of the thorough and extensive engagement with key stakeholders as well as testing by staff in the roles the uniform was designed for. Even if we don't take first prize, the fact that staff give good feedback is a win in itself." You can find out more about the project by watching this film. https://youtu.be/a0XN0EKiwMs

From left to right, Chris Jenkins, Mohammed Ramzan EDI Lead, Elisa Lamb (NHS Supply Chain), (WMAS) Karen Holdsworth, Southwest Ambulance Trust EDI Lead.

Provision of free sanitary products for all staff across the Trust.

The Trust was successful in a bid for funds from AACE (Association of Ambulance Chief Executives) to be able to provide free sanitary products to all staff across the Trust. The monies awarded was used to purchase and install a free vend unit in every female toilet block across the Trust, a total of 34 units. In addition, the bid enabled the purchase of a large supply of sanitary towels and tampons, in a variety of flow sizes. This meant that every unit was provided with an initial stock of products. We wish to encourage people to pay it forward by adding products to the free vend machines when the initial stock has been used, feedback from women is that they would be happy to do this as and when they can to support their colleagues. We know that there are several reasons why this initiative will be beneficial to people in the Trust, including from a period poverty perspective, to supporting people experiencing menopause and other health issues such as heavy and irregular bleeding, in addition to being available to any staff that don't have products with them that they need.

Becky Godfrey, Chair of the Women's Network and Lucy Mackcracken, Head of Human Resources

Health & Wellbeing Roadshows 2023

After the enormous success of the health and wellbeing roadshows last year, the events are back for 2023. In total 25 sessions have been set up with the usual features such as health checks, SALS advisors, health & wellbeing champions, FTSU advocates as well as the cycling and rowing challenges. This year we have partnered with our external stakeholders (West Midlands Police Social Club, OH, Cycle to work scheme etc) and internal stakeholders (Trust Networks, EDI Lead etc) to help and support staff with their health and wellbeing. We look forward to planning the 2024 events.

Recruitment of placement student to the HWB and EDI Team

To support our Health and Wellbeing and Equality and Diversity Team, we have recently recruited our first every placement student from university for the next year to develop and support with HWB and EDI projects and initiatives, we really look forward to working with our new placement student Amisha Regmi.

Objective 3 Civility and 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:

- Developing and delivering an internal communication campaign on civility and respect in the workplace
- Developing 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. We have collated incidences of verbal and physical incidences broken down by Ethnicity, Age and Gender.
- Continuing to 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
- Embedding the refreshed values, behavioural framework and culture statement as our standard, measured through performance and development conversations and holding ourselves and others to account
- Launching the rebrand of our grievance procedure to be a resolutions procedure with greater emphasis on listening skills and resolving issues at an informal level, ensuring that people that raise concerns are treated with dignity, respect and compassion.
- Launching and delivering a new manager training package in relation to dealing with dignity at work and resolutions concerns in the workplace, equipping managers with the skills and knowledge to deal with these topics appropriately whilst ensuring staff are supported through these processes.

Sexual Safety at WMAS

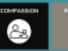
In October 2022 we launched a sexual safety charter across the Trust, clearly demonstrating behaviors and conduct that are not acceptable and to encourage people to report concerns of a sexual safety nature. To coincide with the launch of the charter, an education and awareness session was implemented and delivered across the Trust to managers, supervisors and those working in a position of Trust.

Across all sites sexual safety awareness posters are displayed in safe spaces, on the back of toilet doors, highlighting examples of inappropriate behaviour and listing avenues of support available. The below infographic depicts the journey in relation to sexual safety at WMAS since October 2022.

SEXUAL SAFETY AT WMAS

In October 2022 we Launched our approach to raising awareness of sexual safety in the workplace, highlighting the support avenues for individuals who experience this unacceptable behaviour and confirming our commitment to addressing this robustly and appropriately.

New Values and Behaviours Launched



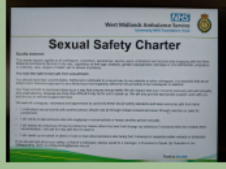
Sexual safety and awareness information has been incorporated into corporate induction and mandatory training workbook that all staff complete.

Sexual safety awareness posters can be found across all Trust sites. Including in safe spaces on the back of toilet doors.

A Sexual Safety and Awareness Training session has been developed and delivered to

- Board members & Senior managers
- Operational & Corporate Managers
- Clinical Team Mentors, Supervisor's
- Education & Training Officers
- Staff Networks

We Launched a Sexual Safety Charter



[Viewing Managing Safeguarding Allegations Policy and Procedure (policeystat.com)]

"Until I read the poster on the toilet door, I thought what I was experiencing at work was part of ambulance banter, even though it made me feel very uncomfortable at times that I did not want to come to work. Reading the poster helped me understand it was unacceptable and should be reported".

" After attending the awareness session, I now feel more able to challenge inappropriate behaviour and feel more confident to support staff that disclose these experiences to me".

There are many avenues that people can use to raise concerns to,
Police
Any Trust Manager
Human Resource Team
Safeguarding Team
Trade Union Representatives
Freedom to speak Up
Staff Advice Liaison Service (SALS)
Chaplaincy Services
Mental Health First Aiders

Of cases reported, following investigation have resulted in range outcomes including:

- Education and training
- recommendations
- regarding personal impact
- and behaviours.
- Sanctions
- Dismissal
- Referral to regulatory
- bodies and Disclosure and barring Service
- Formal Disciplinary
- Mediation
- No further Action

Since the launch of the awareness campaign, the number of concerns reported have risen. While any such case is one too many, the fact that staff have the confidence to report such behaviour is a positive. Claims are taken seriously, managed fairly and appropriately as part of a multidisciplinary allegations meeting.

All student paramedics, whether employed by the Trust and or on placement have been contacted regarding the Trust's approach to rooting out inappropriate behaviour. They have also been given details of how to report cases and the support available.

Objective 4 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 Governors
- Ensuring all our leaders have specific diversity & inclusion objectives in their annual objectives with performance discussed during their appraisals.
- Ensuring that Board and Committee reports include an equality impact analysis.

We have made some significant progress despite the challenges and pressures that the Trust has faced whilst acknowledging that over the course of the four years of the Equality Strategy, further work needs to be advanced to deliver on the objectives in their entirety. In Feb 2023, the EDI lead delivered board session training on Equality, Inclusion and Diversity and provided information for further consideration by the Board in advancing and promoting equality throughout the organisation. The Board session was well received, and further outcomes were identified to be progressed in 2023/24.

GENDER PAY GAP

In 2017 the Government introduced world-leading legislation that made it statutory for all organisations with 250 or more employees to report annually on their gender pay gap. West Midlands Ambulance Service University NHS Foundation Trust is covered by the Equality Act 2010
(Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017.

These regulations underpin the Public-Sector Equality Duty and required the relevant organisations to publish their gender pay gap data by 30 March 2018 and then annually thereafter, including mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile.

The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

Differences in gender pay show a demographic pay gap. By taking the average hourly rate for all employees and comparing the difference in that metric for men and women, gender pay reporting is most notable about female representation in certain roles – not whether a man earns more for the same job.

Equal pay is about men and women being paid the same for the same work, while the gender pay gap is about the difference in average hourly earnings.

In 2022, we published the WMAS Gender Pay Gap report as per requirement and developed an action plan to bridge the gap in disparities. Please see action plan in the appendix section. For 2023/24, WMAS has continued to support the Springboard project for women.

Springboard project for Women - Case Study 1

Springboard Programme Case Study

Springboard is an award -winning and personal development training programme delivered over three months; it is CPD accredited.

The programme is aimed at women who want to take control, become more assertive, increase their confidence and build themselves a more positive attitude in both their work and home lives.

Springboard empowers women and helps them to enhance their own skills and abilities and challenge power and inequality while also building assertiveness, a positive image, and giving them a voice.

Why was Springboard Programme delivered to WMAS?

Springboard was offered to demonstrate a visible commitment to the development of women across WMAS, in support of the EDI priorities, Gender Equality and Staff Health & Well -being strategy.

Has it been successful, and why?

The programme has been successful. To date, over 60 women have completed the programme (Paramedics and non - operational staff)

The programme has inspired and motivated individuals, increasing the number of females who have secured leadership and specialist roles. Others have volunteered to take on additional responsibilities to help women have a voice and to influence policy - Becky Godfrey became the Chair of the Women's Network, and Karina Graham, Co -Chair of the WMAS ONE Network. As a result, of their leadership, more women are involved in the networks and influenced several policies for the Health & Wellbeing of women.

Feedback from Becky Godfrey - Chair of Women's Network as to how the programme helped them: I found the Springboard programme really empowering, it gave me insight into how I support my own wellbeing, but the overwhelming factor was meeting other women in our organization and understanding and supporting each other. Following completion of the programme I was asked if I would like to create and chair the Women's Network which I was honored to do. Since then the Network has gone from strength to strength and we are now actively promoting womens issues in the organization and supporting and empowering women across the region.

Feedback from Karina Graham -Co-Chair of WMAS ONE Network as to how the programme helped them The knowledge and the confidence that I gained from the programme enabled me to become successful in becoming the Co-Chair of the ONE network. The programme has been instrumental in enabling me to support the Workforce Race Equality Standard with the aim of improving workplace experiences and employment opportunities for BME staff.

As part of our commitment to bridging the gender pay gap and gender equality, the Trust is supporting the Springboard Women's Development Programme - an award winning personal and professional programme designed and developed by women for women. It has been tried and tested in the NHS and beyond and is designed to support women in taking control and making good decisions in life and work.

In the past year, we have continued to offer bespoke development programme for WMAS female staff and is open to transgender women and non-binary people,

Springboard is for women who want to take control, become more assertive, increase their confidence and build themselves a more positive attitude in both their work and home lives.
The programme gives the participants the time to reflect, share and most importantly, set achievable goals for now and the future.
Springboard empowers women and helps them to enhance their own skills and abilities, and challenge power and inequality, while also building assertiveness, a positive image, and giving them a voice.

During the programme, the participants were invited to explore practical ways of learning how to develop their potential by:

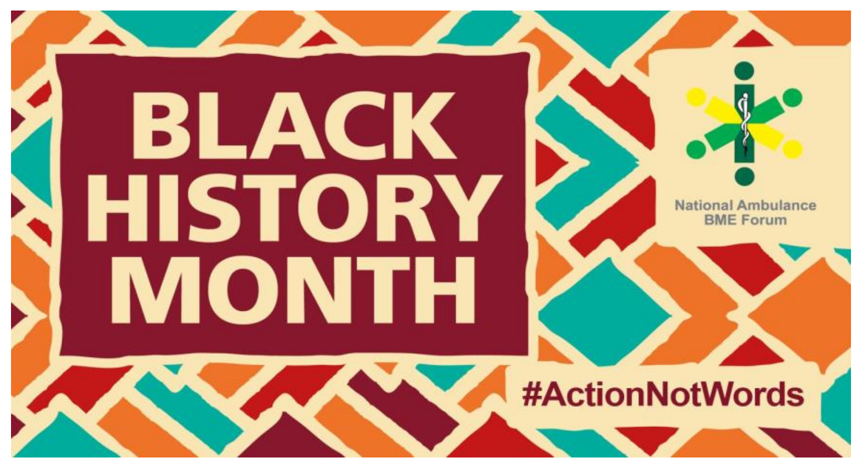
- undertaking realistic self-assessment which will help set challenging goals;
- learning communication skills, assertiveness, self- confidence, improving your work/life balance and developing positive skills and attitudes.

WMAS has an active workforce plan in place that has seen the recruitment of over 1600 student paramedics into the workforce since 2013. This programme has been instrumental in changing the demographics of the organisation, as can be demonstrated by recruitment activity where 57.87% women were appointed as of 31 March 2023.

ACTIONS TO ERADICATE THE GENDER PAY GAP

The Board of Directors and the senior leadership team are committed to improving our gender pay gap and are looking at a number of initiatives to address this through the action plan which includes supporting a further cohort for women's development programme, Springboard in 2023/24. Please see Action Plan in the appendix section.

WORKFORCE RACE EQUALITY STANDARD



Workforce Race Equality Standards (WRES). The Workforce Race Equality Standard (WRES) was introduced in the NHS in 2015 with an aim to support NHS organisations to close the gaps in workplace experience between White and Black and Ethnic

Minority (BME) staff and to improve BME representation at the Board level of the organisation. The Trust supports and promotes the WRES, encouraging BME staff to reach their full potential through equality of opportunity.

The Trust aims to recruit a workforce that is diverse and representative of our communities. The WRES is a set of metrics which annually is published in conjunction with an Action plan.

In 2022/23, WMAS collated the WRES data and developed a robust action plan to bridge the gaps in disparity. Please see the WRES Data & action plan in the appendix section.

The Trust has actively been working towards the implementation of the action plan and has notable successes despite the challenge of COVID 19. The Trust believes that the organisation is going in the right direction with an established ONE (BAME) network which has met on a regular basis throughout 2022/23.

West Midlands Ambulance Service: Workforce Race Equality Standard - Areas for Improvement

This is the second year that the national Workforce Race Equality Standard (WRES) team has produced a detailed report on each Trust highlighting areas of improvement needed and identifying where Trusts have done well. The purpose of this exercise is to help the Trusts identify priority areas for improvement. The current reporting year for the purposes of this section of the report is 2022.

A maximum of three high priority areas for improvement have been identified for the WMAS as follows:

High priority areas for improvement within the Trust (to a maximum of three):
Indicator 1: 6 harassment, bullying or abuse from staff in last 12 months against BME staff
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion amongst
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months against BME staff

Action: Specific action for Diversity and inclusion lead to share the findings with recruitment, OD and HR to review current work being undertaken to address this disparity which will be reflected in 2023/24 WRES action plan.

Areas of best performance within the Trust (to a maximum of three):
Indicator 1: Career progression in clinical roles (lower to middle levels)
Indicator 9: Board representation from BME backgrounds, including voting members is higher than the population WMAS serves and also higher than the ethnicity staff profiles overall.

Please note, these areas of best performance are intended to highlight potential examples of good practice that could be further built upon within the organisation, and also shared with other organisations. Nonetheless, there may remain the need for further improvement in these indicators. The WRES team will analyse for and look to celebrate areas where good performance is maintained or further improved, year-on-year.

Conclusion

The national WRES team identified three areas that the Trust should look towards setting specific actions to address for improvement. However, it must be noted that there are areas where the Trust has performed well as indicated in this summary. It should be noted that the Trust has been working towards the implementation of several action plans including the WRES action plan in 2022/23. These action plans have been actively monitored for progress, quarterly, at the Diversity and Inclusion Steering Group (DISAG). The outcome of the WRES data (to be published later in 2023) will give the Trust further information on how well the Trust has done in the past year and areas for further improvement.

This is a challenging time for everyone; however, it presents us with even more reason to ensure we are living the principles of equality and inclusion in all that we do, and WMAS will continue to progress the WRES and WDES work within WMAS.

EQUALITY DELIVERY SYSTEM 3 2022 (EDS3 2022)

Introduction

The main purpose of the Equality Delivery System is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using EDS3 2022, NHS organisations can also be helped to deliver on the Public Sector Equality Duty (PSED).

The EDS provides a way for the organisation to show how it is doing against the three domains (they are called goals in the EDS2 framework)

1.	Domain 1: Commissioned or provided services
2.	Domain 2: Workforce, Health and Well-being
3.	Domain 3: Inclusive Leadership

In 2021/22, WMAS delivered on Goal 1 of the EDS2 framework which focused on the Procurement service. In previous years, WMAS considered and assessed all four goals and published the outcomes in the Annual Equality Report. The EDS3 2022 is a new leaner framework. The 4 'Goals' have now been replaced with 3 'Domains'.

As this is a transition year for the implementation of the EDS3 2022, the Equality and Inclusion leads across Black Country ICB agreed that for 2022/23 the provider organisations would concentrate on Domain 1: Commissioned and Provided services. Two areas were initially chosen for assessment and grading however it was later decided by the ICB to assess one area. That being the PALS service. The are several benefits with this approach as follows:

1) The new approach is more focused and a joint EDS assessment across the system will allow greater collaboration and learning from best practice
2) Setting realistic goals and action plans which lead to transformational change
3) Making EDS work as a tool to effect organisational change, as it was originally intended, as opposed to a tick box exercise.

Domain 1: Commissioned and Provided Services – Outcomes

Domain 1 will be completed as a system and Black Country ICB will be coordinating the assessment and grading. The expectation from WMAS will be to send evidence against the service areas in a timely fashion when requested. The planned completion of the EDS3 2022 assessment was scheduled for March 31, 2023. As this is a transition year of the implementation of the EDS3 2022 framework, WMAS, along with the majority of the system partners will only be doing Domain 1 and from 2023/24 organisational Trusts will complete Domain 2 &3 individually and Domain 1 will be completed at a system level.

EDS 3 2022 will be fully operational for reporting year 2023/2024 where all domains will be assessed and graded. There are essentially four outcomes for Domain 1 as follows:

Domain 1: Commissioned or provided services
1A: Patients (service users) have required levels of access to the service
1B: Individual patients (service users) health needs are met
1C: When patients (service users) use the service, they are free from harm
1D: Patients (service users) report positive experiences of the service

What did we do?
WMAS agreed to partner up with Black Country ICB and undertake a joint assessment on Domain 1 of the framework – Commissioned and Provided services. The previous EDS2 framework has now been being phased out. For 2023/24, the Trust has been working with Black Country ICB and a joint assessment was planned to take place in June 2023. WMAS submitted all the available evidence for Domain 1 in a timely fashion to Black Country ICB. However, there was later some amendments to this schedule with the ICB acknowledging that it is proving logistically difficult to do a joint assessment and that a slightly different path would be followed. It was therefore agreed that individual Trusts will undertake a self-assessment with it being peer reviewed for verification. The next annual report will highlight the outcomes of the assessment and any actions that need to be taken. It should also be noted that the originally planned 2 services to be assessed were reduced to one in this transition year and now we will be only reporting on the outcome of the PALS service.

Analysis and grading
The local assessment team went through the evidence, and it was observed that there were areas where the Trust was doing really well whilst areas for improvement were also identified. After assessing and analysing the evidence, the panel decided collectively that the service had elements which still needed further development. The evidence also found that certain elements of the service had met the **Achieving** grade.

It was therefore decided, after much deliberation and discussion that the service would be graded as **Developing.** It was also acknowledged that with an effective action plan the service could move from **Developing to Achieving** over the next 24 months, provided the elements within the action plan were delivered.

What difference did we make?
The EDS assessment has enabled the Trust to identify potential gaps in access to service. The recommendations in this report will be reviewed in 2024/25 enabling the service to move from a grading which is **Developing** to one which is **Achieving**. This will ensure that the PALS service is equitable and accessible to all. An action plan will be developed and agreed with the stakeholder in 2023/24 to progress on the gaps identified.

What were the keys to our success?
In order to get this project off the ground, collaborative working internally with colleagues at WMAS and with Black Country ICB (who approved the approach in the application of the EDS3 was crucial as evidence gathered would be shared for external scrutiny and learning from best practice. By analysing the PALS service and establishing a subsequent action plan (to be developed), key gaps have been addressed which will ensure that the PALS service is one which takes into account and is accessible to all that require its services.

WMAS STAFF NETWORKS and CHAPLAINCY SERVICE

We have extended our Chaplaincy service through recruitment of Imam Asad who will be working in partnership with our existing Chaplain Rev. Vanetta. The latter has been part of WMAS Trust for a number of years providing valuable support to staff. The Chaplaincy has been further strengthened by having Imam Asad on board and the service was launched in March Ramadan 2023. A grand iftar (breaking of Muslim fast) took place in March 2023 where the Chief joined in in the celebrations. It was an opportunity to learn about different faiths and ask questions whilst celebrating the opening of the fast. We continue to increase our Chaplaincy service to support the diverse faiths of our workforce, we have recently appointed a Sikh Chaplain and will go on to expand our chaplaincy services further.

This year all staff networks have been assigned an Executive Sponsor as well as a HR Manager to act as a buddy. These additional resources will be able to assist the network chairs by providing professional support and guidance to them as chairs as well as to the networks as a whole that they support.

1. PROUD AT WMAS:

Our LGBT+ Network is a well-established network within the Trust who through their inclusive ethos are bringing together LGBT+ staff, those who support their colleagues and those who want to learn more about and tackle health inequalities & stigma that LGBT+ communities still face today. Through a supportive local and national forum, they share best practice, continuing professional development opportunities and awareness events such as for LGBT History Month as well as working with the Trust to consult members in the development of policies, procedures and training to support our staff as individuals as well as improving the care we provide to our patients.

The Network communicates with our staff and its members through multiple platforms, including Microsoft TEAMS, Facebook, and email to improve engagement as well as with their followers on Twitter where they share upcoming events, new development opportunities and the exciting work that they do with the wider public which serves to improve relations between the ambulance service and the LGBT+ community and the wider public. We have also attended local LGBT+ events including Birmingham Pride where over 50 of our staff join colleagues from other emergency services and

the wider NHS to provide a Tri-Service approach to engaging with the community and promoting the ambulance service as a diverse and inclusive place to work.

As a contributing committee member of the National Ambulance LGBT+ Network who bring together representation from each NHS Ambulance Trust to coordinate best practice, activities and contribute to core objectives our network have supported our staff to attend the National Ambulance LGBT+ Network Annual Conference each year which is an opportunity for professional development, sharing best practice and networking with colleagues from around the country. This platform has seen us contributing to the development of a Trans Toolkit available from CPDme, the Trans 'Z' card available to staff across our organisation and other CPD aimed at improving care to patients living with HIV which is available to staff across the country and brings a unified standard to the care that we provide.

2. ONE NETWORK: THE BME GROUP

The network is becoming well-established, have Terms of Reference and have elected a staff committee. Members receive regular updates and are able to engage with the network through a number of mechanisms, including WhatsApp, twitter, and email as well as in person and by phone.

The group is represented on the National BME Ambulance Forum with the work chair and the WMAS EDI Lead, being members of the management committee.

The network has gone through a transition over the last two years with two co-chairs elected. The network has worked closely with external partners and has made key contributions in the resource created for BAME members and allies of the Trust. Black History Month 2022 was celebrated across the Trust including weekly articles going into the organisations weekly brief with the aim of educating, learning and celebrating past and present contributions. The network have a number of achievements to look back on and moving forward as follows:

- The network is building in terms of members and we are continuing the process of recruiting more members.
- We have actively sent information to IT to help build a more informative ONE network intranet page and remove some outdated and isolating Information.
- Have successfully completed two independent ONE Network drop-in sessions. With the next one booked in for the 8th June at Erdington Hub alongside the health and well-being roadshow.
- Have completed some successful and fantastic community events (KG) with further events booked in 2023/24
- We have secured merchandise (pens, lanyards and badges) and a ONE Network banner which we are now taking out with us to events.
- In 2023/24 the network will be supporting the development of the anti-racism charter.
- Going forward the network is working towards more events and community engagements alongside building the network.

3. WOMEN'S NETWORK

The Women's network is now well-established group having had the inaugural launch in March 2022 on the same day the celebration of the International Women's Day. A chairperson was elected and members receive regular updates and are able to engage with the network through a number of mechanisms. Although a relatively new network, it has already been instrumental in shaping the Gender Pay Gap action plan, which is monitored by the group and has helped coordinate the Springboard initiative for women.

- Network event held on 16th March 2023, full day event, good uptake and further membership gained.
- Vice Chair and social media secretary appointed, Sonia Bhattle and Louise Jones, meetings held to plan further events.
- Springboard cohort commenced; guest speaker presentation completed.
- Internet page currently being built
- Save the date 10th August – further network day event currently being planned for 2023/24.
- AACE National Network meeting attended.
- Gender Pay gap action plan updated and published for 2023/24.
- Roadshow planned with HR to promote free sanitary products in 2023/24

4. DISABILITY, CARERS AND ADVOCATES NETWORK (DCA)

The Disability, Carers & Advocates in brief the DCA is the identifying name for the West Midlands Ambulance Service network for all staff who have a Disability, are a Carer or would act as a supporting Advocate for either party. DCA was launched in 2019 and has grown in membership very quickly with over 50 members.

The purpose of this group is:

- Is to promote a positive approach to Disability & Carers responsibilities
- To address issues, topics, that have arisen
- To provide best practice in terms of shared knowledge and understanding for the benefit of all staff.
- Creating a supportive, nurturing and inclusive environment were all members of staff with differing abilities are respected and acknowledged for their contribution.

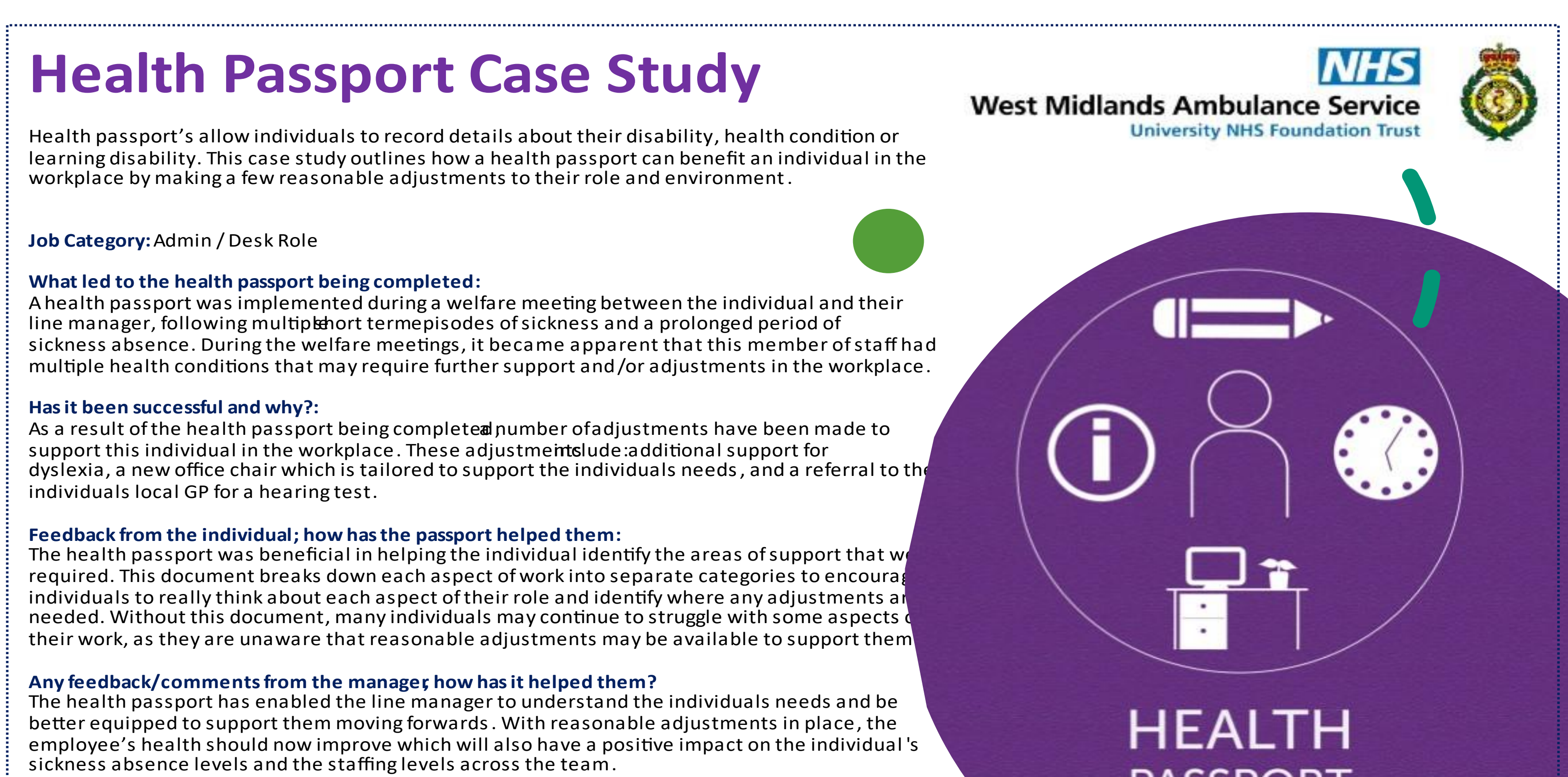
Membership is currently stable with members predominantly at Millennium Point, Navigation Point and Tollgate. The network is keen to reach out to all staff and board members with disabilities (both obvious and hidden), caring responsibilities or who will be advocates for these groups. Meetings have mainly been online via Teams which seems to have worked well and allowed staff from other locations to join more easily, with the first face to face meeting in three years at MP just before Christmas.

Disability History Month (DHM)2022.
A series of articles were published in the weekly briefing throughout the month. A Disability History Month/Health and Well-being event was held at Millennium Point at the end of the month. The network engaged with many staff to promote the network, as well as health and carers passports. Several staff were signposted to internal or external sources of help and advice. A a similar event in DHM this year is scheduled, possibly at Tollgate to allow outreach to a different group of staff.

In 2023/24 the network will have its own page on the Intranet to improve accessibility and interaction for all staff. Meetings will continue to use teams, however the face-to-face meeting in December took a hybrid approach as some members could not attend in person but could still join in.

Case Study 2: Disability – Health Passport
This year the Trust launched both a Health and Carer's Passport Scheme. The passports allows individuals to document their needs and support they may require in the workplace, this enables them to have an effective conversation with their managers to discuss and agree the support to be implemented.

The case study below is based on a real case and demonstrates how solution-based interventions can help staff and management understand the needs of staff leading to better working conditions, less days of sickness, well led and motivated staff.



Health Passport Case Study

Health passport's allow individuals to record details about their disability, health condition or learning disability. This case study outlines how a health passport can benefit an individual in the workplace by making a few reasonable adjustments to their role and environment.

Job Category: Admin / Desk Role

What led to the health passport being completed:
A health passport was implemented during a welfare meeting between the individual and their line manager, following multiple short term episodes of sickness and a prolonged period of sickness absence. During the welfare meetings, it became apparent that this member of staff had multiple health conditions that may require further support and/or adjustments in the workplace.

Has it been successful and why?:
As a result of the health passport being completed, a number of adjustments have been made to support this individual in the workplace. These adjustments include: additional support for dyslexia, a new office chair which is tailored to support the individuals needs, and a referral to the individuals local GP for a hearing test.

Feedback from the individual; how has the passport helped them:
The health passport was beneficial in helping the individual identify the areas of support that we required. This document breaks down each aspect of work into separate categories to encourag individuals to really think about each aspect of their role and identify where any adjustments ar needed. Without this document, many individuals may continue to struggle with some aspects o their work, as they are unaware that reasonable adjustments may be available to support them

Any feedback/comments from the manager; how has it helped them?
The health passport has enabled the line manager to understand the individuals needs and be better equipped to support them moving forwards. With reasonable adjustments in place, the employee's health should now improve which will also have a positive impact on the individual's sickness absence levels and the staffing levels across the team.

The sickness absence manager training packages have been refreshed this year to include greater emphasis and education about reasonable adjustments and the support that can be explored to people who have long term health conditions and/or disabilities. The training takes managers through practical exercises to challenge their thinking process and to help them understand from a different perspective. The sickness policy is due for review in Summer 2023, the aim being to rebrand the policy to have a greater emphasis on a supportive and compassionate approach including a stand-alone appendix to help managers understand their responsibilities in relation to supporting individuals with disabilities in the workplace.

5. WMAS Military Network

The Military Network provides a support group for staff who have an affinity with the armed forces community. This includes those who have served (veterans), those currently serving as reservists, Cadet Instructors, family members of those serving and everyone else who has an interest in the armed forces community. The network aims to:

- Support staff to be able to engage in military service (Reservists and Cadet Leaders)
- Create an inclusive community of staff who have military experience, connections to the military or a general interest with no barriers to membership
- Celebrate the current and past military service of WMAS staff
- Provide signposting for further support and welfare to military veterans
- Raise awareness across the trust of issues faced by military veterans and offering of signposting support for patients
- Support military service leavers in their transition into working for WMAS
- Support Armed Forces Charities and organisations

November is a busy month for the network supporting Remembrance with a number of events and parades across the region.
The network was relaunched in early 2023 and a committee has now been put in place and a new Teams site setup as a central point of information and interaction.

June was a busy month with both Reserves Day and Armed Forces Day which saw reservists (non-patient facing) wearing uniform to work and a host of Armed Forces Day events across the region.
Looking ahead the network will focus on supporting Veterans and the introduction of Veteran Champions on hubs/trust sites as a point of contact/support. We will look at what other support we can offer these individuals and any other relevant training.
The Network continues to engage with military organisations, NHS employers and other key stakeholders to ensure we provide the best support our staff and patients.

DIVERSITY & INCLUSION STEERING GROUP (DISAG)

The Trust supports the DISAG group with representation from a diverse range of staff from across the Trust who are representative of the various roles and departments within the Trust group, including network chairs, staff side representatives, the group is chaired by the People Director. The DISAG group meets every three months to consult and drive the Diversity & Inclusion agenda forward. Action plans emanating from DWES, WRES and Gender Pay Gap reports are monitored at DISAG for progress.

EXTERNAL PARTNERS

NADG [NATIONAL AMBULANCE DIVERSITY GROUP]

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 Equality & Diversity agenda at national level.

NLGBT [NATIONAL LESBIAN GAY BISEXUAL TRANSGENDER]AND NATIONAL BME AMBULANCE NETWORK

Both groups have developed over the last few years with an annual conference every year and all ambulance services march together at Pride. WMAS hosted the conference in 2019.

REGIONAL EQUALITY FORUM & INTEGRATED CARE SYSTEM/BOARD (ICS/B)

The Trust are members of the regional Equality forum and ICS/B which allows all Trusts to meet and share best practice and discuss issues which relate directly to the region.

NATIONAL & REGIONAL RESERVIST FORUM

The Trust are members of both the local and national group and support Armed Forces Day, Reservist Day and Remembrance Day.

NHS STANDARD CONTRACT

The NHS Standard Contract is mandated by NHS England for use by NHS commissioners to contract for all healthcare services other than primary care. This prohibits discrimination based on the nine protected characteristics set out in the Equality Act 2010 and is a mutual obligation on the commissioner and on the provider. Service Condition 13 relates specifically to 'Equality of Access and Equality and Non-Discrimination.' WMAS has provided timely assurance reports to commissioners as part of the local agreement.

This means that the Trust must:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s. 13G and s.14T);
- Exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality and reduce inequalities in access to those services or the outcomes achieved (s13N and s.14Z1);

CULTURAL CALENDAR 2023

The Equality and Inclusion department teamed up with the Health and Well-being team and collaboratively produced a WMAS cultural calendar for 2023. This innovative piece of work will now be shared with the networks and staff so that events can be highlighted and celebrated in a timely fashion during the year. The calendar has been shared with senior management so that employee requests to be absent due to religious and cultural commitments should be dealt with sympathetically by departments provided this has been discussed and agreed with their line manager. Staff wishing to observe religious festivals and holy days will have the opportunity to discuss and negotiate with their managers in advance. Managers in turn have been encouraged to consider sympathetically requests for annual leave or flexible work schedules from staff wishing to participate in religious and cultural festivals and to be prepared to make reasonable adjustments to working arrangements as long as they don't cause undue disruption.

CONCLUSION

Despite the challenges presented in the last couple of years with the pandemic, winter pressures and significant hospital handover delays, the Trust has achieved a number of milestones as contained in this report and met the PSED duties. There is much to be proud of and the Trust is committed to achieving further progress on all areas of Diversity & Inclusion, and we will continue to strive to make the environment more inclusive for both patients and staff through our engagement strategy.

The Trust now incorporates its duties under the PSED of the Equality Act 2010 within the annual report. The Workforce Race Equality Standard and Action Plan, Workforce Disability Action Plan, Gender Pay Gap report and EDS3 2022 are published on the Trust web site in their own right. However, outcomes from EDS3 are also included in this report as is workforce data.

PRIORITIES FOR 2023/24

The following list describes the areas which the Trust will prioritise and will form part of the work plan for 2023/24:

1) Development of Action Plan based on findings from the WDES & WRES data analysis.
2) Continued work with ICS/ICB Equality and Inclusion Group
3) Continued delivery on the Equality Objectives including Board development training.
4) Continued Implementation of Equality Strategy for the Trust 2021 - 2025
5) Continued work on Workforce Race Standard and Implementation of Disability Workforce Equality Standard
6) Work in partnership with colleagues across the Ambulance sector including the National Ambulance alliance - AACE.
7) Training for staff on the Equality Impact Assessment process.
8) Increased engagement and recruitment campaigns with seldom heard communities should be a focus in 2023/24 and beyond - this will help the Trust to attract diverse portfolio of staff.
9) Work on the EDS3 2022 assessment and grading for all domains for 2023/24
10) Provide timely reports to ICB and commissioners on Equality compliance.
11) Work on the Health Inequalities agenda
12) Launch of a Trust anti-racism charter and associated education and awareness package launched.
13) Review of the Trust's sickness absence policy to have greater emphasis on supporting people with long term conditions and disabilities in the workplace.
14) Implementation and launch of the Diversity Champions for the Trust.

Appendix 1 – RECRUITMENT DIVERSITY PROFILE

Recruitment Diversity Profile 22/23

	Recruitment Activity Monitoring 2022/23 (April 22 to March 23)								
Recruitment Activity	Number of Applications	% of applications	Shortlisted	% Shortlisted from applications	% Shortlisted from total shortlisted	Appointed	% Apptd from number of applications	% Apptd from number shortlisted	% Apptd from total appointed
Protected Characteristic	5,038		3,241	64.33%		648	12.86%	19.99%	
Ethnic Origin									
White	3,907	77.55%	2,594	66.39%	80.04%	534	13.67%	20.59%	82.41%
BME	1,066	21.16%	608	57.04%	18.76%	102	9.57%	16.78%	15.74%
Undisclosed	65	1.29%	39	60.00%	1.20%	12	18.46%	30.77%	1.85%
Gender									
Female	2,860	56.77%	1,870	65.38%	57.70%	375	13.11%	20.05%	57.87%
Male	2,145	42.58%	1,347	62.80%	41.56%	266	12.40%	19.75%	41.05%
Undisclosed	33	0.66%	24	72.73%	0.74%	7	21.21%	29.17%	1.08%
Age									
Under 24 years	1,448	28.74%	860	59.39%	26.54%	161	11.12%	18.72%	24.85%
24-44 years	2,619	51.98%	1,709	65.25%	52.73%	361	13.78%	21.12%	55.71%
45-59 years	830	16.47%	576	69.40%	17.77%	107	12.89%	18.58%	16.51%
60-74 years	126	2.50%	90	71.43%	2.78%	18	14.29%	20.00%	2.78%
75+ years	0	0.00%	0	0.00%	0.00%	0	0.00%	0.00%	0.00%
Undisclosed	15	0.30%	6	40.00%	0.19%	1	6.67%	16.67%	0.15%
Disability									
No	1,381	27.41%	2,920	211.44%	90.10%	579	41.93%	19.83%	89.35%
Yes	2,047	40.63%	252	12.31%	7.78%	59	2.88%	23.41%	9.10%
Undisclosed	106	2.10%	69	65.09%	2.13%	10	9.43%	14.49%	1.54%
Religious Belief									
Atheism	1,381	27.41%	859	62.20%	26.50%	164	11.88%	19.09%	25.31%
Christianity	2,047	40.63%	1,396	68.20%	43.07%	309	15.10%	22.13%	47.69%
Other*	1,127	22.37%	691	61.31%	21.32%	116	10.29%	16.79%	17.90%
Undisclosed	483	9.59%	295	61.08%	9.10%	59	12.22%	12.41%	9.10%
Sexual Orientation									
LGBT	449	8.91%	299	66.59%	9.23%	48	10.69%	16.05%	7.41%
Heterosexual	4,417	87.67%	2,843	64.36%	87.72%	577	13.06%	20.30%	89.04%
Undecided	28	0.56%	14	50.00%	0.43%	4	14.29%	28.57%	0.62%
Undisclosed	144	2.86%	85	59.03%	2.62%	19	13.19%	22.35%	2.93%
Marriage & Civil Partnership									
Civil Part	197	3.91%	117	59.39%	3.61%	26	13.20%	22.22%	4.01%
Married	1,376	27.31%	901	65.48%	27.80%	171	12.43%	18.98%	26.39%
Other	3,306	65.62%	2,111	63.85%	65.13%	425	12.86%	20.13%	65.59%
Undisclosed	159	3.16%	112	70.44%	3.46%	26	16.35%	23.21%	4.01%

*incs: Buddhism, Hinduism, Islam, Jainism, Judaism, Sikhism and Other

Source: NHS Jobs

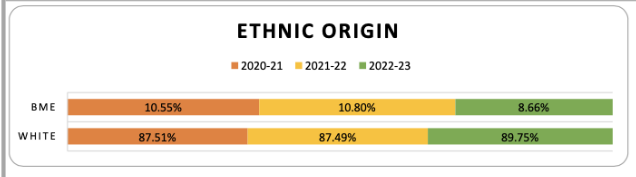
Printed on: 05/05/2023

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

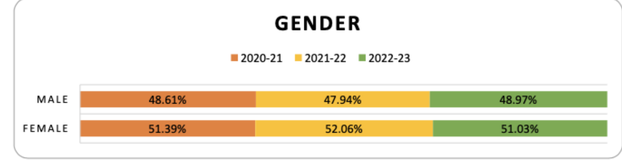
Source:
NHS Jobs

Appendix 2 – WORKFORCE DIVERSITY PROFILE

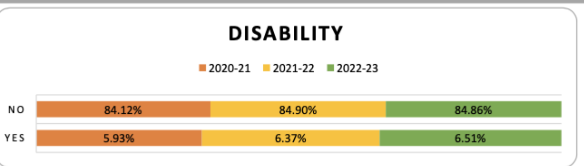
Workforce Diversity Profile 2020-21, 2021-22 and 2022-23 - Profile



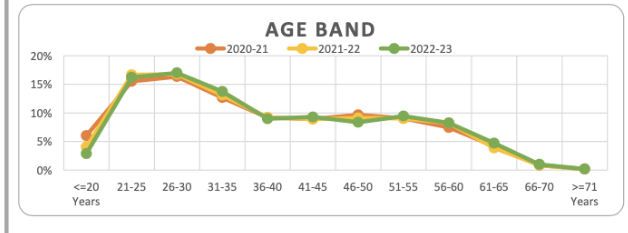
Ethnic Origin	Headcount 2020-21	% Headcount 2020-21	Headcount 2021-22	% Headcount 2021-22	Headcount 2022-23	% Headcount 2022-23
White	6777	87.51%	6827	87.49%	6325	89.75%
BME	817	10.55%	843	10.80%	610	8.66%
Not Stated	150	1.94%	133	1.70%	112	1.59%
Grand Total	**7744**	**100.00%**	**7803**	**100.00%**	**7047**	**100.00%**



Gender	Headcount 2020-21	% Headcount 2020-21	Headcount 2021-22	% Headcount 2021-22	Headcount 2022-23	% Headcount 2022-23
Female	3980	51.39%	4062	52.06%	3596	51.03%
Male	3764	48.61%	3741	47.94%	3451	48.97%
Grand Total	**7744**	**100.00%**	**7803**	**100.00%**	**7047**	**100.00%**

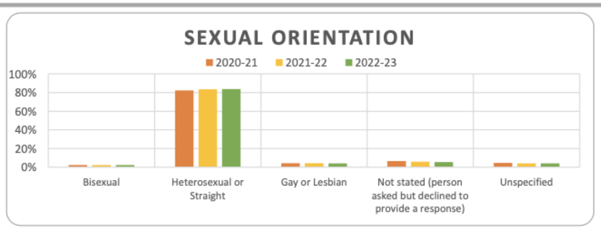


Disability	Headcount 2020-21	% Headcount 2020-21	Headcount 2021-22	% Headcount 2021-22	Headcount 2022-23	% Headcount 2022-23
Yes	459	5.93%	497	6.37%	459	6.51%
No	6514	84.12%	6625	84.90%	5980	84.86%
Not Declared	760	9.81%	663	8.50%	576	8.17%
Unspecified	10	0.13%	15	0.19%	26	0.37%
Grand Total	**7744**	**100.00%**	**7803**	**100.00%**	**7047**	**100.00%**



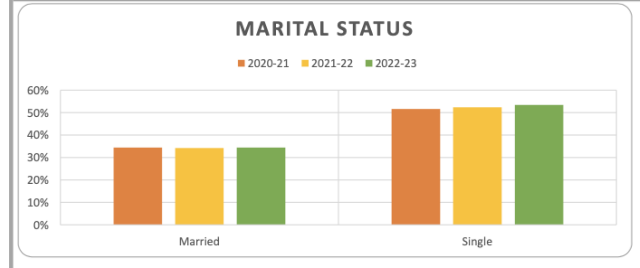
Age Band	Headcount 2020-21	% Headcount 2020-21	Headcount 2021-22	% Headcount 2021-22	Headcount 2022-23	% Headcount 2022-23
<=20 Years	466	6.02%	314	4.02%	202	2.87%
21-25	1203	15.53%	1301	16.67%	1142	16.21%
26-30	1266	16.35%	1309	16.78%	1198	17.00%
31-35	982	12.68%	1024	13.12%	969	13.75%
36-40	710	9.17%	719	9.21%	632	8.97%
41-45	691	8.92%	696	8.92%	654	9.28%
46-50	749	9.67%	711	9.11%	589	8.36%
51-55	699	9.03%	705	9.03%	665	9.44%
56-60	577	7.45%	642	8.23%	581	8.24%
61-65	321	4.15%	301	3.86%	332	4.71%
66-70	66	0.85%	68	0.87%	70	0.99%
>=71 Years	14	0.18%	13	0.17%	13	0.18%
Grand Total	**7744**	**100.00%**	**7803**	**100.00%**	**7047**	**100.00%**

Religious Belief	Headcount 2020-21	% Headcount 2020-21	Headcount 2021-22	% Headcount 2021-22	Headcount 2022-23	% Headcount 2022-23
Atheism	1670	21.57%	1736	22.25%	1711	24.28%
Christianity	3408	44.01%	3424	43.88%	3067	43.52%
Other	1461	18.87%	1504	19.27%	1204	17.09%
I do not wish to disclose	857	11.07%	823	10.55%	743	10.54%
Unspecified	348	4.49%	316	4.05%	322	4.57%
Grand Total	**7744**	**100.00%**	**7803**	**100.00%**	**7047**	**100.00%**

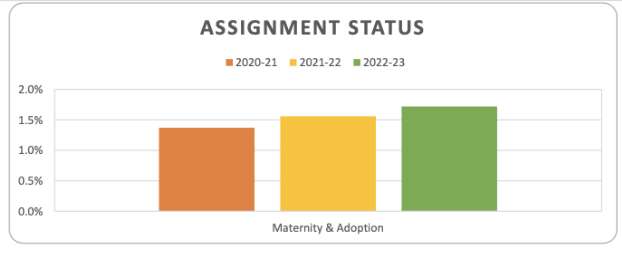


Sexual Orientation	Headcount 2020-21	% Headcount 2020-21	Headcount 2021-22	% Headcount 2021-22	Headcount 2022-23	% Headcount 2022-23
Bisexual	168	2.17%	173	2.22%	159	2.26%
Heterosexual	6377	82.35%	6513	83.47%	5906	83.81%
Gay or Lesbia	323	4.17%	323	4.14%	288	4.09%
Not stated (p	510	6.59%	459	5.88%	388	5.51%
Other sexual	6	0.08%	7	0.09%	10	0.14%
Undecided	12	0.15%	14	0.18%	15	0.21%
Unspecified	348	4.49%	314	4.02%	281	3.99%
Grand Total	**7744**	**100.00%**	**7803**	**100.00%**	**7047**	**100.00%**

Workforce Diversity Profile 2020-21, 2021-22 and 2022-23 - Profile



Marital Status	Headcount 2020-21	% Headcount 2020-21	Headcount 2021-22	% Headcount 2021-22	Headcount 2022-23	% Headcount 2022-23
Civil Partnership	105	1.36%	123	1.58%	114	1.62%
Divorced	358	4.62%	364	4.66%	341	4.84%
Legally Separated	95	1.23%	90	1.15%	80	1.14%
Married	2666	34.43%	2670	34.22%	2428	34.45%
Single	3998	51.63%	4086	52.36%	3762	53.38%
Widowed	50	0.65%	49	0.63%	44	0.62%
Unknown	472	6.10%	421	5.40%	278	3.94%
Unspecified						
Grand Total	**7744**	**100.00%**	**7803**	**100.00%**	**7047**	**100.00%**

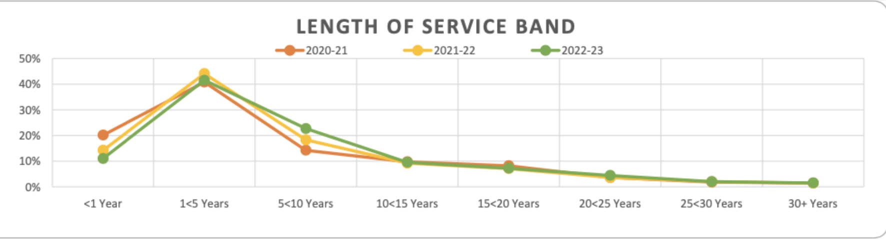


Assignment Status	Headcount 2020-21	% Headcount 2020-21	Headcount 2021-22	% Headcount 2021-22	Headcount 2022-23	% Headcount 2022-23
Acting Up	2	0.03%	2	0.03%		
Active Assignment	7483	96.63%	7260	93.06%	6629	94.07%
Career Break	15	0.19%	20	0.26%	14	0.20%
Inactive Not Worked	41	0.53%	39	0.47%	17	0.24%
Internal Secondment	93	1.20%	352	4.51%	260	3.69%
Maternity & Adoption	106	1.37%	122	1.56%	121	1.72%
Out on External Secondment	3	0.04%	4	0.05%	1	0.01%
Suspension	1	0.01%	4	0.05%	5	0.07%
Grand Total	**7744**	**100.00%**	**7803**	**100.00%**	**7047**	**100.00%**

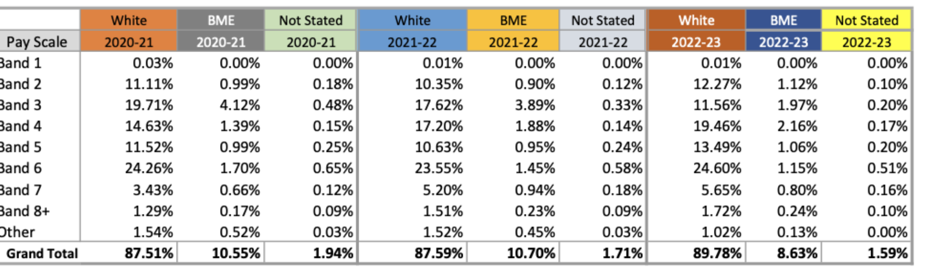
STAFF GROUP

Staff Group	Headcount 2020-21	% Headcount 2020-21	Headcount 2021-22	% Headcount 2021-22	Headcount 2022-23	% Headcount 2022-23
Add Prof Scientific and Technic	58	0.75%	54	0.69%	5	0.07%
Additional Clinical Services	3062	39.54%	2878	36.88%	2214	31.42%
Administrative and Clerical	660	8.52%	669	8.57%	636	9.03%
Allied Health Professionals	2647	34.18%	2636	33.78%	2715	38.53%
Estates and Ancillary	316	4.08%	303	3.88%	300	4.26%
Medical and Dental	70	0.90%	64	0.82%	42	0.60%
Nursing and Midwifery Registered	109	1.41%	132	1.69%	55	0.78%
Students	822	10.61%	1067	13.67%	1080	15.33%
Grand Total	**7744**	**100.00%**	**7803**	**100.00%**	**7047**	**100.00%**

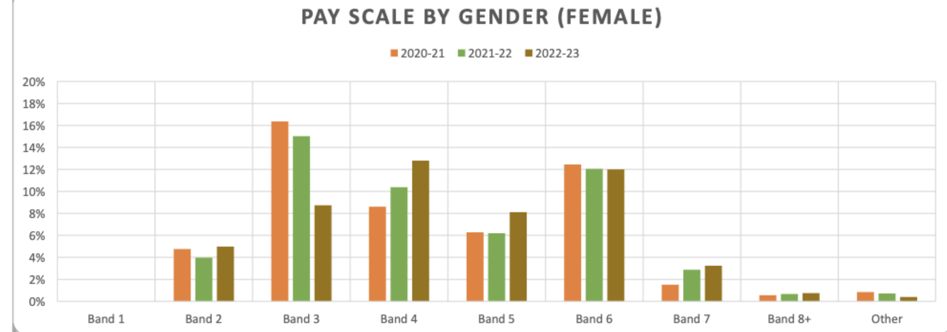
Length of Service Band	Headcount 2020-21	% Headcount 2020-21	Headcount 2021-22	% Headcount 2021-22	Headcount 2022-23	% Headcount 2022-23
<1 Year	1559	20.13%	1112	14.25%	776	11.01%
1<5 Years	3160	40.81%	3441	44.10%	2928	41.55%
5<10 Years	1102	14.23%	1428	18.30%	1600	22.70%
10<15 Years	755	9.75%	719	9.21%	673	9.55%
15<20 Years	636	8.21%	554	7.10%	509	7.22%
20<25 Years	280	3.62%	283	3.63%	313	4.44%
25<30 Years	139	1.79%	157	2.01%	142	2.02%
30+ Years	113	1.46%	109	1.40%	106	1.50%
Grand Total	**7744**	**100.00%**	**7803**	**100.00%**	**7047**	**100.00%**

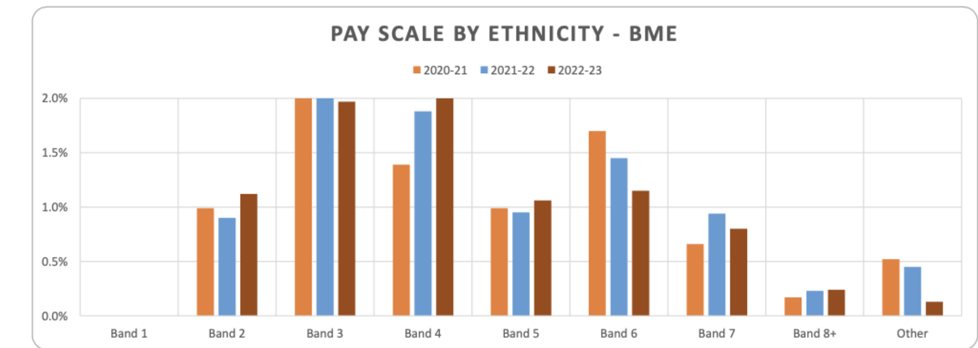


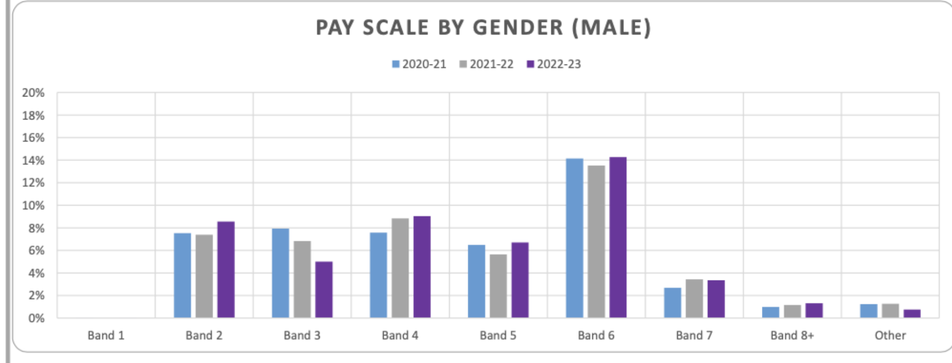
	Female	Male	Female	Male	Female	Male
Pay Scale	2020-21	2020-21	2021-22	2021-22	2022-23	2022-23
Band 1	0.00%	0.03%	0.00%	0.01%	0.00%	0.01%
Band 2	4.76%	7.52%	3.98%	7.39%	4.98%	8.55%
Band 3	16.36%	7.94%	15.02%	6.82%	8.73%	5.00%
Band 4	8.60%	7.58%	10.38%	8.84%	12.81%	9.04%
Band 5	6.28%	6.48%	6.19%	5.64%	8.11%	6.70%
Band 6	12.46%	14.15%	12.06%	13.52%	12.00%	14.27%
Band 7	1.52%	2.69%	2.88%	3.44%	3.24%	3.36%
Band 8+	0.56%	0.99%	0.67%	1.16%	0.75%	1.31%
Other	0.85%	1.23%	0.72%	1.27%	0.40%	0.75%
Grand Total	**51.39%**	**48.61%**	**51.91%**	**48.09%**	**51.01%**	**48.99%**

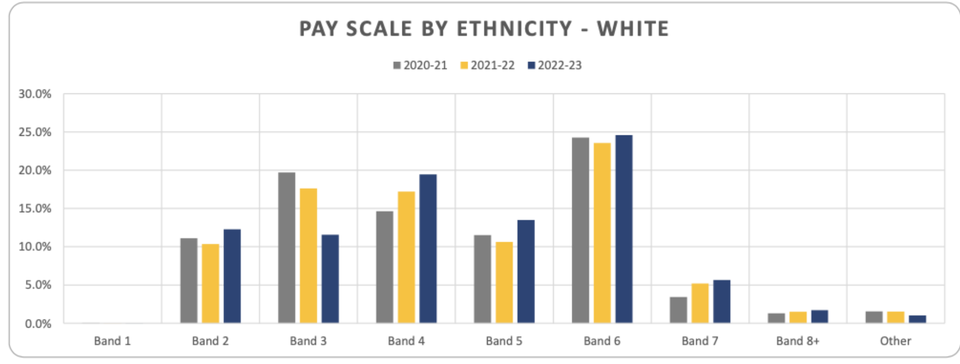


	White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated
Pay Scale	2020-21	2020-21	2020-21	2021-22	2021-22	2021-22	2022-23	2022-23	2022-23
Band 1	0.03%	0.00%	0.00%	0.01%	0.00%	0.00%	0.01%	0.00%	0.00%
Band 2	11.11%	0.99%	0.18%	10.35%	0.90%	0.12%	12.27%	1.12%	0.10%
Band 3	19.71%	4.12%	0.48%	17.62%	3.89%	0.33%	11.56%	1.97%	0.20%
Band 4	14.63%	1.39%	0.15%	17.20%	1.88%	0.14%	19.46%	2.16%	0.17%
Band 5	11.52%	0.99%	0.25%	10.63%	0.95%	0.24%	13.49%	1.06%	0.20%
Band 6	24.26%	1.70%	0.65%	23.55%	1.45%	0.58%	24.60%	1.15%	0.51%
Band 7	3.43%	0.66%	0.12%	5.20%	0.94%	0.18%	5.65%	0.80%	0.16%
Band 8+	1.29%	0.17%	0.09%	1.51%	0.23%	0.09%	1.72%	0.24%	0.10%
Other	1.54%	0.52%	0.03%	1.52%	0.45%	0.03%	1.02%	0.13%	0.00%
Grand Total	**87.51%**	**10.55%**	**1.94%**	**87.59%**	**10.70%**	**1.71%**	**89.78%**	**8.63%**	**1.59%**









WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10 MONTH: October 2023 PAPER NUMBER: 09A

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 **This report includes:** 1. Hazardous Materials & CBRN Plan 2023/24 2. Sexual Safety Learning and Reviews 3. CEO Meetings – 17 July to 13 October 2023	
Related Trust Objectives/ National Standards	**Current Strategic Objectives:** • SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients) • SO2 – A great place to work for all (Creating the best environment for all staff to flourish) • SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control) • SO4 - Innovation and Transformation (Developing the best technology and services to support patient care) • SO 5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care) **National Standards** • The Trust reports against the National Ambulance Service Standards, as well as its clinical standards. These are reported as part of the Trusts Information Pack to each meeting of the Board. • The Trust must also remain compliant with the standards set out in its CQC Registration, which includes the use of resources risk assessment.

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10 MONTH: October 2023 PAPER NUMBER: 09A

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

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10 MONTH: October 2023 PAPER NUMBER: 09A

Action required

The Board of Directors is asked to:

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

1. Hazardous Materials & CBRN Plan 2023/24

West Midlands Ambulance Service University NHS Foundation Trust is mandated by the Civil Contingencies Act (2004) and the NHS Act 2006 (as amended) to plan for and respond to a wide range of emergencies. Included in this remit, is the ability and capability to respond to incidents involving Hazardous Materials (HAZMAT) and Chemical, Biological, Radiological and Nuclear (CBRN). In most cases the substances encountered, and the ambulance response may be the same for both CBRN & HAZMAT. However, there is a difference between the two which may affect how WMAS respond:

HAZMAT incidents are usually accidental and can be caused by many factors including human error, natural or technological reasons.

CBRN is the actual or threatened dispersal of CBRN material with deliberate criminal, malicious or murderous intent.

The Hazardous Materials & CBRN Plan has been updated to encompass changes to the Initial Operational Response (IOR) and includes new guidance 'Recognise Assess React' (RAR). Other updates related to the new dosimeters are included in the plan. The Executive Management Board (EMB) approved the updated plan for publication at its meeting on 25 July 2023 and the plan is available upon request.

2. Sexual Safety Learning and Reviews

As the Board is already aware the Trust was contacted by NHS England Midlands Workforce Training & Education (formerly HEE) regarding four concerns of which it had been made aware.

The Trust rapidly met with WTE to acknowledge that it was already aware of the cases and had taken action. It was also an opportunity to set out the wide ranging actions already taken by the Trust since it launched it's Sexual Safety Charter last year. We have since heard back from WTE recognising the work undertaken within the Trust. It also recognised the importance the Board place on the issue of sexual safety; we will continue to work collaboratively with our partner universities and WTE on the delivery of our robust actions to stamp out

any such abhorrent and unacceptable behaviour by anyone connected with this Trust.

It is worth reminding members that they received the presentation on the sexual safety awareness that has already been rolled out to all Managers across the Trust. We continue to work through a "six-point" Action Plan which was developed with staff at pace. The Trust and the Board has always had and will continue to have a "zero-tolerance" attitude to such behaviour, and I can assure the Board that this will be supported by robust and expeditious action if any allegation is substantiated following a thorough investigation.

Unfortunately, we are not the only organisation that is tackling such issues. In January I reported to the Board following the publication of the report into the "Vetting, Misconduct & Misogyny in Police Services". We reviewed this and similar documents from other investigations to look at what learning we could take from them and as a result included this in our handling of this matter to ensure learning is embedded.

Chief Executive Officer Meetings – 17 July to 13 October 2023

Staff

- All Staff Briefing
- Director of Nursing Interviews
- Council of Governors
- Annual General Meeting
- Managers Briefing
- Women's Network
- Efficiency & Transformation Group
- Fiona McLachrie Funeral
- IEUC SMT Meeting
- FTSU Quarterly Briefing Meeting
- PTS SMT Meeting
- Council of Governors Development Session
- 10 & 15 Years Long Service Award Ceremonies
- Senior Staff Side Representatives
- Network Chairs
- FTSU Ambassadors meeting
- Student Safety & Wellbeing Meeting

National Meetings

- Marc Thomas, NHS England

- NHS England - UEC Check In
- NHS England - Cat 2 Improvement Meeting
- NHS England – National Ambulance Advisory Group
- Association of Ambulance Chiefs Executives Fleet Meeting
- Julian Hartley, CEO, NHS Providers
- NHS England – Extraordinary Ambulance Programme Board Meeting
- Richard Meddings, NHS England Chair – Visit to WMAS
- DHSC – Next Steps Fire Collaboration Meeting
- NHS England – SWAST Tier 1 Meeting
- NHS England – UEC Recovery Programme Board – National Delivery Advisors Meeting
- NHS England – Senior Leadership Team Meeting
- Sarah-Jane Marsh – NHS England
- NHS England – Ambulance Programme Board
- NHS England – Dashboard Discovery Drop In – UEC & ADS Dashboards
- Association of Ambulance Chiefs Executives – Chief Executive Meeting
- NHS England – CEO Winter Conference
- NHSE / HEE Meeting
- South Central Ambulance Service Meeting
- National Ambulance Network FTSU Guardian Meeting
- NHS England – C2 Segmentation – Sharing Best Practice Meeting
- The Ambulance Service Charity National Ambulance Memorial Service
- NHS England – ‘Working Together to Deliver a Resilient Winter’ Conference
- NHS England – ECPAG Meeting
- NHS England – WMAS Cat 2 Performance Meeting
- WMAS / NHSE Follow On - FTSU Meeting

Regional Meetings

- Jackie Dunne, Newman University
- Glen Burley, CEO, Foundation Group
- Systems CEO Meeting
- Mark Axcell, Black Country ICB
- Black Country ICB / WMAS Quality & Safety Escalation Review Meeting
- Chief Constable Craig Guildford, West Midlands Police

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

Executive Performance Dashboard

Activity and Performance

Measure	Month	YTD	Monthly Trend	Measure	Month	YTD	Monthly Trend
Category 1 - Mean Target 7 mins	08:12	08:09		Category 4 - Mean Target 180 mins	185:15	164:06	
Category 1 - 90th Target 15 mins	14:22	14:24		Category 4 - 90th	475:45	420:59	
Category 1 T - Mean Target 19 mins	09:23	09:23		HCP 2hr - 90th	559:21	593:08	
Category 1 T - 90th Target 30 mins	17:04	16:53		HCP 4hr - 90th	719:13	847:11	
Category 2 - Mean Target 18 mins	35:36	31:07		Call Answer (999 only) 95th	00:16	00:02	
Category 2 - 30 mins Target 30 mins	35:36	68:46		Number of 2 min call delays	148	164	
Category 2 - 90th Target 40 mins	80:12	68:46		Number of Handovers >60 minutes (ED only, including cohorts)	7611	29226	
Category 3 - Mean Target 60 mins	158:36	139:02		% of Handovers < 30 mins (ED only, including cohorts) Target 95%	66.1%	73.6%	
Category 3 - 90th Target 120 mins	411:10	354:59		% of Handovers < 15 mins (ED only, including cohorts) Target 65%	29.7%	33.5%	

Workforce

Measure	Month	YTD	Monthly Trend	Measure	Month	YTD	Monthly Trend
Sickness (Target - top quartile of all Amb Services)	4.6%	4.9%		Mandatory Training PTS (YTD)	62.9%	62.9%	
Appraisals (YTD)	92.5%	92.5%		Number of Freedom to Speak up Enquiries	5	33	
Mandatory Training E&U (YTD)	51.4%	51.4%					

Clinical Quality & Safety

Measure	Month	YTD	Monthly Trend	Measure	Month	YTD	Monthly Trend
Total Incident Forms	866	5028		Patient Safety (Total)	464	2633	
No. of RIDDORS	10	50		Patient Safety Harm	83	388	
No. of Verbal Assaults	155	867		Being Open (low harm only)	39	203	
No. of Physical Assaults	75	367		Duty of Candour (moderate harm and above)	10	90	
Complaints	36	212		Serious Incidents	12	96	
PALS	221	1009		Claims	4	29	
Compliments	225	1217					

Financial

Measure	Month	YTD	Monthly Trend	Measure	Month	YTD	Monthly Trend
EBITDA £million (Plan £27.60m)	1.90	16.07		Better Payment Practice Code	93.8%	93.8%	
Delivery of CIP Programme £million (Target £12.7M)	1.22	7.69		Agency Spend	0	0	
Capital Expenditure £million (2023/24 £14.6m)	0.00	0.47					

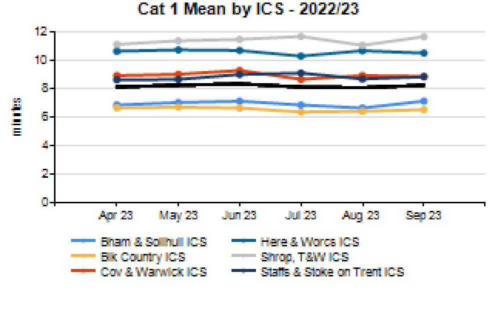
Clinical Quality & Safety

Measure	Month	YTD	Monthly Trend	Measure	Month	YTD	Monthly Trend
Return of Spontaneous Circulation At Hospital (Comp)	63.41%	47.62%		STEMI Care Bundle	97.12%	96.70%	
Cardiac Arrest Survival to discharge (Comp)	7.41%	22.27%		Stroke Diagnostic Bundle	99.50%	99.41%	
Post ROSC Care Bundle	Not required in month	64.29%					

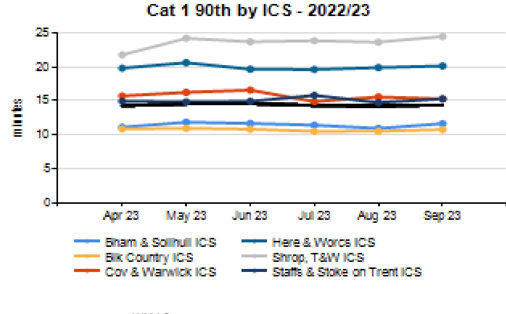
PTS

Measure	Aug-23	YTD	Monthly Trend	Measure	Aug-23	YTD	Monthly Trend
Achieved KPIs	43	43		Failed KPIs	26	26	

Executive ICS Scorecard
September 2023



Priority	ICS	MTD	QTD	YTD
Cat 1 Mean	NHS BIRMINGHAM AND SOLIHULL ICS	7:06	6:51	6:55
	NHS BLACK COUNTRY ICS	6:30	6:25	6:32
	NHS COVENTRY AND WARWICKSHIRE ICS	8:50	8:46	8:55
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	10:29	10:28	10:34
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	11:38	11:27	11:23
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	8:48	8:50	8:47
	WMAS	8:12	8:07	8:09



Priority	ICS	MTD	QTD	YTD
Cat 1 90th	NHS BIRMINGHAM AND SOLIHULL ICS	11:39	11:24	11:32
	NHS BLACK COUNTRY ICS	10:47	10:40	10:46
	NHS COVENTRY AND WARWICKSHIRE ICS	15:15	15:17	15:41
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	20:08	19:57	19:57
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	24:25	23:52	23:39
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	15:16	15:12	15:05
	WMAS	14:22	14:18	14:24

Cat 2 Mean by ICS - 2022/23

Priority	ICS	MTD	QTD	YTD
Cat 2 Mean	NHS BIRMINGHAM AND SOLIHULL ICS	43:07	32:45	35:22
	NHS BLACK COUNTRY ICS	20:55	18:28	19:18
	NHS COVENTRY AND WARWICKSHIRE ICS	32:18	30:57	32:46
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	41:42	34:38	35:31
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	48:46	39:51	38:29
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	36:49	32:19	32:58
	WMAS	35:36	29:58	31:07

Cat 2 90th by ICS - 2022/23

Priority	ICS	MTD	QTD	YTD
Cat 2 90th	NHS BIRMINGHAM AND SOLIHULL ICS	102:40	76:48	82:33
	NHS BLACK COUNTRY ICS	42:19	36:25	38:13
	NHS COVENTRY AND WARWICKSHIRE ICS	67:40	64:13	67:01
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	88:51	72:54	75:56
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	106:45	85:45	82:24
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	81:35	72:01	72:44
	WMAS	80:12	66:09	68:46

Cat 3 Mean by ICS - 2022/23

Priority	ICS	MTD	QTD	YTD
Cat 3 Mean	NHS BIRMINGHAM AND SOLIHULL ICS	228:14	173:20	199:41
	NHS BLACK COUNTRY ICS	119:07	90:05	102:48
	NHS COVENTRY AND WARWICKSHIRE ICS	129:09	119:24	127:35
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	159:32	128:46	138:57
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	180:06	140:51	144:03
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	150:45	125:19	128:02
	WMAS	158:36	127:42	139:02

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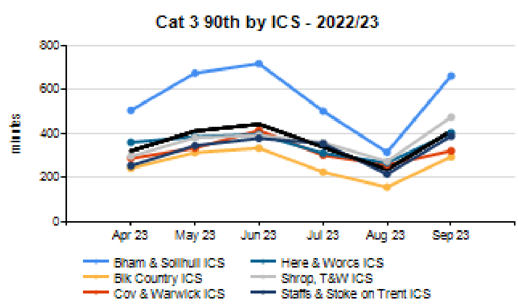
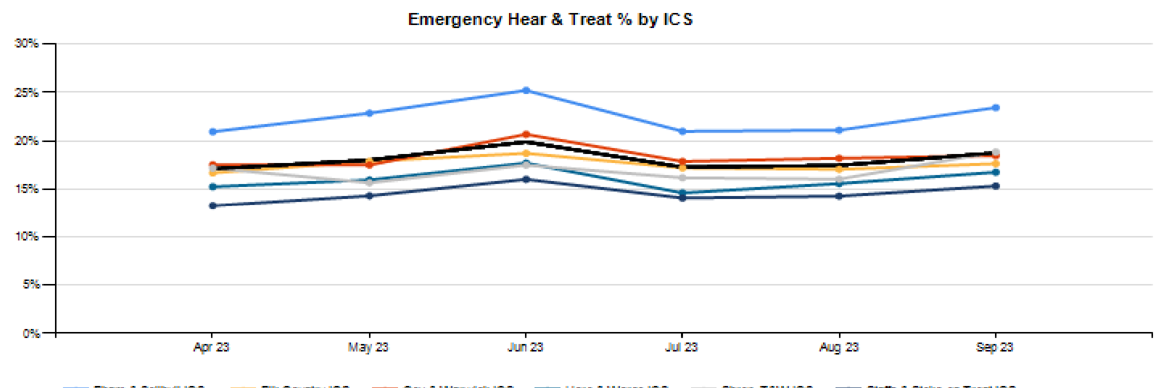
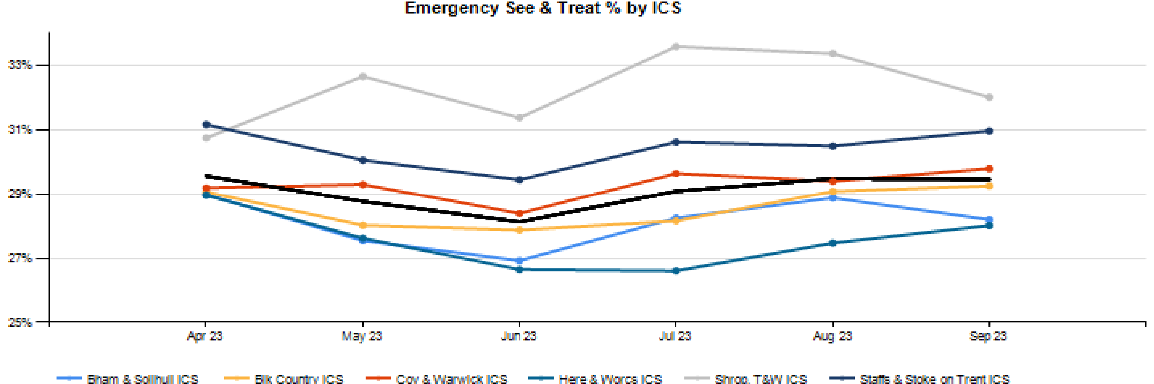
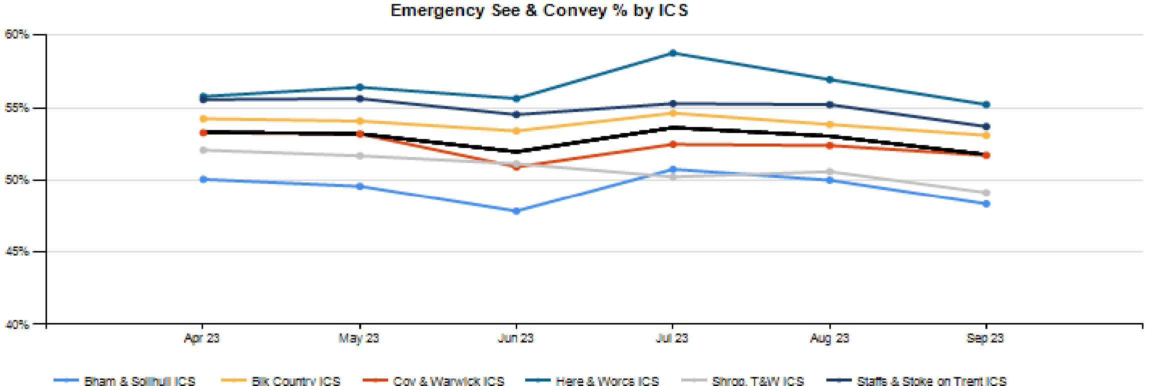


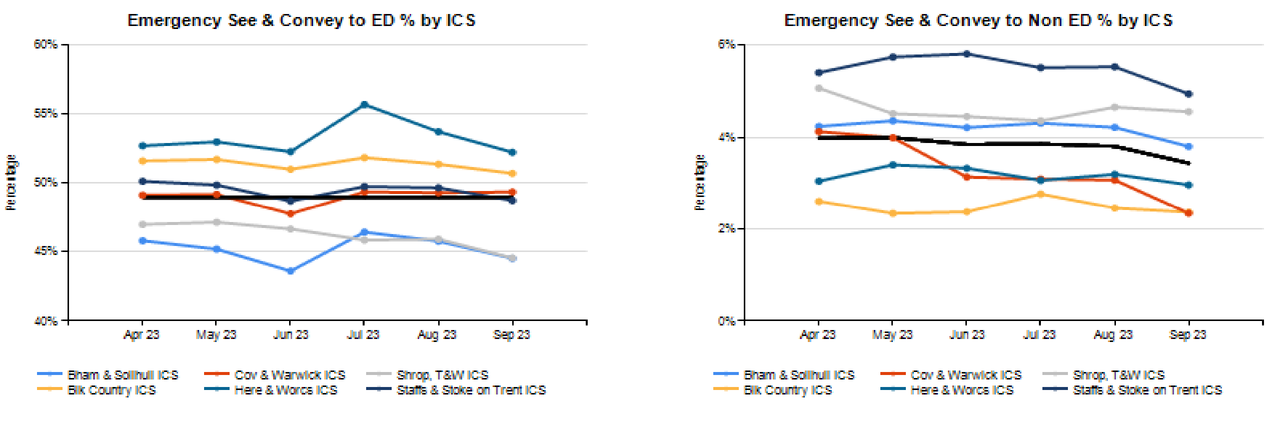
Priority	ICS	MTD	QTD	YTD
Cat 3 90th	NHS BIRMINGHAM AND SOLIHULL ICS	661:44	483:09	563:55
	NHS BLACK COUNTRY ICS	294:33	225:30	255:37
	NHS COVENTRY AND WARWICKSHIRE ICS	321:38	295:25	315:53
	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	403:15	326:02	352:46
	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	474:24	361:45	364:50
	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	388:10	317:09	318:59
	WMAS	411:10	324:01	354:59

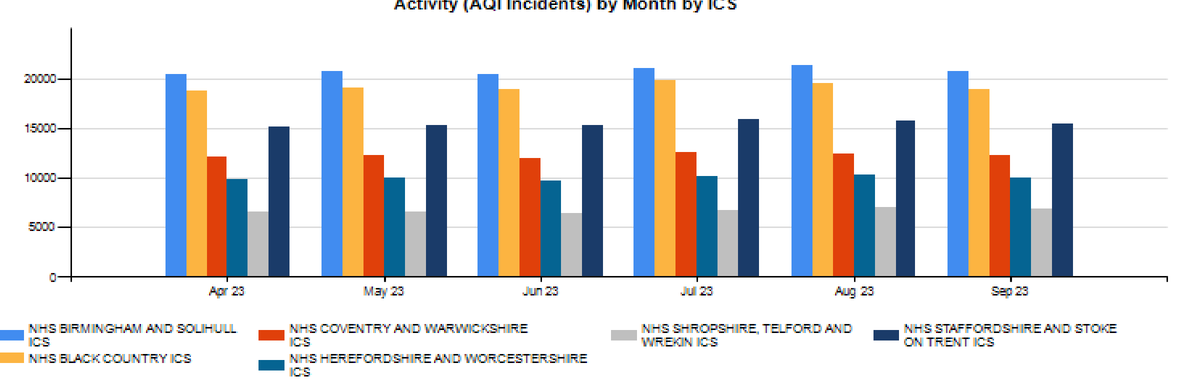


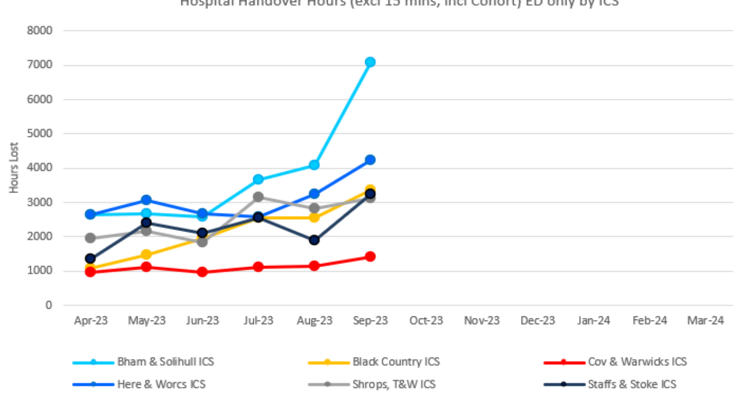




Executive ICS Scorecard
September 2023







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

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10c MONTH: October 2023 PAPER NUMBER: 09c

Care Quality Commission (CQC) **Inspection feedback – Core Services and Well Led**	
Sponsoring Director	Anthony Marsh – Chief Executive Officer
Author(s)/Presenter	Vivek Khashu – Strategy and Engagement Director
Purpose	To update the Board of Directors (BoD) with the initial feedback received from the CQC following the inspections: The unannounced inspection of A&E Operations, and the Emergency Operations Centres on Tuesday 15 to Thursday 17 August 2023. The provider level inspection of 'Well Led' on Tuesday 3 to Thursday 5 October 2023.
Previously Considered by	Executive Management Board (EMB) – October 2023
Report Approved By	Anthony Marsh – Chief Executive Officer

Executive Summary

There was an unannounced inspection by the CQC on Tuesday 15 to Thursday 17 August 2023, the core services inspected were only the 999 front line operations and our call assessing, dispatch and control rooms.

The provider level inspection of 'Well Led' took place on Tuesday 3 to Thursday 5 October 2023.

This report brings the initial feedback letters provided by the CQC on the core services and well-led, to the Board of Directors for information. (see attached appendix A & B)

Given that two of three items of feedback on the unannounced inspection were very specific, immediate actions were taken to resolve them, and the Action plan is attached for review by the Board of Directors. (See attached appendix C).

Whilst we have some feedback contained within the letter on Well Led inspection and given it is very recent, we await the full report to develop a thorough and comprehensive action plan to address any recommendations that we may we receive.

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10c **MONTH: October 2023** **PAPER NUMBER: 09c**

Related Trust Objectives/ National Standards	SO1 - Safety, Quality and Excellence SO2 – A great place to work SO3 – planning and use of resources SO4 – Innovation and Transformation SO5 – collaboration and engagement
Risk and Assurance	This paper for information on this stage, assurance on the immediate actions following the inspection of core services is provided for by the attached action plan developed in response to the initial feedback WMAS awaits further detail via the full report on both inspections which may contain additional recommendations.
Legal implications/ regulatory requirements	The full inspection report may lead to a change in overall rating for WMAS.
Financial Implications	At this stage none, but any financial implications linked to responding to recommendations will need to be considered
Workforce & Training Implications	Aspects of organisational culture have been picked up via the core services inspection, particularly around the age demographic of the front line workforce, follow up actions noted in the attached action plan.
Communications Issues	The letters of initial feedback are presented to the BoD in public for information as requested by the CQC, we await the full inspection report for factual accuracy check prior to publication by the CQC.
Diversity & Inclusivity Implications	The CQC have provided feedback on working relationships, particularly between older and younger colleagues, this is set out in the initial feedback related to in core services and has linked actions contained within the attached action plan.

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10c **MONTH: October 2023** **PAPER NUMBER: 09c**

Quality Impact Assessment	NA
Data Quality	NA

Action required:

1. The Board are requested to note the contents of the two letters from the CQC
2. The Board is requested to receive the immediate action plan linked to the feedback received on the inspection of core services

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Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Sent via email.

Mr Anthony Marsh
Chief Executive Officer
West Midlands Ambulance Service University
NHS Foundation Trust
Unit 9 Waterfront Business Park
Dudley Road
Brierley Hill
West Midlands
DY5 1LZ

17 August 2023

Your account number: RYA
Our reference: INS2-16436848591

Dear Mr Marsh

Re: CQC inspection of West Midlands Ambulance Service University NHS Foundation Trust

Following your feedback meeting with Helen Nichols and I on 17 August 2023, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues at the feedback meeting.

This letter does not replace the draft report and evidence log we will send to you, but simply confirms what we fed-back on 17 August 2023 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence log, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied into this letter.

An overview of our feedback

The feedback to you was:

- We witnessed teams working together well. Particularly in the emergency operating centers, where staff looked after one another to promote breaks and wellbeing.

- We found consistency in the way clinical services were delivered to provide safe care and treatment.
- We saw examples of safeguarding policies and procedures being followed to keep people safe.
- We witnessed staff being caring with the way they delivered care and treatment, both face to face and over calls. Our team were with a crew that cared for a baby. The crew also supported the wider family to ensure they were safe and cared for.
- We saw staff working hard. We recognise that at times, the system was overwhelmed with pressure. This was taken seriously and we saw evidence of working with stakeholders to overcome pressure points.
- We saw that there was a focus on staff welfare, including mental health.
- Our team attended teaching sessions and found that they were valuable for staff to support clinical work and also expanded to personal life.

Areas of concern

- On 15 August 2023, we found 4 ambulances at the Warwick hub that were visibly dirty after going through the 'make ready' system.
- On 16 August 2023, we found that sharps bins at the Coventry hub were over ¾ full.
- Staff reported at each hub we visited, tension between younger and older crew members. Examples stemmed from different communication styles, and the route trainee paramedics were qualifying through (i.e., there was a disparity between university and apprenticeship trainee paramedics).

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Nina Morgan at NHS England.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Charlotte Rudge

CQC Interim Deputy Director or Operations

c.c.

Nina Morgan Regional Chief Nurse, NHS England Midlands

Angela Clark CQC regional communications manager

Lorraine Tedeschini CQC Network Director

Andy Brand CQC Deputy Director or Operations

Helen Nichols CQC Operations manager

Laura Harrison CQC inspector and relationship owner

Kathleen Delhom CQC inspector and relationship owner

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

By email

Our reference: INS2-16436848691

Anthony Marsh
Chief Executive Officer
West Midlands Ambulance Service University NHS FT
Trust Headquarters
Millenium Point
Waterfront Business Park
Brierley Hill
West Midlands
DY5 1LX

6 October 2023

Dear Anthony and Team

Re: CQC inspection of West Midlands Ambulance Service University NHS FT

Following your feedback meeting with Charlotte Rudge and Alison Giles on 5 October 2023, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues at the feedback meeting.

We would encourage you to discuss the findings at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report, this correspondence should be used to inform discussions with the board.

An overview of our feedback

We acknowledged the significant work the trust does including in keeping staff trained, skilled, and in caring for patients. Your staff we met were clearly passionate, proud, and loyal people full of innovative ideas and commitment.

However, as we talked about in many of our senior interviews, we found a disconnect between the experiences of the staff we met at the core service inspections and our well-led inspection, and other data we've seen. The other data includes our staff survey, where we received just under 1,200 responses; the NHS staff survey of 2022; and the WRES data. We will explore this more as we draft the report and ensure we are fair and proportionate with how this is reflected.

There were some areas of governance, including challenge from the non-executive directors, and evidence of effective assurance, which we discussed in a number of interviews, and we were concerned with the quality and effectiveness of the board assurance framework. Thank you for the greatly improved version of the BAF which we understand will be discussed at your next board meeting.

We want to highlight your achievements in areas of innovation, improvement and learning and also engaging with other partners and stakeholders locally and nationally. We reflected at the end of our conversation how the staff we met throughout our visits at West Midlands Ambulance Service really want to be there.

We talked about next steps, which in summary are that a draft inspection report will be sent to you once we have completed our QA due processes and you will have the opportunity to check the factual accuracy of the report.

Could I take this opportunity to thank you once again for the exemplary arrangements that you made to help organise the inspection, and for the cooperation and kindness we experienced from you and your staff.

Yours sincerely

Alison Giles – Senior Specialist on behalf of Charlotte Rudge, **Deputy Director of Operations – Midlands**

CQC Action Plan in Response to the Unannounced CQC Inspection 15 to 17 August 2023

Issue 1	**E&U Operations -** On 15 August 2023, the CQC found 4 ambulances at the Warwick hub that were visibly dirty after going through the 'make ready' system.					
	Action taken	**Evidence**	**Lead**	**Update**	**Comp' Date**	**RAG**
1.1	**Immediate action** All vehicles put through make ready system, with additional clean undertaken in the cab and saloon.	All available DCA fleet put through full make ready process, with full clean of cab and saloon	DS	Spreadsheet of audit details is attached. CQC Action - Vehicle Cleaning Make Ready	21/08/23	
1.2	**Governance (Policies, Procedures and Notices)** Clinical and Make Ready notice to share information produced/updated to inform Vehicle Preparation Operatives (VPO's) when an ambulance vehicle enters the make ready process, the areas must be encompassed: No change to practice for frontline operational staff.	Make Ready – Notice (MR/100) MR-100 Notice Vehicle Cleanliness.pd MR-100 Notice published on 18/08/23. Reminding staff of the Ambulance Cleaning Requirements (Including Sharps Management). Make Ready Clean have been reinforced to VPO's.	KMc	KM to update Cleaning Schedule Procedure for next Health, Safety, Risk and Environment Group (HSREG) on 18 September 2023 to reflect Make Ready requirements. Enforced spot checks to be undertaken by senior management team. With immediate effect 60 cleaning audits per month on each Hub, completed by Managers. E&U Vehicle Cleaning Schedule updated via PolicyStat, sent to Health, Safety, Risk and Environment Group (HSREG) 18 September 2023 to reflect Make Ready requirements.	18/08/23	

CQC Action Plan in Response to the Unannounced CQC Inspection 15 to 17 August 2023

		The process, areas associated with the cleaning of ambulance vehicles is underpinned through the delivery of education and training and can be found within documented procedures. The cleaning regime has been reiterated for Make Ready, Deep Clean, In-between Patient Cleans and the frequency. Operations Managers (OMs) are required to continue to undertake randomised qualitative vehicle cleanliness audits of ambulance vehicles that exit the make ready system, and report findings via Auditr. This as per the IPC Incident and Audit Framework.				

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Issue 2	**E&U Operations -** On 16 August 2023, the CQC found that sharps bins at the Coventry hub were over ¾ full.					
	Action taken	**Evidence**	**Lead**	**Update**		**RAG**
2.1	**Immediate action** On identifying issue with sharps box, it was removed from the vehicle immediately and replaced with a new one.	Completed in the presence of the CQC inspector.	DS	Complete		
2.2	**Audit** Audit of DCAs/Fleet undertaken and submitted.	CQC Action - DCA Sharps Audit Aug 23	KMc	The need to undertake Spot checks have been reinforced with Operational Managers via the Daily OM Conference Call as instructed by the Operational Support Services Director. This was further reinforced within MR/100 attached. MR-100 Notice Vehicle Cleanliness.pd	18/08/23	
2.3	**Collaboration and Engagement** Head of Public Health and IPC has met with SOM (18/08/23) to gain assurance of local process, quality checks and audits undertaken. KM & NP to engage with staff during site visits to ensure key messages have been received at operational level.	Via MS Teams 18/08/23 @ 13:00	KMc	KM met with DS on the 18/08/23 and arranged a subsequent meeting in person at site, scheduled for the 07/09/23 (see action 2.4)	07/09/23	
2.4	**Site Visits** Site visits scheduled at C&W between SOMs, Head of Public Health and IPC (September).	Visits scheduled with C&W SOMs, Head of Public Health and IPC,	KMc	Site visit scheduled 07/09/23 with findings to be reported to Performance and	20/09/23	

		Compliance Lead, Head of Corporate Efficiencies.		Improvement Director and Director of Nursing. KMc has visited both sites in CW and therefore this action was complete. Coventry was fine minor issues which was resolved on the day, however there were some actions for Warwick which are not vehicle based, but directly related to the make ready area. KMc is going back to Warwick on the 20th of September to ensure the actions are complete. KMc revisited Warwick Hub 20/9/23 11:00 – 13:00 to re-measure compliance with Trust IPC requirements. There is a notable increase in compliance across the Hub, Make Ready area and vehicle cleanliness with positive feedback delivered to the local teams. Performance and Improvement Director appraised of findings.		
2.5	**<u>Governance (Policies, Procedures and Notices)</u>** Clinical and Make Ready notices to share information produced/updated to inform the step-change for VPOs that sharps containers	• Clinical Notice – Ops (CN/508) CN - 508 Clinical Waste Management.p	KMc	KM to update Cleaning Schedule Procedure for next HSREG (18 Sept) to reflect Make Ready requirements. To be reiterated in the Weekly Briefing.	19/08/23	

	must be replaced when no ½ full. No change to practice for frontline operational staff.	Clinical Notice – Ops (CN/508) in place and republished on 18/08/23. The Notice reiterates the safe control of clinical waste and associated sharps. It is imperative to ensure the safety of staff and reduce the risk of infection to others. By being aware of the steps listed in the Notice, staff will help protect themselves and their colleagues whilst at work. Further information is available in the Clinical Waste Management Policy.		E&U Vehicle Cleaning Schedule Procedure updated via PolicyStat and submitted to HSREG (18 Sept), to reflect Make Ready requirements. Article sent to Press to be reiterated in the Weekly Briefing on 19/08/23.		
2.6	**IPC Incident and Audit Framework** Across all sites, Operations Managers to measure compliance with clinical waste and sharps management within their submission	E&U IPC Report - 2023-24 Q1.pdf	KMc	Details of compliance/non-compliance with sharps management will be captured and reported within the scope of this document	18/09/23	

	of qualitative vehicle cleanliness audits per month, submitted via Auditr and reported to HSREG and to SMT members within the IPC Incident and Audit report. In agreement with the Executive Office, this has been increased from 20 to 60 until further instruction.			and reported within the E&U/PTS IPC Incident and Audit Report.		
2.7	**Communications** Key messages relating to compliance with sharps management (container capacity, labelling, disposal) will be shared and reinforced through a dedicated campaign over the next quarter via the Weekly Brief.	Discussed with MM and articles to be released weekly to promote compliance.	KMc	Explore additional signage on hubs to instil practice into everyday behaviours. Waste and Sharps Management.msg Linked to 2.5 above.	19/08/23	
2.8	**Communications** Region wide audit of both saloon and BLS sharps boxes undertaken, any approaching ¾ full replaced for new. In addition, checked that all sharps' boxes have a WMAS sticker.	Spreadsheet of audit details.	DS	CQC Action - DCA Sharps Audit Aug 23 (Spreadsheet of audit details.	21/08/23	
2.9	**Communications** Head of Public Health and IPC to develop a programme of campaigns, so the subject features various times throughout the year to maintain momentum	Draft plan of communications campaign to be developed.	KMc	IPC targeted briefings to be released, as per IPC Communications attachment. Programme of key messages produced, to be shared regularly within the Weekly Briefing. IPC Communications.pdf	11/09/23	
Issue 3	**E&U Operations -** Staff reported at each hub the CQC visited, tension between younger and older crew members. Examples stemmed from different communication styles, and the route trainee paramedics were qualifying through (i.e., there was a disparity between university and apprenticeship trainee paramedics).					

CQC Action Plan in Response to the Unannounced CQC Inspection 15 to 17 August 2023

	Action taken	Evidence	Lead	Update		RAG
3.1	Stories (using videos) to be developed and promoted from graduates/SPs/IHCD highlighting the differences that should be celebrated and that give our crews strength and the ability to deal well with a broad spectrum of jobs – eg the older/IHCD have lots of experience – clinically and also in communicating with service users; graduates have the latest clinical research; SPs get to know the organisation from the inside straight away.	Individuals to be identified.	CB	HR Managers to raise for volunteers at E&U SMT. 3 volunteers identified (SP, IHCD) and linked in with comms to progress production of their bio and video. Additional volunteers needed from all workforce / career routes asap – grads outstanding. Recruitment Manager requested to identify any potential volunteers through recruitment engagement events that colleagues attend. 2 future employees currently in the recruitment process being approached.	31/10/23	
3.2	Valuing Difference workshop / training to be developed and delivered alongside Racism Charter launch.	Training content in development.	LM	Training package being developed collaboratively with relevant stakeholders including networks. Working group meeting 15th September, aim to have training materials completed by end of September. The charter, poster and training materials will then be presented to EMB to approve prior to roll out.	31/10/23	

				Then the launch can commence at the end of October, this being subject to EMB approval.		
3.3	Engage with network chairs to encourage discussion about generational difference at their scheduled network meetings.	HR manager network chair buddy advised to schedule into agendas.	CB	Discussion scheduled into DISAG. Network Chair meeting taking place 26th September with CEO – to be raised for discussion there also. Networks to work collectively on producing an educational awareness piece on how the use of terminology and language (specific to their protected characteristics) has changed over time and therefore generations will have different experiences and awareness.	30/12/23	
3.4	All task and finish working groups and meeting membership to have a balanced generational stakeholder input.	To discuss at EMB.	NH/ ALL / EMB	Raised and discussed at EMB on 5th September for action moving forward.	05/09/23	
3.5	Job profiling by age to be undertaken to identify any roles / staff groups that are underrepresented from specific generations to inform recruitment activity.		CB	Report produced. Item and report placed on agenda of DISAG 4th October for further discussion. No specific job role or staff group identified as disproportionately represented.	04/10/23	

CQC Action Plan in Response to the Unannounced CQC Inspection 15 to 17 August 2023

Leads

Lead Initials	Lead Name	Job Title
DS	Dan Swain	Senior Operations Manager – Coventry Hub
KMc	Karl McGilligan	Head of Public Health and Infection Prevention & Control
CB	Carla Beechey	People Director
NH	Nathan Hudson	Emergency Services Operations Delivery Director
LM	Lucy Mackcracken	Head of Human Resources
EMB	Executive Management Board	

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11a MONTH: OCTOBER 2023 PAPER NUMBER: 10

Review of Enabling Strategies	
Sponsoring Director	Strategy and Engagement Director
Author(s)/Presenter	Strategy and Engagement Director
Purpose	To provide an overview of the status of enabling strategies, how they relate to strategic objectives, the reporting lines and reflections on development for the Boards consideration.
Previously Considered by	EMB
Report Approved By	Strategy and Engagement Director

Executive Summary

The Trust board (BoD)approved its organisational strategy in May 2021, during 2023 the BoD has been reviewing the strategy considering the emerging strategic context we operate it. Aligned to the Trust strategy are several enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

Since a similar update was last presented to the BoD in October 2021 further underpinning organisational strategies have been developed, this paper will capture them, including committee alignment and which strategic objectives and priorities then support.

This paper provides an overview of the progress with each of the enabling strategies and the committees they are aligned to for governance purposes. It will seek discussion on any changes required to further improve governance and oversight of them and the broader involvement of the BoD within strategy development and oversight.

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

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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

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

Action required

For the board to note the progress with the development of our enabling strategies as a collective group.

For the Board tor review the governance arrangements and to reflect on its involvement in the development and oversight of underpinning strategies to

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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11a MONTH: OCTOBER 2023 PAPER NUMBER: 10

Introduction

Underpinning the Trust organisational strategy were a further seventeen underpinning strategies which span all Executive Director Portfolios. This has expanded further since 2021, with the inclusion now of the following:

1. Public health and reducing health inequalities strategy
2. Freedom to Speak up strategy
3. Volunteering strategy

Appendix one sets out how the enabling strategies map against our five strategic objectives and priorities.

Given how much the strategic context has evolved since 2021, the BoD has been reviewing its whole organisational strategy, this work is yet to complete. Once completed with the input of our stakeholders, it may be the case that we may need to further update our underpinning strategies to align.

Current position

The table below sets out each of our strategies, when they were originally approved, when the re-fresh was required and the sub-committee of the board they are aligned to.

Of the 20 underpinning strategies:

- 13 are in date and ‘fresh’
- 6 are currently due for review
- 1 is overdue and required complete refresh (finance)

Whilst the organisational strategy is in date and fresh, the BoD is in the process of reviewing it against an evolving strategic context.

It is quite timely that the following strategies are due to be updated given the appointment of the new Directors, the Board Assurance Framework being overhauled and the development recommendations contained with the Good Governance Institute (GGI) well led review the BoD recently commissioned.

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NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11a MONTH: OCTOBER 2023 PAPER NUMBER: 10

Enabling Strategy	Approved	Review Date	Responsible Director	Reports to	Progress
Trust Strategy	May-21	May 26	Strategy and Engagement Director	EMB and Board of Directors	Complete – but under review
Clinical Strategy	Oct - 21	Sep- 23	Medical Director, Director of Nursing, Paramedic Practice and Patient Safety Director	Quality Governance Committee	Due for update
Quality Strategy	Sep-21	Sep-23	Medical Director and Director of Nursing and Clinical Commissioning	Quality Governance Committee	Due for update
Communications and Engagement Strategy	Sep-21	Sep-23	Strategy and Engagement Director and Communications Director	QGC and EMB	Due for update
Risk Management Strategy	Sep -21	Sep-23	Director of Nursing and Clinical Commissioning	Quality Governance Committee	Due for update
Security Strategy	Oct -21	Sep-24	Director of Strategic Operations and Digital integration	Quality Governance Committee	Complete
Sustainability Strategy	Mar-21	Apr-26	Director of Strategic Operations and Digital integration	Quality Governance Committee	Complete.
Operations Strategy	Apr - 22	Apr - 24	Chief Executive	Performance Committee	Complete
Commissioning Strategy	Oct-21	Sep-23	Director of Finance	Performance Committee	Due for update

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Finance Strategy	Oct-19	Sep-21	Director of Finance	Performance Committee	Draft presented to BoD, deferred for further work, currently outstanding
IT Strategy	Sep - 21	Oct-26	Operational Support Services Director	Performance Committee	Complete
Procurement Strategy	Nov - 21	Nov - 26	Director of Finance	Performance Committee	Complete
Estates Strategy	Feb - 22	Feb - 26	Director of Strategic Operations and Digital integration	Performance Committee	Complete.
Commercial Services Strategy	Oct-21	Sep-23	Director of Nursing and Clinical Commissioning	Performance Committee	Due for update
Fleet Strategy	Oct - 19	Mar-24	Director of Strategic Operations and Digital integration	Performance Committee	Complete
People Strategy	Oct-19	Sep-26	People Director	People Committee	Complete
Equality and Inclusion Strategy	Jul - 21	Jul-25	People Director	People Committee	Complete
Public Health Strategy	Jul – 23	Jul - 28	Medical Director	Quality Governance Committee	Complete

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Freedom to Speak up improvement strategy	Jan – 23	Jan - 26	Strategy and Engagement Director / Exec Lead for FTSU	Quality Governance Committee	Complete
Volunteering Strategy	Jan – 23	Jan - 24	Patient Safety and Paramedic Practice Director & Strategy and Engagement Director	Quality Governance Committee	Complete

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Governance and Board involvement

Underpinning strategies are presented to and approved by the BoD, the deliverables within them are governed via the respective sub committees through quarterly monitoring coordinated by the Head of Strategic Planning.

Beyond approving a strategy the BoD delegates the oversight of the delivery of underpinning strategies to its sub-committees to execute.

One GGI recommendation was for the BoD to consider how it involves itself in the formulation of and oversight of strategies.

There is a balance to strike in terms of BoD input and oversight, given there are twenty underpinning strategies within the organisation, it feels appropriate that they are governed in the main through Board sub-committees. However, the nineteen of the twenty strategies span twenty four months or longer, so to increase the involvement of the BoD within strategy development, oversight and implementation, an annual update from each strategy to the Board could be something the BoD considers.

Conclusion and recommendations

There is further work required in five of the twenty strategies to ensure they remain current and live, this needs to take place during October for completion in November.

It is recommended that the BoD receives a draft finance strategy for debate and discussion in November 2023, the financial context has changed considerably since the last strategy was developed and the this work will also support the Trust as we approach 2024/25.

Finally, for the BoD to discuss the governance levels of input into our strategies, to consider if current arrangements are appropriate and whether further input is required, for example through the suggestion of annual updates being provided directly to the BoD for multi-year strategies.

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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11a MONTH: OCTOBER 2023 PAPER NUMBER: 10

Appendix 1 -

Linked Enabling Strategies

Strategic Priorities	Strategic Objective	Clinical Strategy	Quality Strategy	Communications and Engagement Strategy	Risk Management Strategy	Security Strategy	Sustainability Strategy	Operations Strategy	Commissioning Strategy	Finance Strategy	IT Strategy	Procurement Strategy	Estates Strategy	Commercial Services Strategy	Fleet Strategy	People Strategy	Equality and Inclusion Strategy	Public Health	FTSU Improvement	Volunteering
Become a services which takes care beyond the 'ambulance' by providing a more comprehensive offer of integrated care	1	✓	✓	✓				✓	✓		✓					✓		✓		✓
Become an organisation which is research led	1	✓	✓	✓												✓		✓		
Focus on public health and the health of the population of the West Midlands	1	✓	✓	✓					✓									✓		✓
Further develop clinical capability in areas such as frailty, mental health and primary care	1	✓	✓	✓				✓	✓									✓		✓
Mental Health and wellbeing of staff to become a strategic priority	2	✓	✓	✓		✓							✓			✓			✓	

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Outcomes	Objective	Linked Enabling Strategies																		
		Clinical Strategy	Quality Strategy	Communications and Engagement Strategy	Risk Management Strategy	Security Strategy	Sustainability Strategy	Operations Strategy	Commissioning Strategy	Finance Strategy	IT Strategy	Procurement Strategy	Estates Strategy	Commercial Services Strategy	Fleet Strategy	People Strategy	Equality and Inclusion Strategy	Public Health	FTSU Improvement	Volunteering
By 2030 have an organisation which is representative of the public we serve from an equality and diversity perspective	2			✓												✓	✓		✓	✓
Adapt to the needs of the 'millennial shift' 30% of WMAS staff are aged between 21 and 38	2	✓														✓	✓			✓
Develop roles which encapsulate the changing needs of our patients	2	✓	✓	✓												✓				✓
Whole organisational engagement and mass participation in developing new ideas for efficiency and productivity	3			✓					✓	✓		✓				✓				✓
Develop proposals for our commissioners as we transition away from payment by results	3								✓	✓										
Embed efficiencies from response to the pandemic	3			✓				✓	✓	✓						✓				

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Work with partners to substantially reduce handover delays	3	✓	✓	✓				✓												

Outcomes	Objective	Linked Enabling Strategies																		
		Clinical Strategy	Quality Strategy	Communications and Engagement Strategy	Risk Management Strategy	Security Strategy	Sustainability Strategy	Operations Strategy	Commissioning Strategy	Finance Strategy	IT Strategy	Procurement Strategy	Estates Strategy	Commercial Services Strategy	Fleet Strategy	People Strategy	Equality and Inclusion Strategy	Public Health	FTSU Improvement	Volunteering
Organisational net carbon zero by 2040	4						✓			✓			✓		✓			✓		
Use artificial intelligence to support innovation to better meet patients' needs and improve the experience for staff in the delivery of care	4	✓	✓					✓		✓	✓	✓						✓		
Expand opportunities for telephone and video conferencing to facilitate the best treatment and conveyance decisions	4	✓	✓					✓		✓	✓	✓						✓		
Enhance clinical skills development through the use of technology	4	✓	✓					✓			✓					✓	✓	✓		✓

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Create dynamic partnership arrangements to facilitate the best treatment options for patients throughout the healthcare system	5	✓	✓	✓				✓								✓	✓	✓		✓

Outcomes	**Objective**	**Linked Enabling Strategies**																		
		Clinical Strategy	**Quality Strategy**	**Communications and Engagement Strategy**	**Risk Management Strategy**	**Security Strategy**	**Sustainability Strategy**	**Operations Strategy**	**Commissioning Strategy**	**Finance Strategy**	**IT Strategy**	**Procurement Strategy**	**Estates Strategy**	**Commercial Services Strategy**	**Fleet Strategy**	**People Strategy**	**Equality and Inclusion Strategy**	**Public Health**	**FTSU improvement**	**Volunteering**
Enhance our regional service through development of local presence and engagement at place level	5	✓	✓	✓				✓					✓				✓			✓
Collaborate with all community settings to identify and reduce health inequalities	5	✓	✓	✓												✓	✓			✓
Utilise our strengths and brand to support young people to engage with the community and step into a career in healthcare	5			✓												✓	✓			✓

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REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 12a MONTH: OCTOBER 2023 PAPER NUMBER: 11

Finance Update M06 2023-24	
Sponsoring Director	Director of Finance
Author(s)/Presenter	Karen Rutter – Director of Finance
Purpose	To update the Board on 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

FINANCE UPDATE

2023-24 Month 06 (September 2023)

At the halfway point of the financial year, the Trust is reporting an overall surplus, is ahead of the planned surplus and is forecasting an end of year breakeven position. The Trust's reported financial information is included in the Black Country ICS results reported to NHS England.

Key points to note are:

- The financial position at the end of September is £3.767m underspent against a planned underspend of £0.813m. Thus, the reported surplus is £2.954m ahead of the plan.
- This position assumes that the level of income represented in the plan will be fully agreed. Contract discussions are ongoing with ICBs with a focus on Black Country and Birmingham & Solihull with regard to their Patient Transport Services.
- Pay remains underspent against budgets as a direct result of reduced overtime spend and the level of vacancies due to the current recruitment restrictions.
- The Trust capital programme is underspent in month by £2.010m due to minimal capital purchases in month 6 although spend is expected to increase as plans progress.
- The FIP/CIP programme has an in month over performance of £0.162m and a year-to-date overperformance of £1.328m. Whilst the trust has met it's CIP target for month 6 and continues to do so year to date, a significant proportion of this is non-recurrent.
- The cash position remains strong and has remained static from month 5.

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Whilst the year-to-date financial position is positive, there remain a number of risks including:

- securing handover pressures funding of £7.2m in the plan
- ensuring that the income for commercial (PTS) services is representative of costs
- continuing to deliver against a CIP target of £12.7m alongside managing operational pressures including the increased overtime spend from month 4 onwards.
- Activity and available staffing levels over the winter period

Please note that the Month 06 finance detailed information is included in the Trust pack.

External Audit

A process was recently undertaken to select new External Audit provision for the 23-24 financial year. The selection process included the Chair of Audit Committee and two governors. A supplier was selected, the Council of Governors have been asked to approve the appointment and the Trust procurement function are currently undertaking the necessary checks prior to a contract being signed.

Internal Audit

Due to a number of senior audit staff retiring and other staff taking up other employment opportunities, a new provision is under discussion. The Chair of Audit Committee is fully aware of and involved in these discussions. Updates will be provided at subsequent Board meetings once confirmed.

Planning and Budgeting for 24-25

The Trust has participated in the ICB medium term modelling exercise. This is a high-level analysis covering the period 2023/24 through to 2026/27. The modelling applies an agreed set of assumptions such as inflation levels, tariff efficiencies and local efficiency requirements. The work is being used to support to aid discussions around system financial recovery. This work is due to be refreshed as part of the upcoming budgeting/planning cycle.

A set of budget setting principles is in draft and due to be issued to EMB this quarter. This will cover the approach to treatment of pay awards, cost pressures, developments, and CIPs. Subject to EMB approval of the principals, finance managers will work with operational/budget managers to implement the work program during November / December.

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Currently, the timetable proposes a draft budget is prepared for review in January, with a final budget in March. The key caveats to delivery within these timescales being the timing of release of national planning guidance and the timing/process of agreement of ICB income. The latter did not occur last year until after the start of the financial year necessitating budget updates/refresh papers for both EMB and the Trust Board.

No detailed discussions have yet taken place with ICBs with regard to next year's contracts / income, though Black Country ICB are developing proposals re methodology.

The Board will be kept updated with planning and budgeting information.

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: • 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

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Data Quality	All data held in Trust systems
Action required To note the update contained in this paper.	

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 12b MONTH: OCTOBER 2023 PAPER NUMBER: 12

Update to the Scheme of Delegation	
Sponsoring Director	Director of Finance
Author(s)/Presenter	Karen Rutter – Director of Finance
Purpose	Proposal for review of Scheme of Delegation
Previously Considered by	n/a – this paper is for update purposes only
Report Approved By	Karen Rutter – Director of Finance

Executive Summary

Due to the current delegated limits listed in the Scheme of Delegation and the lack of clarity in the opening budget detail, it has been necessary to seek Board approval of a significant number of items when the financial value breaches the Chief Executive's listed approval threshold. This has resulted in some delays to orders being placed and invoices being approved, while the approval has been sought.

It is suggested that the Scheme of Delegation is expanded as follows:

- All areas of spend approved in the opening budget (where identifiable in sufficient detail) do not require another approval by the Board. This would include regular payments such as rent and rates
- The values afforded to each signatory level are increased for those areas covered above
- Any new business or a change from that approved in the opening budget would still require Board approval once above the CE approval limit
- Approval of contracts is separate to the limits applied to purchasing activities with a limited number of signatories with the ability to agree

This expansion to the Scheme of Delegation is NOT intended to reduce the financial governance around approvals but to reduce the current duplication and to enable the business to operate efficiently where areas of spend have been approved in the opening budget.

In addition, the separation of contracting approvals from purchasing approvals will improve the effective flow of documentation, particularly in relation to lease agreements and contracts that have a duration that is longer than the current financial year.

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The proposed schedules are being compiled linking to procurement activity and current contract values. The amended Scheme of Delegation will follow the approval route through EMB to Audit Committee to the Board, ensuring that the appropriate governance is applied.

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 appropriate systems and processes are not in place
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 proceed effectively and efficiently leading to delays in procurement, invoice payments and contract agreements
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 process and proposed changes to the Scheme of Delegation contained in this paper.

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

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 13a **MONTH: October 2023** **PAPER NUMBER: 13**

Interim Executive Medical Director Paramedic Practice and Patient Safety Director, Executive Director of Nursing Quality Report	
Sponsoring Director	Paramedic Practice and Patient Safety Director
Author(s)/Presenter	Dr Richard Steyn Interim Executive Medical Director Nick Henry, Paramedic Practice and Patient Safety Director. Caron Eyre, Executive Director of Nursing
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	Trust Board as monthly report
Report Approved By	Paramedic Practice and Patient Safety Director

Executive Summary

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.

The report highlights specific areas that the Board need to be sighted on:

- Patient handover delays have increased in September, meaning increased hours lost to operational activity results in patient harm and the impact of these delays resulting in long patient waiting times also causes harm, including death.
- Due to the previously stabilising number of hours lost with delayed handover times this resulted in a formal review of the risk assessment for hospital handover delays, which resulted in the Trust risk being reduced to 20. This will remain under constant review going into the winter months, which historically have seen handover delays increase.
- Trends and themes for serious incidents remain as delayed response and call management.

Related Trust Objectives Supports the monitoring against our strategic objective to achieve:	Please tick relevant objective

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Strategic 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	☒	Integrity	☒
	Compassion	☒	Inclusivity	☒
	Accountability	☒		

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.
2. Gain assurance on the quality agenda and the robustness of the quality governance processes.
3. Note the continued risks of patient harm being caused as the result of long handover delays and resultant actions.

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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 continuing Hospital Handover Delays, resulting in long waiting times for patients, and for those who are wating 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 September seeing over 22,000 hours lost. This being the 3rd month on month increase and seeing a similar trajectory of lost hours of winter of 2021.

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 previously stabilising number of hours lost with delayed handover times this resulted in a formal review of the risk assessment for hospital handover delays, which resulted in the Trust risk being reduced to 20. This will remain under constant review going into the winter months, which historically have seen increased handover delays.

Serious Incident Investigation Work

The Trust has seen a continued reducing trend of serious incidents being reported during September (12) and this is 62% less than September 2022 (32). The themes for September are delayed response and call management.

Outgoing NHS to NHS concerns

Outgoing NHS to NHS concerns new process has seen an increasing number being reported by our staff year to date. Historically the Patient Safety team would not be sighted on the number being reported as staff raised these concerns independently of the department. Currently there are 221 of these concerns awaiting responses from the ICB, with 16 waiting since April that have been escalated in the regional quality meeting.

Patient Safety recruitment update

This month has seen the recruitment to some of the new Patient Safety structure that the Trust Board agreed to support the implementation of the Patient Safety Incident Response Framework (PSIRF) and the initial appointments of a Patient Safety Specialist post with Leah Harris and Learning from Deaths lead, Katie Cartwright. There were 35 applicants for the 8 Patient Safety Learning Leads who will start in October.

Mental Health team recruitment update

The last few months recruitment has seen 15 of the required 16 Mental Health Response Vehicle Paramedics selected, 2 of the 3 Mental Health Clinical Development Officers and 3 of the 4 High Intensity Service Users (HISU), plus the managers and administrator. The HISU, admin and management staff are in post now with the Clinical Development Officers starting in October and Paramedics in November with the 5 cars operational in early December. Recruitment continues for the remaining 3 posts.

Tables – Serious Incident Summary Dashboard

The table gives an overview of the SI's reported status, by departments and totals at the end of June. None are overdue and there are no overdue recommendations.

Serious Incident Summary Dashboard

Total Serious Incidents 2020 - 2024		%
SI's Declared	840	100%
SI's Open	28	3%
SI Closure Req	3	0%
SI's Closed	793	94%
SI's Stand Down Req	1	0%
SI's Stood Down	15	2%
Not Open but Query raised by ICB	6	1%
Total	840	100.0%

SI's Split by Harm 2020-2024		%
Death	10	1%
Severe	718	85%
Moderate	19	2%
Low	41	5%
No Harm	52	6%
Total	840	100%

Open SI's by Year		Overdue
2020-2021	1	0
2021-2022	0	0
2022-2023	1	0
2023-2024	26	0
Total	28	0

Total Open SI's by Single Area		%
A&E	5	21%
PTS	1	4%
IEUC	18	75%
Other	0	0%
Total	24	100%

Total Open SI's by Multiple Area		%
A&E Multiple	1	20%
A&E+IEUC	3	60%
PTS+IEUC	1	20%
IEUC Multiple	0	0%
Total	5	100%

Summary Actions	Jul-23	Aug-23
No. New SI's Open	13	12
No. SI's Req Closure	20	10
No. SI's Closed by ICB	11	23
No. SI's Req Stand down	0	0
No. SI's Stood Down by ICB	0	0

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

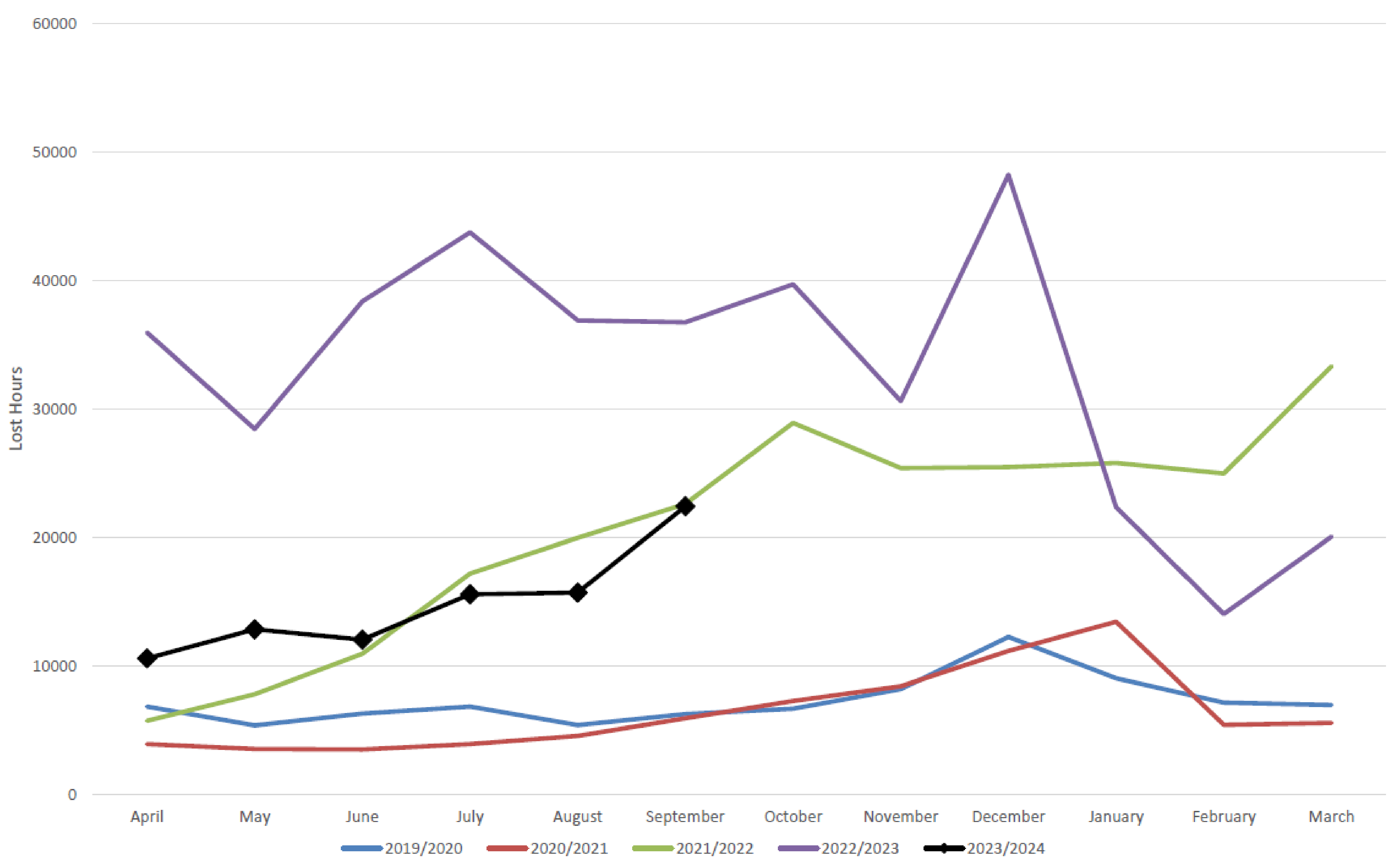
Year to Date ER54 Incidents by Status

% Open	% Closed
13%	87%

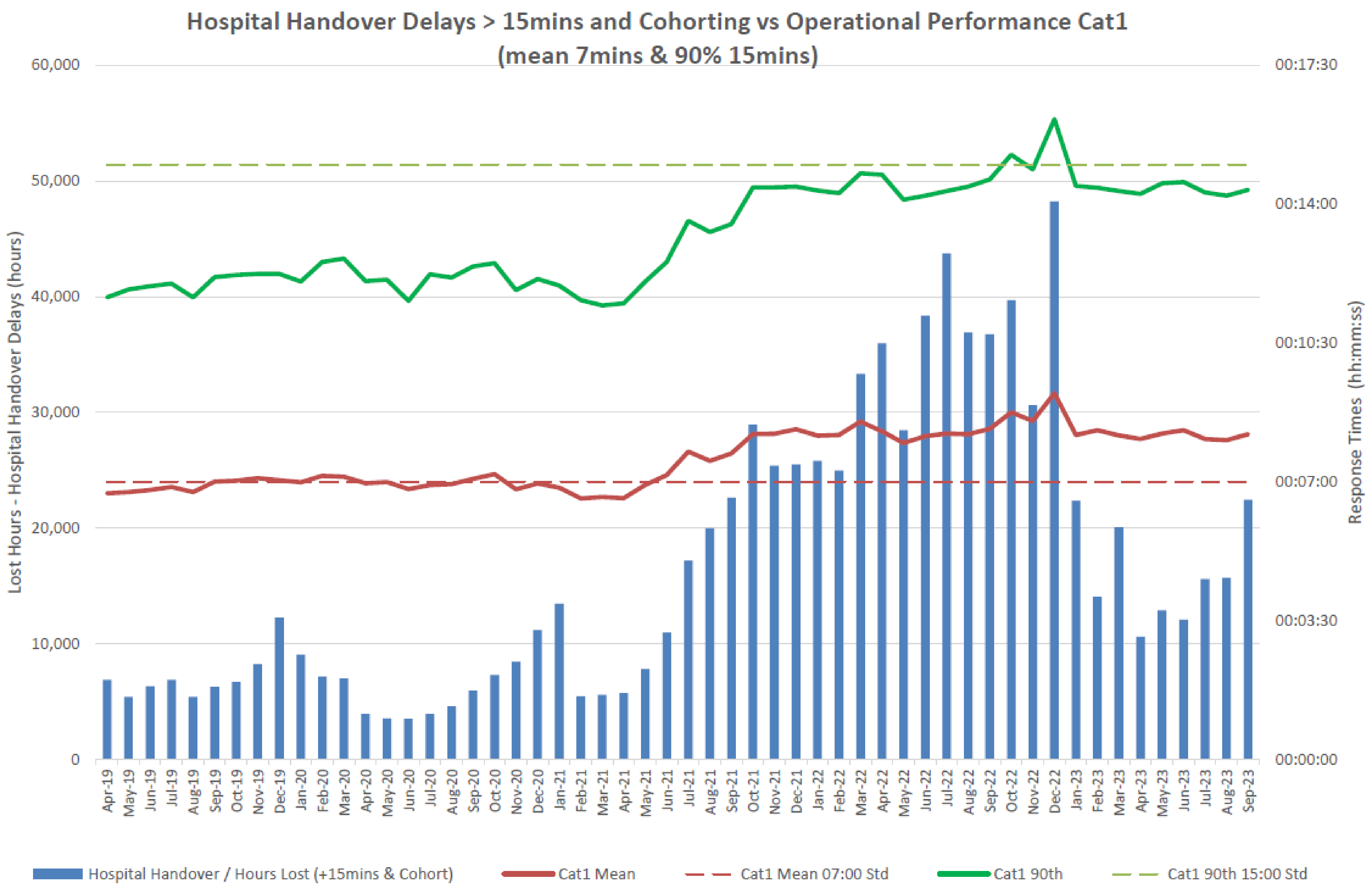
	Open	Closed	NHS to NHS Awaiting review	Awaiting Managers actions	Serious Incident Under Investigation	Awaiting department response	Under investigation	Awaiting review as Potential SI	Total
Detail of Status	4	2283	211	43	5	70	5	17	2638

The oldest open ER54s are from August 2023 of which there are 14, this excluding the outgoing NHS to NHS concerns which the Trust.

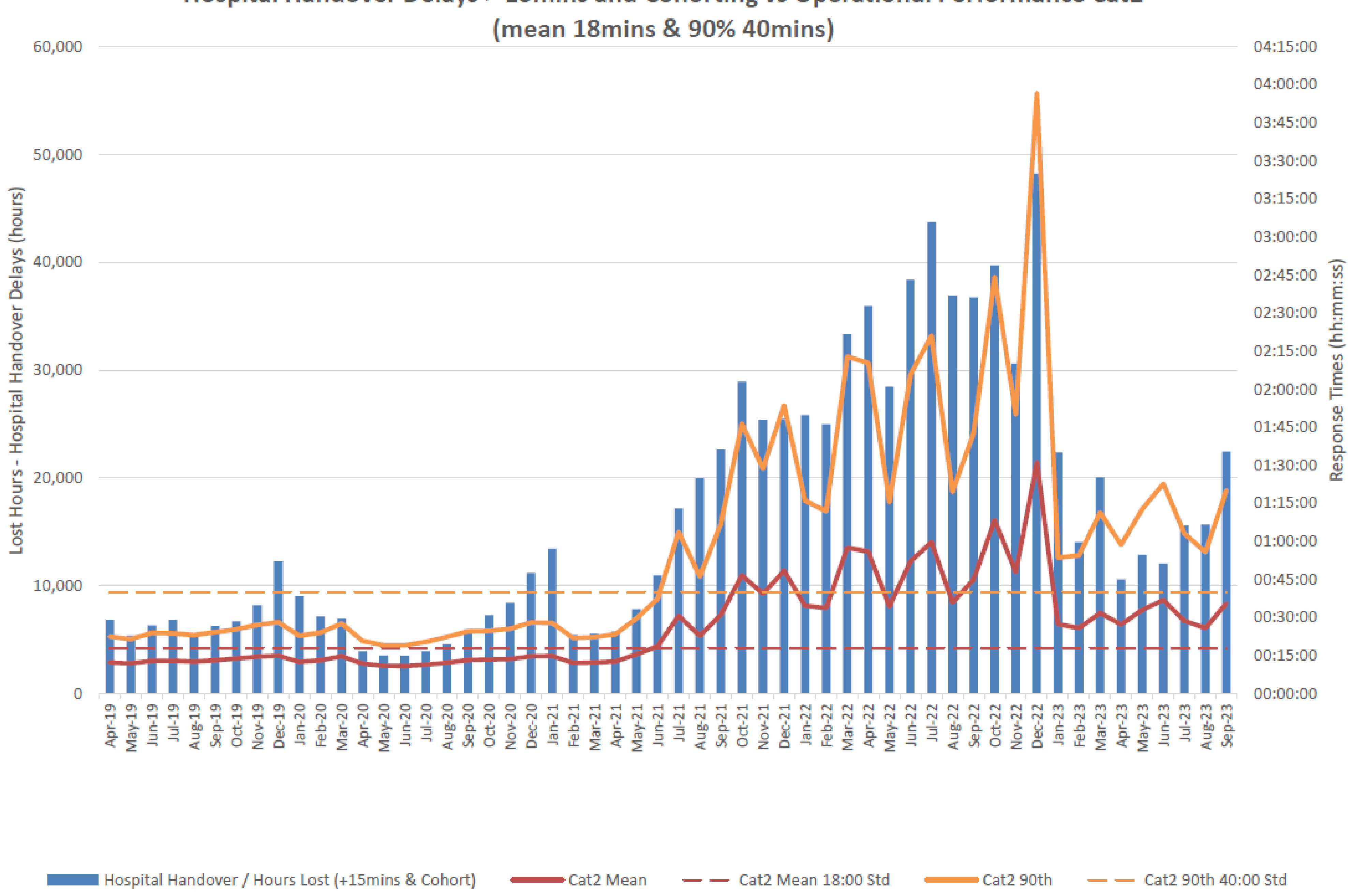
Graph – Time lost due to handover delays exceeding 15 minutes and cohorting for the last 5 financial years



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



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 for the Trust remains steady with less than half of all 999 patients are conveyed to an ED.

August 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	31,580	20,575	4,345	21.1%	5,941	28.9%	10,289	50.0%	9,421	45.8%	868	4.2%
NHS BLACK COUNTRY ICS	24,988	18,758	3,201	17.1%	5,454	29.1%	10,103	53.9%	9,641	51.4%	462	2.5%
NHS COVENTRY AND WARWICKSHIRE ICS	17,129	11,915	2,169	18.2%	3,503	29.4%	6,243	52.4%	5,877	49.3%	366	3.1%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	14,417	9,939	1,549	15.6%	2,730	27.5%	5,660	56.9%	5,342	53.7%	318	3.2%
NHS SHROPSHIRE, TELFORD AND WREKIN ICS	9,501	6,655	1,068	16.0%	2,220	33.4%	3,367	50.6%	3,057	45.9%	310	4.7%
NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	20,811	15,091	2,157	14.3%	4,601	30.5%	8,333	55.2%	7,498	49.7%	835	5.5%
ICS Total	118,426	82,933	14,489	17.5%	24,449	29.5%	43,995	53.0%	40,836	49.2%	3,159	3.8%

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	164,295	100,996	22,445	22.2%	28,396	28.1%	50,155	49.7%	45,843	45.4%	4312	4.3%
NHS BLACK COUNTRY ICS	128,473	92,945	16,279	17.5%	26,428	28.4%	50,238	54.1%	47,901	51.5%	2337	2.5%
NHS COVENTRY AND WARWICKSHIRE ICS	86,974	58,929	10,813	18.3%	17,200	29.2%	30,916	52.5%	28,863	49.0%	2053	3.5%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	72,622	48,411	7,657	15.8%	13,292	27.5%	27,462	56.7%	25,908	53.5%	1554	3.2%
NHS SHROPSHIRE, TELFORD AND WREKIN ICS	46,885	31,857	5,258	16.5%	10,310	32.4%	16,289	51.1%	14,820	46.5%	1469	4.6%
NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	107,486	74,388	10,713	14.4%	22,578	30.4%	41,097	55.2%	36,929	49.6%	4168	5.6%
ICS Total	606,735	407,526	73,165	18.0%	118,204	29.0%	216,157	53.0%	200,264	49.1%	15,893	3.9%

Table – Longest waiting times September 2023

Category 1

CAD ID	Best Response hh:mm:ss	Incident Postcode	ICB	Chief Complaint	Inc Initial Sub Priority
	0:56:59	B36	NHS BIRMINGHAM AND SOLIHULL ICS	Fitting Within Last 12 Hours	Cat3
	0:50:35	SY13	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	Medical	Cat1
	0:47:06	SY13	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	Breathing Problems	Cat1
	0:44:19	SY8	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	Stroke Neurological	Cat1
	0:43:08	HR6	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	Abdominal Flank Pain Lower	Cat1
	0:40:09	WR10	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	Fitting Now	Cat1
	0:39:31	SY9	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	Fitting Now	Cat1
	0:38:36	SY8	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	Medical	Cat1
	0:37:06	B91	NHS BIRMINGHAM AND SOLIHULL ICS	Medical Minor	Cat1
	0:36:29	WR13	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	Breathing Problems	Cat2

Category 2

CAD ID	Best Response hh:mm:ss	Incident Postcode	ICB	Chief Complaint	Inc Initial Sub Priority
	18:46:11	TF9	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	111	Cat3
	16:01:22	TF13	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	Fall Injuries Unknown	Cat4
	14:24:40	B23	NHS BIRMINGHAM AND SOLIHULL ICS	Fall Injuries Unknown	Cat4
	11:12:33	WR11	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	Medical	Cat3
	10:45:25	CV2	NHS COVENTRY AND WARWICKSHIRE ICS	Heart Problems No Chest Pains	Cat2
	10:21:24	B31	NHS BIRMINGHAM AND SOLIHULL ICS	Trauma	Cat2
	8:52:13	SY8	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	Back Pain Lower	Cat3
	8:46:57	DY10	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	Suicide	Cat5
	8:29:19	WV6	NHS BLACK COUNTRY ICS	Medical Minor	Cat2
	8:13:14	TF2	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	Medical	Cat2

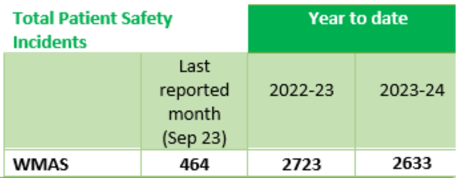
Category 3

CAD ID	Best Response hh:mm:ss	Incident Postcode	ICB	Chief Complaint	Inc Initial Sub Priority
	37:11:09	B25	NHS BIRMINGHAM AND SOLIHULL ICS	Medical Minor	Cat3
	30:22:20	B13	NHS BIRMINGHAM AND SOLIHULL ICS	Headache	Cat5
	29:04:42	B74	NHS BIRMINGHAM AND SOLIHULL ICS	Fall Injuries Unknown	Cat3
	28:04:50	B36	NHS BIRMINGHAM AND SOLIHULL ICS	Abdominal Flank Pain Lower	Cat5
	28:03:27	B7	NHS BIRMINGHAM AND SOLIHULL ICS	Medical Minor	Cat3
	26:23:55	B33	NHS BIRMINGHAM AND SOLIHULL ICS	Bleeding	Cat5
	26:08:33	SY4	NHS SHROPSHIRE, TELFORD AND WREKIN ICS	Trauma	Cat3
	23:57:31	DY11	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	Medical Minor	Cat3
	22:53:22	B11	NHS BIRMINGHAM AND SOLIHULL ICS	Medical	Cat3
	22:51:41	B90	NHS BIRMINGHAM AND SOLIHULL ICS	Concern For Welfare	Cat3

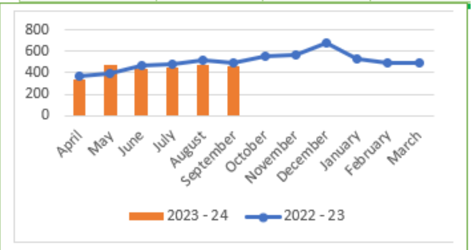
Category 4

CAD ID	Best Response hh:mm:ss	Incident Postcode	ICB	Chief Complaint	Inc Initial Sub Priority
	21:00:30	DY4	NHS BLACK COUNTRY ICS	Medical	Cat4
	21:00:16	WV10	NHS BLACK COUNTRY ICS	Trauma	Cat4
	20:49:22	DY13	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	Trauma	Cat5
	20:30:36	DY11	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	Medical Minor	Cat3
	18:32:45	CV3	NHS COVENTRY AND WARWICKSHIRE ICS	Trauma	Cat4
	18:32:25	B65	NHS BLACK COUNTRY ICS	Trauma	Cat4
	18:02:32	B77	NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	Trauma	Cat4
	16:57:08	B13	NHS BIRMINGHAM AND SOLIHULL ICS	Medical	Cat4
	16:38:58	B27	NHS BIRMINGHAM AND SOLIHULL ICS	Fall Injuries Unknown	Cat4
	16:20:38	B74	NHS BLACK COUNTRY ICS	Medical	Cat4

Patient Safety



Total Patient Safety Incidents		Year to date	
	Last reported month (Sep 23)	2022-23	2023-24
WMAS	464	2723	2633

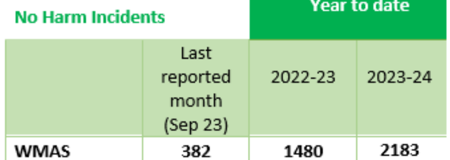


For the month of September, there were 464 patient safety incidents reported. This is a 7% decrease on the same month last year.

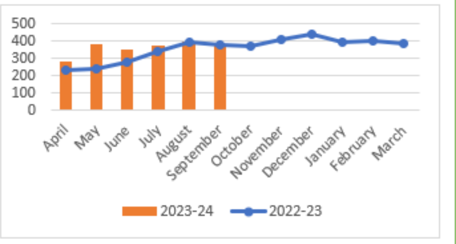
E&U accounted for 61% of the total patient safety incidents, 52% of the total patient harm incidents and 63% of the 'no harm' total patient safety incidents.

PTS accounted for 19% of the total patient safety incidents, 20% of the total patient harm incidents and 19% of the 'no harm' total patient safety incidents.

EOC accounted for 19% of the total patient safety incidents, 28% of the total patient harm incidents and 17% of the 'no harm' total patient safety incidents.



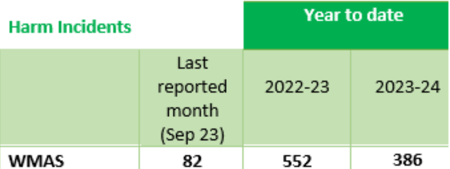
No Harm Incidents		Year to date	
	Last reported month (Sep 23)	2022-23	2023-24
WMAS	382	1480	2183



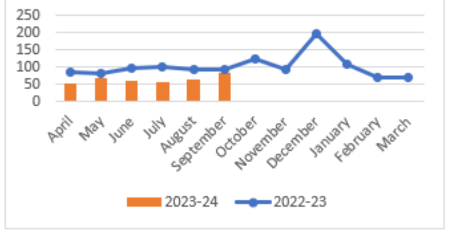
E&U accounted for 63% of the 'no harm' total patient safety incidents.

PTS accounted for 19% of the 'no harm' total patient safety incidents.

EOC accounted for 17% of the 'no harm' total patient safety incidents.



Harm Incidents		Year to date	
	Last reported month (Sep 23)	2022-23	2023-24
WMAS	82	552	386



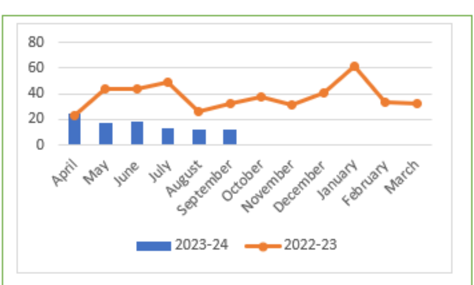
	Patient Harm		No Harm		Total	
Area	Total	%	Total	%	Total	%
E&U	43	52%	242	63%	285	61%
PTS	16	20%	74	19%	90	19%
EOC	23	28%	66	17%	89	19%
Total	82	100%	382	100%	464	100%

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 and injuries occurring during extrication.

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

Serious Incidents and Duty of Candour

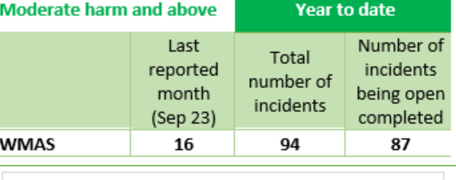
Total number of serious incidents reported		Year to date	
	Last reported month (Sep 23)	2022-2023	2023-2024
WMAS	12	218	96



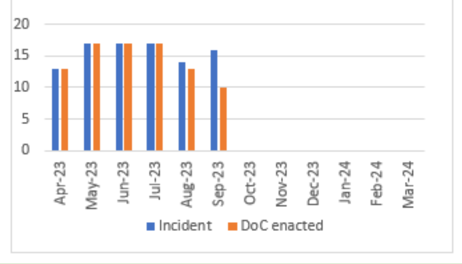
12 SI's were registered in month.
9 SI's were reviewed for closure.
The Lead ICG reviewed and closed 10.

The total so far for 2023/24 – 96 (52 solely related to delayed responses) and Call management are the biggest themes.

147 potential SIs have been reviewed since 01.04.23.

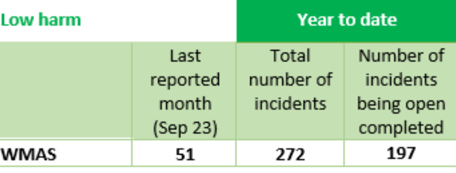


Moderate harm and above		Year to date	
	Last reported month (Sep 23)	Total number of incidents	Number of incidents being open completed
WMAS	16	94	87

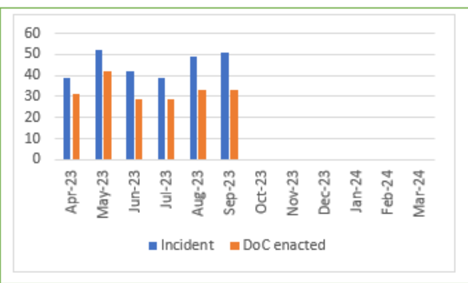


Duty of Candour has been enacted in 57.1 % of cases where moderate harm or above has been caused during September.

The year-to-date figure is 91.8%



Low harm		Year to date	
	Last reported month (Sep 23)	Total number of incidents	Number of incidents being open completed
WMAS	51	272	197

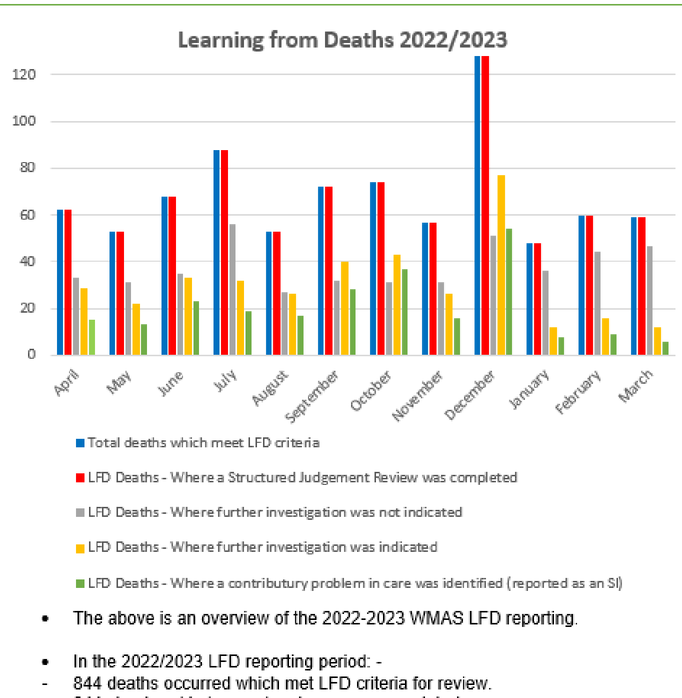


There have been 51 incidents where low harm has been caused to patients during September.

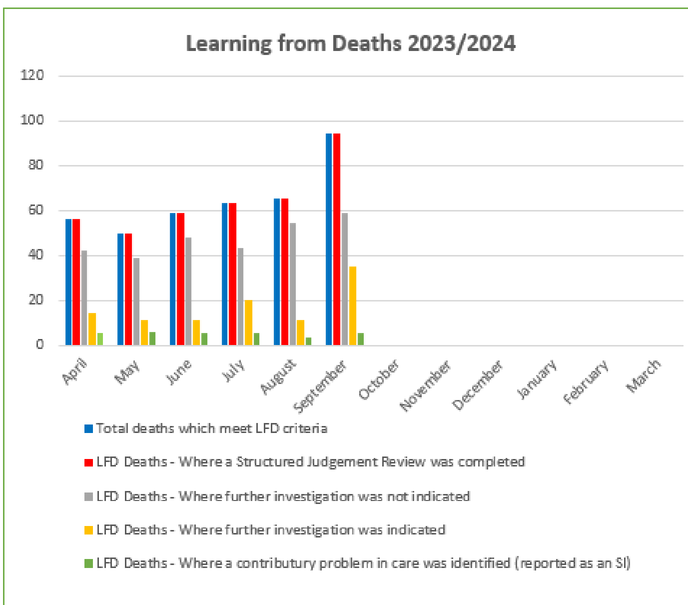
Out of these, evidence of 'Being Open' can currently be provided for 33 of the incidents (64.7%).

The year-to-date figure is 70.2%

Learning from Deaths

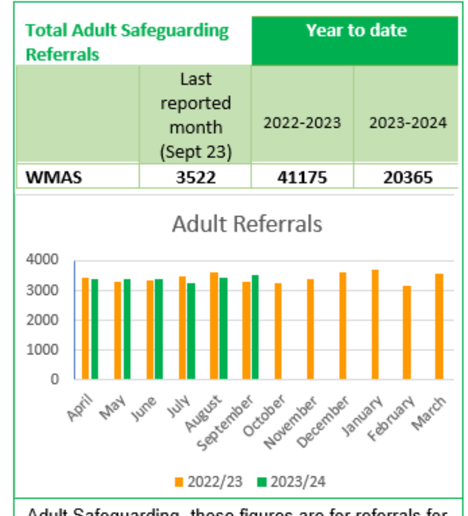


- The above is an overview of the 2022-2023 WMAS LFD reporting.
- In the 2022/2023 LFD reporting period: -
- 844 deaths occurred which met LFD criteria for review.
- 844 structured judgement reviews were completed.
- 400 of the 844 deaths required further investigation following the structured judgement review; of these 262 were investigated under the Serious Incident Framework.



- It is important to note that the premise of the LFD agenda is not the quantitative data that this graph details, but the learning, themes and actions that may result from the structured judgement review of deaths within scope.
- In comparison with this month of the 2022/2023 LFD reporting period, there has been:
  - A 4% decrease in overall deaths meeting LFD criteria.
  - 37% of cases required further investigation following a structured judgement review.
- During the current financial year, there have been 29 deaths investigated under the Serious Incident Framework following LFD review.

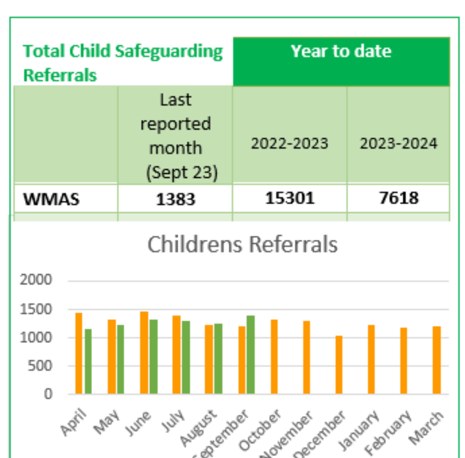
Safeguarding



Total Adult Safeguarding Referrals		Year to date	
	Last reported month (Sept 23)	2022-2023	2023-2024
WMAS	3522	41175	20365

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

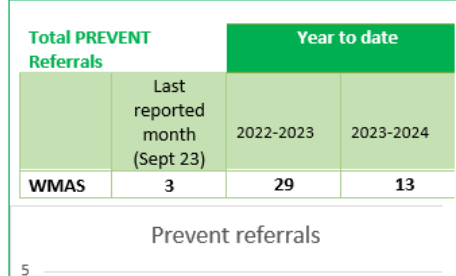
There is a 6.2% increase in the number of adult care/welfare and adult safeguarding referrals sent in September 2023 compared to the previous year.



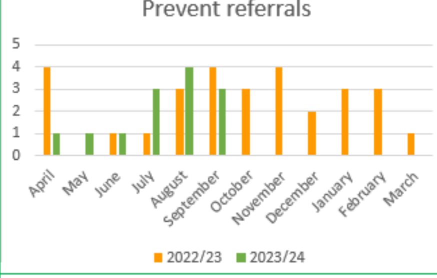
Total Child Safeguarding Referrals		Year to date	
	Last reported month (Sept 23)	2022-2023	2023-2024
WMAS	1383	15301	7618

Child Safeguarding Referral- these figures are for under 18 years old. The referrals are received from E&U staff, and anyone else in the organisation. Comparison to previous years for the same time period.

September 2023 saw an 15.3% increase in the number of referrals made compared to the same month last year.



Total PREVENT Referrals		Year to date	
	Last reported month (Sept 23)	2022-2023	2023-2024
WMAS	3	29	13

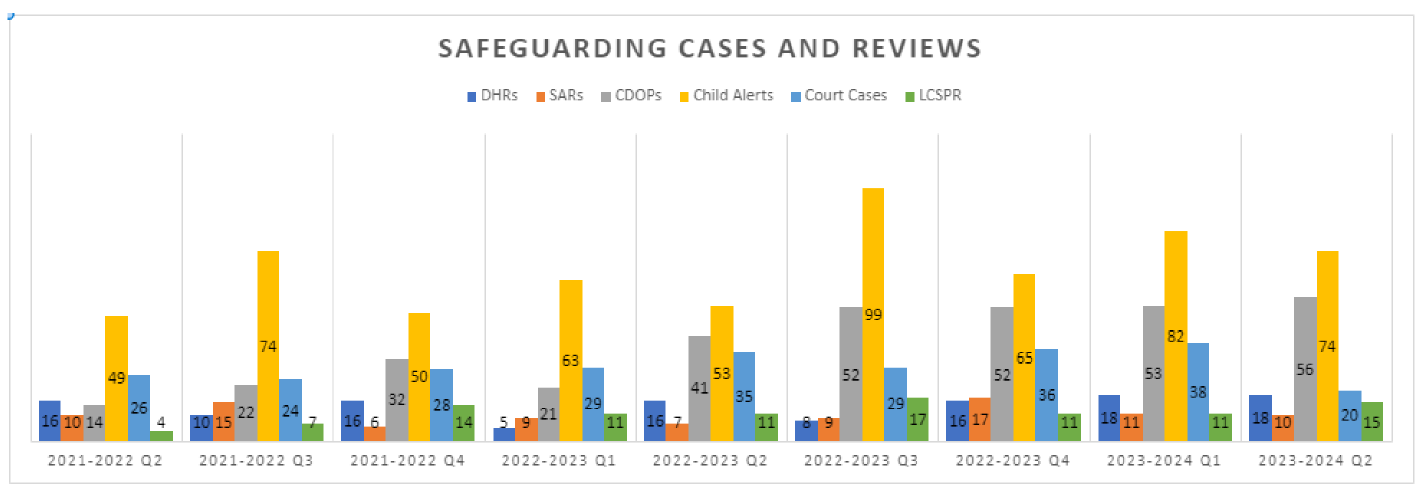


Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

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

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

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



DHR's - Domestic Homicide Review

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

The number of DHRs in Q2 has risen by 2 against the same period last year with 18 being received in 2023/24.

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 3 SARs from Q2 against the same period last year.

LCSPR's – Local Child Safeguarding Practice Reviews

Is defined in Working Together 2015 as when:

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

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

There has been an increase of 4 LCSPR's from Q2 against the same period last year.

CDOP's Child Death Overview Panel

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

In Q2 there has been an increase of 15 CDOPs against the same period last year.

Child Alerts – Internal WMAS named case

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

There has been an increase of 21 Child Alerts from Q2 against the same period last year.

Court Cases

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

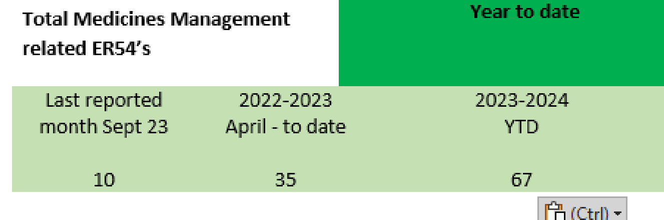
There has been a decrease of 15 court cases in Q2 against the same period last year.

Medicines Management & Pharmacy

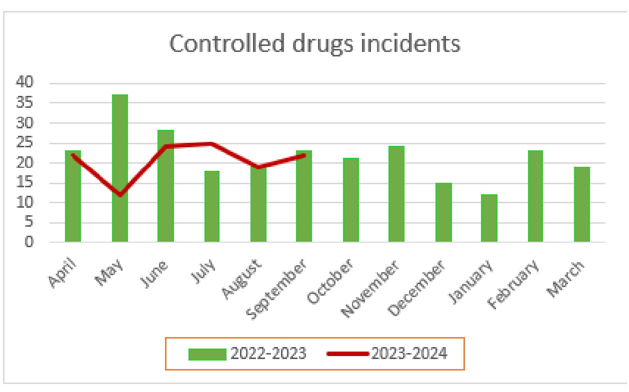
CONTROLLED DRUGS

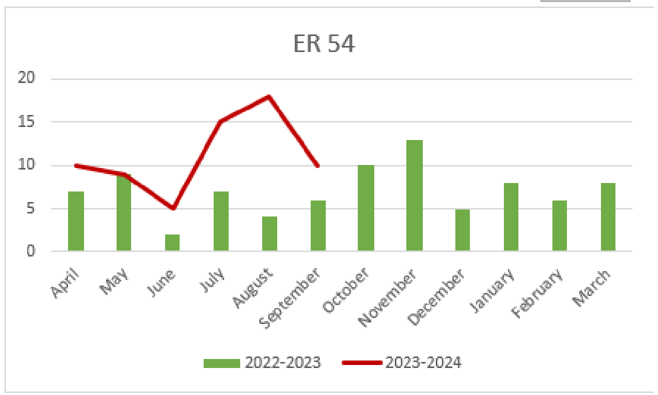
Total Controlled Drugs Incidents (CDI's)		**Year to date**
Last reported month Sept 23	2022-2023 April - to date	2023-2024 YTD
22	124	148

MEDICINES ER54



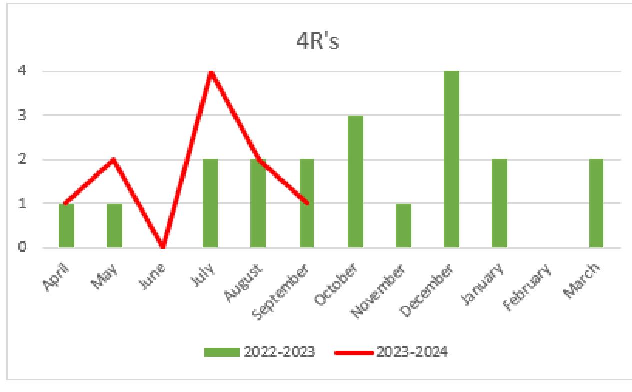
Total Medicines Management related ER54's		**Year to date**
Last reported month Sept 23	2022-2023 April - to date	2023-2024 YTD
10	35	67





Total Drug Errors, wrong route, wrong dose etc	Year to date	
Last reported month Sept 23	2022-2023 April - to date	2023-2024 YTD
1	10	8

There have been two incident where the incorrect dose of adrenaline has been given, the full 1mg was given instead of 500 micrograms. There has been no reported harm from this.



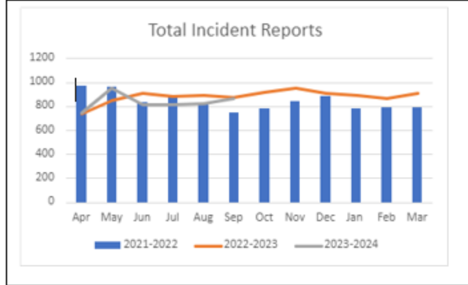
MHRA Alerts	Year to date	
Last reported month Sept 23	2022-2023 April - to date	2023-2024 YTD
5	33	28

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

Actions (CAPA)			
	Last reported month (Sept)	2022-2023 August - to date	2023-2024 YTD
WMAS	0	0	0

Incident Reports

Total Incidents Reported		Year to date	
	Last reported month (Sept 23)	2022-2023 April –Mar	2023-2024 April-Sept
WMAS	866	10,645	4819



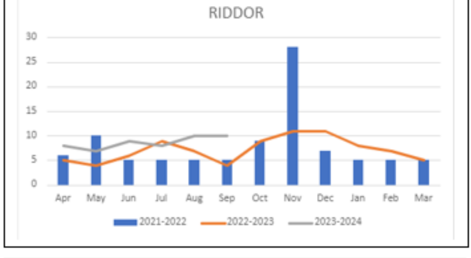
Over 81,000 ER54's received since implementation.

Reporting continues with manager 24-hour acknowledgement, and this is reported to respective SMT's. The risk team continue to assist managers in investigation and completion of ER54's.

ER54 review continues to identify appropriate workstreams and inform certain actions for SMT's and the risk team. Work currently with the Patient Safety Team on improving reporting and management of equipment related issues, as well as another focus around non-frontline staff reporting and awareness.

Plans started to introduce a Human Factors faculty before the end of 2023, which will aim to greater engage staff on improvements to the systems in place across the Trust to reduce risk and improve safety and efficiency.

RIDDOR		Year to date	
	Last reported month (Sept 23)	2022-2023 April - Mar	2023-2024 Apr-Sept
WMAS	10	86	52



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.

RIDDOR Regulations PIR received on 9th October by HSE – will be reviewed by Head of Risk and findings reported to HSREG.

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 (September)

WMAS Top 5 Types	Total
Violence / Aggression	228
RTC	101
Communication	95
Complaint	92
Injury	66

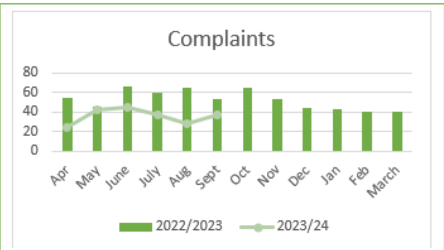
WMAS Top 5 Categories	Total
V&A - Verbal - Intentional	92
Near Miss	58
Complaints – WMAS Staff	49
V&A - Physical - Intentional	43
Complaints – Other NHS	41

The Trust Top 5 incident categories for September –

1. V&A – Verbal - Intentional – Reviewed via Security
2. Near Miss – Current workstream in place to review all near miss cases to determine any further trends/issues
3. Complaints – WMAS Staff – Work identified with FTSU team.
4. V&A – Physical – Intentional – Current work ongoing with BWC and case reviews
5. Complaints – Other NHS – Patient Safety team review all cases via orbit reporting and new NHS-NHS concern process

Patient Experience

Formal Complaints		Year to date	
	Last reported month (Sept 23)	2022-23 Total	2023-24 YTD
WMAS	37	344	213



Year to Date the Patient Experience Team has acknowledged 99.1% of its complaints within 3 working days. The Trust has responded to 96.6% of cases within 25 working days.

For the month of September, we saw 37 complaints received compared to 53 in September 2023 a decrease of 16. The main reason for a complaint was clinical (11).

Of the cases closed to date: 1 Justified, 2 Part Justified, 5 Not Justified. Remaining cases are still under investigation and due for closure by 6 October 2023.

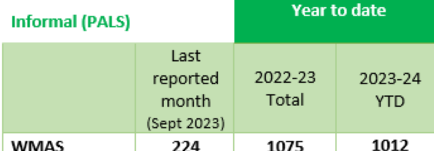
3 Information Requests were received in September 2023 by the Parliamentary Health Service Ombudsman (PHSO).

Month of September 2023: In September 2023, the Trust undertook:

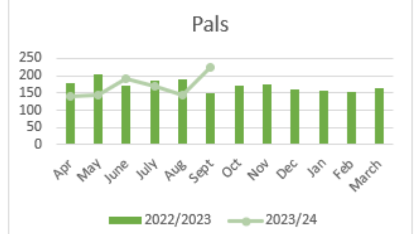
169,343 Emergency Calls, which equates to 1 Complaint for every 9,408 calls received.

84,184 Emergency Incidents, which equates to 1 Complaint for every 12,026 Incidents.

69,799 Non-Emergency Patient Journeys, which equates to 1 Complaint for every 5,816 Journeys.



Informal (PALS)		Year to date	
	Last reported month (Sept 2023)	2022-23 Total	2023-24 YTD
WMAS	224	1075	1012

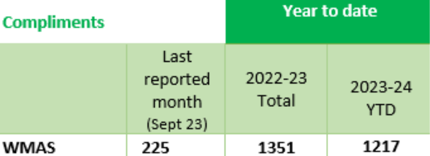


The main reason for an informal concern being raised was as follows:

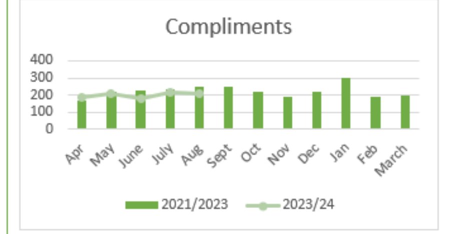
69 Eligibility
51 Response
35 Attitude & Conduct,

Of the Cases closed to date (month) –

17= Justified,
7= Part Justified,
43= Not justified



Compliments		Year to date	
	Last reported month (Sept 23)	2022-23 Total	2023-24 YTD
WMAS	225	1351	1217



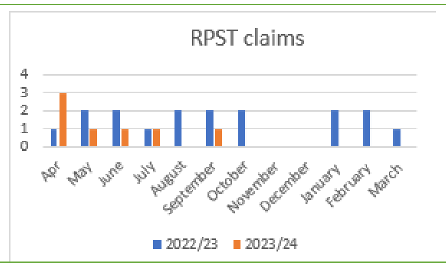
Friends and Family Test (YTD)
The FFT question is available on the Trust website: '**Thinking about the service provided by the patient transport service, overall how was your experience of our service?':**

Response (YTD)	Renal Survey	FFT Survey	PTS Survey
Very Good	27	14	20
Good	23	0	40
Neither Good or Poor	11	2	1
Poor	4	2	1
Very Poor	3	4	2
Don't Know	0	1	0
Total	**68**	**23**	**64**
Total PTS Journeys in September 69,799 - 53 responses			

Discharge on Scene Results: 2 responses in September 2023

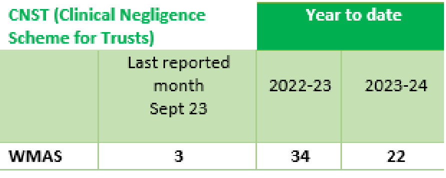
Claims and Coroners Cases

RPST (Risk Pooling Schemes for Trusts)		Year to date	
	Last reported month Sept 23	2022-23	2023-24
WMAS	1	17	7

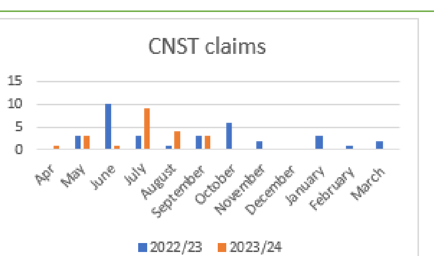


RPST (Risk Pooling Schemes for Trusts)
The Risk Pooling Schemes for Trusts is the collective name for two separate schemes covering non-clinical risks, the Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES).

- The Trust has received 1 RPST claim in September 2023. This is a decrease of 1 compared to the previous year.

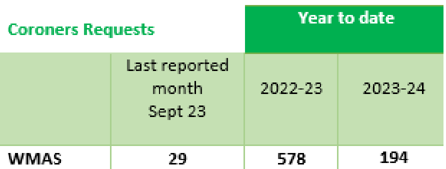


CNST (Clinical Negligence Scheme for Trusts)		Year to date	
	Last reported month Sept 23	2022-23	2023-24
WMAS	3	34	22

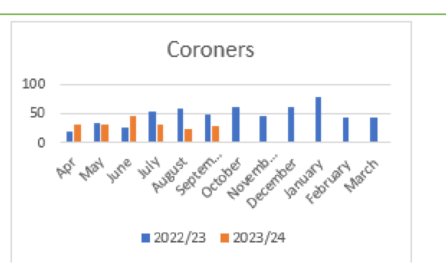


CNST (Clinical Negligence Scheme for Trusts)
These are defined as allegations of clinical negligence and/or a demand for compensation made following an adverse clinical incident resulting in personal injury, or any clinical incident, which carries significant litigation risk for the Trust. Such claims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

- The Trust has received 3 CNST claims in September 2023. This is the same as the previous year.



Coroners Requests		Year to date	
	Last reported month Sept 23	2022-23	2023-24
WMAS	29	578	194



Coroners Requests
West Midlands Ambulance Service covers the following areas for Coroners

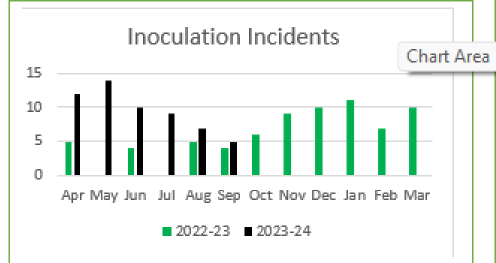
- Birmingham and Solihull
- Black Country
- Coventry
- Herefordshire
- Shropshire, Telford & Wrekin
- South Staffordshire
- Stoke on Trent & North Staffordshire
- Warwickshire
- Worcestershire

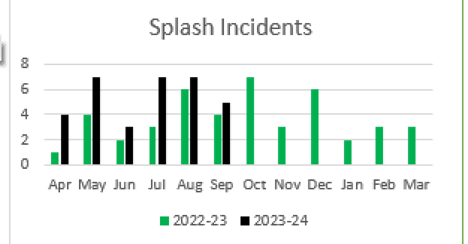
Infection Prevention and Control

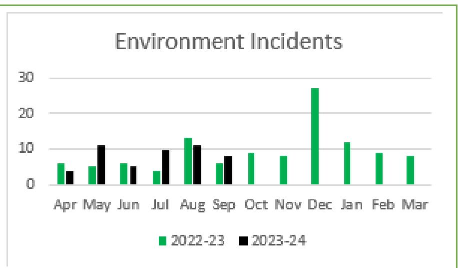
Inoculation Incidents		Year to date Comparison	
	Last reported month Sep 23	2022-23	2023-24 Apr-Sep
WMAS	5	71	57

Splash Incidents		Year to date Comparison	
	Last reported month Sep 23	2022-23	2023-24 Apr-Sep
WMAS	5	44	33

Environment Incidents		Year to date Comparison	
	Last reported month Sep 23	2022-23	2023-24 Apr-Sep
WMAS	8	113	49







Inoculation Incident Key Performance Indicator:
By the end of 2023/24 all inoculation incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

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

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

September 2023 saw 5 inoculation incidents reported. These involved used cannula devices, patient's own fingernails piercing the skin of the treating clinician (violence and aggression).

Risk RAG = Red risk – 0 | Amber risk – 1 | Green Risk – 4

2023/24 Q1 has seen a significant rise in sharps related incidents. In response, the Trust have released dedicated articles in the weekly briefing to raise awareness amongst staff and have also launched a dedicated clinical notice for all clinical and operational staff.

Splash Incident Key Performance Indicator:
By the end of 2023/24 all splash incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

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

September 2023 saw 5 splash incidents reported. These involved blood and body fluids entering the eye/mouth of the treating clinician, the spittle of a patient entering the eyes/mouth of a treating clinician (violence and aggression).

Please note a reduction in the reported year to date following a review of splash incidents for the previous month, August 2023.

Risk RAG = Red risk – 0 | Amber risk – 3 | Green Risk – 2

The high-risk exposure relates to a known IV drug user, and a splash contamination incident requiring a prescription of post exposure prophylaxis (PEP).

2023/24 Q1 has seen a significant rise in splash related incidents. In response, the Trust have released dedicated articles in the weekly briefing to raise awareness amongst staff.

Environment Incident Key Performance Indicator:
By the end of 2023/24 all environment incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

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

Environmental incidents capture the general cleanliness of premises, vehicles, and management of clinical waste. Furthermore, this category of incident aims to capture staff members exposure to infectious disease such as Tuberculosis.

September 2023 saw 8 environment related incidents reported. Incidents involved exposure to patient's with a suspected or confirmed infectious disease, issues relating to contaminated equipment with blood or bodily fluids and two incidents where the infectious disease information obtained by EOC from 111 was not passed to the crew in attendance resulting in an incident report.

Risk RAG = Red risk – 0 | Amber risk – 0 | Green Risk – 8

There are no trends or themes highlighted to note.

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

Additional Information of Clinical Director's Activity

There continues a clear focus on 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.

We have continued to work across the regional and national health 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.

Interim Medical Director

- Professional Standards Group
- Senior Clinical Leads meeting
- Learning Review Group meeting
- NASMeD meeting
- JRCALC Equality & Diversity Guideline Development meeting

Paramedic Practice and Patient Safety Director

- Health, Safety, Risk & Environment Group
- Professional Standards Group
- Serious Incident Recovery Group
- Senior Clinical Leads meeting
- West Midlands LRF
- Interview processes for Patient Safety structure increases
- Regular meetings with Clinical Team
- Bi-weekly meetings line reports
- Meetings with ICBs Governance leads
- ER54 management review meetings
- Community First Responder Regional Forum
- Advancing Practice Governance
- National Ambulance Health Inequalities
- National Paramedic Directors

Executive Director of Nursing

- Day with paramedic colleagues at Hollymoor Hub.
- Review of Board Assurance Framework.
- 1:1 meeting with team members and Team priority setting meeting.
- Sign off complaint letters to ensure timely and compassionate responses.
- Senior Clinical Leads Meeting.

Dr Richard Steyn
Interim Medical Director

Caron Eyre
Executive Director of Nursing

Nick Henry
Paramedic Practice and
Patient Safety Director

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 14a MONTH: OCTOBER 2023 PAPER NUMBER: 14

Freedom To Speak Up Report and Action Plans	
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 and recent the joint review with NHS England.
Previously Considered by	The documents incorporate updates following those previously created in line with guidance from NHS England
Report Approved By	Strategy and Engagement Director

Executive Summary

The paper includes:

a) Guardian Report covering the period April 2023 to September 2023
b) Demographic analysis of Ambassadors
c) Action Plan produced in response to National Guardian's Office Speak Up Review of the Ambulance Sector
d) Action Plan produced in response to review and support from NHS England
e) Draft Communications Plan
f) NHS England's Reflection and Planning Tool V2

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	☒	Integrity	☒
	Compassion	☒	Inclusivity	☒
	Accountability	☒		
Risk and Assurance	The actions and communications contained within the documents comprise the Trust's response to the recommendations by the two national organisations, thereby reducing risk and building assurance that the service provided to staff is compliant with best practice and incorporates further development to continue to emulate best practice			
Legal implications/ regulatory requirements	The Trust's arrangements for Freedom To Speak Up forms 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.			

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

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 14a MONTH: OCTOBER 2023 PAPER NUMBER: 14

<table>
<tr><td>Financial Implications</td><td>None included in this paper.</td></tr>
<tr><td>Workforce & Training Implications</td><td>The FTSU arrangements are built upon the expanding network of Ambassadors, who require time for development sessions (half a day per 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 to disseminating the training requirements among staff, student and volunteer groups has been agreed and published.</td></tr>
<tr><td>Communications Issues</td><td>An updated version of the Communications Plan is included.</td></tr>
<tr><td>Diversity & Inclusivity Implications</td><td>Freedom To Speak Up provides fundamental principles to ensure that the Trust supports and encourages all staff, students and volunteers, irrespective of protected characteristic.

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:
• Ambassador network - From April 2023, all reports will incorporate an update on the age, 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 Health and Wellbeing 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</td></tr>
<tr><td>Quality Impact Assessment</td><td>Not required</td></tr>
<tr><td>Data Quality</td><td>Supporting documentation and information is maintained by the FTSU Guardian.</td></tr>
<tr><td colspan="2">Action required
Members consider the following updates:
• Guardian Report covering the period April 2023 to September 2023
• Ambassador demographics
• National Guardian’s Office Action Plan
• NHS England Action Plan
• Updated Communications Plan
• Updated Reflection and Planning Tool

Members agree that all of the above are presented to Board of Directors on 25th October 2023</td></tr>
</table>

Freedom To Speak Up Report to

Board of Directors

October 2023

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

Purpose of Report

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

Governance Arrangements

In accordance with guidance, WMAS has adopted the new national policy, and has also generated an Improvement Strategy and a separate Procedure, which are available on PolicyStat. Each of these documents will be regularly reviewed and refreshed as needed.

The case activity and promotional work within FTSU are captured within summary reports which are presented routinely to:

- Learning Review Group – this is where Heads of Service present activity reports in respect of incident reports, investigations, complaints and risks. This provides the ideal opportunity for triangulation where FTSU reporting correlates with other activity
- Quality Governance Committee – a sub-committee of the Board of Directors been presented and effectively scrutinised.
- People Committee - a sub-committee of the Board of Directors focussing on all matters relating to employment, which provides assurance to the Board that reports have been presented and effectively scrutinised.
- Executive Management Board – an overview of activity and discussions at assurance committees prior to reporting to Board of Directors
- Board of Directors – a high level overview of recent activity and planned work, following discussion at assurance committees
- Council of Governors

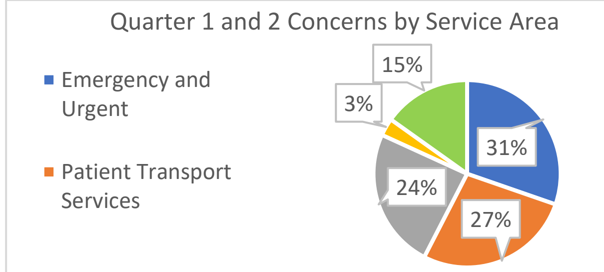
Each quarter, all cases are discussed (anonymously) with the Executive and Non-Executive Leads, to ensure a thorough understanding of all concerns and the response to each. A summary of cases is also discussed with the Chief Executive and Chairman each quarter to support accountability and a thorough understanding of trends and themes.

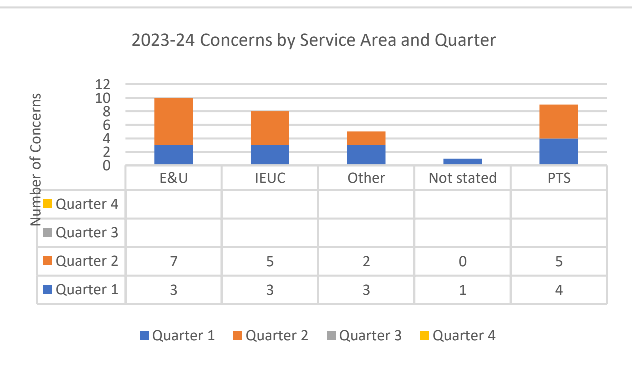
Assessment of Individual Cases April to September 2023

In total, in the first half of the year, 33 concerns were raised, compared to 9 in the same period during the previous year. One of the 33 concerns was received during March 2023 but was not counted in Quarter 4, so has been included in Quarter 1 figures).

The concerns were from the following service areas:

- Emergency and Urgent = 10 (31%)
- Patient Transport Services = 9 (27%)
- Integrated Emergency and Urgent Care = 7 (21%)
- Other / Corporate department(s) = 5 (15%)
- Not stated = 2 (6%)





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Reporting categories of concerns raised in Quarters 1 and 2 2023/24 by Service Area:

	E&U	PTS	IEUC	Corporate	Not stated	Other	Total YTD
Patient Safety / Quality	2	1	1	0	0	0	4
Staff Safety	3	2	1	2	0	0	8
Behavioural / Relationship	5	8	4	2	0	2	21
Bullying / Harassment	1	0	0	0	0	1	2
Systems / Processes	4	0	3	0	1	2	10
Cultural	2	4	1	0	1	1	9
Middle Management	1	4	1	0	0	0	6
Senior Management	4	0	1	0	0	0	5
Leadership	1	0	0	0	0	0	1

Analysis of Trends, Themes of Issues and Who is Speaking Up

Of the 10 Emergency and Urgent Cases during the year:

- 3 were related to one hub, the remainder were all from different areas in relation to different matters.
- During the last 18 months, there are only 4 hubs where no concerns have been raised at all. This suggests that we do not have any significant hot spots, nor do we have many clear quiet spots.

E&U	Hub 1	Hub 2	Hub 3	Hub 4	Hub 5	Hub 6	Hub 7	Hub 8	Hub 9	Hub 10	Hub 11	Hub 12	Hub 13	Hub 14	Hub 15	Anon
2022/23	1	1		1		1			1		1	3	1			3
2023/24	1				1				1	1		1	3	1		1

Of the 9 Patient Transport Services cases during the year:

- 4 were related to one site, and two sites each had two concerns raised.
- Several sites have not had any concerns raised at all during the last 18 months

PTS	Hub 1	Hub 2	Hub 3	Hub 4	Hub 5	Hub 6	Hub 7	Hub 8	Hub 9	Hub 10	Hub 11	Hub 12	Hub 13	Hub 14	Hub 15	Hub 16	Anon
2022/23								2	1			1	3		1		1
2023/24									2	4					2		1

IEUC - The 5 cases raised in IEUC were all raised by different people, regarding unrelated issues.

Other Departments

5 concerns were raised in relation to corporate / other departments. This is the most that have been raised since FTSU was created, suggesting that staff are more aware of the support that is available to them.

Other	Other WMAS	Other Provider	Anonymous site and service
2022/23	1	1	0
2023/24	5	0	1

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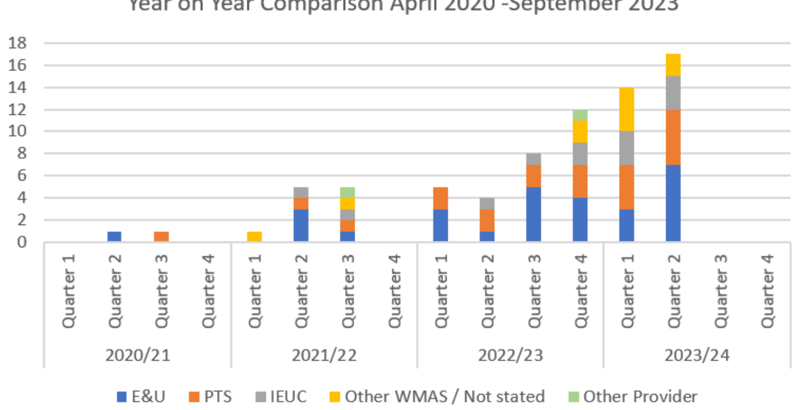
Anonymous Concerns

14 of the 33 concerns (42%) during the first half of the year were raised anonymously. Some of these were attributable to relevant service areas and hubs, 2 identified the service area and not the hub, and 1 did not identify any service or location at all. These are reflected in the tables to the right. It is important that we monitor the trends in anonymous concerns, including the type of concerns that are raised in this way, as this is a good measure of whether staff are using the best means of speaking out, or are fearful of being identified. Indications are that the use of the anonymous route at WMAS is slightly higher than elsewhere. We will continue our work to improve the culture throughout the organisation to provide assurance that concerns will be taken seriously and treated sensitively.

Year on Year Comparison

The volume of reported cases is increasing each year (both anonymous and confidential concerns). The Trust received just 2 concerns during 2020/21, rising to 11 in 2021/22 and 25 in 2022/23. As already identified, 33 concerns have been received by the Guardian in the first half of 2023/24. The input made by the Trust over this time to raise awareness of FTSU is likely to be encouraging staff to make contact, however, there are many other routes for staff to use if they feel they need to discuss matters of concern, these include:



- Line manager(s)
- Human Resources Team
- Union Representative
- Staff Advice and Liaison Advisor(s)
- Health and Wellbeing Champion(s)
- Staff Network(s)
- Direct contact with Executive or Non-Executive Directors

In order to effectively triangulate the information relating to reported cases, it is also important to understand the trends of other activity and performance metrics, including:

- Sickness absence
- Grievances
- Attrition
- Complaints
- Compliments
- Incident Report Forms
- Leadership Development activity

We are developing our reporting capabilities on the above metrics to produce a regular trend analysis. This will be produced and tested in Quarters 3 and 4. The analysis of emergening trends will continue, and over time, will be used to understand common themes at a greater depth, to fully understand matters that are being reported through FTSU and, importantly, those that are not. There will be a particular focus on cases relating to patient or staff safety, and correlation will be analysed across all metrics.

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Detriment

Among the cases during the first half of 2023-24, 2 concerns have identified a form of detriment following raising concerns. We continue to provide assurance to people who step forward to raise a concern that their concern will be handled with sensitivity and will only be progressed with their agreement. Furthermore, we are promoting the work of the staff networks and demonstrating the need to approach difficult conversations in the right way, and to ensure respect and dignity at work for colleagues.

In their Annual Report for 2021-22, the National Guardian's Office has reported a rise in detriment, and their survey said that 72% of respondents agreed that detriment was being taken seriously, whilst 42% stated that the response to detriment was not effective. The national survey of Guardians reports the perceptions of what stops people from speaking up to be:

- 58.3% - concern that nothing will be done
- 69.0% - fear of retaliation / suffering because of speaking up.

WMAS is keen to understand what further processes and levels of protection can be implemented to shield staff who raise concerns in the future. In addition to mandating the NGO FTSU training for all staff, these actions will include a review of material issued to staff in relation to civility, respect and dignity at work, and conversations with managers to ensure that they know what to look out for within their teams.

Promotion

In July, we produced our first Newsletter "Your Voice Matters". This will be a quarterly publication, with the second scheduled for the end of October at the conclusion of Speak Up Month.

The theme for this year's Speak Up Month is "Breaking Barriers". Our approach to this includes:

- Collaboration with each of the staff networks – we held a meeting which was attended by more than 60 people, which enabled each of the staff network chairs to introduce the work of their network and the support they are able to offer to staff, and to encourage staff to think about any barriers to speaking out that we might be able to overcome
- Pre-bookable appointments with network chairs, Head of HR, Head of Organisational Development or a FTSU Guardian to discuss barriers to raising concerns or even discuss specific concerns in confidence.
- Events held on each site with a range of activities offered to raise morale and to promote conversations. Some of the events are being held in conjunction with other teams, such as Health and Wellbeing, or a Trust-wide Culture Day
- Board members and Ambassadors are asked to submit a personal pledge, which will be followed up as part of our ambition to improve the culture and accountability in relation to FTSU.

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Ambassadors

There are now 48 named ambassadors who are trained and in post across the Trust, 4 of whom completed their induction during September. There are a further 10 expressions of interest, who will hopefully be joining the team very soon. The main aim in terms of the size and geographic spread of the team has been to ensure at least one Ambassador is available on each site. This was achieved, but due to changes in personal or employment, there are now a couple of sites without a named Ambassador. We are already filling these vacancies through the expressions of interest mentioned above.

All Ambassadors now have a personal poster which is displayed on the site at which they are based. This is part of a pack of slides describing what FTSU is and showing the corporate FTSU team along with the local Ambassadors.

It is clearly understood that people naturally feel comfortable talking to people with whom they can relate, therefore a key objective for 2023/24 is to analyse the protected characteristics of the existing Ambassadors and focus on improving the balance of these characteristics to align with that of all staff employed by the Trust more closely. An overview of the demographics within the current team of Ambassadors is attached at Appendix 1. This currently shows the 40 Ambassadors who have submitted an annual declaration. A further 4 declarations will be chased, and the 4 newly recruited Ambassadors will be added to this to present an up-to-date demographic picture.

The Guardian keeps in touch with Ambassadors regularly through a Teams site and email to ensure they are supported and encouraged to participate and support the development of the service.

All Ambassadors are invited to regular informal meetings which are also attended by the Chief Executive, and Executive and Non-Executive FTSU Leads. The most recent meeting was held in September, the next will be planned before Christmas.

Training

Current completion rates for Speak Up ONLY (Completed as part of Mandatory Workbook)

- Clinical – 3,634
- PTS – 843
- Non-Clinical – 1059
- Managers (completed prior to 2023-24 workbook) - 79

Total WMAS Completions for all FTSU courses including Board of Directors:

- Speak Up – 5,615 (Based on April 23 workforce figures, the total % of Speak Up completions is 79.9%)
- Listen Up – 408 (Based upon the 624 who were requested to complete, this is currently at 65%).
- Follow Up – 68 (Based upon the 45 who were requested to complete, this is 151%. Some Ambassadors have decided to complete all three levels).

Please note that percentages are based upon workforce numbers in April 2023, so will have changed slightly. Some of those who have completed may not have been part of the workforce count in April.

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National Guardians Office Review of the Ambulance Sector

We have an action plan in relation to the review which was published in February 2023. A copy of our action plan is attached at Appendix 2.

NHS England Guidance and Support

Further to some direct engagement with NHS England earlier in the year, the Trust has been working on an agreed action plan. This plan has been updated and is attached at Appendix 3. The actions will be fully delivered by March 2024. A communications plan was developed to support the above two actions plans. This plan has been updated and is attached at Appendix 4.

Reflection and Planning Tool

Following publication of NHS England's Reflection and Planning Tool, the first version of this was published and presented to Board of Directors in March 2023. This has been updated, and is now attached at Appendix 5.

NHS England review into the management of concerns by WMAS

Last year NHS England commissioned an independent review into our Trust based on some concerns that were expressed to them. It looked at how they were managed and our response to them; the review was not about patient care or patient safety; neither was it about 'Freedom To Speak Up' (FTSU) alone, but it was included as part of the process.

The review made a set of recommendations that the Board of Directors is overseeing, with support from NHS England and our host Integrated Care Board; the CQC are also sighted on this review.

The review remains confidential to protect those who participated within it, so this update does not cover any information which could lead to the identification of any individuals involved in the review.

The recommendations can be summarised as follows:

- Improving FTSU awareness and effectiveness through refreshed policy, strategy, training and awareness, also taking on board the National Guardians Office review into the Ambulance Sector and its recommendations
- Strengthened governance arrangements
- The Board of Directors should ensure the learning is embedded within the organisation
- Improved work life balance for senior leaders

Regarding FTSU, a number of actions have been taken since WMAS received the report:

- New FTSU strategy and policy signed off
- An additional FTSU Guardian has been recruited and is in post
- Additional information triangulation introduced for Board reporting
- Further internal staff engagement across the Trust with briefings with Senior Management Teams, network chairs and quarterly newsletter for all staff
- National training introduced for all staff with additional training for all staff from Band 7 through to the Board

- The National FTSU Guardian invited to brief the Board on her report into the ambulance sector with a discussion on developments
- Commitment to undertake the Board FTSU self-assessment against the National Guardian's tool

In addition, the Trust has reviewed and updated a number of policies including:
- A revised business case development and approvals processes
- New policy on approval of overtime payments
- Updated Renumeration Committee arrangements

The action plan developed in response to the review, only has one action left after being reviewed by our lead Integrated Care Board and NHS England. At the time of writing the outstanding action is for the Board of Directors to receive the Board's self-assessment utilising the National Guardian tool within this Board meeting. Once received with a resolution, all the actions will be completed.

Linked to the independent review, WMAS received a complaint from a member of the public regarding the FTSU section of the Quality Account. The complaint focused on WMAS not referring to the Review within the Quality Account published in June 2023.

WMAS had intended to include the review in its Quality Account once it was completed, with it being consulted upon in the spring of next year. However, given the recent interest and after engaging with stakeholders and taking the complaint into account, WMAS issued an update to the recipients of our quality account, setting out the issues relating to the review, as far as we could, respecting that it was externally commissioned by NHS England and remains confidential.

The update to the quality account is appended to this report as Appendix 6 and has been published alongside the quality account on our external facing website.

Recommendations

The Executive Management Board is requested to note the contents of this report, ask questions and note the actions that are in development, particularly in relation to:

- The recommendations of the National Guardian's Office and NHS England and the associated action plans
- The implementation of training across the Trust
- Development of metrics to analyse in a more in-depth way, the cases that are reported through throughout the Trust
- Our Speak Up Month activities
- The focus on expanding FTSU Ambassador representation and enhancing representation of protected characteristics among the team.

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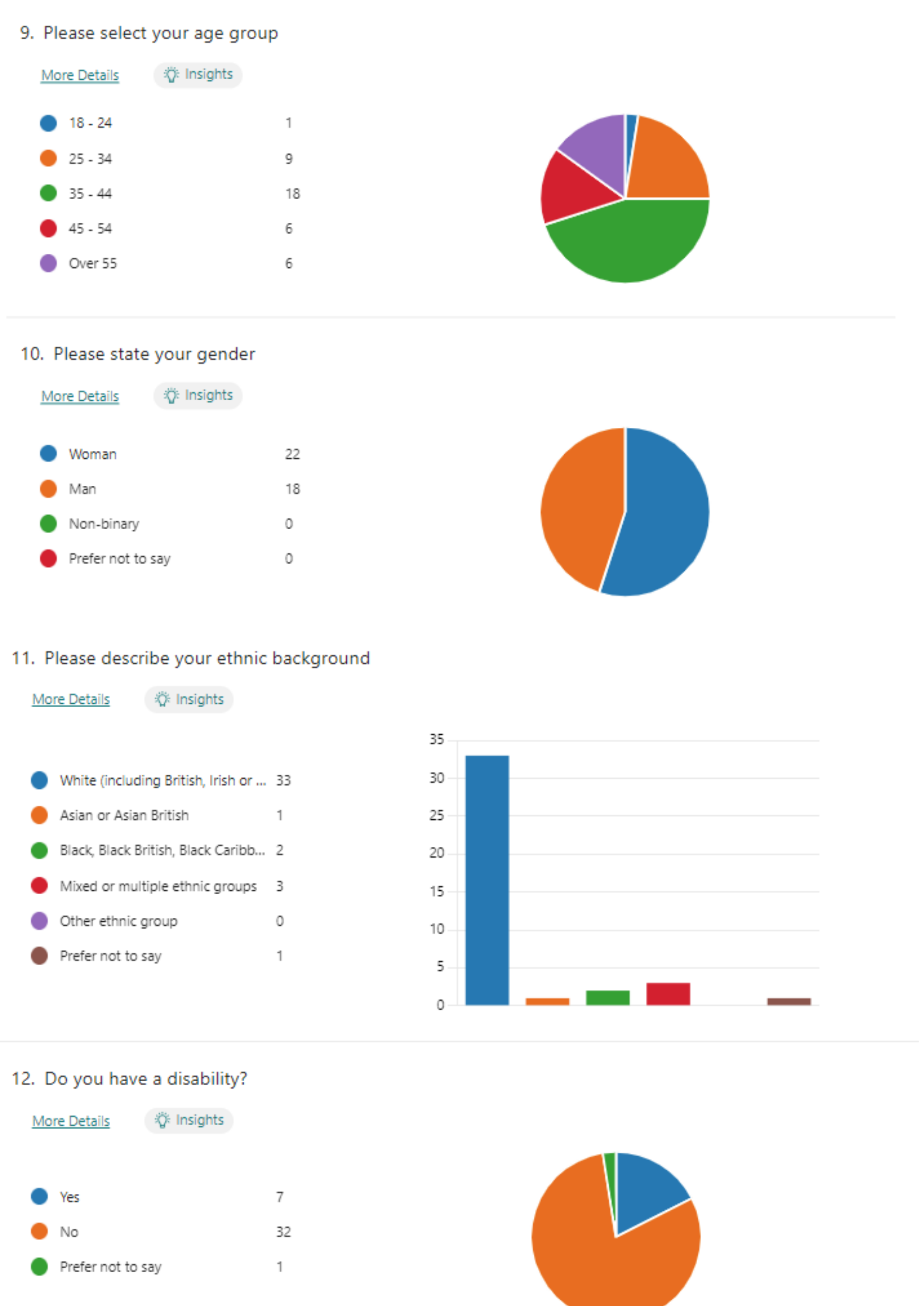
Appendix 1 Demographics of Ambassadors (taken from Annual Declarations 2023)



Rec No.	Recommendation	Lead	Action	Update	By Date	RAG
1	**Recommendation 1: Review broader cultural matters in ambulance trusts** **This recommendation calls for an independent cultural review, bringing together the work of NHS England, the Association of Ambulance Chief Executives (AACE), the Care Quality Commission and partner organisations with Ministerial oversight.**					
1.1	The cultural review should consider management and leadership behaviours and focus on worker wellbeing, as well as: • The effectiveness of governance/leadership structures, particularly considering the complex geographical footprint of ambulance trusts. • Models/expressions of leadership, including 'command and control'. • Defensiveness and 'just' culture. • Arrangements for appointments, including fair and open recruitment and values-based recruitment. • Operational and workforce pressures. • Bullying and harassment including sexual harassment. • Discrimination, particularly on the grounds of ethnicity, gender and gender identity, sexual orientation and disability. • Bringing together other blue light services and the military to share learning and good practice to facilitate effective speaking up cultures in similar operating environments. An action plan to be agreed following the cultural review, with specific actions for delivery and organisations assigned to make improvements.	Department of Health and Social Care and NHS England to carry out a review. WMAS to provide assurance	•			
2	**Recommendation 2: Make speaking up in ambulance trusts business as usual**					
2.1	Mandate training on speaking up - in line with guidance from the National Guardian's Office - for all their workers, including volunteers, bank and agency staff, as well as senior leaders and board members.	PW	Publish training plan: • Discuss at SMTs • Send to Board members • Send to all Managers Band 7 and above	E&U 28/3/23 PTS 20/4/23 EOC 1/6/2023 Discussed at Board Develoment Session February 2023 All required to complete by end of April. Compliance report to be circulated	Table 2 for completion by 30/4/2023 Table 1 for completion by 31/3/2024	

			• Send to Governors • Confirm requirements with Staffside • Send to CFR groups	Discussed at Council of Governors and training requirements circulated Requirements confirmed through EMB and Board meetings Attended Regional CFR Forum 6/3/23. Training requirements issued	31/3/2024	
2.2	Ambulance trust leadership (including managers, senior leaders and board members) to fully engage with Freedom to Speak Up, evidenced by board members undertaking development sessions, delivered by the National Guardian's Office, with a view to role model effective speaking up, including purposefully providing and seeking feedback in the carrying out of their leadership roles.	Board	Development session with NGO and NHSE to be planned	Completed 10/5/2023. Follow up meeting to be planned May 2024		
		PW / VK	Actions and outcomes from development session to be captured for further development sessions with managers	Initial meeting on 9th June with VK, PW and AB. Action plans updated. Various meetings attended including SMTs, LPFs, DISAG and other team meetings.	~~01/06/2023~~ 31/10/2023	
	Embed speaking up into all aspects of the trusts' work by proactive engagement by leadership, managers and Freedom to Speak Up guardians across ambulance trusts through regular communications. Trust leadership teams should identify the professional groups/areas	PW	Develop a quarterly newsletter to be published in the Weekly Briefing to promote work within the Trust to improve FTSU, confidentially highlight success stories and to highlight trends and updates from the NGO	First publication of Your Voice Matters circulated in Weekly Briefing 27/07/2023. Next publication 26/10/23	~~01/06/2023~~ 31/07/2023	
		PW / LJ	Continue to include FTSU in onboarding, mandatory training, Engaging Managers and Engaging Leaders	Onboarding Complete. EM and EL to be updated as further content becomes available		
		PW / CB / Chairs	Regularly meet with network chairs, SMTs and staffside reps to consider how we can further remove barriers and proactively offer support to all staff	Cycle of meetings to be planned DISAG Attended October 2023 Collaborative staff conversation hosted by network chairs took place as part of Speak Up Month Joint development day to be held early 2024 with all Ambassador and Champion networks	Jun-23	

2.3	within the trust that need support in implementing Freedom to Speak up by diagnosing root causes and putting in place a support mechanisms for managers and workers to feel psychologically safe when speaking up and reduce detriment	PW / BK	Further triangulation of information from around the Trust to identify trends	Initial triangualtion included in Quarter 4 report. Further information to be incorporated. Work to be carried out jointly with OD Team and BI Team. This will evovle as the year progresses. Brief update included in Quarter 1 report and triangulation to be developed throughout the year. Completion date changed to March to allow for full development of reporting.	~~01/07/2023~~ 31/03/2024	
		PW / BK/ CB	Consider further requirements for support from OD Team and Mental Health Practitioners	OD Team to support development needs of Ambassadors. To be planned throughout the remainder of 2023/24 Mental Health Practitioners to support Ambassadors at next meeting (September) and provide material to support the "Removing Barriers" theme for Speak Up Montgh	31/03/24 15/09/23	
2.4	Ambulance Trust Boards to annually evaluate the effectiveness of speaking up arrangements; including effectiveness of facilitating all workers, including those from groups facing barriers to speaking up, being able to speak up about all types of issues and action being taken in response to speaking up. Trust boards will report on this evaluation publicly in their annual reports.	PW / VK	Update Schedule of Business for Board and EMB	Update to be scheduled for October EMB and Board	30/09/2023	
		PW	Update annual FTSU report	Initial update made in Quarter 4 report and Annual Report. Further updates developed throughout 2023/24 to be incorporated into Annual Report March 2024	31/03/2024	
2.5	The National Guardian's Office commits to the following:	NGO	Working with NHS England on the development of board development sessions. Working with partners including NHS England and the Care Quality Commission, to publicise a how-to-guide on effective metrics to evaluate speaking up culture and arrangements Working with the Care Quality Commission, NHS England and others to promote the impact of effective speaking up culture and arrangements			

			Working with partners, including NHS England, NHS Providers, NHS Employers, and the Association of Ambulance Chief Executives, to facilitate networking and the sharing of good practice, innovation, policy and research in the field of speaking up among non-executive directors, including those on the boards of ambulance trusts.			
3	**Recommendation 3: Effectively regulate, inspect and support the improvement of speaking up culture in ambulance trusts**					
3.1	Ensure workers' voices are effectively captured and reflected in regulators' decisions when reviewing their frameworks and treated with parity to those of patients' voice.	CQC and NHSE				
3.2	Implement mandatory and regular training on speaking up - in line with guidance from the National Guardian's Office - for all workers (including senior leaders) involved in the regulation, inspection, and improvement support of ambulance trusts.	CQC and NHSE				
3.3	Make assessment of the speaking up culture and arrangements a cornerstone of their regulatory and oversight frameworks, recognising that the safety of patients and the public - as well as the sustainability of the health service - depends on workers' ability to speak up and for regulators to listen and follow up when they do.	CQC and NHSE				
3.4	The Care Quality Commission to continue to improve their inspection methodology around the rigorous assessment of speak up culture and psychological safety.	CQC and NHSE				
3.5	Communication and partnership working among national bodies to share information about speaking up culture and arrangements.	CQC and NHSE				
3.6	Support training for NHS England and the Care Quality Commission workers on speaking up.	NGO				
3.7	Leading the collaboration with partners including the Department of Health and Social Care, the Care Quality Commission and NHS England.	NGO				
3.8	Working with NHS England and the Care Quality Commission to strengthen their approach to addressing detriment.	NGO				

4	**Recommendation 4: Implement the Freedom to Speak Up Guardian role in accordance with national guidance to meet the needs of workers**					
4.1	Meaningfully invest in the Freedom to Speak Up Guardian role. In discussion with their Freedom to Speak Up Guardian(s), leaders should identify the time and resources needed to meet the needs of workers in their organisation. Leaders should be able to demonstrate the rationale for their decisions and board plans for implementing Freedom to Speak Up roles should be clear on resource implications and set realistic timescales.	ACM / VK / PW	Options paper for increasing resources to be reviewed by EMB and Board of Directors	Business Case to be reviewed at EMB on 30/5/2023 Business Case approved, Post appointed to. New Guardian in post from 18/9/023	21/03/2023 29/03/23 30/05/23	
4.2	The National Guardian's Office suggests that as a minimum, the equivalent to three full-time workers is needed to carry out the reactive and proactive parts of the Freedom to Speak Up Guardian role in ambulance trusts. This is because of the characteristics of ambulance trusts, including their complex geographical footprint, and broader cultural and operational issues. The National Guardian's Office and NHS England will support, review and challenge the rationale arrived at by ambulance trusts about how much time is allocated to the role.	ACM / VK / PW		As 4.1	21/03/2023 29/03/23 30/05/23	
4.3	The recruitment process used for the appointment of Freedom to Speak Up guardians must be fair, open and transparent and comply with current good practice in recruitment and equality, diversity, inclusion and belonging principles. This will help ensure that people appointed have the confidence of, and are representative of, the workers they support.	VK / CB		Process is in place and will be utilised for any future recruitment	Ongoing	
4.4	Create (if not already in place), maintain and regularly evaluate a network of Freedom to Speak Up Champions/Ambassadors to support raising awareness and promoting the value of speaking up, listening up and following up. Consideration to the organisation's size, geographical footprint and the nature of their work should be given to ensure support for workers, especially those facing barriers to speaking up.	PW	Network in place, with some new applicants to be processed through the induction phase. Consideration being given to updating application paperwork to match that used by other networks.	Additional expressions of interest received. Induction being organisedin July for all people interested in taking on the role of Ambassador, this will ensure representation on every site. Applicants will be asked to complete form used for other Champion networks. Annual Declaration form has been updated to improve governance arrangements	30/06/2023	

4.5	Provide emotional and psychological well-being support to Freedom to Speak Up Guardian(s). This support should reflect the challenges of the role and ensure the need for confidentiality. There should also be periodic check-ins with Freedom to Speak Up Guardian(s) about the effectiveness of this support.	All ambulance Trusts	This is ongoing through regular dialogue with both Exec and Non Exec leads, along with the Chairman and CEO		Ongoing	
4.6	Support ambulance trusts and NHS England in determining the amount of time and resources needed	NGO				
4.7	Review the feedback we received about the support the National Guardian's Office provides Freedom to Speak Up guardians, including review of the universal job description for Freedom to Speak Up guardians.	NGO				
4.8	Publicising guidance to assist in the calculation time and resources needed to carry out the role.	NGO				

Lead

Initial	**Name**	**Position**
VK	Vivek Khashu	Strategy and Engagement Director
PW	Pippa Wall	Head of Strategic Planning / Freedom To Speak Up Guardian
ACM	Anthony Marsh	Chief Executive Officer
CB	Carla Beechey	People Director
BK	Barbara Kozlowska	Head of Organisational Development
LJ	Louise Jones	Recruitment Manager

Committee / Group

RAG Rating legend	
Green	Action complete
Amber	Action commenced, but not complete (Ongoing)
Red	Action not commenced
	Action not due to have commenced

Rec No.	Recommendation	Lead	Action	Update	By Date	RAG
1	**Help managers understand their roles, responsibilities and accountability for FTSU**					
1.1	A starting point will be to mandate that all managers watch all training modules created by the NGO.	PW	Issue requirement to all Managers, attend SMTs and publish in Weekly Briefing	Instructions issued to all groups of managers and staff. Compliance report to be circulated	17/03/2023	
1.2	To really embed the changes the trust should consider developing wrap around resources to support managers to respond well to speaking up. The Trust should ensure that these resources include guidance on how to look into and resolve issues locally.	ACM / PW / VK	Options for increased resource compiled and scheduled for Exec Management Board review	Vacancy for Guardian approved and advertised. Post appointed to and new Guardian in post from 18/9/2023	30/09/2023	
2	**Advice: Expand the resource dedicated to FTSU**					
2.1	We would recommend the Trust consider increasing their resource with at least one standalone FTSU Guardian with ringfenced hours	PW / VK	Options for increased resource compiled and scheduled for Exec Management Board review	NGO Action plan 4.1 and 4.2 - expectation of 3 FTE Business Case to be reviewed at EMB on 30/5/2023 Vacancy for Guardian approved and advertised. Interviews to be held w/c 31/7/2023	28/02/2023 30/05/2023 19/07/2023	
2.2	Any Guardian should be recruited via an external and open recruitment process as this helps to instil trust in the role	LJ	Continue to utilise Trust's recruitment process for any positions that need to be fulled	NGO Action plan 4.3 Vacancy advertised internally in first instance to utilise expertise within the Trust and to allow for progression	19/07/2023	
2.3	The Trust could consider a model with the current Guardian taking on a leadership role with FTSU and a dedicated Guardian working operationally	PW / VK	Options as per 2.1	NGO Action plan 4.1 and 4.2 - expectation of 3 FTE Business Case to be reviewed at EMB on 30/5/2023 Vacancy for Guardian approved and advertised. Interviews to be held w/c 31/7/2023 New Guardian appointed following interview 3/8/23	28/02/2023 30/05/2023 19/07/2023 03/8/23	

2.4	Consider allocating greater ringfenced time for Champions which offers greater support to the Guardian (other trusts have offered up to a day per month)	ACM	Options as per 2.1 To be reviewed and discussed with Ambassadors on 22/3/2023	NGO Action plan 4.1 and 4.2 - expectation of 3 FTE Business Case reviewed at EMB on 30/5/2023 Business Case Agreed and post appointed to New Guardian Commenced 18/9/2023 Item discussed at EMB to confirm requirement for Ambassadors to be released from duty to attend meetings	28/02/2023 30/05/2023 31/07/23 3/10/2023	
		PW		Further recruitment of Ambassadors to continue through August and September	30/09/2023	
2.5	Champions can then support with comms and engagement action plan	PW / Ambassadors	Lucy Butler appointed as Guardian. Additional resource will be available to support recruitment and development of Ambassadors and ongoing communication	New Guardian appointed Increased communication and involvement of Ambassadors in all communications. Meeting to be planned Sepptember and Speak Up month activities to be planned for October	31/03/2024	

3	Advice: Develop triangulation and use this to inform planning, actions and strategy (NHSE to support)					
3.1	Consider what your triangulated data may be telling you (see p18/19 of guide for suggestions of what data to include and for qu estions to consider)	PW	Use WinningTemp report and staff engagement report presented to People Committee to develop triangulation	First version of Board Report to be based upon these reports for the current financial year. Pulse surveys in WinningTemp to be made available from September 2023	31/03/2023 31/12/2023	
			Triangulation findings to be refreshed, expanded and regularly incorporated in to FTSU Reports	Initial triangulation completed based upon historical data trends. Future reports to be developed utilising more recent data trends	30/06/2023 31/03/2024	
3.2	Where hotspots (or quiet spots) emerge, how will you plan to capture views in those areas? (Guardian listening events/surveys/ Exec or non exec visits/targeted/ comms/cultural reviews)	PW / VK	Consider how best to engage with staff in both hot and quiet spots. Communication Plan to be updated accordingly The Hub Buddy arrangements for execs and non execs contributes to this area too	Concerns by hub now being reported to assist with identification of hot / quiet spots. Following trends in concerns, some targeted work has been carried out at identified locations. This approach will continue as necessary. This action has been extended to account for planned work with the BI Team to develop enhanced triangulation of data to inform future targeted improvement plans	31/03/2023 ~~30/09/23~~ 31/03/24	
3.3	Does your Guardian need specialist analyst support to interpret data (some organisations have dedicated analyst/BI support to aid with this)	PW / BK / TRB	Review report as per 3.1 and consider what support BIU could provide	Plan developed in collaboaration with Head of BI Team. Initial report to be manually drafted with data sources identified prior to development of routine report in ORBIT	~~30/06/2023~~ ~~30/09/23~~ 31/03/24	
3.4	Consider a dedicated FTSU steering group (national team can offer ToR) to drive the triangulation and resulting action plans		Appropriateness of such a group to be discussed. The current arrangments for reporting at Learning Review Group, People Committee and Quality Governance Committee provides the basis for wide engagement and triangulation with other factors and action plans.	No current plans to develop thnis committee		
3.5	Some Trusts have developed a dashboard which has all the worker and safety metrics included. This gives an 'at a glance' over view of where hotspots and themes may be occurring. This is usually shared at People committees and discussed in detail there.	PW / BK / TRB	Review report as per 3.1 and consider what support BIU could provide	Plan developed in collaboaration with Head of BI Team. Initial report to be manually drafted with data sources identified prior to development of routine report in ORBIT	30/06/2023 30/09/23 31/03/24	

4	**Advice: Develop the FTSU Guardian report to board and provide Board with some training on how to spot the 'red flags'**					
4.1	NHSE have a template which can be used to develop the reports NHSE/NGO guidance gives outline of what to include	PW	Develop Guardian Report based upon template provided by NHSE and utilising triangulation data in 3.1	This will be a develomental milestone, with initial triangulation based upon Staff Engagement Report and Winningtemp report (completed by planned timescale of 31/03/2023). Further triangulation to be developed throughout 2023/24	~~31/03/2023~~ 31/03/2024	
4.2	Use the report to analyse the data over time, is action leading to improvement using success measures?	PW	Include some historic data in the Annual Report for 2023. Other time-series based sussess measures will develop over time	Reports through 2023/24 to build on 2022/23	31/03/2023 and ongoing	
4.3	Add soft intelligence to the report, does this fill in any gaps or create a wider picture?	PW / VK	Consider what soft intelligence could be included in the Annual Report and develop on an ongoing basis	Feedback now being included in report. Other soft intelligence will be included as available, e.g. feedback from SMTs, Health and Wellbeing Roadshows, patient safety, patient experience, staff surveys, HR processes	~~31/03/2023~~ Ongoing	
4.4	Are there repeated issues being raised with no improvement? Or are there areas where very few people speak up about known trust wide issues or the numbers speaking up are high?	PW		This needs to be a longer term action, to be reviewed once triangulation trends emerge	31/03/2024	
4.5	Outline the current barriers. What is being done to break these down?	PW	Meet with chairs of all staff networks and D&I Lead to identify known barriers; and consider how to identify unknown barriers	Information regarding Barriers received from NHSE. This will be reviewed and discussed when meeting with network leads Targeted events taking place through October 2023 to support Speak Up Month. This includes Staff Conversation hosted by Staff Network Chairs	~~31/05/2023~~ 31/10/2023	
4.6	What lessons have been learned from FTSU issues?	PW	To be identified in Annual FTSU Report	This was not included in the Annual Report, but will be developed as part of Quarterly Updates from June 2023. First Quarterly Newsletter published July 2023. Second edition October 2023 will incorporate lessons identified to date	~~31/03/2023~~ 30/09/2023	
4.7	Can the information be drilled down further to departments? This would give a greater overall picture of themes within areas as these are often different within the same organisation (microcultures)	TBC	TBC	Only relevant if triangulation highlights more complex picture. The current FTSU numbers do not allow such drill downs	TBC	

4.8	NEDs may need support on what to look for and challenge	JCC / AB / VK / PW / AH	To be discussed during NHSE and NGO Session with Board	Planned NGO / NHSE training session of the board stood down by the NGO with a days notice - to be re planned during discussion 17/3/23 (changed to 10/05/2023) (Link to NGO Action Plan 2.2) A good discussion was held during Board session and good engagement from NEDs. Further development to be discussed with AH and IC	10/05/2023	

5	**Advice: Develop a communications plan which shares positive outcomes from speaking up**					
5.1	It is important that senior leaders are aware that there is often a difference between their vision of the culture and what is happening on the ground. To begin to change the internal narrative around speaking up, you need to not only share messages about the importance of speaking up, how to speak up and assurances it is safe to do so. You also need to show that this is the case by using positive outcomes.	PW / VK	Develop quarterly FTSU Newsletter. Consider how to utilise input from both senior leaders and staff	NGO Action Plan 2.3 First newsletter published 27/07/23	~~30/06/2023~~ 31/10/2023	
5.2	Sometimes Trusts worry unnecessarily about breaking confidentiality when doing this but this should not be a barrier. Cases and issues can easily be anonymised, or you can use amalgamated details of a few cases, which illustrate how issues have been resolved. We have seen this done in alternative ways at one trust an animation was created which was shared on the intranet as well as on social media. It told the anonymised story of a worker who had spoken up from the start to the outcome. The animation had high numbers of views and the Guardian found increased people speaking up after viewing. They referenced the animation on contact with the Guardian as giving them the courage to speak up.	PW	Incorporate into Annual FTSU Report and quarterly newsletter	NGO Action Plan 2.3 This did not form part of the Annual Report but will be commenced from the first Quarterly newsletter at the beginning of July 2023 The first newsletter was an introduction to FTSU and incorporated some high level features. This included an overview of key themes and subject areas, but did not on this occasion include any specific anonymised cases. Further consideration will be given to this for future articles.	~~31/03/2023~~ 31/07/2023	
5.3	The Guardian should also consider visiting a number of different sites on a rolling programme, particularly focusing on areas highlighted from an assessment of barriers or via triangulation or hotspot data, to raise awareness of their role and discuss in person some of the positive outcomes from speaking up (this wou ld likely need additional Guardian resource).	PW / VK	This was planned as a joint initiative with Head of D&I. However, it needs to be co-ordinated with SOM / OMs and Ambassadors at each site to be worthwhile. To be included in Communications Plan Plans to include FTSU in wellbeing roadshows throughout the summer. Visited Tollgate on 16/1/23 Wellbeing day at Hereford 8/3/23	NGO Action Plan 4.2 Ambassadors are attending Health and Wellbeing Roadshows as they are avaialble	Ongoing	

6	**Advice: Analyse and understand the barriers people encounter to speaking up**					
6.1	The Trust could use current survey data or undertake a survey to understand barriers fully. NHSE undertook a similar exercise which we can share which included focussed interviews with volunteers, focus groups and social media conversations.	PW	NHSE to share survey report to use as a baseline		03/03/2023	
		PW	Plan WMAS Survey witih BK and RM, to build on triangulation report and develop joint plan to understand barriers	WinningTemp Pulse Surveys can't be started until September 2023, therefore this work will be planned for September / October. Meeting with BK scheduled for 31/8/23	~~31/03/2023~~ 31/10/2023	
6.2	The Guardian should at the very least be linking in with staff networks and analysing the trust speaking up data to look for hot spots where staff either don't report at all or they report in higher numbers, as this may indicate some barriers in their areas . This linking in should start to highlight what the specific barriers may be in those areas, so the organisation can then take appropriate steps to address them.	PW	Presented to chairs of staff networks previously. Now need to set up quarterly meetings with chair of each network	Scheduled to attend DISAG Meeting 04/10/23 Collaboarative approach including joint staff network conversation to which all staff were invited. Following this, an invitation for staff to request a confidential discussion with network chairs, or FTSU Guardians Joint champion development day planned for early 2024	31/03/2023	
7	**Advice: Revisit the national guidance around FTSU**					
7.1	The most recent policy makes it clear that most speaking up happens within regular conversations with line managers. However, there may be occasions where this is not the preferred option and it is important that the policy makes other options clear, ensures workers knows they are available and acceptable.	PW	Regular communications via Weekly Briefing, Ambassadors and other channels to remind staff of options available to them	Policy updated according to new national policy	31/03/2023	
7.2	In order to change the narrative around speaking up, it is important that the Trust is seen as welcoming speaking up, however that happens, that managers welcome it and overcome any internal defence mechanisms they may face where workers bypass them and that it becomes something that happens as business as us ual (NB: it may be worth managers undertaking some self reflection when this occurs to understand why workers felt unable to approach them).	BK / PW / CB	Opportunities for further staff development to be explored and implemented	Discussed at SMTs and will continue to be discussed To be discussed with BK (scheduled for 31/08/23) to establish if any further support can be provided via Engaging Leaders / Engaging Managers Continuing work in respect of vital conversations and coaching sessions to be continued There is evidence that Managers throughout the Trust are taking FTSU seriously and are responding promptly and appropriately when concerns are raised.	Ongoing	

<table>
<tr><td rowspan="2">7.3</td><td rowspan="2">Within the Board reports there seems to be some delineation between what is or isn't a FTSU matter, this was also mentioned in the review. Some issues are recorded as conversations.
However the National Guardian's Office is clear that ' Speaking up is about anything that gets in the way of doing a great job ' and so everything brought to the Guardian should be recorded and reported. This can help show themes in areas over time. For example, if you see a number of reports over a 12 month period from one area, where workers are having to speak to the Guardian about either a minor or major issue, this should cause reflection and further question . It may show a poor speaking up culture in that department, or an ongoing safety issue which isn't being addressed. Not recording and reporting on these issues means the Trust may be missing vital intelligence about themes which can build a picture over time.</td><td>PW</td><td>Speak to AB to see what further improvements can be made to avoid delineation</td><td>All matters raised with the Guardian are documented within the FTSU reports.</td><td>17/03/2023</td><td></td></tr>
<tr><td>PW and Ambassadors</td><td>A form has been developed for Ambassadors to record their ad hoc conversations as they happen, and will aid gathering of information, and support us to build a picture of the level of interest in FTSU, along with those considering speaking up compared to those that actually do. This form should be tested before implementation</td><td>Initial plan for this to be tested with a few Ambassadors and discussed at meeting on 22/3/2023 before launch in April. Testing took place which resulted in plans to expand the content of the form before implementation. It will be further tested towards . It will be further tested and implemented from Quarter 4.</td><td>~~31/03/2023~~
~~30/06/2023~~
~~30/09/2023~~
31/12/2023</td><td></td></tr>
</table>

Lead

Initial	Name	Position
VK	Vivek Khashu	Strategy and Engagement Director
PW	Pippa Wall	Head of Strategic Planning / Freedom To Speak Up Guardian
LJ	Louise Jones	Head of Recruitment
BK	Barbarak Kozlowska	Head of OD
RM	Ramzan Mohammed	Head of Diversity and Inclusion
AH	Alex Hopkins	Non Executive Director
LB	Lucy Butler	Freedom To Speak Up Guardian

Committee / Group

RAG Rating legend	
Green	Action complete
Amber	Action commenced, but not complete (Ongoing)
Red	Action not commenced
	Action not due to have commenced

Strategy Objective	What to communicate	Desired Outcome	Frequency	Communication Method	Who to communicate with (stakeholder)	Deadline	Completed ? (Y/N)	Action Plan Reference (where relevant)
Management and Reporting of Concerns								
	Update of cases to NGO	**5**	Quarterly	Mandatory Return	National Guardian's Office	Q1 - July Q2 - October Q3 - January Q4 - April	Y	
	Regular discussion of cases and actions with Executive Director and Non Executive Director	5	Ad hoc	Verbal	Key Individuals	Ongoing	Y	
	Regular discussion of cases, actions and ongoing work	**5**	Quarterly	Verbal update and presentation	Chief Executive, Chair and Non Executive Director	Q1 - July Q2 - October Q3 - January Q4 - April	Y	
	Summary of cases open and received in the last quarter	**3, 5**	Quarterly	Committee paper	LRG, QGC, People Committee, Board of Directors	Q1 - July Q2 - October Q3 - January Q4 - April	Y	
	Annual Report (overview of cases, activity and achievements)	**1 – 5**	Ad hoc	Presentation / Committee Paper	EMB / QGC / Board of Directors / Intranet / Public Website	EMB 21/03/23 QGC 22/03/23 Board 29/03/23	Y	
	Training requirements for all staff, managers, students, volunteers and governors	**1, 2**	Ad hoc	Weekly Briefing	Managers, staff, students, governors and volunteers	March 2023, then quarterly updates	Y	AB 1.1
			Ad hoc	Committee paper	SMTs			
Help managers understand their roles, responsibilities and accountability for FTSU								
3-4	Training requirements:	**5**	Ad hoc	Weekly Briefing	Managers within each banding	31/03/2023 (8C and Above) 30/04/2023 (7-8A)	Y	AB 1.1
	• 8c and above to complete all three levels			Verbal Update / presentation at meetings			Y	NGO 2.1
	• 7 – 8a to complete levels 1 - 2			Email			Y	
	Attend SMTs			Verbal Update / presentation at meetings	SMTs	31/03/2023 then six monthly	Y	

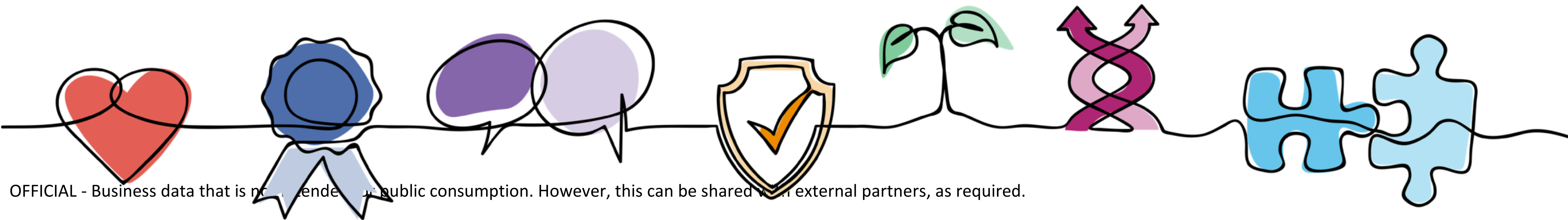
Expand the resource dedicated to FTSU								
1-4	Ambassadors proactively engaging with staff – model to be developed following agreement at EMB / Board March 2023	**4 – 5**	to be determined	Conversation Verbal Update / presentation at meetings Organised promotional event	Staff, Students, Volunteers, Management	Ongoing	Y	AB 2.3 – 2.5
Develop triangulation and use this to inform planning, actions and strategy (NHSE to support)								
2, 4	Consider what triangulated data may be telling us - Use Winning Temp Report and Staff Engagement Report	**3, 5**	Quarterly	Committee paper	All committees (LRG, People, QGC, EMB, CoG)	March 2023, then quarterly updates	Ongoing	AB 3.1
			Six Monthly	Committee paper	Board of Directors	March 2023, then six monthly updates	Ongoing	AB 3.1
			Quarterly	Key metrics dashboard	All committees (LRG, People, QGC, EMB, CoG)	~~June 2023~~ March 2024 then quarterly updates	N	AB 3.5
1, 2, 3, 4	Capture staff views of hot spots or quiet spots and identify barriers	**1, 2, 3, 4, 5**	Ad hoc	Organised promotional event	Staff, Students, Volunteers, Management	Ongoing	Ongoing	AB 3.2
				Conversation	Staff, Students, Volunteers, Management	Ongoing	Y	AB 3.2
			Annually	Pulse Survey	Staff, Students, Volunteers, Management	Planned for September 2023, then annually but deferred to the new year due to Staff Survey	N	AB 6.1

Develop the FTSU Guardian report to board and provide Board with some training on how to spot the 'red flags'								
1, 2, 3, 4	Analysis of reported cases over time, leading to improvement using success measures, to include soft intelligence from Ambassadors, repeated issues with no improvement, barriers, lessons learned. Include drill down to department level where possible	**1, 2, 3, 4, 5**	Quarterly	Committee paper	All committees (LRG, People, QGC, EMB, CoG)	June 2023 then quarterly updates	Ongoing	AB 4.2 - 4.7
			Six Monthly	Committee paper	Board of Directors	October 2023 then six monthly updates	Ongoing	AB 4.2 - 4.7
Develop a communications plan which shares positive outcomes from speaking up								
1, 3, 4	Share positive outcomes from cases that have been closed, where individuals have given consent and where suitably anonymised	**1, 2, 5**	Quarterly	Newsletter - Weekly Briefing	Staff, Students, Volunteers, Management	June 2023 then quarterly updates	Y	AB 5.1, 5.2
3	Guardian and Ambassador site visits on a rolling programme focussing on outcomes from assessment of barriers or triangulation of hotspot data to discuss some positive outcomes from cases	1, 2, 4	Ad hoc	Organised promotional event	Staff, Students, Volunteers, Management	Commencing by June 2023, then rolling programme throughout the year	Y	AB 5.3
3	Guardian(s) and Ambassadors to participate In health and wellbeing roadshows	1, 2, 4	Ad hoc	Organised promotional event	Staff, Students, Volunteers, Management	Commencing by June 2023, then rolling programme throughout the year	Y	AB 5.3
1, 2, 3, 4	Utilise regular 'All Staff Briefings' to share key FTSU updates and encourage staff to raise concerns or apply to become an Ambassador	1, 2, 4	Six Monthly	Verbal Update / presentation at meetings	Staff, Students, Volunteers, Management	To be planned from April 2023	Y	
Revisit the national guidance around FTSU								
1, 3	Regular communications to remind staff of options available to them for raising concerns	1, 2, 3, 4, 5	Quarterly	Weekly Briefing	Staff, Students, Volunteers, Management	April 2023 then quarterly afterwards	Y	AB 7.1

Freedom to Speak up

A reflection and planning tool

Version 2 October 2023



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

Introduction

The senior lead for FTSU in the organisation should take responsibility for completing this reflection tool, at least every 2 years.

This improvement tool is designed to help you identify strengths in yourself, your leadership team and your organisation – and any gaps that need work. It should be used alongside Freedom to speak up: A guide for leaders in the NHS and organisations delivering NHS services, which provides full information about the areas addressed in the statements, as well as recommendations for further reading.

Completing this improvement tool will demonstrate to your senior leadership team, your board or any oversight organisation the progress you have made developing your Freedom to Speak Up arrangements.

You may find that not every section in this tool is relevant to your organisation at this time. For this reason, the tool is provided in Word format to allow you to adapt it to your current needs, retaining the elements that are most useful to you.

If you have any questions about how to use the tool, please contact the national FTSU Team using england.ftsu-enquiries@nhs.net

The self-reflection tool is set out in three stages, set out below.

Stage 1

This section sets out statements for reflection under the eight principles outlined in the guide. They are designed for people in your organisation's board, senior leadership team or – in the case of some primary care organisations – the owner.

You may want to review your position against each of the principles or you may prefer to focus on one or two.

Stage 2

This stage involves summarising the high-level actions you will take over the next 6–24 months to develop your Freedom to Speak Up arrangements. This will help the guardian and the senior lead for Freedom to Speak Up carry out more detailed planning.

Stage 3

Summarise the high-level actions you need to take to share and promote your strengths. This will enable othersin your organisation and the wider system to learn from you.

OFFICIAL - Business data that is not intended for public consumption. However, this can be shared with exter

Stage 1: Review your Freedom to Speak Up arrangements against the guide

What to do

- Using the scoring below, mark the statements to indicate the current situation.

  1 = significant concern or risk which requires addressing within weeks

  2 = concern or risk which warrants discussion to evaluate and consider options

  3 = generally applying this well, but aware of room for improvement or gaps in knowledge/approach

  4 = an evidenced strength (e.g., through data, feedback) and a strength to build on

  5 = confident that we are operating at best practice regionally or nationally (e.g., peers come to use for advice)

- Summarise evidence to support your score.
- Enter any high-level actions for improvement (you will bring these together in Stage 2).
- Make a note of any areas you score 5s in and how you can promote this good practice (you will bring these together in Stage 3).

Principle 1: Value speaking up

For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top.

Statements for the senior lead responsible for Freedom to Speak Up to reflect on	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	5
I have led a review of our speaking-up arrangements at least every two years	5
I am assured that our guardian(s) was recruited through fair and open competition	5
I am assured that our guardian(s) has sufficient ringfenced time to fulfil all aspects of the guardian job description	4
I am regularly briefed by our guardian(s)	5
I provide effective support to our guardian(s)	5

Enter summarised commentary to support your score.

The Guardian meets quarterly with the Executive Lead, Non Executive Lead, CEO and Chair. The Guardian has open access to the CEO and can discuss any concerns or suggestions for improvement openly. The leadership arrangements for FTSU have been reviewed within the last 12 months and will continue to be reviewed going forward.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

Originally scored 3 in March 2023 following the publication of the NGO Review. The Guardian's time was not ringfenced, however a flexible arrangement was in place, allowing her to focus on each role as required. The FTSU work has been taking priority since April 2022, but with the rise in concerns, the demand for increased hours has increased too. Following a business case for an additional Guardian, this post has been created and recruited to. The score has now been increased to 4.

Statements for the non-executive director lead responsible for Freedom to Speak Up to reflect on	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	5
I am confident that the board displays behaviours that help, rather than hinder, speaking up	5
I effectively monitor progress in board-level engagement with the speaking-up agenda	5
I challenge the board to develop and improve its speaking-up arrangements	4
I am confident that our guardian(s) is recruited through an open selection process	5
I am assured that our guardian(s) has sufficient ringfenced time to fulfil all aspects of the guardian job description	4
I am involved in overseeing investigations that relate to the board	5
I provide effective support to our guardian(s)	5

Enter summarised evidence to support your score.

- The Non Executive Lead joined the organisation in April 2023 and has a wealth of knowledge and experience to support FTSU.
- The NED is directly involved in discussions regarding recent cases and the approach to responding to each, and has the ability to influence and support resulting learning and development.
- The Board fully supports the ethos of FTSU and allows time to consider the Guardian Report and discuss key issues. A Board Development session took place in February 2023 in respect of FTSU, and this was attended by the incoming NED.
- A further development session was carried out in May 2023, which was delivered by the National Guardian and NHS England. This session will be followed up in May 2024 as the Board and the Trust as a whole continues to develop its FTSU programme and the culture across the Trust.
- It is worth bearing in mind that barriers do exist within the organisation, and whilst the Board does display behaviours that help the promotion and development of FTSU, there is always room for improved engagement with staff, and this will remain an area of focus.
- Following the NGO Review, the Trust appointed a second Guardian who commenced her post in September 2023. This has created significant additional capacity within the team for both reactive and proactive work.
- The NED is not currently involved in overseeing investigations that relate to the Board, but will be as these arise in the future alongside the Chairman.
- The NED and the Guardian have a good working relationship.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

Principle 2: Role-model speaking up and set a healthy Freedom to Speak up culture

Role-modelling by leaders is essential to set the cultural tone of the organisation.

Statements for senior leaders	Score 1–5 or yes/no
The whole leadership team has bought into Freedom to Speak Up	5
We regularly and clearly articulate our vision for speaking up	4
We can evidence how we demonstrate that we welcome speaking up	4
We can evidence how we have communicated that we will not accept detriment	4
We are confident that we have clear processes for identifying and addressing detriment	3
We can evidence feedback from staff that shows we are role-modelling the behaviours that encourage people to speak up	3 - 4
We regularly discuss speaking-up matters in detail	4 - 5

Enter summarised evidence to support your score.

- Regular, detailed discussion throughout the committee structure, starting with Learning Review Group, where triangulation occurs, through Quality Governance Committee, People Committee, EMB, Board of Directors and Council of Governors.
- Policy, Strategy and Procedure have been reviewed and approved. Updates included in Onboarding pack and Mandatory Training for all staff. Regular articles in the Weekly Briefing, Guardian videos for OD Conference and in support of the launch of the new Trust Values. FTSU Ambassadors are aware of the vision and can communicate this with staff. Further work to articulate our vision and strengthen association with our new Trust values can be communicated through additional posters and Weekly Briefing articles.
- The Trust is keen to learn from staff and encourages any member of the organisation to raise questions and make suggestions in any way they feel comfortable doing so. The Chief Executive runs regular briefings to which all staff are invited. FTSU incorporated into some of these sessions.
- Staff networks and other support services are in place and there is collaboration between them all. There are plans for joint development sessions for Ambassadors / Champions from multiple networks

- Detriment can be experienced both from managers within the organisation, or from colleagues. WMAS will not accept any form of detriment for anyone who steps forward to raise any kind of concern. We want staff to feel safe to do this, and to have access to support whilst doing so. However, regular communication using all available means is crucial to ensuring that all staff see and genuinely believe this. This will be a repeated message through Weekly Briefing articles, promotional events, management meetings and updates on TV Screens at all sites.
- The Guardian maintains contact with all staff who raise concerns until the concern is closed, and ensures that all parties are content with the process for investigation and the outcomes. The individual is encouraged to reach out with updates or further concerns after closure of the concern, particularly if agreed outcomes are not fully implemented, or there is a change of behaviour towards them from any member of the Trust, be it management or colleagues. Given that we have had a case raised specifically about detriment, we know there must be more that can be done to protect staff. This is a key area for review and development during 2023/34.
- Whilst some feedback is received, generally, feedback from staff (whether as part of FTSU or other surveys) remains difficult to achieve. The Trust's new staff engagement platform will be utilised to carry out pulse surveys, and this will form part of a FTSU survey in 2023/24.
- Quarterly reviews take place with the CEO, Chairman, Executive Lead, Non Executive Lead and Guardian. Additionally, FTSU is discussed at various committee meetings on a regular basis.
- Sexual safety charter published in October 2022. Following this, the Trust has taken a zero tolerance approach with regard to sexual safety allegations.
- Student support officers in post throughout the Trust to protect our newest and youngest members of staff.
- Some of our concerns have reached resolution and feedback with respect of the process has been extremely positive, creating good role models for those who may need to raise concerns in the future.

High-level actions needed to bring about improvement (focus on scores 1 ,2 and 3)

1 Increase communication about removing detriment – All staff briefings, Weekly Briefing Articles, FTSU Newsletter (to be developed throughout 2023/24), management discussions at SMTs, Organisational Development sessions to be planned where instances of detriment occur.

2 Implement staff surveys to identify areas of concern for targeting future workstreams where staff are not confident in the Trust's approach.

Statements for the person responsible for organisational development	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	5
We have included creating a speaking-up culture (separate from the Freedom to Speak Up guardian process) in our wider culture improvement plans	5
We have adapted our organisational culture so that it becomes a just and learning culture for our workers	3
We support our guardian(s) to make effective links with our staff networks	5
We use Freedom to Speak Up intelligence and data to influence our speaking-up culture	5

Enter summarised evidence to support your score.

The current Head of OD was FTSU Guardian for 5 years.
All OD programmes support a speaking-up culture, including expectations of how managers/supervisors have conversations, and create the right environment for openness. There are also “remedial” programmes where managers have demonstrated the wrong behaviours by way of coaching and mentoring.
A cultural statement has been launched together with refreshed values and a behavioural framework and self-assessment that is being embedded into reviews, OD programmes, and also as a check that committees, policies etc are demonstrating the values and behaviours both in process and outputs.
The Guardian is part of the Network group which supports all minority groups.
Annual triangulation reports inform our actions per directorate and locality.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1 Continue to deliver programmes and coaching and mentoring focussing on behaviours that align to our Culture Statement and Values/Behavioural Framework

2 Focus specifically on areas highlighted by data from NHS Staff Survey, Winningtemp, Culture Review and the Staff Engagement Report as falling short of our expected culture/behaviours.	
3 All staff asked at PDC to provide evidence of how they support our culture and behaviours with the help of our self-assessment	
Statements about how much time the guardian(s) has to carry out their role	**Score 1–5 or yes/no**
We have considered all relevant intelligence and data when making our decision about the amount of ringfenced time our guardian(s) has, so that they are able to follow the National Guardian's Office guidance and universal job description and to attend network events	4
We have reviewed the ringfenced time our Guardian has in light of any significant events	5
The whole senior team or board has been in discussions about the amount of ringfenced time needed for our guardian(s)	5
We are confident that we have appropriate financial investment in place for the speaking-up programme and for recruiting guardians	4
Enter summarised evidence to support your score. As a result of the recommendations from the NGO Speak Up Review, business cases was agreed and a new Guardian has been appointed.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so

Regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality.

Statements about your speaking-up policy	Score 1–5 or yes/no
Our organisation's speaking-up policy reflects the 2022 update	5
We can evidence that our staff know how to find the speaking-up policy	4

Enter summarised evidence to support your score.

Having recently changed our document control system, all staff were informed in various weekly briefing articles. There are also notices on the TVs at all sites. An email was sent out to all Senior Operational Managers (SOMs) to ensure they let their staff know. The treble 9 intranet site has been updated with the link directly to PolicyStat and the IT Department created a link in the useful links at the bottom of the screen. SOMs were also made aware that the iPads were updated to include a direct link to PolicyStat in the kit bag. This was also included in the weekly briefing.
All policies are reviewed by Policy Group, which is run by staff side representatives. They provide an important link to the staff in general and are able to update staff, and also voice their feedback and concerns.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1
2

Statements about how speaking up is promoted	Score 1–5 or yes/no
We have used clear and effective communications to publicise our guardian(s)	5
We have an annual plan to raise the profile of Freedom to Speak Up	4
We tell positive stories about speaking up and the changes it can bring	3 - 4
We measure the effectiveness of our communications strategy for Freedom to Speak Up	3

Enter summarised evidence to support your score.

- A new Guardian was appointed in March 2022, this was promoted through Weekly Briefing articles, a video as part of the OD Conference, our team of Ambassadors and posters which are streamed to the TV screens on all sites. The newly appointed Guardian has been publicised in a variety of media including Weekly Briefing, All Staff Briefings and will be publicised in the FTSU Newsletter in October 2023
- As part of the NGO Review of Ambulance Services and other work with NHS England, the Trust has an Action Plan and Communications Plan with agreed key workstreams through 2023/24. This will help to raise the profile of FTSU and we hope to see evidence of this through future survey results.
- As part of Speak Up Month 2023, all sites across the Trust are holding Speak Up Events. Staff are actively encouraged to attend the events during their shift and to have a chat with the FTSU Ambassadors on site.
- The communications plan for FTSU is designed to ensure structured communication with all key stakeholders in respect of FTSU Activities. The plan will be updated and presented to Board of Directors in October 2023.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Regularly communicate positive outcomes from speaking up (newsletters, promotional events, ambassadors etc)
2 Monitor the effectiveness of Communications Plan
Monitor the effectiveness of FTSU Action Plan and continue to review to ensure it remains current

Principle 4: When someone speaks up, thank them, listen and follow up

Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved.

Statements about training	Score 1–5 or yes/no*
We have mandated the National Guardian's Office and Health Education England training	5
Freedom to Speak Up features in the corporate induction as well as local team-based inductions	5
Our HR and OD teams measure the impact of speaking-up training	3

Enter summarised evidence to support your score.

- Training packages embedded into Trust's Learning Portal, enabling us to track completion rates. Agreement as to which groups of staff and managers must complete each level. Everyone who was required to complete Levels 2 and 3 training and has not yet completed, have been asked to complete by the end of October as part of Speak Up Month.
- Onboarding pack has been updated to reflect latest changes to FTSU, including the new NED and Guardian.
- By mandating Speak Up Training for everyone, there is a consistent baseline of information that all staff receive. creating rules for different staff groups to complete the higher level training has provided a greater degree of understanding for more senior colleagues. Whilst there is no metric for measuring impact of the training, there is generally a more increased awareness and understanding of FTSU throughout the Trust. This is evident from conversations with staff, with managers and cross network relationships

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 . The new staff engagement platform, WinningTemp and other collaborative methods will be used to measure impact of training and other engagement activities in the future.
2

Statements about support for managers within teams or directorates	Score 1–5 or yes/no
We support our managers to understand that speaking up is a valuable learning opportunity and not something to be feared	4
All managers and senior leaders have received training on Freedom to Speak Up	4
We have enabled managers to respond to speaking-up matters in a timely way	4
We are confident that our managers are learning from speaking up and adapting their environments to ensure a safe speaking-up culture	3 - 4

Enter summarised evidence to support your score.

- FTSU forms part of Engaging Leaders and Engaging Managers and is supported through our team of Ambassadors who are known and trusted within local teams. Further engagement and communication to be planned in 2023/24.
- All Board members and Band 8C and above have been asked to complete all three levels of FTSU Training. All Band 7 and above are asked to complete levels 1 and 2. This is currently being followed up with gaps to be filled by the end of October 2023.
- All concerns raised are acted upon promptly and issued to the relevant manager for action. Given that some concerns will require more time to investigate than others, no specific time limits are enforced, however Managers proactively respond to their requests, and the Guardian remains in contact to check on progress, and feedback to the individual raising the concern.
- Where there are learning points from concerns, these are communicated in the location to which it relates. If relevant, the learning points are communicated more widely. This will increase through the Quarterly Newletter which has now been established.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1	Proactively publish success stories and learning points in FTSU newsletter / Weekly Briefing.
2	Communication through SMTs where changes in the culture or management approach are required.
3	

Principle 5: Use speaking up as an opportunity to learn and improve

The ultimate aim of speaking up is to improve patient safety and the working environment for all NHS workers.

Statements about triangulation	Score 1–5 or yes/no
We have supported our guardian(s) to effectively identify potential areas of concern and to follow up on them	5
We use triangulated data to inform our overall cultural and safety improvement programmes	3 - 4

Enter summarised evidence to support your score.

- Discussion between Guardian and Executive lead facilitates an open approach to identifying and following up on areas of concern.
- FTSU concerns are discussed at Learning Review Group which is the point for correlation with other reported metrics.
- The OD Team completed a high level triangulation report, taking into account various factors including sickness rates, grievances, disciplinaries, complaints, incident reports and FTSU. This will be extended and continued to provide more regular and indepth analysis of emerging trends.
- Ambassadors are briefed on the, also delivered to hwb and patoient safety

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Consider how LRG can receive more integrated reports to support identification of correlation between FTSU concerns (or the absence of) and other reported activity
2

Statements about learning for improvement	Score 1–5 or yes/no
We regularly identify good practice from others – for example, through self-assessment or gap analysis	4
We use this information to add to our Freedom to Speak Up improvement plan	4
We share the good practice we have generated both internally and externally to enable others to learn	4

Enter summarised evidence to support your score.

- WMAS is part of the National Ambulance Network and the Midlands Guardian Network, each of which provides opportunities to learn from other Trusts. Some standardisation has taken place with recording practice and formats across Ambulance Trusts.
- The processes used to develop and maintain our Ambassador network has been shared with the Midlands Guardians to help others improve their processes.
- Recent success in embedding the national training into our Learning Portal has been shared with the Chair of the National Ambulance Network to help them to mandate training within their own Trust (LAS).

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1
2

Principle 6: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements

Statements about how our guardian(s) was appointed	Score 1–5 or yes/no
Our guardian(s) was appointed in a fair and transparent way	5
Our guardian(s) has been trained and registered with the National Guardian Office	5

Enter summarised evidence to support your score.

- Guardian was interviewed by CEO, NED and Recruitment Manager
- Guardian is fully registered and has completed all required training.
- Lead / Senior Guardian was interviewed by CEO and NED
- Guardian was interviewed by Head of HR and Exec Lead

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1
2

Statements about the way we support our guardian(s)	Score 1–5 or yes/no
Our guardian(s) has performance and development objectives in place	4
Our guardian(s) receives sufficient one-to-one support from the senior lead and other relevant executives or senior leaders	5
Our guardian(s) has access to a confidential source of emotional support or supervision	5
There is an effective plan in place to cover the guardian's absence	4
Our guardian(s) provides data quarterly to the National Guardian's Office	5

Enter summarised evidence to support your score.

- PDC to be developed for 2023/24 for both Guardians
- Regular (weekly) catch ups with Executive Lead, Quarterly meetings with NED, CEO and Chairman
- The Trust has significant emotional support for all staff. The Guardian has a good working relationship with the Trust's Board of Directors and has open access to the CEO, Chairman, Executive and Non-Executive Leads
- Further to the recruitment of a second Guardian, absence will be managed between the two post holders. The Executive Lead is regularly in touch with the Guardians and able to offer support if required.
- All quarterly returns submitted to NGO on time.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1
2

Statements about our speaking up process	Score 1–5 or yes/no
Our speaking-up case-handling procedures are documented	5
We have engaged with managers and other key stakeholders on the role they play in handling speaking-up cases	4
We are assured that confidentiality is maintained effectively	5
We ensure that speaking-up cases are progressed in a timely manner within the teams or directorates we are responsible for	4
We are confident that if people speak up within the teams or directorates we are responsible for, they will have a consistently positive experience	4

Enter summarised evidence to support your score.

- Our case handling process is in line with current national best practice and meets the Trust's requirements for data security.
- As cases are reported, the relevant managers are contacted and requested to answer specific questions or provide support. Due to the varied nature of cases, we don't prescribe specific roles.
- There is no fixed time limit for resolving cases, this is discussed with the individuals raising concerns. When contacting managers for support or investigation, they usually respond very promptly. Should delays occur, responses will be chased to ensure timely completion of cases. Now there is increased capacity in the team, it is expected that the timeline for following up on actions and closing concerns will improve, and this will be documented and measured in future reports.
- We are aware of different approaches by different managers in all aspects of their management role. Where required, the OD team provide direct input to support identified managers in applying a more consistent and supportive approach to managing their team.
- Internal Audit carried out a review of our processes, the results of the audit have not yet been received.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

2 Continue to engage with OD Team where required, if inconsistencies or trends emerge

2 Continue to liaise with National Ambulance Network and Midlands Guardian Network to compare processes and seek areas for improvement
3 Follow up on internal audit recommendations when available

Principle 7: Identify and tackle barriers to speaking up

However strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether organisation wide or in small pockets. Finding and addressing them is an ongoing process.

Statement	Score
We have identified the barriers that exist for people in our organisation	3
We know who isn't speaking up and why	3
We are confident that our Freedom to Speak Up champions are clear on their role	4
We have evaluated the impact of actions taken to reduce barriers?	3

Enter summarised evidence to support your score.

- We are aware of some barriers through dialogue with staff, but need to ensure, through triangulation that this is a repeated exercise to fully understand the barriers and how they might be overcome
- Much more dialogue is required to fully understand the views and concerns of staff. It must be remembered that there are many ways in which staff can raise concerns, FTSU is only one of them.
- Evaluation of impact of our actions to reduce barriers will be an evolving piece of work through increased staff conversations and proactive work by the FTSU Ambassadors
- Work as part of Speak Up Month, including conversations with Chairs of Staff Networks to which all staff were invited. Following this, there is an opportunity to book confidential appointments

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1 Increased triangulation to understand barriers and those who speak up through other routes
2 Regular communication with staff to understand barriers to raising concerns

2 Actions to reduce barriers to be implemented, then analysis of impact of these to be carried out

Statements about detriment	Score 1–5 or yes/no
We have carried out work to understand what detriment for speaking up looks and feels like	3 -4
We monitor whether workers feel they have suffered detriment after they have spoken up	3-4
We are confident that we have a robust process in place for looking into instances where a worker has felt they have suffered detriment	4
Our non-executive director for Freedom to Speak Up is involved in overseeing how allegations of detriment are reviewed	4

Enter summarised evidence to support your score.

- Discussion has taken place with regard to the types of detriment that can take place and how we might reduce these. This will be a continuing piece of work.
- Discussion with all people who speak up with regard to the actions agreed and any detrimental implications of these
- We have had one case in which a worker cited detriment from their colleagues, rather than the management of the organisation. This has proved a useful case for determining what actions we can take to mitigate this in the future
- . The NED will be involved in overseeing cases of detriment as they occur
- We discuss FTSU with Senior Management Teams and identify the risk of detriment
- We discuss the potential for detriment with DISAG, attended by the Staff Networks and Unions

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Discussion with staff about the culture within their team and how detriment might emerge
2 Organisational Development Team delivering sessions to support staff to have difficult and vital conversations

3 Discussion with all people who speak up with regard to the actions agreed and any detrimental implications of these. Each member of staff who raises a concern is advised of our approach with regard to identifying detriment, and a collaborative approach is taken to supporting staff where there is a potential for detriment to occur.

Principle 8: Continually improve our speaking up culture

Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan.

Statements about your speaking-up strategy	Score 1–5 or yes/no
We can evidence that we have a comprehensive and up-to-date strategy to improve the speaking-up culture	5
We are confident that the Freedom to Speak Up improvement strategy fits with our organisation's overall cultural improvement strategy and that it supports the delivery of related strategies	5
We routinely evaluate the Freedom To Speak Up strategy, using a range of qualitative and quantitative measures, and provide updates to our organisation	3-4
Our improvement plan is up to date and on track	4-5

Enter summarised evidence to support your score.

- New Strategy approved in January 2023 and will be regularly refreshed to account for updated guidance
- The new FTSU Strategy will be monitored regularly as part of the organisation's Strategic Framework
- New success measures to be incorporated into the strategy. These have been suggested by NHS England as part of their ongoing review
- Further updates will be required to the Improvement Strategy as a result of the NGO Speak Up Review and the NHSE reviewAction plan in place for FTSU which is governed by Board of Directors

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1 Carry out further work to incorporate success measures into FTSU Strategy

2

Statements about evaluating speaking-up arrangements	Score 1–5 or yes/no
We have a plan in place to measure whether there is an improvement in how safe and confident people feel to speak up	3-4
Our plan follows a recognised 'plan, do, study, act' or other quality improvement approach	3-4
Our speaking-up arrangements have been evaluated within the last two years	5

Enter summarised evidence to support your score.

- Action plan includes pulse surveys and engagement events with Ambassadors / HWB roadshows
- Planned work has emerged from national recommendations and is incorporated into the Trust's standard Action Plan process.
- Our process follows the NHS process from identifying a concern through to investigating and learning from the outcomes.
- We have an ongoing relationship with NHS England

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Continue review and improvement work in respect of the culture of the organisation. Utilise staff survey results and pulse surveys to measure improvements along with qualitative feedback from conversations and events
1 Consider if any further work required to comply with PDSA cycle
2

Statements about assurance	Score 1–5 or yes/no
We have supported our guardian(s) to structure their report in a way that provides us with the assurance we need	4
We have we evaluated the content of our guardian report against the suggestions in the guide	5
Our guardian(s) provides us with a report in person at least twice a year	5
We receive a variety of assurance that relates to speaking up	4
We seek and receive assurance from the relevant executives/senior leaders that speaking up results in learning and improvement	4 - 5

Enter summarised evidence to support your score.

- Guardian Report has been reviewed and updated with guidance from NHS England. This will be a continuous process as concerns increase, triangulation is developed and trends are measured and compared.
- Regular direct involvement with the Executive Lead, Non Executive Lead, Chief and Chair, along with other Board members provides added assurance that the processes are effective
- NHSE have reviewed Guardian report and provided structured feedback

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Continue to develop Guardian Report format and content
2 Increase communication between Guardians and Ambassadors to ensure wider understanding and participation in the improvement processes

Stage 2: Summarise your high-level development actions for the next 6 – 24 months

Development areas to address in the next 6–12 months	Target date	Action owner
1 Detriment Increased communication to: - Raise awareness of areas of potential detriment - Develop plans to prevent it from occurring - Directly engage with staff to encourage reporting when it does occur - Ensure robust action is taken when identified	March 2024	FTSU Guardians and Executive Lead
2 Begin to publish success stories following speaking up experiences	March 2024	FTSU Guardians
3 Monitor effectiveness of Communications Plan and FTSU Improvement Plan. Keep both plans up to date with new actions	March 2024	FTSU Guardians
4 Communication through SMTs where changes in the culture or management approach are required.	March 2024	FTSU Guardians
5 Extend and embed triangulation of data, reported routinely to Learning Review Group	March 2024	FTSU Guardians / BI Team
6 Follow up on internal audit recommendations, when available	March 2024	FTSU Guardians
7 Review and further development of FTSU Strategy to incorporate improved measures of success	On review date	FTSU Guardians
8 Consider if further work required to improve cycle of processing concerns to comply with PDSA cycle	March 2024	FTSU Guardians

Development areas to address in the next 12–24 months	Target date	Action owner
1 Continue to improve processes in relation to identifying and removing detriment	March 2025	FTSU Guardians
2 Use staff engagement tools to measure the impact of training	March 2025	FTSU Guardians / OD Team
3 Joint working with OD Team to ensure consistent improvement in culture is achieved and more targeted support for Ambassadors is available	March 2025	FTSU Guardians / OD Team
4 Continued liaison and benchmarking with National Ambulance Network and Midlands Guardian Network	March 2025	FTSU Guardians
5 Regular communications with staff to understand barriers and action plan updated to remove barriers, where identified	March 2025	FTSU Guardians
6 Continued delivery of training and support in respect of approaching difficult and vital conversations.	March 2025	OD Team

Stage 3: Summary of areas of strength to share and promote

High-level actions needed to share and promote areas of strength (focus on scores 4 and 5)	Target date	Action owner
1 Changes to practice implemented as a result of direct engagement with NHS England and NGO – share through collaboration with National Ambulance Network and Midlands Guardian Network	March 2025	FTSU Guardians
2 NGO training embedded in Learning Portal with completion implemented on ESR – ensures accurate tracking of completion – share with relevant colleagues	March 2024	FTSU Guardians / HR / Training Leads
3 Ambassador network process for recruitment and development – share through collaboration with National Ambulance Network and Midlands Guardian Network	March 2024	FTSU Guardians
4 Board level engagement with FTSU / Regular review of concerns and themes with CEO, Chair, Exec and Non Exec Leads - – share through collaboration with National Ambulance Network and Midlands Guardian Network	March 2024	FTSU Guardians
5 Learning Review Group and reporting through committee structure – share through collaboration with National Ambulance Network and Midlands Guardian Network	March 2024	FTSU Guardians
6		
7		

West Midlands Ambulance Service
University NHS Foundation Trust

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22 September 2023

Dear Colleague,

I am writing to provide an update to the "Freedom to Speak Up" (FTSU) section in our published Quality Account for 2022/23.

Last year NHS England commissioned an external review into some concerns that were expressed to them. It looked at how they were managed and our response to them; the review was not about patient care or patient safety, neither was it about FTSU alone, but it included it as part of the process.

The review concluded and we have a set of recommendations that our Board of Directors are overseeing, with input and support from NHS England and our host Integrated Care Board, the CQC are also sighted on this review too.

The review was and remains confidential, to protect those who came forward within it, however elements of it were leaked and reported on by local press. Whilst we were intending to refer to the review in headline terms in the 2023/24 Quality Account, at which point we would have completed all the actions within our agreed action plan, given recent interest, I am writing to briefly update you now, specifically on FTSU.

In response to the review itself, the National Guardian's Office report into the ambulance sector published this year and our own drive to continually improve, WMAS has been undertaking a number of actions to further improve our FTSU processes, WMAS, alongside the ambulance sector still has some way to go. The actions we have taken include improved triangulation of information when reporting concerns, increasing the FTSU capacity within the Trust (with an additional Guardian and more Ambassadors), updated training for all staff from operational managers through to the Board and more overarching awareness and briefing around FTSU into the Trust. We have also been working with our staff on breaking down perceived and real barriers to reporting concerns, alongside broader work on organisational culture and values.

Continued …..

In terms of progress on our actions and recommendations in relation to the review, except for one item, which is scheduled for completion in October, all actions have been completed. The Final action scheduled for completion in October is for our Board to receive our self-assessment against the national FTSU Planning and Reflection Tool, this is a requirement of all NHS Trust Boards to complete before January 2024.

Whilst our staff have many ways to express concerns (and do actively utilise these routes) through line managers, incident reporting, union representation, our staff and public Governors, Directors including our Non-Executives, the numbers of concerns being expressed through our FTSU process have increased over three successive quarters now, this tells us staff are increasingly comfortable to speak up regarding concerns they may have.

We have been working with NHS England, their FTSU team and the National Guardian's Office to support this improvement programme, indeed the National Guardian undertook a FTSU development session for our Board earlier this year, we have welcomed their support.

We will refer to the review in the 2023/24 Quality Account in relation to FTSU, on which we expect to consult in early 2024, but in the meantime, I hope you find this interim update helpful.

Yours sincerely,

Prof. Ian Cumming OBE
Chair

Anthony Marsh
Chief Executive Officer

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 15 MONTH: October 2023 PAPER NUMBER: 15a

Emergency Services Operations Report	
Sponsoring Director	Performance & Improvement Director
Author(s)/Presenter	Nathan Hudson, Performance & Improvement Director
Purpose	This report provides an update from the Performance & Improvement Director on the current position
Previously Considered by	Not Applicable
Report Approved By	Performance & Improvement Director
Executive Summary	

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)	X
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)	X
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)	X

Relevant Trust Value	Excellence	☒	Integrity	☒
	Compassion	☒	Inclusivity	☒
	Accountability	☒		
Risk and Assurance	The risks and mitigation to achieving performance is set out in the Board Assurance Framework. The salient risks for operational performance are set out in the report..			
Legal implications/ regulatory requirements	There are no legal implications requiring specific advice in relation to any matters contained in the report.			
Financial Implications	This is addressed in the body of the Report.			

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 15 MONTH: October 2023 PAPER NUMBER: 15a

Workforce & Training Implications	E&U Ops continues to make good progress against mandatory training including face to face clinical updates, PDCs, mandatory workbook and clinical supervision shifts. YTD Sickness in E&U Operations has risen to 3.43% which remains to be a well-managed representation of local efforts and was expected to rise as we head into the winter months. A refocus on sickness management has been made in E&U Ops and further guidance on COVID-19 precautions etc will be followed from Public Health as and when required.
Communications Issues	Noting to specifically note or bring to the attention of the Board.
Diversity & Inclusivity Implications	There are no direct implications. And Diversity & Inclusion within the Trust is addressed elsewhere on the agenda for this meeting.
Quality Impact Assessment	None undertaken
Data Quality	All background data supporting the contents of this report is held by the Director of Performance and Improvement.
Action required The Board is asked to receive the report and seek clarity from the Director of Performance and Improvement.	

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 15 MONTH: October 2023 PAPER NUMBER: 15a

Overview

E&U Ops continues to make good progress against mandatory training including face to face clinical updates, PDCs, mandatory workbook and clinical supervision shifts.

Q2 has seen a sharp increase in hospital handover delays as outlined below, breaching over 21,000 lost hours to hospital handover delays in September alone, up from over 14,000 in August. This sharp rise in delays is significantly concerning as we head into winter pressures, with such a sharp incline in delay durations August to September alone.

We have increased resourcing output with thanks to overtime and whilst we still have a high number of Operational staff at university, we have increased resourcing, despite a slight drop in September.

Performance

Performance was extremely challenged in September 2023, following a significant rise in hospital handover delays and with the hot weather demand at the beginning of the month put us on the back foot. What was pleasing is that the government target for Category 2 mean of 30 min was achieved in July and August and therefore for the quarter dispute the challenges in September.

Performance for Quarter 2 (2022)

	Target		Month		QTD		YTD	
Priority	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Category 1	7:00	15:00	8:20	14:38	8:16	14:29	8:12	14:25
Category 1 T	19:00	30:00	9:49	17:12	9:43	17:16	9:32	17:03
Category 2	18:00	40:00	45:05	102:51	47:14	108:40	47:20	109:41
Category 3	60:00	120:00	197:03	545:28	190:07	518:55	194:40	534:56
Category 4	-	180:00	188:35	487:37	208:54	576:36	223:21	602:49
HCP 2hr	-	-	197:30	531:42	203:37	540:57	205:11	539:00
HCP 4hr	-	-	283:52	751:58	276:20	772:06	289:30	758:33

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 15 MONTH: October 2023 PAPER NUMBER: 15a

Performance for Quarter 2 (2023)

	Target		Month		QTD		YTD	
Priority	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Category 1	7:00	15:00	8:12	14:22	8:07	14:18	8:09	14:24
Category 1 T	19:00	30:00	9:23	17:04	9:18	16:50	9:23	16:53
Category 2	18:00	40:00	35:36	80:12	29:58	66:09	31:07	68:46
Category 3	60:00	120:00	158:36	411:10	127:42	324:01	139:02	354:59
Category 4	-	180:00	185:15	475:45	151:16	395:10	164:06	420:59
HCP 2hr	-	-	208:06	559:21	189:05	507:51	220:22	593:08
HCP 4hr	-	-	296:45	719:13	297:22	763:52	349:10	847:11

Activity

Activity for Emergency and All Incidents has increased during September 2023 and Quarter 2. Emergency Incidents have seen a 6.5% rise in activity for September 2023 compared to September 2022, with a 2.4% rise QTD for Emergency Incidents.

	All Incidents			
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	87,231	82,279	4,952	6.0%
QTD	263,067	258,019	5,048	2.0%
YTD	517,221	529,278	(12,057)	-2.3%

	Emergency Incidents			
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	84,277	79,151	5,126	6.5%
QTD	254,071	248,085	5,986	2.4%
YTD	500,226	509,230	(9,004)	-1.8%

Absence Management in E&U Operations

YTD Sickness in E&U Operations has risen to 3.43% which remains to be a well-managed representation of local efforts and was expected to rise as we head into the winter months. A refocus on sickness management has been made in E&U Ops and further guidance on COVID-19 precautions etc will be followed from Public Health as and when required.

WEST MIDLANDS AMBULANCE SERVICE
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2023/07		2023/08		2023/09		Absence FTE %	# Absence Occurrences
Absence FTE %	# Absence Occurrences	Absence FTE %	# Absence Occurrences	Absence FTE %	# Absence Occurrences		
3.55%	30	3.24%	31	2.83%	25	3.59%	125
3.40%	44	4.79%	46	4.20%	41	3.43%	207
3.00%	20	6.56%	31	7.99%	27	4.17%	94
2.32%	41	3.56%	56	3.69%	43	3.05%	231
2.58%	61	2.77%	71	2.71%	42	2.73%	294
3.21%	11	2.54%	15	3.94%	13	3.35%	72
3.00%	64	3.05%	79	4.25%	70	3.18%	317
5.61%	22	4.03%	22	3.04%	14	4.35%	90
4.05%	53	4.64%	55	4.49%	54	4.22%	232
1.99%	32	2.39%	28	1.32%	25	1.88%	133
4.21%	31	3.27%	34	3.10%	28	3.55%	136
3.66%	47	3.30%	42	2.34%	26	2.57%	182
3.89%	25	2.36%	17	5.90%	22	4.20%	112
2.83%	49	4.81%	60	4.29%	42	3.70%	225
5.41%	32	5.90%	49	6.69%	37	5.46%	166
0.00%	0	0.00%	0	0.00%	0	0.00%	
3.35%	**562**	**3.75%**	**636**	**3.86%**	**509**	**3.43%**	**2616**

Resourcing

We have seen a steady increase in resourcing in quarter 2 of this financial year, mainly based on overtime increases, and new staff coming into the front-line operations in the form of student paramedics and the increase in the health care referral tier (HCRT), however this only started in September. Looking forward to quarter 3, some significant actions have been taken to improve front line resourcing going into the winter, with the mobilising of the student paramedic cohort 2 and 3 early onto the HCRT tier, this will provide an extra 84 front line staff live before the and the recruitment of 160 graduation paramedics, with the aim to have 112 live before the end of December.

23/24	April	May	Jun	July	August	September
Actual	184,629	181,630	174,038	192,932	199,554	190,367

Operational Skill Mix (Paramedic on each Frontline DCA)

Skill Mix YTD remains 99.9%, and Sandwell in September 2023 now has an improving skill mix percentage. Further work is continuing to support the Paramedic skill set at Sandwell to sustain a high percentage of Paramedic led ambulance resources.

	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
Bromsgrove Hub	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%
Coventry Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Donnington Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dudley Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Erdington Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hereford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hollymoor Hub	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Lichfield Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Sandwell Hub	97.6%	99.4%	99.6%	98.9%	96.6%	99.2%
Shrewsbury Hub	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%
Stafford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stoke Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Warwick Hub	100.0%	100.0%	100.0%	100.0%	99.8%	99.6%
Willenhall Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Worcester Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total	**99.7%**	**99.9%**	**99.9%**	**99.9%**	**99.6%**	**99.9%**

Workforce (YTD)

West Midlands Ambulance Service NHS FT **Frontline staff, demand and capacity model**		Actual Mar-23	Actual Apr-23	Actual May-23	Actual Jun-23	Actual Jul-23	Actual Aug-23	Actual Sep-23
CREWS AVAILABLE								
EMPLOYED STAFF								
Employed FTEs at start of month	FTEs	3,502	3,522	3,529.67	3,506.47	3,491.51	3,474.62	3,498.67
Starters (+)	FTEs	42	24.60	0.90	0.90	0.90	42.65	31.60
Leavers (-)	FTEs	-25	-13.16	-18.10	-14.86	-17.79	-19.60	-15.59
Transfers out of Emergency Services (-)		0	-6.00	-6.00	-1.00	0.00	-2.00	0.00
Transfers into Emergency Services (+)		3	2.00	0.00	0.00	0.00	3.00	0.00
Net increase / (decrease)	FTEs	20	7.44	-23.20	-14.96	-16.89	24.05	16.01
Employed FTEs at end of month	FTEs	3,522.23	3,529.67	3,506.47	3,491.51	3,474.62	3,498.67	3,514.68

We have seen new starters join E&U Operations which has only started to offset against the attrition . We can see attrition is down in september with averaging of just under 18 WTE a month. Reasons for leaving are oppurtunities in the primary health care setting and retiring for example.

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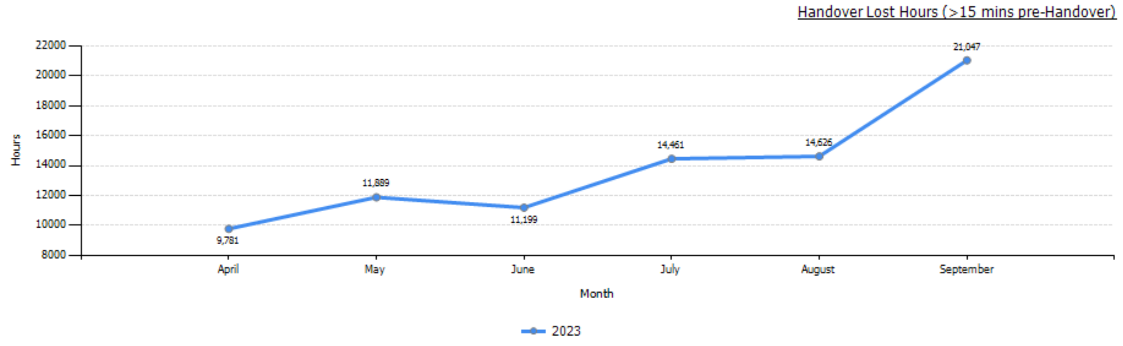
Hospital Handover Delays (YTD)

There has been a significant rise in hospital handover delays over Q2, with a noteable rise in delays in September 2023. The below data shows that over 21,000 hours were lost in September alone, up from 14,600 hours in August. This has impacted the Category 2 Recovery signiciantly.



Incidents per shift (YTD)

We have seen a reduction in numbers of incidents operational resources are attending per shift in September, after better performance in in July and August, due to a rise in handover delays in September. The reduction in the numbers of incidents completed per shift has a direct correlation to the rise in lost hours delayed handing over at acute trust sites in September.

Financial Month	Arden	Birmingham	Black Country	Hereford and Worcester	Shropshire	Staffordshire	Total
April 2023/2024	4.729	4.254	5.209	3.941	4.069	4.701	4.532
May 2023/2024	4.547	3.803	4.822	3.794	3.761	4.101	4.155
June 2023/2024	4.212	3.811	4.727	3.759	3.788	4.082	4.094
July 2023/2024	4.734	4.172	5.106	4.116	3.697	4.151	4.374
August 2023/2024	4.753	4.67	5.47	4.099	3.992	4.777	4.712
September 2023/2024	4.501	3.665	4.806	3.556	3.397	3.93	4

Mandatory Training Compliance

PDC's	97.40%
Mandatory day 1	52.91% Completed - Remainder booked
Mandatory day 2	76.47% Completed – Remainder booked

MWB	83.03%
CS1 days	85.93% Completed – Remainder booked

Late Shift Finishes (Time band) – Q2 2023

	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	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr
Birmingham	2,124	10.4%	9,445	56.9%	4,837	80.7%	2,030	90.7%	951	95.3%	854	99.5%	82	100.0%	6	100.0%	4	100%	20,333
Black Country	3,854	14.5%	13,222	64.3%	5,201	83.9%	2,292	92.6%	979	96.3%	879	99.6%	85	99.9%	18	100.0%	8	100%	26,538
Coventry & Warwick	2,315	18.3%	6,883	72.6%	2,020	88.6%	822	95.1%	326	97.6%	264	99.7%	23	99.9%	2	99.9%	12	100%	12,667
Hereford	611	18.2%	1,563	64.7%	487	79.2%	309	88.4%	173	93.6%	195	99.4%	17	99.9%	3	100%		100%	3,358
Shropshire	1,047	12.2%	3,571	54.0%	1,796	75.0%	904	85.6%	476	91.2%	638	98.6%	100	99.8%	10	99.9%	8	100%	8,550
Worcester	968	9.6%	3,761	46.9%	2,295	69.7%	1,402	83.6%	793	91.5%	756	99.0%	81	99.8%	14	99.9%	8	100%	10,078
Staffs	3,615	21.6%	7,537	66.6%	2,702	82.8%	1,501	91.8%	721	96.1%	612	99.7%	38	100.0%	4	100.0%	4	100%	16,734
Regional	1,137	33.2%	1,506	77.1%	249	84.3%	166	89.2%	79	91.5%	226	98.1%	39	99.2%	8	99.4%	19	100%	3,429
PTS HD	1	100%		100%		100%		100%		100%		100%		100%		100%		100%	1
Total	15,672	15.4%	47,488	62.1%	19,587	81.4%	9,426	90.6%	4,498	95.1%	4,424	99.4%	465	99.9%	65	99.9%	63	100%	101,688

Risks to E&U Operations

1. Performance recovery going into winter for the government target of CAT 2 mean (30 min), as hospitals continue deteriorating, resourcing productivity reduces.

2. Hospital Handover Delays following significant rise in delays August to September.

3. Potential delays in response and therefore calls stacking resulting in patient safety risks and serious incident rises.

4. Potential of FLU and COVID abstractions increasing with a focus on Flu vaccination uptake.

General Update

1. Overtime and additional measures in resourcing aiming to offset against the productivity drop.
2. The resource efficiency desk went live in EOC in September with more hours being recovered to respond to the outstanding emergency cases.
3. The "Ask Nathan" engagement scheme went live in September. QR code direct to my email box whereby staff can ask me any question and I will get back them with a written response.

4. Working closley with other directorates regarding sexual safety and investigations.
5. Additional fleet set to return to E&U Ops to support with additional winter pressures and output.

CAT 2 performance recovery

Introduction

Significant pressures within the performance of Emergency & Urgent Care Operations have seen struggles in Category 2 30 min government target for emergency responses within the trust. Therefore, a refocus on how we can adjust our response model and frontline resourcing plans to best meet the Category 2 national standards and arrive with patients in a timely manner.

The objective is to recover Category 2 performance YTD Data to below 30 minutes, which is challenging as we head into the winter period where these response times could be impacted by hospital handover delays, as we have already seen between August and September 2023. More actions are required to mitigate any deterioration in C2 performance on top of the current measures which include opening overtime for operational crews, as we head into winter months.

Proposals for discussion and consideration:

The below workstreams have been listed and a narrative on the update of each workstream since this was last presented. Risks and impacts have been considered with longer delays for Category 3 responses, possible meal break and shift finishes have been considered and balanced as much as possible.

Actions

Dispatch.

This workstream is removing boundaries for responding responses on Category 2 incidents, therefore CAT 1, and CAT2 now become the priority of any response. Any outstanding Category 2 will be responded with the nearest available resources which has been included in the updated dispatch protocol and a trial commencing in Birmingham and Black Country sectors for the end of shift tasking plan. This has been agreed with trade unions and is now pending the commencement of this trial.

Healthcare Referral Tier

Reintroduction of the HCRT tier to manage urgent referral activity, allowing frontline E&U paramedic crews to respond to category 2 patients in all sectors.

In addition, cohort 2 and 3 of the student paramedic courses have been released to front line operations early and will be used to facilitate an increase (84 staff) in the HCRT tier.

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Operational Resource Efficiency Officers (OREO)

The OREO function within EOC to monitor downtime, This will monitor effective crew resource management such as vehicle availability delays, recovery, and solo clinician management. In the first month there has weeks to come regarding this initiative.

Recruitment

A workstream to review how we can increase the operational hours over the winter period with application for qualified graduate paramedics still open (160 applications in total) with 112 coming in before the start of January. Qualified paramedic and technician have been advertised. Secondly SP recruitment in preparation into next year has started with January, February and March courses open for recruitment.

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Minutes of the meeting of the Quality Governance Committee held on 19 July 2023
The meeting was convened by electronic means through Microsoft Teams software

Present:

Mohammed Fessal	(MF)	Non-Executive Director (Chair)
Dr Richard Steyn	(RS)	Interim Executive Medical Director
Nick Henry	(NVH)	Paramedic Practice & Patient Safety Director
Michelle Brotherton	(MB)	Non-Emergency Services Delivery & Improvement Director
Jason Wiles	(JW)	Consultant Paramedic for Emergency Care
Vickie Whorton	(VW)	Integrated Emergency & Urgent Care Clinical Commander
Stephen Thompson	(ST)	Staffside Representative

In attendance:

Diane Scott	(DJS)	Interim Organisational Assurance & Clinical Director
Pippa Wall	(PW)	Head of Strategic Planning
Matt Brown	(MWB)	Head of Risk
Chris Kerr	(CK)	Head of Governance & Security

Secretariat:

Nicky Shaw	(NS)	PA to Interim Executive Medical Director

ITEM	Quality Governance Committee (QGC) Meeting 19 July 2023	ACTION
07/23/01	**Apologies and Introductions**	
	Apologies were received from Alexandra Hopkins, Non-Executive Director, Mark Docherty, Interim Executive Director of Nursing, Vivek Khashu, Strategy & Engagement Director, Craig Cooke, Operations Support Services Director, Jeremy Brown, Integrated Emergency & Urgent Care Director, John Kelly, Head of Security & Safety and Jenny Lumley-Holmes, Head of Clinical Audit. The meeting was quorate. MF referred to the recent Good Governance Institute (GGI) review which looked at governance procedures, committee workstreams, committee membership, quality and number of papers, etc highlighting there will probably be some changes being made to the governance around the committee structure which should be communicated out as well as engagement with committees and its members to contribute to the proposed changes. It was noted there had been some late papers and this had been mentioned at previous meetings, but on this occasion, MF said they would be accepted but reminded receiving late papers makes it difficult for the Chair and Non-Executive Directors to read the papers in detail to ensure the right amount of time for discussion takes place. DJS requested her job title is changed back to 'Interim Organisational Assurance Director and moved to under 'in attendance' rather than under membership going forward.	**NS**
07/23/02	**Minutes of previous meeting – 24 May 2023**	
	The minutes of the meeting held on 24 May 2023 were submitted.	

	Resolved:	
	That the minutes of the meeting held on 24 May 2023 be received and approved as a true and accurate record.	
07/23/03	**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 03/23/05.6: Clinical Supervision Plan NVH had reviewed last year's staff feedback on clinical supervision and the findings show that this was not what they were expecting in terms of the clinical aspect. MF had spoken to several staff on different Hubs about clinical supervision where good comments had been made but they had queried the quality of the clinical aspects. It appears staff are having a varied experience which means there needs to be more focus on the feedback in terms of what staff are expecting and an understanding of the quality of clinical supervision being delivered because this work is really valuable to staff. NVH said a few members of staff had raised a valid point around the planning of clinical supervision days because if staff have been off on long term sickness or maternity leave they are quickly booked onto a CS1 day on their return to work then what is happening is they are then booked on their next CS1 day at the beginning of the next financial year resulting in them having 2 CS1 days virtually back to back. This issue has been raised with the Emergency Services Delivery Director in terms of considering this when planning in CS1 days over the 12 month period. MF suggested considering how the technology can be used better and capture the data over a 12 month rolling period as this is easy to do on any IT system. NVH stated there is a review being done on the whole of the clinical supervision model including how we capture data and the feedback on the planning of CS1 days will form part of that review moving forward. QGC agreed to discharge this continued minute. MF referred to PDRs and noted the People Committee are reviewing this data as there has been some good feedback and points made around how and when these are undertaken.	**Discharged**
	2. In relation to continued minute 03/23/07.1: Terms of Reference & Committee Self-Assessment (Action Log Nos. 4 & 5) A chaser email had been sent out on 05.05.23 to remind committee members to complete and return the committee self-assessment	**Discharged**

	form. Several forms have been received and responses collated. QGC agreed to discharge this continued minute. The term of reference and completed committee self-assessment form had been circulated as appendix A and B to the minutes. QGC agreed to discharge this continued minute. MF highlighted the Chief Executive Officer had not attended a QGC meeting this financial year and we need to ensure they attend at lease one meeting this year.	**Discharged**
	3. In relation to continued minute 03/23/07.4: Measuring Organisational Learning Report It was noted MWB, the Head of Patient Safety and the Learning from Deaths Lead had met to review non-patient and patient safety incidents and produced examples of learning which are attached as Appendix A to the action log. It appears the organisation has got all the learning in place but this needs to be communicated better back to staff because they are the ones helping the Trust to learn. Therefore, examples of learning will be communicated through the next clinical times and on the blackboards on each of the Hubs QGC agreed to discharge this continued minute.	**Discharged**
	4. In relation to continued minute 05/23/05.1: Executive Medical Director, Paramedic Practice & patient Safety Director and Interim Organisational Assurance & Clinical Director Integrated Quality Summary Report (Action Log Nos. 4 & 5) (Action No. 4) NVH confirmed funding had been agreed for all of the mental health provision vacancies and these have been advertised in the weekly brief. The Trust has secured a 3-year funding programme so there will be initial funding to start and then it will be embedded into the block contract with the Integrated Care Board (ICB) similar to trauma. MF congratulated colleagues on obtaining the funding. JW suggested asking the Head of Clinical Practice for Mental Health to provide an update and overview on the mental health provision so the committee has a better idea in terms of what this will look like going forward. (Action No. 5) In terms of non-conveyance of patients, JW said this is the riskiest part of WMAS business particularly as we have seen an increase in patient safety incidents as a result of patients being discharged on scene. there is work being done and conversations taking place in various forums to address this issue. In terms of confirming our conveyance data against other ambulance trusts, JW said this would be like comparing 'apples with pears' as there are differing operating models, use of different services and specialist paramedics. On that basis, MF queried how does the Trust know the level of conveyance is acceptable knowing there has been an increase in patient safety incidents over the past few years. NVH replied this can only be balanced against the patients that we	**JW**

	see and the availability of what services they can be referred to. There are a number of measures in place around whether the patient is conveyed to ED or alternative pathways along with work of the clinical validation team (CVT) and paramedics when referring to services. There has been an increase in reporting and learning from what are the near misses and what we did not do as unfortunately, there will be some errors which are identified through the learning from deaths agenda or the ER54 process and MWB, the Head of Patient Safety and Learning from Deaths Lead are looking to capture the learning. Until we can identify all the services for all the patients in the community, for those services not available WMAS and the ED will become the fallback position. MF said we need to understand from a staff perspective, the pressures that are influencing decision making and maybe need to conduct a general survey so there is learning from some of the questions that are impacting on decision making and crews not wanting to sit outside hospital ED's for long periods.	
	5. In relation to continued minute 05/23/05.2: Trust Board Reporting – Clinical Performance JW requested the Cardiac Arrest Report 2022-23 be deferred to the next meeting.	**JW**
	6. In relation to continued minute 05/23/7.1: Terms of Reference The approval of the terms of reference had been included in the Chair's Report. QGC agreed to discharge this continued minute.	**Discharged**
	7. In relation to continued minute 05/23/07.7: Clinical Audit Programme 6-Monthly Report The demonstration of the clinician dashboard was given to the October meeting.	**JLH**
	8. In relation to continued minute 05/23/07.9: Maternity Services Action Plan The action for the maternity services action plan to be deferred to the next meeting had been superseded by the next action. QGC agreed to discharge this continued minute.	**Discharged**
	9. In relation to continued minute 05/23/08.1: Quality Account & Departmental Annual Reports (Action Log Nos. 10, 11, 12, 13 & 14) (Action No. 10) The maternity services action plan had not been updated and recirculated to QGC members for review and approval due to the rationale for some of the actions not being completed had been included in the action plan. QGC agreed to discharge this continued minute. (Action No. 11) The suggestion to include the data for the different levels of safeguarding training in the Safeguarding annual report had been included in the Safeguarding Annual Report. QGC agreed to discharge this continued minute. (Action No. 12) The Clinical Audit annual report had been updated	**Discharged** **Discharged**

	to reflect a new priority around learning from clinical audit outcomes. QGC agreed to discharge this continued minute. (Action No. 13) The Controlled Drugs & Medicines Management annual report had been updated to reflect 2022-23. QGC agreed to discharge this continued minute. (Action No. 14) The approval of the Quality Account and Departmental Annual Reports had been included in the Chair's Report. QGC agreed to discharge this continued minute.	**Discharged** **Discharged** **Discharged**
	10. In relation to continued minute 05/23/11: New or Increased Risk highlighted from the meeting The new/increased risks highlighted at the meeting had been included in the Chair's Report. QGC agreed to discharge this continued minute. The risks being: 1. Lateness of Papers for Committees – this will be picked up via discussion related to the publication of the governance report to Board and is around the number of papers which are submitted and managers and service leaders capacity to complete papers. 2. Mental Health Services and removal of funding – further mental health provision papers being submitted to Executive Management Board (EMB). 3. Conveyance of Patients - is reduction of conveyance of patients leading to more incidents and influencing decision making. 4. LFD's – discharge on scene work being done as picking up other areas. There is some positive work around end of life and the level of care provided. 5. Violence and Aggression cases – concerns around body worn camera usage, public perception/opinion, mental health, hospital delays impact and the need for partnership support and triangulation of information. 6. Clinical Audit risks and performance - IT Development to assist findings from audit – includes cognitive load reduction, checklists, and other tools.	**Discharged**
07/23/04	**Chair's Reports from Working Groups**	
	4.1 Learning Review Group (LRG)	
	The Chair's Report from the meetings held on 21 June and 18 May 2023 and Action Logs of 18 May and 3 April 2023 had been submitted. NVH noted there had been an LRG meeting held on 17 July 2023 and the group is working well. There had been a reduction in the number of serious incidents coming through which is an excellent position to be in compared to 18 months ago. The themes still remain to be delayed responses, IECU issues i.e. call taking, Clinical Validation Team, etc and inappropriate discharged. There are no serious incidents out of date/time or overdue and the recommendation log is being managed and none are out of date.	

	The Serious Incident Review Group (SIRG) continues to review all investigatory reports and the frequency of the meetings have been reduced from weekly to get through the backlog to twice a week and all have been submitted to the Integrated Care Board (ICB). There is a good working relationship established with the ICB and they are undertaking an assurance visit on 8 August 2023 at Headquarters, EOC and Training School to see the end to end process of the work produced from when a serious incident is reported and investigated through to learning being identified and included in the mandatory training and all Operations staff going through that training. NVH was happy to answer any questions and highlighted there is good discussion and engagement at LRG which is positive and is a good meeting to Chair in terms of how to drive things forward and understand where we have been and what we can do better. MF said it was good to hear from the Chair of other groups on how the meetings are run in terms of engagement and discussion and we can see that the work LRG has done. With regards to the serious incidents, MF said there have been comments made across the board on how well this work has been handled which was a significant risk and extra resources put in to address the backlog which there is none and this could be translated into other areas such as clinical audit. In response to MF's question around whether there is a firm plan for additional resource to manage serious incidents permanently, NVH replied there are still 17 seconded operational staff in the department of which 7 are supporting the serious incident investigations and the remainder are managing the ER54s. A paper has been submitted to EMB to be discussed in the confidential section of the Board meeting and a business case produced around how this is managed going forward and how we transition over to the Patient Safety Incident Reporting Framework (PSIRF). MF said it would be good to share some information on PSIRF in terms of what it is actually going to be and how is differs from what we are using at the moment. NVH briefly explained it is not just about managing serious incidents and looking at resolving serious problems it is also looking at lower harm and the trends and themes and how to stop them from becoming a higher harm. It is also around engagement with patients, family, carers, etc and them being involved in drafting the report before it is signed off rather than WMAS producing and signing off the report and then presenting it to the patient, family, carers, etc. The patient safety team already engage with families so that there are no surprises when the case goes to Coroners and the work the team has done is very much this is the way to do it properly. NVH highlighted by looking at lower harm and high harm incidents this will increase the workload and it is also about integration with the rest of the health and social care system around the ICB as the whole health community will move over to the PSIRF system as well so there will be a	

	better system for joined learning. NVH would ask the Head of Patient Safety to produce a document. MF felt standardisation and collaboration will be good and it is important to look at the lower harm incidents because you would expect the number of near misses to be more that incidents reported, and whether this is due to the time constraints of the crews we do not have the learning from near misses before they become incidents. NVH noted a risk has been raised by the Head of Claims & Coroners with regards to the increase of claims coming through from the serious incidents and Coroner proceedings which is all relative to the hospital handover delays. For example, December was the worst month for hospital delays for the Trust which saw the number of serious incidents more than double but then in January we saw the curve coming back down so now we are starting to see those claims from December coming through which may have a financial implication.	
	Resolved:	
	a) That the Chair's Report from the meetings held on 21 June and 18 May 2023 and Action Logs of 18 May and 3 April 2023 be received and noted. b) That NVH would ask the Head of Patient Safety to produce a document providing information on the Patient Safety Incident Reporting Framework (PSIRF).	**NVH**
	4.2 Health, Safety, Risk & Environment (HSRE)	
	The Chair's Report from the meeting held on 15 May 2023 and the Action Log of 13 March 2023 had been circulated. The report was taken 'as read' and the risks are identified on page 8. All of the actions have been completed except for one which remains open. The chairing of HSRE is returning to MD and although DJS had only chaired 1 meeting, there had been some good and positive outcomes. Going back to the Good Governance Institute review, DJS said the Chair's briefing back to pillar committees and the Board will be reviewed to ensure they provide the relevant information and the minutes of the meeting will be available if anyone wishes to view them. There was an in-depth discussion on risk assessment ORG-140 relating to the cessation of overtime and MF asked whether this needed to be reviewed. MWB said the risk assessment will be updated next week as there have been a number of changes since it was last reviewed 2 months ago including the targeting of overtime for specific areas within E&U and PTS. From a PTS perspective overtime has been lifted due to the number of vacancies (177) for operational and NEOC staff which is signed off by MB. It was noted that the risk around PTS staff shortages is currently rated at 20. From an E&U perspective, overtime has been targeted for day shifts for operational crews, vehicle preparation officers (VPOs) and for Fleet to avoid extra pressure on the make ready systems.	

All overtime is being managed and signed off by the Emergency Services Delivery Director and is under continual review. MF said this was useful information to know about the overtime and assumed this was being done with the Director of Finance as well.

ST highlighted the Trust needs to be careful around the continuation of overtime restrictions and the effect this has had on staff especially as it has not been fully explained as to why the cessation of overtime was brought it in the first place. There were lots of questions raised yesterday at the 'all staff briefing' about overtime and there is the potential risk that staff are getting used to not have any overtime and enjoying time away from work with their families so when it does come back, may not want to do any overtime which could cause a problem going forward into the winter pressures.

The Trust's commitment to PTS had been questioned at 2 recent meetings and even though the response is Yes, the ICB is not helping in term of bringing the contracts into block contracts. ST added as colleagues are aware, the recruiting of NEOC staff needs urgent attention and a plan of action otherwise the service will be struggling not just from the impact to patients but the staff welfare of those staff who are moving shifts around or doing shifts they would not normally do.

MF was aware MB raised these concerns to the Board and concurred with ST comments as we need to be aware of the staff welfare and impact on the operational model and will continue working to resolve this and make it a priority. The Chief Executive Officer is putting pressure on the ICB and the Board is aware of the issue and will work with MB and colleagues to resolve as quickly as we can.

MB gave thanks to the staffside representatives for their support and speaking about the situation as PTS has not been in this situation before and is not providing the service we want to provide. The Trust is working through the financial contracts and in relation to the vacancies particularly those for NEOC, a further paper is being presented back to EMB as their first recommendation was to go out to expression of interest but there have only been 3 people internally who are able to fulfil the role. PTS is currently running on the goodwill of staff and NEOC is a critical function and we need to go out to recruit to these vacancies.

The discussion around overtime had raised some valid points which MF noted and said it would have been useful if messages had been clearly communicated as to why this was brought in and why it is being lifted and who for. Therefore what is the plan going forward and will overtime be rolled out across the rest of the organisation, in response NVH replied the Chief Executive Officer and the Emergency Services Delivery Director would communicate those messages out to staff.

It was raised no other ambulance service had brought in the cessation of overtime and ST said it seems staff of a successful ambulance service are being penalised even though we still have the ability to provide the service we have done throughout COVID, therefore, it seems strange overtime being restricted on a financial basis when other services are not doing this.

	As a general point, MF said we cannot comment on the comparison of overtime against other organisations and agreed staff have become accustomed to being able to do overtime for a long time and this will be an issue if they decide they no longer want to do overtime. Therefore, this will need to be a conversation had with the Chief Executive Officer and the Emergency Services Delivery Director and to raise this back to the Board. In response to a question raised around the increase of complaints and the themes, MWB advised complaints which come through the ER54's relate mainly to hospital delays and the attitude of staff in other areas and concern raised around staff in A&E departments. From a PTS perspective, the increase in the number of complaints has been discussed with MB and it appears staff are reporting complaints by submitting an ER54 which is the incorrect route and there are some members of staff who submit 6, 7, 8 ER54s regularly and this is being addressed. With regards to Datix, MF requested it would be useful to have an update as to when will everyone be using it and what is the risk and any issues with Datix not being implemented within the original timeframe. DJS informed progress has slowed down due to the Datix Lead having to work on other priorities i.e. the COVID-19 enquiry but the Claims module is next to 'go live' and there is a plan in place for each module. It was noted this project has not been as easy as first anticipated to integrate each system across the organisation and we are making sure each Lead is happy with their area and what is being implemented before each module is live. DJS stated Datix is the top of the priority list and it was agreed a 1 page report will be presented at the next meeting outlining the key dates for each module and a timeframe for when the whole project will be completed along with what the interim arrangements might be if the project had to be extended and what the risks/issues would be to continue to use the current systems as this paper will be useful not just for QGC but for the Board as well.	
	Resolved:	
	a) 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. b) That a 1 page report on Datix will be submitted to the October meeting.	**DJS**
	4.3 Professional Standards Group (PSG)	
	The Chair's Report from the meetings held on 26 June, 22 May, 11 April and 6 March 2023 and Action Logs of 22 May, 11 April, 6 March and 30 January 2023 had been received. NVH said the Chair's Reports from 11 April and 6 March 2023 are 'as read' and the salient points from 26 June 2023 are: • Clinical Audits – there are still a number showing 'insufficient assurance' and lots of work is being done and an action plan is in place on how these can be improved. There has been some good	

	evidence seen from implementing certain methods into the system resulting in an increase in productivity on the national clinical ambulance quality indicators. It was noted 'for information' that the capacity of the clinical team has been effected by staff sickness and although there are plans in place to ensure the national work is not impacted, this is impacting on the internal audit process and because this is quite specialist work if it becomes a significant problem NVH will escalate. • Medicines Management – there have been various changes made to the MERIT drugs mainly around how the presentation so they can be administered quicker to patients. All the changes in presentation have been agreed by the medicines management group, the Trust Pharmacist had conducted all the due diligence checks and all the governance processes have been completed. An extra-ordinary medicines management group meeting was held to discuss in-depth a couple of drugs because they were classed as 'unlicenced'. • RS, as interim Executive Medical Director will be taking over the Chair of PSG and the next meeting is in 2 weeks' time. MF could see there has been significant improvement in the STEMI and Stroke data compared to pre-COVID and it was good to acknowledge where things are working well. NVH said JW and the EPR Project Lead had been fundamental in making those changes and improving those audits which is a great piece of work. It was noted the ROSC data appears to be more of concern and although things had been done there has only been a slight improvement but nothing substantial and MF was aware some of this is around staff not acting on the information, therefore, what more can be done in terms of training and supporting staff more. NVH said pitstop arrangements on how to manage a cardiac arrest are om place as some situations can be quite hectic and information can be missed because the crew is more task focused. It was highlighted, years ago cardiac arrest was classed as the organisation's 'bread and butter' and staff would go to the job and know exactly what they needed to do and everything was well rehearsed. Nowadays, a cardiac arrest is an infrequent job with crews attending 3-4 per year compared to 3-4 per shift and even though there is a 3-year rolling training programme on adults, children and neonates, if staff do not attend many of these cases they cannot maintain their skills. Therefore, we are looking at ways to support staff as much as we can and this will feed into clinical supervision. JW added it does not matter how much training is given to staff, if these skills are not used on a regular basis this is when they start to lose their competencies and confident in these situations. Therefore, it might be we have come to the point where we need to review our response to a cardiac arrest patient in order to improve the outcomes which could be a clinician is sent to every cardiac arrest case to lead that team so that they become more experienced and the expertise. MF said it was good to have the assurance that the Trust is doing	

	everything it can do and is taking on board ideas and suggestions which are being discussed and perhaps it would be helpful to have an update on those discussions and if there have been any changes made i.e. to the operation delivery in terms of reviewing how we respond to cardiac arrest patients as this sounds like a sensible suggestion. There are also a few things we can do in terms of linking in with the People Committee and the work being lead by the Head of Education & Training Leads in terms of clinical supervision and simulation scenarios as there are lots of discussions taking place with staff and it would be good to see how this data is triangulated and how the issues can be addressed. With regards to the NICE guidelines, MF asked does the Trust contribute and if so, how is it done and how often and are individuals from the People and Quality Governance committees involved in the process. JW replied WMAS does contribute to the NICE guidance and are made aware when and what guidance is being reviewed, the expert in the specific area reviews/comments on the guidance locally and nationally they are reviewed by the Ambulance Lead Paramedic Group and the Association of Ambulance Chief Executive (AACE) Group, which our Chief Executive Officer is the Chair. MF highlighted there is a difference to reviewing and contributing to a draft guidance compared to being part of the NICE group as this is good for opportunity to develop and influence the output rather than making comments. RS agreed the consultation process is not the same as actually sitting on the committees but the limitations of this is time commitment. The NICE guidance goes through the JRCALC committee which AW is Chair as well as the National Ambulance Service Medical Directors (NASMeD) group which himself attends so WMAS is in a good position in terms of engagement. In response to providing more information around the issues with Language Line, NVH gave a quick overview advising this is about when the call assessor need to bridge a language barrier and they contact Language Line to provide the correct interpreter. Unfortunately, because this is a national service, and more organisations are using this service it means availalbity is becoming very limited when we need interpreters. Also, we have picked up from a governance review perspective, the need to review of those conversations with the patient to ensure the interpreter is giving the right information and how this is audited as this had come up on several serious incidents on how the call was coded based on the information being given. MF stated this is an important issue and time is precious when trying to ascertain what is wrong with the patient and there does need to be some validation in terms of what we are getting as an output. NVH agreed that this does needs further development and we have picked up on what we need to do. RS added as there is no other services available on the market that can provide language line proficiency, as a Trust we need to be sure where we are going with this, as having access to s to ‘goggle translation’ is one thing but being able to incorporate all the medical jargon/terminology is a different thing and we need to be able to control	

	and manage this to ensure the patient is receiving the correct information.	
	Resolved:	
	a) That the Chair's Report from the meetings held on 26 June, 22 May, 11 April and 6 March 2023 and Action Logs of 22 May, 11 April, 6 March and 30 January 2023 be received and noted. b) That an update on the discussions taking place around improving ROSC performance and considering the new to review how we response to cardiac arrest patients to be provided at the next meeting.	**NVH/JW**
07/23/05	**Care, Quality & Safety**	
	5.1 Interim Executive Medical Director, Paramedic Practice & Patient Safety Director and Interim Organisational Assurance & Clinical Director Integrated Quality Summary Report	
	The Paramedic Practice & Patient Safety Director, Interim Executive Nursing Director and Interim Executive Medical Director Integrated Quality Summary Report had been submitted. NVH would take the report 'as read' noting the committee had already gone through the main key highlights. It was noted the patient safety team are doing really well and has good control on the ER54 process noting there are 3 open ER54s which are from April 2023 and does not include the outgoing NHS to NHS concerns. NVH informed a new process has been implemented to capture all the outgoing NHS to NHS concerns which are being reported by staff as historically the patient safety team were not sighted on as these were being reported independently. Staff are now reporting these concerns through the patient safety team so that they can be collated and sent through to the Black Country Integrated Care Board (ICB) who will disseminate out to the relevant ICBs and there is currently a delay in the responses coming back. NVH said these concerns are currently sitting in the ER54 reporting system and the main focus is around what we have control over and can keep a track on so these are being reporting separately which the business intelligence team can control and support the patient safety team through that. In terms of staffing, there has been an increase within the safeguarding structure as the Safeguarding Manager was successful appointed as Head of Safeguarding & Prevent and a Senior Operational Manager has been appointed to the Safeguarding Manager role which will be a good addition to the team. MF said it was good to see the safeguarding vacancies had gone through the Board as this is the right thing to do as when you look at some of the data, the workload had increased significantly. Due to a position change in the patient safety admin team, there is another post being recruited to in terms of support and management of the incidents and the job descriptions are going the HR process and once agreed with be advertised. The Mental Health Team job descriptions have gone through the HR processes and have been advertised.	

	There were 18 serious incident reported in June which is positive to note and 2 of these were legacy incidents which have now gone through the criminal investigation and other police matters therefore everything else relates to post 1 April 2023. MF agreed with the implementing the new process for the outgoing NHS to NHS concerns and sought clarity on what is being reported, do they all come from a central position or department or can any person from anywhere in the organisation raise a concern. NVH confirmed anyone can raise a concern which is done through the ER54 system, and as part of the that process the ER54 will be reviewed by the Risk Team to ensure all the right boxes have been ticked and then referred to the correct place i.e. patient safety, security, fleet, etc to be dealt with. In terms of the type of concerns, for example there was a case where a GP had seen a patient and booked them for a referral and the crew arrived at the patient's house before the patient and made the comment that the 'GP only booked an ambulance because the patient did not want to drive and pay parking charges'. A member of our staff raised a ER54 which was investigated and resulted in the GP not being happy with what was written on the EPR and stated the use of WMAS had been correct and it was the patient's perception around what was happening. The new process involves working through and reviewing the forms as some are 'rants' against other staff which has to be put into context therefore a conversation is had with the person raising the concern as sometimes the issue is that it is written whilst they are still angry and therefore this becoming part of the learning. The process has bridged the gap as we had no idea what was being reported externally and enables any themes to be identified. VW said the clinical validation team are working with the ICB therefore would raise an ER54 particularly if there are concerns with categorisation or they felt the case could have been dealt with differently. MF noted handover delays are still higher than pre-COVID but lower than previous months and asked if the doctor/consultant strikes were impacting on the data. NVH replied the Trust has seen some delays during that period but hospital handover delays are still here and may reduce one month and then increase the next. The organisation will go through the appropriate surge levels to reduce the impact but the delays have not reduced back to what they were pre-COVID. There levels during COVID were unacceptable therefore it is more around how we work better and we have been involved in the integrated work on CAT2 national requirements and have had meetings to discuss how we are working to achieve the CAT2 target and to see what everyone else is doing to reduce delay i.e. referring patients to the correct pathways, the work of the clinical validation team, etc but we are still seeing delayed responses as a theme in serious incidents. In terms of the industrial action, RS said there has been loss of capacity for elective rather than emergency activity as having the patient at the front door they are treated quicker but the admin side is a lot slower but we will see what happens on Friday when the Consultants go out on strike. RS thought what might be more telling is the effects over time as	

	the backlogs occur across the system so it is not just the strike days but that days that follow and the energy about covering shifts is seeping away so we could see a big impact there as well. In response to the question raised around the increase in inoculation and splash incidents and why in particular these had increased and what assurance do we have, NVH would speak to the Head of Public Health and IP&C and advised what is being done or whether we have peaks and troughs.	
	Resolved:	
	a) That the contents of the Paramedic Practice & Patient Safety Director, Interim Executive Nursing Director and Interim Executive Medical Director Integrated Quality Summary Report be received and noted. b) That NVH would speak to the Head of Public Health and IP&C around the increase in inoculation and splash incidents and advise what is being done or whether these are peaks and troughs.	**NVH**
	5.2 Trust Board Reporting – Clinical Performance	
	The Clinical Performance Report for May 2023 had been circulated. JW stated in terms of the national ambulance quality indicators there has been a significant improvement in STEMI which is 98.1% and Stroke is 99.5% compliant against the care bundles and is possibly the closest the Trust will come to achieving 100%. With regards to ROSC at hospital and survival to discharge these figures fluctuate and WMAS normally performs between 8th to 10th out of the 11 ambulance services nationally. JW is writing a 5 year cardiac arrest strategy to improve patient care for this group to focus on improving the early life support and around the use of CFRs. Overall the Trust is in a good space compared to where it was 6 to 12 months ago.	
	Resolved:	
	That the contents of the Clinical Performance Indicator Report for May 2023 be received and noted.	
	5.3 Clinical Supervision Plan	
	The Clinical Supervision Plan had been received. NVH informed the report was 'as read' noting delivery is on-track and there is a review of clinical supervision being conducted. In terms of the mapping exercise of the new clinical supervision model against the AACE requirements which should have been fully implemented by December last year, NVH had raised the only issue identified for WMAS is how we delivery clinical supervision on a quarterly basis with the National Quality Governance & Risk Group seeking advice on how other ambulance trusts were doing this. None of the other ambulance services are doing this except for the Isle of Wight whose staff undertake a clinical supervision shift every 7 weeks.	

	NVH had asked how this is achieved because WMAS would need approximately an extra 135 staff to provide this but had not yet received a response. MF noted the focus needs to be what individuals need compared to what they are getting from clinical supervision as there is mixed picture and we need to be reassured of this following the conversations and recommendations from December.	
	Resolved:	
	That the contents of the Clinical Supervision Plan be received and noted.	
	5.4 Quarterly Exception Report on the Quality Account Priorities	
	The Quarterly Exception Report on the Quality Account Priorities had been submitted. PW confirmed the Quality Account had been published as per the statutory requirements and as part of its development the 5 priorities for this year had been agreed and included in the report. The cover sheet outlines progress against the 5 priorities showing all are on track and the more detailed narrative in terms of what we are doing and notes that demonstrate achievement are contained in the main report. There is nothing further to report at this date. In relation to the reduction of patient harm incidents and most of these are due to delayed ambulance responses or hospital handover delays, MF had not seen any breakdown of data to confirm whether this is a true reflection, or an opinion or not quite evidence based at this committee or Board. In response, PW said someone will be able to substantiate that statement.	
	Resolved:	
	That the contents of the Quarterly Exception Report on the Quality Account Priorities be received and noted.	
07/23/06	**Risk**	
	6.1 Board Assurance Framework (BAF)	
	The Board Assurance Framework (BAF) had been received. The report is ‘as read’ and will be reported quarterly moving forward. The April BAF was presented and on a positive note the majority of the concerns discussed today are included on the BAF as high risks to the Board which shows good triangulation and escalation. The main headlines are the discussions around industrial action (EP-021) and the failure to complete the closure process on the ER54 management system (ORG-130) which should be reduced by the next meeting and the impact of the removal of overtime (ORG-140). In relation to ORG-116, MWB confirmed the Resus training is being conducted face-to-face not online and this risk has been archived and will show on the next BAF when it is reported quarterly.	

	ORG-126 relating to the failure to contact patient once clinical audit has identified inappropriate advice, resulting in patient harm, claims, adverse publicity, etc was discussed noting this is the only risk on the BAF relating to the quality of the delivery of clinical audits and there being no overarching risk for the delivery of clinical audit but MWB was not aware of the impact of the issues reported by JW. MF wanted to raise this as a risk because having 14 out of 18 clinical audits showing 'insufficient' assurance against audit standards as this is quite concerning and is a risk in itself as to what other external investigations may deem as a safety and quality issue. There is only 1 risk on the BAF which encompasses the risk we have on a much a greater scale and we need to flag this is the same manner as in a serious incident and being made aware of the risk directly. It was noted there are risk assessments already in regard to some of the clinical aspects. NVH acknowledged the concerns raised by MF and asked MWB to arrange a meeting with himself, RS and MD to review the risks and draft an overarching risk assessment if required.	
	Resolved:	
	a) That the contents of the Board Assurance Framework be received and noted. b) That MWB to arrange a meeting with NVH, RS and MD to review the risks relating to the delivery of clinical audits and draft an overarching risk assessment if required.	**MWB**
07/23/07	**Governance/Compliance and Regulation**	
	7.1 Quarterly review of the delivery of clinical and quality related Strategic and Operational priority objectives and milestones	
	The Quarterly review of the delivery of clinical and quality related Strategic and Operational priority objectives and milestones had been circulated. The report covers quarter 1 providing an update against those strategies aligned to this committee and PW highlighted the Trust strategy is currently under review by the Board of Directors which was discussed in January and June 2023. The notes from the last board discussion are being collated and updates to key workstreams that support the strategic objectives will be confirmed at the strategy discussion in September 2023. Once agreed any changes will be reflected in the appropriate enabling strategies which report to QGC and other assurance committees. The exceptions being reported as AMBER and RED are: • Risk Management – MWB advised this remains AMBER because of the ongoing work around human factors. • Sustainability – PW advised this is RED because there has been a delay in recruiting to the Sustainability Lead role which is currently being covered by another member of the Estates Department. A Vacancy Approval Request (VAR) form was completed and expected to be approved but there have been resources issues with Finance.	

	It was noted Sustainability Lead role aligns to the action of identifying opportunities in the existing estate which is AMBER. The action to implement a lease care policy to encourage staff to opt for hybrid or zero emission vehicles is also showing AMBER. ST provided an update on the lease car policy advising it has been agreed and will go to the Regional Partnership Forum for ratification. It was confirmed, the policy is for lease cars used for business use and not those purchased through NHS Fleet Solutions. MF sought clarification of the progress of VAR request for the Sustainability role which from conversations at Board and with the Good Governance Institute around the work in terms of sustainability is an area the Trust needs to make headway on. PW said the VAR request had been made to Finance to approve before going out to advert but is still outstanding. MF asked PW to check when the request was made and how long it has been waiting to be approved and would flag this to the Board as it is quite concerning.	
	Resolved:	
	a) That the contents of the Quarterly review of the delivery of clinical and quality related Strategic and Operational priority objectives and milestones be received and noted. b) That PW to check when the VAR request for the sustainability lead role was made and how long it has been waiting to be approved so that MF can flag concerns at the Board meeting.	**PW**
	7.3 Serious Incident Report	
	The Patient Safety Quarter 1 Report had been circulated. NVH highlighted headlines for the serious incidents had been covered in agenda item 5.1 and had submitted the patient safety quarter 1 report seeking a view from the committee as to whether they felt this is useful information to receive quarterly or to continue to receive an update as part of the combined paper. As AH was not in attendance, MF felt the decision should be deferred and to wait until the outcome of the recent governance review of meetings is known particularly around the duplication of papers. MF highlighted the organisation always prides itself in being open and transparent but looking at the figures for being open (68%) and duty of candour for moderate and above incidents (77%) these are not where we would want them to be. In response, NVH advised duty of candour does not need to be done for low harm events but the Trust does this particularly with the Patient Safety Incident Response Framework (PSIF) being introduced. The percentage depends where in the investigation officer is within the investigation process because if an incident was reported in the last couple of days, duty of candour would not be completed because we need to identify who will be leading the investigation. Therefore, the figures fluctuate as the report is done by date rather when the incident was reported but normally by the end of the year this is 90+%.	

	Resolved:	
	That the contents of the Patient Safety Quarter 1 Report be received and noted.	
	7.3 Learning from Deaths Quarter 1 Report	
	The Learning from Deaths Quarter 1 Report had been circulated. NVH stated the report is 'as read' and advised there is a statutory requirement to have a Learning from Deaths (LFD) Lead and WMAS are the only trust nationally that reviews all of their LFD cases because it is felt this gives the best possible learning. ST said in terms of learning we do not need to beat ourselves up around what we are doing because if the ICB is happy with what are doing and when we compared ourselves with other Trusts we are doing ok or maybe could do better. There are things we are not doing well which we thought we were doing well which are not doing willingly or knowingly but working to what we thought was correct but when that is pointed out we do something about it. As an organisation compared to other colleagues around the country we are not doing too badly. NVH agreed noting we do a lot of reflection and self-reflection as well to identify what we can do better.	
	Resolved:	
	That the contents of the Learning from Deaths Quarter 1 Report be received and noted.	
	7.4 Security Management Report	
	The Security Management Report had been circulated. CK said the report was 'as read' with the salient points of note being overall the total number of incidents have increased by 15%. Verbal abuse has increased by 23% and physical assaults by 5% and more detail regarding the increase is outlined on pages 2 and 3. Even though physical assaults have increased by 5% this does not take away the fact a lot of our staff are assaulted each month and many more verbally assaulted. MB left meeting. The local body worn camera usage will be shared with the Senior Operational Managers (SOMs) for them to see the difference in usage between each of the Hubs and this information will be included in the report to QGC going forward. A national security meeting is being held in August which CK will be attending and hoping to obtain more information on the VPRS standards which the national group is leading on as well as comparison data on the usage of the body worn camera. MF acknowledged the increase of verbal and physical incidents which is probably a similar pattern across the entire NHS which has a zero tolerance, therefore are we doing as much as we can noting the usage of the body worn camera has not increased much over the last few months.	

	CK said hopefully the national research by RANT will be able to provide some insight because it is not nice to see these figures increasing or having to what the camera footage therefore, it would be useful to have comparison to see if our figures have increased as much as everyone else. MF said it might be worth the People Committee doing some evaluation to see what impact the body worn cameras are actually making. ST highlighted there have been 410 verbal abuse incidents over the year of which 77 of involved drugs and alcohol therefore has it become a society acceptance that the public can abuse and show less respect for staff who are trying to help them and is there any correlation with regards to the experience of staff. CK said this information had started to be included recently along with age range and the SOM does assist with what is actually happening at Hubs but there appears to be no clear comparison. MF said it might be worth referring to the data for all NHS organisations as they are probably seeing an increase and it could relate to some of the abuse are around the pressures and getting a hold on what the public were used to getting pre-COVID so this is something to keep an eye on.	
	Resolved:	
	That the contents of the Security Management Report be received and noted.	
	7.5 Violence Prevention Reduction Standard (VPRS) Action Plan Quarter 1 Report	
	CK apologies for the Violence Prevention Reduction Standard (VPRS) Action Plan Quarter 1 Report not being submitted and provided a verbal update remining the committee that the VPRS is a risk based framework work that supports a secure and safe environment for staff noting the action plan had been presented at the meeting. CK referred to the recent peer review led by the national QIGARD where WMAS had achieved 94.6% compliance rate noting only 1 other ambulance service achieved above 60%. This is also supported by Internal Audit giving optimal assurance against the VPRS. MF said it is assuring to see where WMAS is amongst its peers. WMAS did not meet 3 lines of compliance which are being worked on. One the actions was for CK to attend the Black Country ICB serious violence duty steering group to share staff learning but it was felt as the focus is on the community as a whole not just staff it is not the correct forum to focus on that particular learning.	
	Resolved:	
	That the verbal discussion on the Violence Prevention Reduction Standards Action Plan Quarter 1 Report be received and noted.	
	7.6 Data Sharing & Protection Toolkit (DSPT) Report	
	The Data Sharing & Protection Toolkit (DSPT) Report had been submitted.	

	CK advised the report was 'as read' and confirmed the DSPT assessment had been submitted at the end of June. It was noted there is a significant amount of IT work involving in these standards as they have become more cyber focused and thanks were given to the IT architects for all their help and support. The bar charts relating to the national data guardian standards remain green and supported by the NHS digital certificate for 'standards met' which is new for version 5. The last page refers to the draft internal audit report for the self-assessment submission which has been given 'substantial assurance'. In terms of the 10 national data guardian standards which is reported differently to the internal reporting, 9 was showing GREEN with 1 light ORANGE which is a medium risk which has already been taken into consideration on 14 July 2023. MF commented it is always good to see that standards are being met and substantial assurance achieved as these are important areas of the business and show the work that we are doing.	
	Resolved:	
	That the contents of the Data Sharing & Protection Toolkit (DS&PT) Report be received and noted.	
07/23/08	**Documents for Approval/Discussion**	
	8.1 Removal of Kendrick Extrication Device	
	The Paper on the Removal of the Kendrick Extrication Device had been circulated. NVH advised these devices had been on the vehicles for years and the proposal to remove them had gone through the relevant governance committees based on the Trust would not purchase them now. There will be some devices retained for HART for confined space work and will not have an impact to other patients given the specialism available on scene. The paper has already been through Senior Clinical Leads and Professional Standards Group and is coming to QGC for final ratification to withdraw the device. QGC approved the withdrawal of the Kendrick Extrication Device.	
	Resolved:	
	That the contents of the Paper on the Removal of the Kendrick Extrication Device be received and approved.	
07/23/09	**Schedule of Business**	
	The Schedule of Business had been received.	
	Resolved:	
	That the Schedule of Business be received and noted.	
07/23/10	**Any Other Urgent Business**	
	MF had met with JB who had mentioned the Director of Service (DoS)	

	sends communication to partner providers in health and social care in terms of making referrals and asked what is the difference between the DoS and the CAD. VW said the Director of Services (DoS) is a national system used when the call assessor or clinician is not dispatching an ambulance response. The DoS will triage the patient in terms of age, demographics and suggest a pathway to be referred to i.e. GP, walk-in-centre, etc and will present in the CAD that the patient has been sent straight to a specific pathways. The CAD portal sits separately to the DoS. MF had met with JB to discuss drug and alcohol referrals and raised the National Occupational Health Group is doing some ambulance work in the space and had requested a working group is set up to engage through the ambulance sector in those areas and would speak to JW, JW and VK around using whatever information WMAS has to contribute to that working group. NVH highlighted there has been an oversight in relation to the membership for PSG, and although himself and CC are part of the membership they attend for their current roles which means there is no direct operational representative. NVH confirmed someone had been identified to be the operational representation and sought agreement by QGC to include this addition into the terms of reference. QGC agreed with this recommendation.	
07/23/11	**New or Increased Risks highlighted from the meeting**	
	The following new/increased risks were highlighted at the meeting. 1. PTS staff vacancies (77). 2. PTS contracts performance and staff shortages. 3. Overtime restrictions – lack of communication why decision made, which areas are being targeted for overtime to resume and a plan going forward if need to occur again. 4. Issues with Language Line resulting increase in reporting ER54s. 5. Clinical Audit Team sickness and the impact on resources and workstream within the Trust. 6. Clinical Audits – findings and risks 7. NHS to NHS concerns and process. 8. Strikes – further impact across the whole system including hospital delays. 9. Sustainability management – delay in the VAR request being approved to recruit for a Sustainability Lead. 10. Increase of V&A incidents. There being no further business, the Chair declared the meeting closed at 13.50 pm.	
07/23/12	**Date and Time of the next meeting**	
	Wednesday 18 October 2023 at 11.00 am via Microsoft TEAMS	

These minutes were agreed as an accurate record on Wednesday 18 October 2023.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM 16a MONTH October 2023 PAPER NUMBER 16

Committee	**Quality Governance Committee**
Chair	Professor Alexandra Hopkins, Non-Executive Director
Executive Director	Dr Richard Steyn, Interim Medical Director
Meeting Date(s)	18 October 2023 – Minutes not yet approved for this meeting.
Matters of concern or key risks to escalate	• Hospital handover delays increased during September causing further lost hours to operational activity, increasing patient harm. The trajectory is of 26,000 hours to be lost on hospital handover delays in October. The current Risk Assessment is under review, and is likely to increase from the current grade of 20. • There has been an increase in assaults on staff – April to August 2023 shows an increase of 29% of verbal assaults and 16% of physical assaults for the same period last year. There are signs that Body Worn Cameras (BWC) are being worn more which may be as a result of winter and the devices being easier to attach. A podcast is being filmed for all staff on 9 November, and new students are receiving additional training and awareness on the BWC. • Concerns have been raised around the delays for callers to *Language Line*. Work ongoing, *Language Line* one of the few providers, and deal with over 220 different languages. – Meeting arranged to discuss options, and how improvements can be made. • There is focus on the Post Resuscitation care bundle to improve the national position of the Trust. There is a national benchmarking day to ensure all standards are clear and internal discussions on how to improve documentation of Post Resuscitation elements on EPR. • Strategy Director informed of a concern raised to NHSE on an external FTSU concern raised regarding a confidential issue which was not included in the 2022/23 Quality Account. – Response and actions taken for inclusion into the 23/24 Quality Account. • Clinical Audit showing several areas with assurance rating 'insufficient'. Improvements are noted from pervious report and actions are in place. • Safeguarding case reports have increased over time (trend from data). Action will be taken to ascertain reasons.

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Major actions commissioned/ work underway.	• Datix implementation update – now progressing, with all modules programmed for completion by the end of Q4 – videos produced to assist service users.
Positive assurances to provide.	• PSIRF (Patient Safety Incident Response Framework) implementation is as planned. • Developments associated with Learning From Deaths (re PSIRF) are ongoing with additional resource allocated to same. • New learning lead posts in place. • BAF refresh, and more frequent review of the risks graded 20 and above by the 3 Quality Directors on a monthly basis to ensure consistency of scoring and process. • STEMI and Stroke performance has now recovered. STEMI now performing above 97% and Stroke national performance has improved from being 10th to 1st within the English Ambulance Services. The improvement is following work from the Quality Improvement Paramedic who has completed CPD and information events, technical introductions into EPR and videos to support staff. • FTSU Strategy under review and going through the governance process.
Decisions made	• Approval of minutes Quality Governance Committee minutes held on 19 July 2023. • Clinical Supervision plan on track to deliver.
Chair's comments on the effectiveness of the meeting	• The meeting was quorate. • Detailed reports, discussion took place on the majority of items. • The Chair has asked for a review of the QGC schedule of business, which will be completed by the members to ensure the schedule is fit for purpose, provides due diligence and assurance for the committee and the Board of Directors.
Any other key points for escalation to the Board.	• There are circa 20 enabling strategies, QGC would support possible amalgamation/alignment of some of the strategies e.g., Finance strategy and Commissioning Strategy?

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Minutes of the People Committee
held on Monday 22nd May 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
Karen Rutter	KR
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
Pippa Wall	PW
Jim Hancox	JH
Chris Kerr	CK
Dawn John (Secretariat)	DEJ

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ITEM	Meeting held on 22nd May 2023	ACTION
05/23/01	**Welcome:** The Chair thanked everyone present for attending.	
	Apologies / Did not attend: Diane Scott,	
05/23/02	**Minutes of the last meeting of the People Committee held on 27th February 2023:**	
	The minutes from the meeting on 27th February 2023 were submitted and agreed as an accurate record.	
05/23/03	**Actions arising:**	

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	1. Resources and Staffing required for full delivery of the EDI agenda. Benchmark report from all Ambulance Trusts. CB has discovered that many trusts combine their HWB and EDI teams resource. A full report is embedded in paper 3. Interviews are underway for an internship to support both areas. Each staff network now have an Executive Director Sponsor as well as an HR manager buddy assigned. This should help to unblock some organisation barriers to getting things done.	**Carla Beechey**
05/23/04	**Governance Policy for MERIT Doctors**	
	Jim Hancox attended to present the policy to the group. The overview is that it meets requirements for GMC and how we operationally deliver MERIT. It has been scrutinised by Dr Alison Walker. There were no questions from the members and the chair thanks JH for his time, adding that it was good to have this policy in place and in line with other professions.	
	Resolved: a) That the contents of item 4 are received and noted.	
05/23/05	**Freedom to Speak Up**	
	Pippa Wall presented papers 5 and 5a with key points as follows: A risk assessment is drafted to take an open approach as to whether there is any chance staff are fearful to report concerns. Hopefully the documents speak for themselves. We are working on improved triangulation should staff report concerns via other routes i.e. SALS, Unions, Line Managers etc. Anonymised summaries were shared. The members felt that the policy needs to be in the existing controls of grievances, disciplinaries etc. PW will incorporate. We remain in the lower end of concerns compared to other ambulance trusts. We will focus on where the concerns come from. There is some good, rich data from Winningtemp. Useful for us to understand the staff viewpoint. Members agreed that this was a great report, which will continue to come to this meeting regularly. PW confirmed that it also goes through EMB and QGC.	
	Resolved: b) That the contents of item 5 and 5a are received and noted.	
05/23/06	**NHS Violence Prevention and Reduction Standard:**	
	Chris Kerr attended to present papers 6, 6a and 6b. The Violence Prevention and Reduction Standard (VPRS) provides a risk based framework that supports a safe and secure working	

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	environment for NHS staff. WMAS is required to review our status against the Violence Prevention and Reduction Standard and provide Board assurance that we have met it twice a year. WMAS is at 94.64% compliance. The group looked at actions not met following peer to peer review: • Organisation risks associated with violence shared with ICS. • Violence data analysed using the demographic make up of the workforce including disability and sexual orientation. • Lessons learned ICS level. CK confirmed that we are expecting to cover off these areas soon. Directors will receive a full breakdown for their areas. Progress is reported to EMB and CK is happy to report again here. The group went on to discuss body worn cameras and the general perception and view of them. Do staff feel that we are doing enough? NH reported that there is mixed feelings. Some staff feel that management are watching them. Others say that the cameras may invite violence rather than take it away. NH assured that work had been carried out on the hubs to encourage staff to use cameras as with the vital evidence, we have been successful in prosecuting people who have assaulted out staff. Stab vests are also available to our staff to use. We have things in place to protect our staff but we can never mitigate 100%. The overall uptake of body worn cameras has been poor. We will continue to encourage staff to use them. CK agreed that the work NH and Seniors Operational Managers are doing has increased the use of body worn cameras by 12%. It is difficult to get figures from other trusts to get a comparison. We will await the National piece of work on this. CB added that there has been lots of work nationally to improve our data on violence and aggression towards staff. We now record any subsequent absences as a result in our ESR system. Our occupational health provider has also added into the referral system application to enable us to monitor spend incurred in this area. The Chair thanked everyone for their input.	
	Resolved: a) That the contents of item 6 to 6b are received and noted.	
05/23/07	**Moral Injury Risk Assessment**	
	Matt Brown explained to the group that the following has come through PSG and is raised at this committee for comments and views: WMAS have standard operational expectations shaped by numerous factors, policies, procedures, operational demand, regional footprint, experience, training, colleagues' relationships, etc but there are	

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	external factors which can impact this, therefore changing the baseline and possibly resulting in moral harm/injury. Moral injury isn't a mental health diagnosis. It is however, something that would be seen as a risk factor for developing a mental health condition. Staff can be exposed to numerous psychological hazards in their roles during business as usual, which can impact differently. The conditions leading to moral injury occur in situations where the Trust's operational processes and risk prevention/reduction actions relevant to the psychological hazards of the staff member's role, have failed. e.g., In the case of a time critical situation, a paramedic will have a reasonable professional expectation that they will be able to perform their essential duties on scene before transporting and transferring care of the patient in a swift manner for further ongoing essential treatment. If something happens to prevent that, such as hospital delays, if the patient then experiences a significantly poorer health outcome as a result, there is a likelihood that the paramedic may suffer a moral injury. The more often similar situations occur, the greater the accumulated injury. A single incident, if significant enough, or chronic exposure can then lead onto anxiety disorders, PTSD, depression etc, the stress can trigger/exacerbate physical health conditions, damage professional and personal relationships etc. The chair stated that it is not clear why this work was undertaken and how is this different to other areas of risk assessment? MB agreed that there was a lot of work involved but at the very least it would be useful to have some idea around tolerance and exposure levels, comparing E&U with PTS, inexperienced staff and the issues with de-skilling as hospital delays result in number of jobs undertaken per shift. Matt Brown and Lucy Mackcracken will meet outside of People Committee to add more comments to the risk assessment and bring back to the September meeting.	
	Resolved: a) That the contents of item 7 are received and noted.	
05/23/08	**Workforce Key Performance Indicators dashboard and analysis: March 2023**	
	Carla Beechey presented the key highlights as follows: Sickness is the lowest rate nationally at 4.3%.	

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	Attrition has reduced and stabilised following the loss of around 400 staff from NHS 111. Mandatory training and PDRs are in a really good place. Ethnicity data has reduced as a result of NHS 111 going. We are benchmarking across the ambulance sector and other than London, we have the highest percentage of BME staff. Narinder Kooner pointed out that it would be preferable to see the benchmarking of BME staff in numbers rather than percentages. CB assured that the numbers are reported. The risk assessment of under establishment staff numbers continues. We will see from next month's KPIs where we need to do the most work around vacancies. ICS have put a cap on staffing and we are not able to grow the workforce so are monitoring attrition. There are not enough hours in the system to meet current demand. A discussion followed and alternative opinions raised. The Chair concluded that it will be vital to understand where the money is being put and why. The decisions made financially have a wide impact. We will look at the data again at the next meeting. There are risks associated with overtime, such as extra pay vs wellbeing. The socio-economic climate means that staff are more inclined to look for overtime. We are trying to do other things to support people as this can have a detrimental effect on wellbeing. More complex than in previous years. The Chair suggested that a report on overtime, the financial cost to the Trust, how many people are asking for it and HWB implications to go to finance meetings and Board. Karen Rutter and Carla Beechey will meet outside of People Committee to look at the human side of overtime. Staffside confirmed that they now have weekly contact from staff who are struggling financially. This overlaps with other issues we face as a Trust. The Chair reiterated that this is something that needs to be put together for the Board. The group agreed that the good work the Trust do to support staff in hardship also needs to be put into the paper.	
	Resolved: b) That the contents of item 8 are received and noted.	
05/23/09	**People Report:**	
	Lucy Mackcracken presented her suite of papers with salient points as follows:	

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	There were two successfully closed ET claims. One was withdrawn and one struck out as the individual had not complied with the directions given. Policies and procedures are all as tabled and live within normal schedules. The HR Satisfaction Survey showed overwhelmingly positive results. There were areas of improvement such as making presence known and advice on how to access the services. Narinder Kooner asked about the support given to staff who may be struggling due to domestic abuse. LM gave assurance that safeguarding is in place specifically to cover domestic abuse. This is very much on an individual basis around what the staff member needs. We provide them with appropriate support agencies. The group discussed shared parental leave. LM confirmed that the Trust works within the NHS terms and conditions and statutory entitlements. The salary can be as a percentage, shared evenly between the two parents and blocks of leave between them. Flexible working patterns can include term time only and doesn't have to just relate to childcare. Managers review flexible working requests to see if can be accommodated and meets the need of the Trust. It is also about triangulating the gaps around the requirement of flexible working against overtime. This can be complex and slightly different across each hub, vehicle availability etc.	
	Resolved: a) That the contents of item 9 to 9i are received and noted. b) All Policies presented today were ratified.	
05/23/10	**Recruitment Report:**	
	Lucy Mackcracken presented the recruitment reports as read. Main points include: Recruitment activity is paused for student paramedics until we receive confirmation of the workforce plan from EMB. We have 300 applicants from a previous campaign ready to assess. Recruitment events continue. We have also held Iftar and Eid events. Recruitment events are held in schools across the West Midlands including the NEC. Staff networks have an HR buddy which will help direct where events are held in future.	
	Resolved:	

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	a) That the contents of item 10 are received and noted.	
05/23/11	**Health and Wellbeing Report:**	
	The comprehensive reports 11 to 11c are taken as read. Some of the biggest activity has been around the HWB roadshows. Nathan Hudson extended his thanks to Lucy Mackcracken and Manjeet Malhi as these events have gone down extremely well with staff with lots of people coming forward to discuss any health concerns. This is really positive from an operations perspective. The group discussed The Listening Centre and an average waiting time of 13 days prior to a first appointment. LM advised that the first contact is within 2 days and is a telephone triage conversation. Therapy appointments are arranged with availability established on both sides. LM will ask for further information from the Listening Centre and assures that advice is also offered to signpost to other services or speak to own GP. **Action: Lucy Mackcracken**	**Lucy Mackcracken**
	Resolved: a) That the contents of item 11 to 11c are received and noted.	
05/23/12	**Equality, Diversity and Inclusion Progress Report:**	
	Mohammed Ramzan presented items 12 to 12f and the group picked up areas for further discussion and update: The WRES and WDES papers are being collated ready for publishing. Meetings are taking place this week to go through everything. From the WRES action plan – 15 people have now come forward as Diversity Champions, which is a good number. The aim is to have a Diversity Champion on each site. There will be a training package and the committee is reassured that progress is being made. MR has been involved in various Apna recruitment events and has been networking with key people around the West Midlands. He will be supporting a BME men's event in June. The group further discussed the role of Diversity Champion, which is a voluntary role in own time but can be released to attend events. Iftar was well attended. Data is not available to how much time is spent by Diversity Champions, HWB Champions or SALS advisors. It is agreed that voluntary support will help push the EDI agenda. The recruitment of an internship in EDI and HWB will also help considerably. We also have two new chaplains from the Sikh and Muslim faiths. It will be interesting to get a full understanding about	

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	what the Diversity Champions are doing and explore further if we need to have specific roles within the EDI team. The People Committee will continue to discuss this. The Chair expressed his view that the action plans need to be SMARTer. CB confirmed that we have specific meetings set up with much wider stakeholders, Network chairs, HR buddies and Executives, which will inform the actions plans going forward. The Chair thanked MR for his input.	
	Resolved: a) That the contents of item 12 are received and noted.	
05/23/13	**Organisational Development Report:**	
	Barbara Kozlowska presented the highlights from her report. The OD team of 3 members do a lot of work with AACE and ICBs. There is a new resource – Career Development Pathways tool. This maps out going from non-clinician to clinician and sets out entry requirements and contacts. BK asked the group to kindly make all teams aware of this. There are huge opportunities for our staff to develop. NHS Elect – a licence was purchased to see what the uptake was with free accessible webinars and programmes. Please encourage staff to look at this. 128 staff have registered so far with good feedback received. The Staff Survey is in progress with a Trust wide action plan to Board this month. Results will be allied to Winningtemp. We do not identify localities but the data is helpful for organisational intelligence. The culture review is currently open with face to face staff conversations. Staff have spoken about challenges and obstacles and are willing to come up with ‘this is what would make it better’ suggestions. The Chair asked about further work around the EDI side of things i.e. encouraging people with disabilities onto leadership courses as much as we can. BK added that the Winningtemp data was proving to be of real value with good breakdown of comments to tell us what staff think. There is also a facility to contact others via the app to say ‘thank you’ privately or publicly. Nathan Hudson expressed his thanks to BK and her team for the work in shaping and moving the Trust culture forwards. Triangulation of data gives more insight and context in sub culture at any particular hub at any particular period. For example the recent detrimental	

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	impact of a managerial change at Erdington after a member of the team became poorly.	
	Resolved: a) That the contents of item 13 are received and noted.	
05/23/14	**Education and Training Update:**	
	Paul Tolley presented paper 14 as read with salient points as follows: The process to move Education and Training to Sandwell hub has begun. To mitigate any disruption we are moving departments separately. The move will be complete by 10th July. HCPC have come back to us for our level 5 and 6. We have provided all of the necessary programme requirements satisfactorily. The final decision for ratification is 4th September. Our apprenticeship funding has risen from £25k to £27k per student. 98% completion on mandatory workbooks. The Chair acknowledged this useful breakdown from PT and hopes everything goes well with the move to Sandwell. A discussion followed around surface area available for practical training applications and risks since mitigated. Further meetings are planned with estates on floor space and venues now free.	
	Resolved: a) That the contents of item 14 are received and noted.	
05/23/15	**Terms of Reference and Committee Review:**	
	There are no amendments to the current People Committee Terms of Reference.	
02523/16	**Risks Identified:**	
	Risks remain around the workforce numbers, previously reported. There are no new risks today.	
05/23/17	**Schedule of Business 2023 – 2024:**	
	Taken as read. Mohammed Fessal and Carla Beechey will meet shortly to consider the workplan and any additional items needed to address overtime and health and wellbeing. This can be further explored with Karen Rutter and Finance teams.	
	Resolved: a) That the contents of item 17 are received and noted.	

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05/23/18	**Any Other Urgent Business:**	
	A break will be factored into the agenda in future.	
05/23/19	**Dates of Future Meetings 2023 to 2024:**	
	Via Microsoft Teams unless otherwise notified: **2023 – 2024:** ~~Monday 22nd May at 1000 hours~~ Monday 4th September at 1300 hours Monday 20th November at 1000 hours Monday 26th February at 100 hours **PLEASE CHECK THESE MEETINGS ARE IN YOUR DIARIES**	
Close:	The Chair thanked everyone for their input and closed the meeting at 1300 hours.	

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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS MEETING

AGENDA ITEM 16c MONTH October 2023 PAPER NUMBER 20

<table>
<tr><td>Committee</td><td>People Committee</td></tr>
<tr><td>Chair</td><td>Mohammed Fessal</td></tr>
<tr><td>Executive Director</td><td>Carla Beechey</td></tr>
<tr><td>Meeting Date(s)</td><td>4th September 2023</td></tr>
<tr><td>Matters of concern or key risks to escalate</td><td>EDI
1. WRES action Plan proposal to address ethnicity diversity in the workforce, from 8.56% to target 23.7%, 2% growth year on year would mean target reached in 2031. Is that realistic (not seen 2% growth in any of previous years), and more importantly an acceptable timeframe?
2. NHS EDI Improvement Plan is still draft and does not have completed named responsible individuals or timeframes agreed
3. Proposal to add organisational ethnic diversity to risk register
Language Line
1. Risk to escalate to QGC – delays and non-auditable
Pulse Survey
1. Generally down from November 2022
i) ‘demotivated’ most common response
ii) ‘management relationships’ most concerning</td></tr>
<tr><td>Major actions commissioned/ work underway</td><td>Requirement by 25/26 to have pay gap reports for other protected groups

Sexual Safety committee – discussion at board needed to approve

PSIRF implementation

Day in life/Visits – proposal for 4 site visits annually and a day in life</td></tr>
<tr><td>Positive assurances to provide</td><td>Increased social engagement events

H&W – increased survey responses, introduction of different faith chaplains, listening centre use/engagement encouraging</td></tr>
<tr><td>Decisions made</td><td>Approval of previous committee meeting minutes

Approval of 23/23 Diversity and Inclusion Annual Report</td></tr>
</table>

	Approval of 2023 WRES report & 23/24 action plan & close 22/23 associated action plan Approval of 2023 WDES report & 23/24 action plan & close 22/23 associated action plan
Chair's comments on the effectiveness of the meeting	Good discussions at committee, with attendance by nearly all members. Committee would possibly benefit from having 3 NEDs rather than 2 (ideally for all sub-committees) to provide greater perspective, and cover at times of inability to attend.
Any other key points for escalation to the Board	Chair Visit to hub raised following issues discussed at committee meeting: 1. Usefulness of PDR – Nathan has a plan to improve quality 2. Requests refused for secondary employment – HR to work with operational colleagues to provide clarity on organisational support for those that may want to explore 2nd jobs, if appropriate – data of requests and declines does not evidence / support concerns. 3. Simulation training in response to reduced real world experience and/or decreased colleague experience for support – Paul provided work underway to enhance current provision 4. Sexualised banter – zero tolerance message from all at committee. To be addressed as part of sexual safety committee work. Assurances given to staff issues would be raised at committee.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 17 MONTH: OCTOBER 2023 PAPER NUMBER: 21

Board of Directors Schedule of Business	
Sponsoring Directors	Chairman
Author	Governance Director & Trust Secretary
Purpose	The Board are requested to review the contents of the attached Schedule of Business for the Board of Directors and approve the schedule of business for the year ahead.
Previously Considered by	The Board Schedule of Business is submitted to each ordinary meeting of the Board of Directors for review and approval.
Report Approved By	Schedule of Business is approved by EMB

Executive Summary
The workplan of the Board is attached, this schedule does not preclude the Board from considering any other issue it wishes or to vary the schedule if required. It is now subject to formal review by EMB prior to submission to the Board of Directors. It is a dynamic document that is subject to review by EMB. The schedule of Business should reflect the changing environment within which the Board operates and should also be a reminder to colleagues to enable the timely preparation of reports.

Related Trust Objectives/ National Standards	All Trust Objectives
Risk and Assurance	The Code of Governance states that it is the Chair's responsibility for ensuring that directors (and governors) receive accurate and timely and clear information that is appropriate for their respective duties The Chair should ensure that the Board receives timely and considered papers, this schedule is a means of establishing specific standards in the preparation of the board papers. Without a robust schedule of business The Board would function inadequately without appropriate and timely information.
Legal implications/ regulatory requirements	The schedule as aimed at ensuring compliance with all regulatory requirements

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 17 MONTH: OCTOBER 2023 PAPER NUMBER: 21

Financial Implications	The schedule of business should be influenced by the Trust's financial and strategic planning and also compliance regimes to which the Trust is subject.
Workforce Implications	Workforce matters, such as the Staff Survey are included in the schedule of Business.
Communications Issues	Dates of Board of Directors meetings are advertised on the website and key partners are advised of the dates.
Diversity & Inclusivity Implications	Equality Impact Assessment complies: Equality Impact Assessment is not applicable and will be undertaken in relation to projects and programmes.
Quality Impact Assessment	Not applicable for this report
Data Quality	The schedule is influenced by the reporting and planning requirements of the Trust.

Action required

The Board is requested to review the contents of the attached Schedule of Business for the Board of Directors and approve the schedule of business for the year ahead.

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	Board Schedule of Business		Lead	25/10/23	29/11/23 Board Briefing	31/01/24	28/02/24 Board Briefing	29/03/24	26/04/24 Board Briefing	29/05/24	26/06/24 Board Briefing	31/07/24	Aug 24	25/09/24 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	CEO/JW							✓		✓		
	EDI Annual Report+B11:P11	Report through PC	CB									✓		
	Safeguarding Report	Report through QGC	CE							✓		✓		
	Infection, Prevention and Control Report	Report through QGC	CE							✓		✓		
	Patient Safefy, Duty of Candour and Serious Incidents Report	Report through QGC	Nhen							✓		✓		
	Research and Development Report	Report through QGC	NHen							✓		✓		
	Medicinces Management Report	Report through QGC	Nhen							✓		✓		
	Accountable Officer for Controlled Drugs Report	Report through QGC	Nhen							✓				
	Annual staff survey report	Report through PC	CB					✓						
	Physical and Verbal Assaults to Staff Report	Report through QGC	KR							✓				
	Better Births Annual Report	Report through QGC	CE							✓				
	Annual Report on Health and Safety, including fire safety	Report through QGC	CE							✓				
	Making Every Contact Count Annual Report	Report through QGC	NHen							✓				
	Medicines Management Annual Report	Report through QGC	Nhen							✓				
	Controlled Drugs Annual Report	Report through QGC	Nhen							✓				
	Emergency Preparedness Annual Report	Report through EMB	CEO/JWms							✓				
	Security Management Annual Report	Report through QGC	KR							✓				
	Learning from Deaths Annual Report	Report through QGC	NHen							✓				
	Freedom to Speak Up Bi-annual Report	Report through QGC	VK/PW					✓						
Quality Impact Assessment Report (and also any Equality Impact Assessment) Relating to CIP		Report through QGC	KR/Nhen					✓						
Governance														
Annual Governance Statement as part of the Annual Report		Through Audit Committee	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			CE/MaBr	✓		✓		✓		✓		✓		
Annual Review of Risk Appetite Statement		Through Audit Committee	CE				✓	✓						
Review of Register of Seals		Confidential	PH	✓						✓				
Reports and Minutes from Commitee Meetings	Audit Committee		JJ	✓		✓		✓		✓		✓		
	Annual Report of Audit Committee		JJ									✓		
	Performance Committee		MK	✓		✓		✓		✓		✓		
	Quality Governance Committee		AH	✓		✓		✓		✓		✓		
	People Committee		MF	✓		✓		✓		✓		✓		
	Remuneration and Nominations Committee		IC					✓		✓		✓		
Review of Terms of Reference to Committees of the Board			PH					✓						
attendance			PH						✓					✓
Review of Goverance structure of the Trust			ABr/PH					✓						
Staff Survey Action Plan Quarterly Review		Report through PC	CB					✓				✓		
Procurement Workplan		Report through AC	KR					✓						
Executive Scorecard			Nhud	✓		✓		✓		✓				
NHS Resolution Annual Scorecard		Through EMB & Audit Committee	TY/Mka					✓						
Update on NARU - KP to attend			KP							✓				
Serious Incidents report		Included in Quality Report to Board	DoN/Nhen	✓		✓		✓		✓		✓		
Claims & Coroners Report			TY/MK					✓		✓		✓		
Communications Report & Data Pack (Quarterley update)		To be reported through EMB Rep	MM	✓		✓				✓		✓		
Communications Report & Data Pack (Annual update)			MM							✓				
EPRR Update			JW/CEO	✓		✓		✓		✓		✓		
Trust Information Pack														
Regular performance KPI based exception reports covering:				✓		✓		✓		✓		✓		

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Finance including CIPS and Capital Programme		KR/DS	✓		✓		✓		✓		✓		
Governance & Security Indicators		KR/CK	✓		✓		✓		✓		✓		
Patient Safety (Meds Management, Safeguarding, SI's, Incident reporting)		CENhen/A	✓		✓		✓		✓		✓		
Nursing & Clinical Indicators		CE/AW	✓		✓		✓		✓		✓		
Operational Key Perforamnce Indicators		Nhuds	✓		✓		✓		✓		✓		
Workforce Indicators		CB	✓		✓		✓		✓		✓		
Strategy & Engagement													
People Strategy	Report through EMB/ People Committee - review Sep 26	CB											
Operational Strategy	Report through EMB/ Performance Committee	NHuds											
Clinical Strategy	Report through EMB/QGC	CE/NHen											
Cardiac Arrest Strategy	Report through EMB/QGC	CE/NHen											
Quality Strategy	Report through EMB/QGC	CE/NHen											
Volunteer Strategy	Report through EMB/QGC	VK											
Stakeholder Engagement Strategy	Report through EMB/QGC	VK/MM											
Commissioning Strategy	Report through EMB/Performance Committee	KR											
Communications & Engagement Strategy	Report through EMB	VK	✓										✓
Commercial Services Stragegy	Report through EMB/Performance Committee	MB											
Operating Model	Report through EMB	NHuds	✓										
Estate Strategy	Report through EMB/Performance Committee	KR											
Risk Management Strategy	Report through EMB/QGC/PC	CE/MBr											
Fleet Strategy	Report through EMB/PC	KR											
Research Strategy	Report through EMB/QGC	NHen		✓									
Operating Plan (NHSI Submission)	Report through EMB	VK					✓						
Finance Strategy	Reort through EMB/Perf Ctte	KR	✓										
IT Strategy	Report through EMB/Perf Ctte	KR											
Procurement Strategy	Report through EMB/Perf Ctte	KR											
Sustainability Strategy (ICB Green Plan)	Report through EMB/Perf Ctte	KR											
HWB Strategy	Report through EMB/ People Committee - review Apr 25	CB											
EDI Strategy	Report through EMB/ People Committee - review Jul 25	CB											
Security Management Strategy (Oct 2024)	Report through EMB	CK											
Strategic Plan	Report through EMB	VK	✓							✓			✓
Regulatory, Guidance or Contractural													
Annual Audit Letter ISA 260	Through Audit Committee	Auditors							✓				
Annual report and accounts	Through Audit Committee	KR							✓				
FTSU Strategy and Self-Assessment and Board Development Session		VK/PW	✓										✓
Quality Account Approval	Through QGC	PW/VK							✓				
Review of Register of Interests - Directors	Through Audit Committee	PH	✓						✓				
Data Security and Protection Toolkit (March - review, June - submission)		KR/CK					✓			✓			
Patient Safety Incident Response Framework (PSIRF)		NHen											
GDPR/Data Protection Officer Report	Forms part of Trust Information Pack	KR/CK	✓		✓		✓		✓				
Learning From Deaths Report	Included in NHen/CE report	CE/NHen	✓		✓		✓		✓		✓		
Workforce Race Equality Standard data report for publishing	Report through PC	CB									✓		
Workforce Disability Equality Standard data report for publishing	Report through PC	CB									✓		
Gender Pay Gap data report for publishing	Report through PC	CB					✓						
Trade Union Facility Time Regulations report for publishing	Report through PC	CB								✓			
Professional Registration and Medical Revalidation Assurance	Report through PC	CB							✓		✓		
Annual Meeting of Members - Agenda Approval		PH							✓				
Board Development													
Safeguarding and Prevent	Nhen	Chair								✓			
General Data Protection Regulation (GDPR)/Cyber Security	KR	Chair								✓			
Directors role in Inclusion and Diversity	CB	Chair											
WRES Updates and Training	CB	Chair								✓			

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Patient Safety, Duty of Candour and Serious Incidents		NHen	Chair											
Research Development		NHen	Chair						✓		✓			
NHS Patient Safety Syllabus Training (level 1+ Online Training)		Carla Beechey	Chair											
Downside Scenerio Planning		Karen Rutter	Chair											
Miscellaneous Items														
Winter Plan		OMT/EMB/Board/CoG	JWms	✓										
Festive Plan		OMT/EMB/Board	JWms	✓										
Quality Improvement Update			Nhuds									✓		
Going Concern Review			KR					✓						
Review of SFI's			KR									✓		
Refresh on SFI's delegations and investment decision making			KR											✓
Integrated Emergency & Urgent Care Director Annual Update to Board			JB							✓				
Non Emergency Operations Delvery Director Annual Update to Board			MB											
NARU Annual Update			KP									✓		
Key:	CEO - Chief Executive Officer													
	CB - Carla Beechey													

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