NHS

West Midlands Ambulance Service

University NHS Foundation Trust

AGENDA

TITLE OF MEETING: Meeting of the Board of Directors

Monday 27 July 2020 at 1000 hours
In view of the current National Emergency and the guidance on maintaining social distancing this meeting will be convened by electronic means through Microsoft Teams software.

Membership

Prof. I Cumming*	Chair	Non Executive Director (Chair)
Mr A C Marsh*	CEO	Chief Executive Officer
Mr A Yeaman*	TY	Non Executive Director (Deputy Chair)
Mr C Cooke*	CC	Director of Strategic Operations and Digital Integration
Mr M Docherty*	MD	Director of Nursing and Clinical Commissioning
Ms W Farrington Chadd*	WFC	Non Executive Director
Mrs J Ivey*	JI	Non Executive Director
Mr M Khan*	MK	Non Executive Director
Mrs N Kooner*	NK	Non Executive Director
Mr M MacGregor	MM	Communications Director
Mrs L Millinchamp*	LJM	Director of Finance
Mrs K Nurse*	KN	Director of Workforce and Organisational Development
Mrs C Wigley*	CW	Non Executive Director
Dr A. Walker*	AW	Medical Director
Mrs P. Wall	PW	Interim Strategy & Engagement Director

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

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

In attendance

Ms K Freeman	KF	Private Secretary – Office of the Chief Executive
Mr P. Higgins	PH	Governance Director & Trust Secretary
Mr M Fessal	MF	NHSI NExT Scheme Placement
Mr V Khashu	VK	Strategy & Engagement Director (Appointed)
Ms P Brown	PB	Head of Equality, Diversity & Inclusion
Mr A Mistry	AM	Chair at WMAS BAME One Network

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.

Agenda Items:

Item No	Description	Lead	Paper No/ Comments
01	**Chairman's introduction and any matters to report**	Chair	Verbal
02	**Declarations of Interest**		
	To declare any conflict of interest members may have in any matters contained within the agenda for this meeting.	Chair	Verbal
03	a. **BAME One Network Presentation** b. **BAME Action Plan** c. **Supporting our BAME colleagues Project Plan Update** d. **Summary Report on BAME Risk Assessments**	AM CEO KN PB	Presentation Paper01a Paper 01b Paper 01c
04	**Any Questions from the Public relating to matters to be discussed at this Board of Directors meeting.**	Chair	Verbal
05	**Board Minutes**		
05A	To agree the Minutes of the meeting of the Board of Directors held 27 May 2020	Chair	Paper 02
05B	Board Action Log	Chair	Paper 03
06	**Chief Executive Officers Update Report**		
	To receive the report of the Chief Executive Officer.	CEO	Paper 04
	Action — To note and determine as appropriate the matters contained within the report.		
07	**Trust Information Pack**		
	To receive the Trust Information Pack	EMB members (as appropriate)	Paper 05
	Action — To review the content of the Trust Information Pack		
08	**Quality Governance Committee**		
	To receive the verbal report of the Chair of the Quality Governance Committee on the meeting held on 22 July 2020	JI/MD/ AW	Paper 06
	Action — Receiving the verbal report of the Chair of the Quality Governance Committee on the meeting held on 22 July 2020.		
09	**Audit Committee**		
	To receive the Minutes of the meeting held on 22 May 2020. To receive a verbal report of the Chair of the Audit Committee on the meeting held on 14 July 2020.	WFC/LJM	Paper 07

Item No		Description	Lead	Paper No/ Comments
	Action	a) Receiving the minutes of the meeting held on 22nd May 2020. b) Receiving the verbal report of the Chair of the Audit Committee on the meeting held on 14 July 2020.		
10	**Resources Committee**			
		To receive the Minutes of the meeting held on 20th April 2020. To receive a report of the Chair of the Resources Committee on the meeting held on 16 July 2020.	CW/CC/ LJM	Paper 08
	Action	a) Receiving the Minutes of the meeting held on 20th April 2020. b) Receiving the report of the Chair of the Resources Committee on the meeting held on 16 July 2020		
11	**Covid 19 Update**			
	Action	To receive and note the following documents as part of the Board update seeking clarification and or assurance where required: a. Senior Command Team – Risks and Issues Log b. Senior Command Team Action Log & Archived Action Log c. Supporting our BAME Colleagues – Letter from the Regional Director NHSE/I (Midlands) d. Stepping Back Up of Key Reporting and Management Functions – Letter from Amanda Pritchard, Chief Operating Officer, HHSE/I e. WMAS Covid 19 Outbreak Management Plan (V.4 Draft) f. Ambulance Care Assistant and Vehicle Preparation Assistants g. Healthcare Associated Covid 19 infections h. Second Phase of NHS response to Covid 19 – Senior Command Team Review i. Working Safely Document Action Plan j. Letters to Chairs and CEOs re Risk Assessment k. Covid Lessons Learnt Action Plan l. Outdoor Shelter Proposal Document	CEO	Paper 09 a – l
12	**Winter Planning**			
	Action	To receive and endorse the contents of the Winter Plan previously approved by the Executive Management Board.	CEO	Paper 10
13	**Winter 2020 Workforce Capacity & Risk Assessment**			

Item No		Description	Lead	Paper No/ Comments
	Action	To receive and endorse the report previously approved by the Executive Management Board, and also receive the risk assessment attached thereto.	CEO/ LJM/KN	Paper 11
14	**National Ambulance Service Improvement Faculty/Quality Improvement within the Trust**			
	Action	To receive and note the report	AP	Paper 12
15	**Serious Incidents Report to June 2020**			
	Action	To receive and note the serious incidents to June 2020	MD	Paper 13
16	**Learning from Deaths**			
	Action	To receive and note the report	MD	Paper 14
17	**Revised Trust Governance**			
	Action	To receive and approve the contents of the report.	Chairman	Paper 15
18	**Board Assurance Framework & Significant Risks**			
	Action	To receive the contents of the Board Assurance Framework and Significant Risks	MD	Paper 16
19	**New or Increased Risks Arising from the Meeting**			
	Action	To receive and note the risks	Chair	Verbal
20	**Board of Directors Schedule of Business**			
		To include the Council of Governors Schedule of meetings and Development Sessions		Paper 17
	Action	To review and note the Board Schedule of Business	Secretary	
21	**Any Other Business** (previously notified to the Trust Secretary)		Chair	
22	**Review of Guiding Principles**		PH	Circulated by email for response
23	**Date and time of the next meeting:** **The next meeting will be on** **Wednesday 28th October 2020 at 14:00 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)

ONE

ACHIEVEMENTS

- We're still here!

- NABMEF first conference after setting up of WMAS BAME Network

- ONE Network committee acting as Advisory Group

- Presenting to the board of directors

ONE

CHALLENGES

A - Apathy

E - Exclusion

I - Inconsistency

O - Opposition

U – "Unknowledge"

ONE

TODAYS CHALLENGES

- COVID-19 affecting BAME peoples disproportionately

- Global Black Lives Matter movement

- Publication of senior manager Blackface photo

ONE

SOLUTIONS

A – Anti-Racism

B – Board Support

C – Cultural Change

ONE

The WMAS BAME Network

National Ambulance
BME Forum

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

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM   03   MONTH JULY 2020   PAPER NUMBER   01a

Title	BME Action Plan
Sponsoring Director	Anthony Marsh, Chief Executive Officer
Author(s)/Presenter	Pamela Brown, Head of Equality, Diversity & Inclusion
Purpose	To report updated actions
Previously Considered by	EMB

Summary

The BME Action Plan has been revised and updated to include additional actions. It will be monitored by EMB and reports to the Board will be on an exceptions basis through the regular report of the CEO to Board where necessary.

Related Trust Objectives/ National Standards	The action plan forms part of the Trusts strategic approach to implementation of the WRES
Risk and Assurance	**Risks** • Failure to achieve mandatory and legal requirements. • Failure to protect workforce • Failure to achieve the reputation of an employer of choice. **Assurance** Assurance can be provided to the Board of Directors through exception reporting from EMB to the Board
Legal implications/ regulatory requirements	Legal advice has not been sought in relation to this report. The Trust has an obligation to fulfil its legal duties regarding Protected Characteristics as detailed in the Equality Act 2010.
Financial Planning	Any data and subsequent action plan will be used to develop the Trusts strategic plans and will be incorporated where necessary within the Trusts Financial Planning.
Workforce Implications	Workforce Implications have been considered within the action plan
Communications Issues	Appropriate matters discussed at the Board of Directors are included in communications to Staff and Managers.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM   03   MONTH JULY 2020   PAPER NUMBER   01a

Equality and Diversity Implications	The BME Action Plan has been subject to D&I scrutiny
Quality Impact Assessment	Actions required may be subject to a Quality or Equality Impact Assessment.
Data Quality	Data will be provided by HR, Directors and other Trust information systems.

Action required

To note amendments to the BME Action Plan which will be scrutinised at each meeting of EMB meetings with exception reporting to the Board.
The BME Action Plan is attached in Appendix 1.

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

BAME Representation, Progression & Leadership Action Plan

Updated June 2020

- Section 1: Data/Information
- Section 2: Recruitment
- Section 3: Progression
- Section 4: Culture
- Section 5: Network Support
- Section 6: Leadership Development
- Section 7: Staff engagement
- Section 8: Health and Wellbeing
- Section 9: Strategic community engagement

Priority 1 (P1) = 1-2 months
Priority 2 (P2) = 2-3 months
Priority 3 (P3) = 3-6 months

KN	Kim Nurse	CB	Carla Beechey
PB	Pamela Brown	RB	Rachael Belleini
BK	Barbara Kozlowska	ACM	Anthony Marsh
MM	Murray MacGregor	Chair	Ian Cumming
PH	Phil Higgins	LH	Louise Harris

Section1: Data/Information							
Priority		**Area for Improvement**	**Action**	**Lead**	**Due BY**	**RAG**	**Update**
P1	1	Review the data collected and held in the organisation and what gaps exist which may delay progress in delivering against other objectives in this Action Plan	HRD to set out a summary table of data already collected. Provide a proposed list of new data collection for inclusion in the Dashboard and regular reports to D&I Senior Advisory Group, EMB, Resources Committee and Board of Directors	KN/PB	July 2020		See attached. Currently produced monthly by Rachael Bellini Head of Workforce Planning and Projects
P1	2	Produce a dashboard to be regularly updated to monitor progress against BAME recruitment, training and development and AfC grades	Determine priorities to be included in a one-page/ one screen dashboard to monitor progress on our agreed priorities as well as underpin the	PB/PH	August 2020		Board consulted and no further recommendations put

			objectives contained within this action plan				forward other than change to headings.
P2	3	Report progress using the agreed dataset and dashboard monthly to EMB and Resources Committee and quarterly to Board of Directors meetings held in Public	Produce a standard format report and present an update accordingly	PB	September 2020		This will be completed following Board approval of the action plan.
P2	4	Review recruitment data with each of our five Universities including BCU and regularly monitor. Also work with HEE to support accelerated progress. Report to Board of Directors annually	Conduct a baseline review of current position and current interventions and report to Board of Directors	BK	July 2020		There is a HEI Consortium Meeting next week. This data will be requested and reported to next BoD.
P1	5	Ensure our policies and procedures are implemented in practice	EMB to progress, implement and embed	Exec Directors	August 2020		
P3	6	Review Trust policies to ensure they have sufficient race inclusion appropriate to the policy and procedures	Review and amend organisational policies	CB/PB	December 2020		
P2	7	Sharing of appropriate reading material our individual understanding of current issues	Head of Diversity regularly share a proposed reading list	PB	September 2020		
P2	8	Collect appropriate data agreed by Board of Directors at each meeting of EMB and Resources Committee and quarterly to Board of Directors in public session	Draft a suitable report for consideration by EMB and Board of Directors and regularly review and refresh accordingly	PB	August 2020		Ongoing

Section 2: Recruitment							
Priority		**Area for Improvement**	**Action**	**Lead**	**Due BY**	**RAG**	**Update**
P1	9	Continue to Engage proactively with our five Graduate Paramedic Universities including BCU to increase BAME Graduate applicants	Agree further support and interventions to increase graduate university places to BAME students. Work with HEE to progress.	KN/BK	July 2020		This is at the top of the agenda for each bi-annual HEI Consortium. Details of progress are gathered and further ways of supporting are discussed and agreed.
P1	10	Enhance and increase the imagery of the Trust on Website, annual reports and other publications, etc including social media to continue to make it reflect the diversity of our Community to attract more applicants from BAME population	To review and replace existing images on our digital publications and applications etc to increase diverse images of our staff, volunteers etc	MM/PB	July 2020		We make use of images of staff from all communities as the opportunities present themselves. Continue to look for BAME staff to join corporate tweeters, but as yet, no-one has volunteered. The current lockdown has clearly not helped as we have not been able to take new photos.
P2	11	Re-prioritise HR Teams to pro-actively organise recruitment arrangements to support and maximise BAME applicant	Determine which existing activities will be reduced in order to increase the support to achieve this objective and substantially increase BAME recruitment to EOC, 111, PTS, E&U and Corporate Department	KN/CB/LH	August 2020		Engagement events currently paused due to COVID-19. Virtual and Social medial continues. HR advisors solely carried out all 111 telephone interviews. HR Managers allocated a recruitment campaign

							during LH's absence on maternity leave.
P2	12	Ensure HR Teams and Recruitment Teams Continue to proactively follow up BAME applicants through the recruitment, appointment and induction process, effectively utilising the role of recruitment engagement advisor	Consider reprioritising HR and Recruitment activities where possible in order to increase the support to achieve this objective and substantially increase the attraction of BAME candidates for roles within EOC, 111, PTS, E&U and Corporate Departments	KN/PB/LH	July 2020		Current vacancy for Recruitment Engagement Officer. BAME tracker continues to be updated and monitored. HR team were allocated to carry out assessments and interviews for 111 mass recruitment campaign.
P2	13	Monitor and report attrition levels of BAME Staff in each Directorate across the Trust and report to EMB and Resources Committee at every meeting and report twice per year to Board of Directors held in Public	Devise a suitable report, format and present accordingly. Refresh and update report and formatting in light of experience to ensure the report remains relevant, proportionate and fit for purpose	RB/PB	August 2020		A suggested format for reporting attrition rates has been approved.
P1	14	Agree data / information dashboard to monitor progress of BAME recruitment through each stage and produce output reports to present monthly to EMB and to each meeting of Resources Committee and quarterly to Board of Directors in Public session	Determine priorities for inclusion in this information dashboard seeking views and advice of appropriate senior colleagues. Review and refresh in light of experience and feedback.	PB/LH	August 2020		The current report that is updated on a weekly basis is below for approval:

Passed & Offered	300
Reserve	21
Shortlisted	87
Fail	408

		DNA / DNB	667
		Withdrawn	**166**
		Total	**1649**

P1	15	Ensure the tests used for the recruitment continue to be relevant to the role being applied for and what all tests are free from bias	To ensure compliance with equality act	CB/LH	August 2020		Assessments appropriate and suitable.
		Undertake a review of the interview procedures used for recruitment and selection of staff to ascertain whether there is any evidence or potential to present a disadvantage to candidates from a BAME background.	Promoting best practice in recruitment and selection	CB/LH			Interviews being carried out remotely by phone or video where possible.
		Ensure all staff on selection panels have received appropriate training from a CIPD qualified professional and can demonstrate cultural competence.	Promoting best practice in rec and selection	CB/LH			Recruitment training continues for all staff and managers who are involved in the process.
		Wherever possible, create diverse selection panels, and for all substantive selection panels for band 7 and above a BAME panel member is mandatory.	To consider applicability within WMAS	CB/LH PB/Bo [AACE lead]			Case studies are currently being developed by AACE. The national BAME network has produced a resource on best practice in recruitment and was circulated by HR to managers.
		Examine and report on procedures used in other Ambulance Services and similar organisations for best practice models in regard to recruitment from the BAME community					

Section 3: Progression							
Priority		**Area for Improvement**	**Action**	**Lead**	**Due BY**	**RAG**	**Update**
P2	16	Develop a specific strategy for identifying and supporting BAME talent	Write a Strategy	KM, BK,PB	September 2020		
P2	17	Encourage and pro-actively support BAME Staff to undertake internal leadership development programmes and other development interventions with a key focus on inclusive and compassionate leadership	Review appraisal documentation for potential individuals to support succession planning	BK	October 2020		Progression to Talent Pools through PDR conversations promoted to managers and staff.
P3	18	Increase the numbers of staff to undertake formal University Post Graduate Degrees and Master's Degrees and Professional Doctorates and report annually on the numbers undertaking such programs to the Board of Directors.	Review appraisal documentation for potential individuals to support succession planning	BK	October 2020		Awaiting confirmation of funding.
P3	19	Establish a Talent Pool for BAME staff aspiring to compete for roles at all levels of the organisation, including a suite of suitable development opportunities	Ensure all posts are advertised and a BAME Manager is on all selection interview panels to support progress	ACM	November 2020		Recruitment training has been offered to all members of the ONE network in order to increase BAME representation on recruitment panels. Board agreed not to set aspirational targets.
P3	20	Provide a Talent Pool for BAME staff aspiring for appointments at band 9 and VSM Director roles. Identify a suite of potential development and secondment opportunities	Identify appropriate individuals to secure secondment in another organisation to create opportunities for BAME progression	ACM	November 2020		This initiative deferred due to COVID- 19.

Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P3	21	Work with an academic university partner to commission further research and the draw upon existing evidence to underpin and embed progress	WMAS have highlighted an opportunity to work in partnership with a University to assist in establishing a Commission on Representative Workforce	KN/BK	July 2020		Engagement with Coventry University ongoing. Further meeting scheduled for 18 June 2020.
P3	22	Arrange Board training event	Head of Diversity to provide an annual Board BAME Training Session	PB/PH	September 2020		
Section 4: Culture							
Priority		**Area for Improvement**	**Action**	**Lead**	**Due BY**	**RAG**	**Update**
P3	23	Review internal progress against the action plan after 6 months to determine whether there is a need for an external review	Consider appropriateness and timeliness of an internal review in Summer 2020 to review progress and identify potential further improvement and opportunities for accelerating progress if necessary	ACM/ Chair	December 2020		Discussions with Chair & CEO regarding engaging with external support to accelerate progress.
P2	24	To ensure that the Diversity & Inclusion Policies & Actions are incorporated into all Trust Policies	Review of all existing policies and procedures and action plans to ensure they all incorporate the ambition to improve BAME Staff Representation	PB	December 2020		Review on-going. Policies to be reviewed formally due in September 2020.
P1	25	Work with ONE Network to inform and assist in the design a Cultural Intelligence Training Course which all Managers regardless of grade or role will be required to attend	KN and PB to progress with the Chair and members of the ONE network	KN/PB	July 2020		
P1	26	Introduce a staff cultural story from individuals arising from a compliant at Board Meetings similar to patient stories	Chairman, CEO, Board Secretary and Pam Brown to invite and facilitate a willing speaker	PM/PH	July 2020		

| P1 | 27 | Freedom to Speak up Directors to write an open letter to all staff in relation to Black Lives Matter | Joint letter to be drafted, signed and issued | MD/ CW/ BK | July 2020 | | |

Section 5: Network Support

Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	28	Review the support available to the 'One' Network and enhance the support available which reinforces and improves recruitment of BAME Staff, progression and promotion of BAME Staff and improve the experience of BAME Staff at work. CEO will continue to meet with the Network Chairs three times a year to review the work and share the progress in relation to the Action Plan	Identify any further opportunities to put in place enhanced support and keep under review. The quarterly Network Chairs Meeting with the CEO to be scheduled throughout 2020 to support each Networks programme of work etc	PB	September 2020		ONE network to attend March Board meeting to communicate their top three priorities. Deferred due to COVID-19 but meeting between CEO and ONE network scheduled through Microsoft meetings.
P2	29	CEO to establish an expert Advisory Board consisting of internal; staff and experts to progress and accelerate change	CEO to progress with internal colleagues, ONE network and external experts the creation of an Advisory Board in response to COVID-19 actions and this action plan	ACM/PB	August 2020		
P3	30	Proactively extend co mentoring and reverse mentoring arrangements across the organisation	Head of OD and Head of Diversity to facilitate expansion	PB/BK	September 2020		

Section 6: Leadership Development

Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	31	Substantially enhance and increase opportunities for BAME Staff to participate in leadership programmes and development intervention	Review appraisal reports and succession planning to allocate most places for BAME Staff	BK	October 2020		Progression to Talent Pools through PDR conversations

							promoted to managers and staff.
P1	32	Maximise the use of social media and digital technology to support recruitment of staff at all grades in the Trust	Encourage the increase of social media	MM	August 2020		Continue to use SoMe as much as possible to support recruitment campaign – follower numbers at record levels.
P2	33	Provide opportunities for mentoring, shadowing, co-mentoring, reverse mentoring for BAME Staff and report high level data to Board of Directors in public	Provide such opportunities to all BAME Staff and report to Board of Directors on implementation and take up etc	BK	September 2020		Progress stalled with Covid 19. To be reviewed this month.
P1	34	Set improvement goals for increased development opportunities and interventions	Consider appropriate measurement KPIs against which progress can be objectively measured and any further actions arising can be implemented	BK	September 2020		None agreed to date.
P3	35	To review feedback from staff and the Networks on this action plan in 6 months to ensure progress is being made in terms of development opportunities and intervention and report to EMB	Put in place a review mechanism to incorporate qualitative and quantitative measures to gain feedback and new emerging ideas from BAME Staff	PB/BK	December 2020		PB and BK to meet up this month. To follow from any recommendations made at the BAME conversation forum in March.
P2	36	Provide opportunities for BAME Staff to undertake formal accredited progression opportunities e.g. Master's Programmes, Degrees, etc at Universities	Review appraisal documentation and succession planning to ensure all places are allocated to the most suitable and appropriate BAME Staff and monitor and report accordingly	BK	October 2020		Funding needs to be identified.

P3	37	Through positive action measures identify suitable secondment opportunities for BAME Staff, such as to act up or replace existing Senior Staff who could be seconded out of the Trust	Advertise, interview and select suitable BAME Staff to support their career progression	ACM	October 2020		This initiative will be raised at the regional D&I network to identify possible secondment opportunities. Board agreed that this was not viable.
P1	38	Bring forward the Board Development day from September to July	Chairman, CEO and Board Secretary to make the necessary arrangements including to invite an expert external Facilitator	IC/ACM/PH	July 2020		
P2	39	Create a Board of Directors narrative which demonstrates empathy to the issues and that is ambitious in relation to Black Lives Matter	Board of Directors to create and disseminate our ambitious statement	Trust Board	September 2020		
P2	40	All Board Members to individually and personally sign up to creating change and set a personal ambition for change which will be included and documented in all Board Directors PDP's and monitored at the mid and end of year review sign of processes.	To be progressed at the July Board development day.	All Directors	October 2020		
P3	41	Introduce further additional training for all managers and Senior Union Reps in the Trust on emotional, cultural, intelligence. Communications ie listening and hearing	Expert advisory board to determine training needs analysis and make recommendations for implementation	KN/PB	March 2021		
P2	42	External expert consultants to be invited to the Board Development Meeting to support change and more importantly to help implement and embed change	Chairman and Chief Exec to progress	IC/ACM/PB	July 2020		

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Section 7: Staff Engagement							
Priority		**Area for Improvement**	**Action**	**Lead**	**Due BY**	**RAG**	**Update**
P2	43	Develop and deliver a Focus Group at which BAME staff are invited to give their views on measures that would support and assist the Trust to increase the attractiveness of positions advertised	To identify appropriate interventions to encourage increased rec and promotion from BAME communities and staff	KN/BK	October 2020		Focus Group held on 9th March 2020. Report complete 5th May 2020.
P3	44	Implement an extensive set of staff conversation and engagement events which will be facilitated by external experts	To hold a schedule of events at each site across the organisation	PB/BK	December 2020		
P2	45	Engage and mobilise staff governors in supporting this Black Lives Matter Action Plan	Board Secretary and Head of Diversity to meet and discuss with Staff Governors the role of governors in supporting our staff in relation to Black Lives Matter	PH/PB	October 2020		
Section 8: Health and Wellbeing							
Priority		**Area for Improvement**	**Action**	**Lead**	**Due BY**	**RAG**	**Update**
P1	46	Mitigate the impact of COVID-19 on our staff and strengthen protection and support for BAME staff	Senior Command Team and local Managers to continue to urgently mitigate the risks. Ensure PPE is culturally suitable. Risk assessments are overseen by a lead Assistant Chief Officer who will report to the Board to include protective redeployment, shielding and testing	Assistant Chiefs/PB	August 2020		

Section 9: Strategic Community Engagement							
Priority		**Area for Improvement**	**Action**	**Lead**	**Due BY**	**RAG**	**Update**
P2	47	Substantially increase outreach work possibly by utilising the Council of Governors as part of engaging with the Membership, into Schools, Universities, local Community Groups, Job Fair events etc to attract more BAME applicants and make the Trust the employer of choice	Brief Governors at next CoG Meeting. Identify other opportunities and resources to support these activities and interventions	PB/SW, VK	November 2020		Complete – PB presented to CoG in February 2020
P2	48	Proactively enhance media and communications to strengthen our Black Lives Matter actions	Use of social media etc to reinforce messaging, communications and BAME imagery in all our publications including electronic publications	MM/VK	July 2020		

Draft prepared by:
Anthony C Marsh
Chief Executive Officer
9 June 2020

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SUPPORTING OUR BAME COLLEAGUES: PROJECT MAP

Dale Bywater Letter 30 June 2020	WMAS BAME Staff Conversation Feedback 09 March 2020	Projects	Lead Project Officer	Oversight Owner
Chief Executives, AOs and Chairs have written to staff making a formal and strong commitment to working with their BAME colleagues to eradicate once and for all any racial discrimination in our organisations.	The Trust needs to provide better support in cases of staff racism – zero tolerance not absolute tolerance	1. Renewed statement on Trusts position statement to eraticate racism in WMAS. 2. Video statement by CEO and Chairman.	Anthony Marsh and Ian Cumming	Board of Directors
Workforce Race Equality Scheme. The submission dates for organisations to send their WRES data is from 6th July 2020 until 31st August 2020		1. Complete the annual process of data collection for Board sign off prior to publication. 2. Develop a set of new actions to support the continuous development of supportive initiatives and progress against these metrics.	1. Rachael Belleini 2. Executive Management Board	Board of Directors
Review progress against the organisation's individual diversity targets	Promote more development opportunities. Wider NHS development opportunities. Shadowing senior managers Managers need to be more aware of opportunities so can discuss with staff. More opportunities of different roles. More signposting More encouragement. Internal career fair. Identify BME Talent Pool. Lack of career opportunities – dead man's shoes. Lack of management positions – deleted	1. Estbalish a programme for shadowing senior managers. 2. Promote widely the BME Talent Pool 3.Make the dvelopment opportunities available more visable to staff and managers. 4. Hold careers events. 5. establish observational opportunities and shadowing events for BME staff to undertake.	Barbara Kozlowska	Executive Management Board

Board to hold the organisation and its senior leaders to account for making progress on each of these WRES indicators		1. Every Director and Senior Manager objectives include diversity and inclusion measures. Reviewed every 6 months.	Pam Brown	Anthony Marsh
Oversight of all issues pertaining to bullying, harassment and discrimination for all staff including BAME staff. BAME staff consistently report that they feel they are disproportionately	Inappropriate "banter".	1. Resource pack on Bullying available on intranet. 2. Disciplinary consistency checking panel to include a BAME manager.	Carla Beechey	Kim Nurse
All of my direct reports participating in a process of reverse mentoring from a junior BAME member of staff		A Reverse Mentoring Scheme project is in development, building on sharing of successful RM schemes that are already in	Barbara Kozlowska	Anthony Marsh
Participation in a regional level BAME network with representation from all organisations across the region to work collaboratively		Pam Brown requested to attend these meetings to ensure an ambulance sector prospetive is included in the discussions.	Pam Brown	Anthony Marsh
All organisations have active and well supported BAME networks		The ONE Network is in place. Supported by Head of Diversity and Inclusion and CEO	Pam Brown	Anthony Marsh
Senior leaders taking ownership of tackling racism.	Trust needs to tackle racism amongst staff.	1. Board level training and awareness session. 2. Cascaid cultural awareness session developed by the ONE Network.	Pam Brown	Board of Directors
HRDs in Midlands and our BAME networks we will now develop a longer-term action plan to support and build on these initial immediate		1. Regional HRDs requested to participate. Kim Nurse has stepped forward. First meeting to be confirmed	Kim Nurse	Board of Directors

ensure that equality in employment in the health service becomes a key priority	Recruitment Process Takes Too long. Poor communication from recruitment. Unfair assessment due to bias. Promotion on merit and work ethic not based on friendships. No feedback after interview, waiting almost 2 months for response of outcome. No constructive feedback on what is needed to progress. Get rid of "if your face fits" culture. Look at recruitment systems – currently not consistent. Cultural awareness days	1. BAME volunteers to review key job descriptions, person specications and adverts to identify areas of unconsious bias. 2. Identify a wider range of panel members who are able to give constructive feedback to BAME candidates who have been unsuccessful. 3. Reinstate the BAME Access Courses with the assistance and input from the wider organisational. 4. Develop cultural awareness days to	Kim Nurse/Carla Beechey/Pam Brown	Anthony Marsh
All of our staff to receive a risk assessment regarding reducing the risk and impact of Covid-		Completed. Risk Assessments have been undertaken and measures taken where identified to address any specific needs for individual staff members . Review requests and monitor outcomes.	HR and individual Managers	Anthony Marsh
	Advertise that ambulance service has other services (support) not just operational staff. Schools - open days/workshops within communitities - advertise all elements of WMAS - Finance, HR, 111, Ops, Comms. Promote flexibleworking and options to discuss in line with cultural and religious beliefs. Work experience and NEC Events.	1. Develop a database of staff from diverse backgrounds and roles, who would volunteer to participate in community engagement events.	Vivek Khusha	Anthony Marsh
	Visibility at community events and schools and people talking about jobs/roles. Proper engagement strategy which is eourced and for staff to get proper time off to go out and do it.	1. Create an new Engagement Strategy. 2. Idenify willing staff volunteers from diverse backgrounds to support such events.	Vivek Khusha	Anthony Marsh

		1. Identify willing staff vounteers from diverse backgrounds to contiribute to a review of OD opportunities and how these might be better promoted. 2. Identify willing staff volunteers to sit as panel members on the CPD Panel.	Barbara Kozlowska	Kim Nurse
	Seek commitment from BAME staff to support equitable career development opporutnites.			
	Seek commitment from BAME staff to become champions of Trust key performance indicators dependent on staff engagement.	1. Champion the completion of our NHS Staff Survey. 2. Become a Freedom to Speak Up advocate. 3. Attend the Higher Education Institution Consortium Away Days and support delivery of the work plan. 4. Become a Health and Wellbeing	Barbara Kozlowska and Maria Watson	Kim Nurse

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY
NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM 03   MONTH JULY 2020   PAPER NUMBER 01c

Title	**BME Risk Assessment Update**
Sponsoring Director	Anthony Marsh, Chief Executive Officer
Author(s)/Presenter	Pamela Brown, Head of Equality, Diversity & Inclusion
Purpose	To report updated actions
Previously Considered by	EMB

Summary

The national data shows there is a disproportionate impact of COVID 19 in morbidity rates amongst - Black, Bangladeshi, other South Asian groups and minority ethnic communities and staff groups. With the latter groups falling into the high- risk category, there is now an urgent requirement for staff (particularly those who are within the at - risk group) to have a risk assessment completed by 23 July. This report provides a summary of actions taken relating to BME Risk Assessments.

The Board is specifically requested to note:
- The progress on BME Risk Assessments within the Trust as attached in Appendix 1.

- The Appendix 2 which is the specific monitoring data of the Trusts Bangladeshi staff which was monitored in accordance with guidance and good practice as a particularly vulnerable group in respect of impact of COVID 19

Related Trust Objectives/ National Standards	This part of a national standard and at regional level this agenda is supported by Steve Morrison, Regional Director of Workforce and OD (stevemorrison@nhs.net) and Kuvy Seenan, Head of Equality, Diversity and Inclusion (Kuvy.seenan@nhs.net).
Risk and Assurance	**Risks** • Failure to achieve mandatory requirements. • Failure to protect workforce and communities • Failure to achieve the reputation of an employer of choice. **Assurance** Assurance can be provided to the Board of Directors from reports
Legal implications/ regulatory requirements	Legal advice has not been sought in relation to this report. The Trust has an obligation to fulfil its legal duties regarding Protected Characteristics as detailed in the Equality Act 2010.

Financial Planning	Any data and subsequent action plan will be used to develop the Trusts strategic plans and will be incorporated where necessary within the Trusts Financial Planning.
Workforce Implications	Workforce Implications have been considered in the risk assessment
Communications Issues	Appropriate matters discussed at the Board of Directors are included in communications to Staff and Managers.
Equality and Diversity Implications	The BME Risk Assessment has been subject to D&I D&I scrutiny
Quality Impact Assessment	Actions required may be subject to a Quality or Equality Impact Assessment.
Data Quality	Data has been provided by HR and other Trust information systems.

Action required

To note:
   a) Progress on BME Risk Assessments within the Trust as attached in Appendix 1.

   b) Appendix 2 which is the specific monitoring data of the Trusts Bangladeshi staff which was monitored in accordance with guidance and good practice as a particularly vulnerable group in respect of impact of COVID 19

	Total Staff	Number of Assessments Undertaken	Number of Asessments Declined	Total	%	PPE Adjustments Required	If Yes, what adjustments	Alternate Duties Required
Service Delivery	232	170	51	221	95%	20	Tie face masks due to beard XS gloves issued Storage of apron not ideal Non alcoholic hand gel Visor issued	5
Non Emergency Services	114	89	18	107	93.86%	12	PPE mask due to beard PPE	
EOC & IUC	429	397	29	426	99.30%	36	Protective screens Social distancing IPC materials	12
Central Functions	39	34	5	39	100%			
Total	814	690	103	793	97.42%	68		17

If Yes State Role	Number referred to OH	HWB Support Required	If yes detail support
Control Admin duties - pregnant	3	1	Priority COVID testing arranged
	3	Testing available	
Shielding Shifts during less busy periods Isolated work station			
		1	Shoulder / neck support - home working
	6	2	

Bangladeshi Staff Returns

	Total Staff	Number of Assessments Undertaken	Number of Asessments Declined	Total	%
Service Delivery	11	9	2	11	100%
Non Emergency Services	3	3	0	3	100%
EOC & IUC	19	18	1	19	100%
Central Functions	1	1	0	1	100%
Total	34	31	3	34	100%

Paper 02

Minutes of the meeting of the Board of Directors held on 27 May 2020, at 1400 hours,
via Microsoft Teams

Present:

Prof I Cumming*	Chair	Non-Executive Director (Chair)
Mr A C Marsh*	CEO	Chief Executive Officer
Mr T Yeaman*	TY	Non-Executive Director (Deputy Chair)
Mrs C Wigley*	CW	Non-Executive Director
Mrs W Farrington Chad*	WFC	Non-Executive Director
Mrs N Kooner*	NK	Non-Executive Director
Mrs L Millinchamp*	LJM	Director of Finance
Mr M Docherty*	MD	Director of Nursing & Clinical Commissioning
Mrs K Nurse*	KN	Director of Workforce & Organisational Development
Mr M MacGregor	MM	Communications Director
Mr C Cooke*	CC	Director of Strategic Operations & Digital Integration
Dr A Walker*	AW	Medical Director
Mrs P Wall	PW	Interim Strategy & Engagement Director

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

In attendance:

Mr P Higgins	PH	Trust Secretary
Mr M Fessal	MF	NeXT Director
Miss K Freeman	KAF	Private Secretary
Mr S Gardner	SG	Staff Side Representative
Dr R Daniels	RD	Executive Director – UK Sepsis Trust (part of meeting)
Ms M Mead	MM	National Project Co-Ordinator – UK Sepsis Trust (part of meeting)
Mr K Prior	KP	Assistant Chief Ambulance Officer (part of meeting)
Mr N Hudson	NH	Assistant Chief Ambulance Officer (part of meeting)
Mrs M Brotherton	MB	Assistant Chief Ambulance Officer (part of meeting)
Mr J Brown	JB	Assistant Chief Ambulance Officer (part of meeting)
Mr N Henry	NVH	Assistant Chief Ambulance Officer (part of meeting)
Mr A Aston	AA	Staff Governor (part of meeting)
Ms S Bessant	SB	Staff Governor (part of meeting)
Mrs E Cox	EC	Lead Governor

ITEM	Board of Directors Meeting – 27 May 2020	ACTION
05/20/01	**Chairman's Introductions, Apologies and Announcements**	
	Apologies were received from Mushtaq Khan, Jacynth Ivey and Duncan Spencer.	

	The Chairman apologised and explained that he was joining the meeting today from Gibraltar. The Chairman welcomed several guests to today's meeting including the Staff Governors, Melissa Mead and Ron Daniels. The Chairman pointed out in terms of the Meeting the need to recognise it is a public meeting and whether going forward the Trust should stream the meeting so press can attend virtually. The plan is to open Teams to the public from the next Board Meeting.	
	The Chairman provided feedback from the last Council of Governors (CoG) meeting and explained that the Governors agreed to extend the tenure of Caroline Wigley and Tony Yeaman to 31 March 2021. The Chairman thanked the Governors for extending their tenure and he also thanked Mr Yeaman and Mrs Wigley for agreeing to stay on.	
	The Chairman paid tribute to the work of non-operational staff throughout the Trust. Although some are still working from Trust sites, around 250 are working from home. When the pandemic started, the Trust took a decision that it would continue to operate as normal as much as possible. This means that staff in areas such as Finance, HR, Governance, IT, the Press Office, and many other areas would continue to work towards meeting all the normal targets such as year-end accounts and the annual report. The Chairman explained that due to this, we are very much ahead of the game while many other Trusts are having to play catch up. Indeed, the Trust's External Auditors paid tribute to the Finance Team for how easy it is to work with WMAS, especially given the current situation. The Chairman informed the Board that there is no question in his mind of the importance of all the teams that support our operational staff their contribution to patient care is just as important as those on the frontline.	
05/20/02	**Declarations of Interest**	
	There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda.	
	The Chairman asked all Board Members to review the Register to ensure it is accurate as this will shortly be published on the Website. It was noted that declarations were missing from the Medical Director and she was asked to forward these to the Trust Secretary.	
	Resolved:	
	a) That the Register of Directors' Interests be received and noted. b) That the Register of Governors Interests be received and noted. c) That the Medical Director would forward her declarations of interests to the Trust Secretary.	**AW**

05/20/03	**Sepsis Presentation**	
	The Chairman welcomed Dr Daniels and Ms Mead to the Meeting. Dr Daniels gave a presentation to the Board on the work of the UK Sepsis Trust. The Chairman pointed out that there is an argument that paramedics should be starting fluid resus and antibiotics. Dr Daniels said yes but explained the challenge is which antibiotics especially without testing. The Medical Director thanked Dr Daniels for the great summary and acknowledged the work West Midlands Ambulance Service (WMAS) has done with the UK Sepsis Trust in the past. The Medical Director explained that the Trust's EPR has been upgraded to include more recognition of sepsis and that this was a CQUIN for the Trust. The Medical Director confirmed that under the JRCALC guidelines paramedics already give IV fluids as part of sepsis management. Dr Walker pointed out that sepsis is not one condition but the outcome of several conditions. Immediate intervention and rapid transfer to E&U rather than carrying a wide range of antibiotics is better for the patient. Dr Walker informed Dr Daniels that the Trust welcomes the work he is doing and would be delighted to do more work with him on this.

The Director of Nursing & Clinical Commissioning thanked Dr Daniels for a good presentation and asked about the role of lactate measurement. Dr Daniels informed the Board that several Ambulance Services have looked at lactate measurement but there are issues with the temperature and a short shelf life of 12 months from purchase. It is also a marker of general badness but does not identify sepsis. Dr Walker advised the Board that the National Ambulance Medical Directors are discussing this around the point of care testing. The issue with lactate measurement is it is a one-off reading. In the pre-hospital phase, it is important to validate this.

The Communications Director asked Ms Mead if she felt more confident that her situation would not happen again given all the publicity around sepsis now. Ms Mead thanked WMAS for the work done. Ms Mead pointed out that as a lay person (non-medical) you either know about sepsis or you do not. Knowledge is power in sepsis and it has become more of a commonly used word now. Ms Mead thanked the Trust for listening to her.

The Chief Executive Officer (CEO) thanked Ms Mead and Dr Daniels for joining todays Board Meeting. The CEO explained that he had promised Ms Mead when he heard of the sad passing of William that he would do everything possible to ensure this did not happen again. The CEO informed Ms Mead that she remains to everyone an inspiration and he will continue to carry on with this work to ensure the broader public are aware. The CEO explained that seeing so many patients die from Covid-19 sepsis has formed part of this. The CEO asked Dr Daniels if he had received any of the £750M funding from the Treasury and explained that he would be happy to support Dr Daniels with this. The CEO wished to reassure Ms | |

	Mead, Dr Daniels, and the Board that the Trust will continue to do everything it can to build on what Ms Mead has done to support this important and essential work.

The Chairman thanked Ms Mead and Dr Daniels for attending today's meeting. | |
	Resolved:	
	a) That the contents of the presentation be received and noted.	
	Ms Mead & Dr Daniels left the meeting.	
05/20/04	**National Ambulance Resilience Unit (NARU) Update**	
	Mr Prior gave a presentation on the work of NARU and explained that NARU manage interoperable capabilities for Ambulance Services. WMAS has just been awarded the contract to manage NARU although this is with less income. The strategic aim of NARU is to support the NHS Ambulance Service to maintain an effective and consistent response to high-risk or complex emergencies. NARU has an annual Business Plan. Mr Prior reminded the Board of the video put out regarding NARU Board assurance. The link would be sent to the Trust Secretary to circulate to all Board Members.

The CEO advised the Board that the update today is very timely as the important work NARU have been doing besides their normal day to day work they have been dealing with Covid-19 and the National Ambulance Coordination Centre (NACC). The staff and commanders are well trained and equipped. The Chairman asked in relation to the contract and less income what have NARU stopped doing because of this. Mr Prior explained that NARU have stopped their longer-term plan, vehicle replacement and are looking at different ways to deliver these two items. Mr Prior explained that he was also looking at research and development. Mr Prior confirmed that front line staff will see no difference this relates to back office items.

The Chairman asked if NARU were covering its own costs with no subsidy. The Director of Finance confirmed NARU does not get subsidised.

Mr Prior explained that normally he would offer a visit to Winterbourne Gunner for colleagues to see some exercises but would come back to colleagues in due course in this regard. The CEO explained that Tony Yeaman is the Emergency Planning NED lead and has been to Winterbourne Gunner and seen some of the exercises. Mr Yeaman confirmed and explained that it is very impressive both nationally and locally truly world class. Mr Yeaman encouraged colleagues to visit | |

	Winterbourne Gunner if they get the opportunity.	
	Resolved:	
	a) That the contents of the presentation be received and noted. b) That Mr Prior would send the link for the Board Assurance video to the Trust Secretary to circulate to all Board Members.	**KP/PH**
05/20/05	**Questions from the Public**	
	There were no questions from the Public.	
05/20/06	**Board Minutes – 25 March and 29 April 2020**	
	The minutes of the meetings held on 25 March and 29 April were submitted.	
	Resolved:	
	a) That the minutes of the meeting held on 25 March 2020 and the minutes of the meeting held on 29 April 2020 be received and approved as a correct record.	
05/20/07	**Board Log**	
	The Board Log that contains the schedule of matters upon which the Board have asked for further action or information to be submitted. Matters on this log can only be deleted through resolution of the Board. (For the avoidance of doubt unless specified below all matters contained on the Board log will remain on the log until the Board resolves that the matter can be discharged).	
	Resolved:	
a)	In relation to continued minute 04/20/03 COVID-19 - disproportionate effect on BAME Staff. The CEO explained that a self-assessment check list for BAME Staff has been circulated and is progressing well. Additional steps have been taken to further protect BAME Staff. An update is going to the next Senior Command Team Meeting and will then go into EMB and Board. On this basis, it was agreed that the matter could be discharged.	**Discharged**
b)	In relation to continued minute 04/20/03 – COVID-19 – Graduate Paramedics. A copy of the risk assessment has been sent to Mr Gardner. The CEO confirmed that the risk assessment and action plan will be shared with Mrs Kooner. On this basis, it was agreed that the matter could be discharged.	**Discharged**

05/20/08	**COVID-19 Update**	
	The CEO gave an update and explained that colleagues will be aware of the substantial documents contained within the bundle today. The CEO explained that the second phase Action Plan has been submitted to the Regulators and Commissioners. This Action Plan is discussed weekly at the Senior Command Team Meeting.	
	The CEO confirmed that the Trust complies with all the guidance regarding the IPC Board Assurance Framework.	
	The PPE Situational Report details the extent with which the Trust has supplied mutual aid.	
	The CEO pointed out that the Board are aware of the arrangements the Trust put in place to secure critical items of the following PPE items:	
	- Surgical masks - Eye Protection & Visors - Aprons - Coveralls	
	The CEO explained that the new aprons are now operational and available to staff Emergency & Urgent Care Staff and also PTS staff. These aprons were sourced from a Company in the UK. If this Company could not supply the aprons the Trust would be reliant on the 'NHS Push Stock' which is suitable for NHS staff within a hospital setting but not front-line ambulance staff, who have to care for patients either in the home or outside where strong winds and inclement weather can mean that the PPE equipment is not robust enough. The CEO confirmed that the coveralls from overseas are now in the Trust and will be distributed immediately. The CEO explained that the Trust is moving away from vehicle issue to personal issue for the respiratory hoods although these have not yet been delivered.	
	Regarding the mutual aid the Trust has been proving there will come a point over the next week or so due to distribution of stock when the aprons and coveralls the Trust have are different to the rest of the NHS. The CEO asked the Board if the Trust should let this new supply out as part of mutual aid stock or whether there should be a prioritization and that sufficient stock is maintained for Trust staff so that WMAS staff do not have resort to the more inferior NHS push stock which is flimsy and not fit for purpose for front line staff. This would mean that the NHS stock which is more appropriate in the hospital setting will be available for other Trusts to use. The CEO asked for the views of the Board on this matter. Mr Fessal suggested that the Board had a duty of care to its staff and that WMAS should only offer up this new bespoke ambulance stock for mutual aid once it has guaranteed stock availability for Trust frontline staff given the unique needs of Ambulance staff that operate outside of the hospital environment. Mrs	

Wigley pointed out that the Trust has a statutory duty of care to protect its staff in carrying out their duties for the Trust. If the Trust has surplus stock then it could be offered up but not if the Trust will then find itself in a few weeks' time with issues affecting its frontline staff. Therefore the prioritization of the bespoke stock for frontline ambulance staff was the right thing to do.

The Medical Director explained that based on her experience in the hospital setting that this is consistent with the way that the Acute Trusts are managing their own PPE stock. They are looking to ensure they have 7 days stock in place. Mr Gardner pointed out from a Staff Side perspective the Trust should be addressing the needs of its own staff first before mutual aid so that they have adequate PPE in carrying out their duties in unusual circumstances. Mrs Kooner agreed with all comments received so far and pointed out that with such uncertainty over the supply of PPE the Trust has a responsibility to look after its staff and ensure it has the required PPE in place. The Chairman confirmed that the CEO had the full support of the Board and the sole discretion to determine what staff need and as the CEO has already reported, releasing any surplus or not appropriate PPE as mutual aid to other Trusts. The CEO advised the Board that he would build upon the Action Plan presented to the Audit Committee and add in todays response regarding PPE.

The CEO confirmed that all Action and Risk Logs have bene updated. In the papers today there is also the log of key actions taken to protect patients. The CEO confirmed that the documents submitted today are reviewed weekly at the Senior Command Team Meetings. The CEO advised the Board that the Trust has received draft National guidance regarding non-clinical areas of work within Ambulance Services. An action plan has already been developed and this is also reviewed weekly at the Senior Command Team Meeting.

The Director of Strategic Operations & Digital Integration gave an update on a new chemical disinfectant process that will significantly improve the decontamination of emergency ambulances and will form part of the deep clean cycle. The system uses hydrogen peroxide which kills bacteria and viruses including being effective against COVID-19. The system uses an electrostatic charge that produces fog that adheres to all surfaces and equipment and will disinfect areas that are typically unable to be reached manually by hand. Instead of it taking several hours to dry after spraying hydrogen peroxide, ambulances will now be ready in around 30 minutes. This Trust will be the first in the country to roll this out and all ambulances that are going through a deep clean will have this new process from next month.

The Chairman then asked Staff Governors Adam Aston and Sarah Bessant to provide the Board with their views on the Trust's response to the coronavirus pandemic. Mr Aston on behalf of the five Staff Governors thanked the Board for enabling them to attend today's meeting. Mr Aston advised the Board that the observations today are anecdotal. On behalf of Operational Staff he expressed his appreciation to the Chief Executive and his Senior Operations Team as it is appreciated by operational staff that the Trust has gone above and beyond to protect its staff as much as possible and provide a safe environment. The working day of a front-line clinician has changed significantly due to the Covid pandemic. Mr Aston pointed out that the unsung heroes during all of this has been the Vehicle Preparation Operatives at the Hubs who have kept calm and carried on. They deserve an award or pay rise.

PPE:
Mr Aston stated that in his opinion he concurred with the Chief Executive and stated that from an operational perspective for ambulance service clinicians the national pandemic PPE stock was poor. Most aprons were completely inappropriate to wear in the community and outside the hospital setting and a lot of staff gave up on them. These were the low points. The aprons were very flimsy and completely useless. He indicated that staff are really pleased that this issue has been addressed. The new stock is incredibly robust. The hubs are full of PPE for which staff are grateful. He indicated that when on scene some patients and relatives cannot understand why the paramedics and clinicians disappear into the back of an ambulance when they arrive on scene to put on PPE; people even come to the doors as they feel that there is a lack of urgency and wondering why the staff are not rushing into a property. He therefore suggested that callers are advised that this is what will happen when the Ambulance arrives so that they are reassured and understand that there may be a delay whilst staff don protective equipment.

Mr Aston pointed out that the other issue was high level PPE – hoods and Tyvek suits and if these are required for carrying out CPR. The College of Paramedics and Welsh Ambulance Service stated this was high level whilst English Ambulance Services said it was low level. Mr Aston welcomed the recent AACE statement though pointed out that the mixed messages on social media has been a concern.

Socially Distancing on Hub:
Mr Aston explained that he works from Sandwell Hub and on occasions there have been up to 20 members of staff on the Hub and then other staff are sent there on standby. The new benches have been welcomed. Mr Aston explained that the option of taking your break off station has always been there and he was not sure if the new staff are aware of this if they wish to do this. Mr Aston explained that next to the Hub there is an empty

school and asked could the Trust have made use of this facility to help with the overcrowding in Ambulance Hubs due to maintaining social distances.

Practical Challenges of Acute Trusts
Mr Aston explained that with all Acute Trusts operating hot and cold zones for Covid patients, some practices do mean that the Trust are effectively wasting PPE as in some cases you have to take a patient to a hot zone but have to book them in on the cold zone. In addition, each hospital has its own process which can be confusing. Could HALOs work with hospitals to get a more sensible solution?

Students
Ms Bessant explained that staff recognised the work of all the students helping the Trust and are grateful for that. The 1st years working with VPOs seems to be a good learning experience. However, many staff have raised concerns about the second years who are not able to drive. If there is a very poorly patient, the paramedic must drive leaving the student in the back. There was one case where a paramedic had to drive for over 20 minutes; this was incredibly stressful for both the paramedic and the student.

The Way GPs operate and engage
Ms Bessant informed the Board that this seems to have got worse and it appears GPs have closed their doors to face to face contact. In many cases, it is proving very difficult to even speak to them at times with multiple phone calls needed. This is not helping us discharge appropriate patients at home. In one case, it appears a GP used a 999 call to get a paramedic to the scene so that they could use their smart phone to do a video consultation.

The Chairman thanked Mr Aston and Ms Bessant for joining the meeting and being so candid in letting all the Board Members know about the areas of concern and we will certainly look at each of these and feedback in due course. The Chairman asked the CEO to feedback to the next meeting on the response to each of the points raised today.

Mrs Wigley found it very important and helpful to have the staff feedback and pointed out the major problem the trust could face in winter if GPs think video is the way forward. The Chairman agreed and pointed out that there is a weekly Regional Call with Chairs in the West Midlands. This is the right way forward but not in the way it has been explained today. The Chairman thanked Mr Aston and Ms Bessant for their time today.

	Resolved:	
	a) That the contents of the update and papers be received and noted. b) That the IPC Board Assurance Framework be received and noted. c) That the CEO would feedback to the next meeting on the response to each of the points raised today by the Staff Governors.	**ACM**
	Mr Aston, Ms Bessant & Mr Prior left the meeting.	
05/20/09	**Winter Planning 2020/2021**	
	The CEO pointed out as the Board are aware the Trust reviews the arrangements from the previous winter to see what went well and what could have been better. An update on winter planning is then presented to the Board at the end of the summer. This year given the pressures the Trust faced last year with high activity then flooding and the potential for flu and seasonal virus' as well as the unintended consequences of Covid-19 the Senior Command Team have brought forward all winter planning arrangements. The CEO noted the need to act now to build upon what the Trust has already done. A presentation was given to the Board by Assistants Chief, Nick Henry, Nathan Hudson, Michelle Brotherton & Jeremy Brown, and the following was noted: • Flu Campaign this year is for 90% of staff to be vaccinated. Plans already in place for flu vaccination. • We are going into a difficult period as we go into winter. • As lock down rules start to ease resourcing abstractions will start to increase alongside an increase in activity. • Impact of Covid-19 will be here for some time. • Health and well-being of staff – key priority to make sure staff are fit, healthy, supported, and able to attend work. • Need to invest in front line services. • VPOs have been exceptional – keeping these online and investing in this service is essential. • Incident Room will likely carry on through July and probably into winter. • Continued requirement around PPE through the winter period. • Fleet – number of issues around the number of assets available. Adding additional fleet will be essential. • EMB have agreed additional Mechanics. • Estates Issues – new UPS at Navigation Point. • EOC – migrating some of the functions across to 111. • Biggest challenge will be the unknown volume of calls the Trust will receive. • Must keep momentum we have to ensure we have sufficient staff in	

the system.

- Move call taking to Navigation Point by the end of November 2020.
- Concerned about the impact of Covid-19 on normal seasonal flu. the Trust must plan early for this.
- Lot of unknowns in PTS – working with Acute Trusts & Commissioners regarding what will be turned back on.
- Discharges – achieving 100% in two hours on most days and prioritising renal patients and priority transfers.
- Phase two for PTS is a lot more difficult to model.
- Emergency Planning – requirements for the Trust to maintain certain standards. Trust must have 280 staff available.

The CEO thanked the Command Team for the overview they provided.

Mr Fessal asked in relation to technology about the Babylon presentation that came to a previous Board Meeting. Has this been progressed? The Director of Strategic Operations & Digital Integration informed the Board that what the Trust has been doing is harvesting its EPR. Over 30% of EPRs have a look up for patient details. Covid-19 results are flowing back to the Primary Care Record and hopefully the Trust will benefit from this. The Director of Strategic Operations & Digital Integration explained that Babylon do not really have an offering for the Ambulance Service. The Trust has gone back to Babylon informing them what we are doing and asking how they see any interface.

Winter Planning Recruitment Report

Mr Hudson gave an update and explained that this coming winter will be very difficult. The average number of staff absent from work due to sickness and isolation during the Covid-19 period was 261 staff. The Trust could also lose several staff just through track and tracing. The CEO noted the need to recruit sufficient Student Paramedics to make sure the Trust and patients are not exposed. The Director of Finance informed the Board that clearly every year there is tension between funding available to meet operational need. This year is different, and the Director of Finance could not emphasize enough how complicated it has become. In effect the Trust has a block contract, and this will be in place until the end of October 2020. The income is the income and the Trust cannot exceed that. There has also been changes to the Covid-19 reporting. The Centre does not have sufficient funding to keep this going. We will get to a point when we are adding things to the list, but the Trust will not receive the money back. All cost pressures must be put into one matrix as there will be no additional funding from the Centre.

Mrs Farrington-Chadd agreed with the Diretcor of Finance's comments and was nervous about agreeing numbers today. Far more work was required internally at granular level. Mrs Farrington-Chadd noted the requirement

	to work more and more in partnership with other organisations in the region going forward. The Director of Finance advised the Board that she had just had weeks of intense discussions with Commissioners and STPs regarding capital and things are in a state of transformation. The Director of Strategic Operations & Digital Integration pointed out that one big issue the Trust will face is that it will be going into a situation where it does not have enough resource to deliver. The Chairman pointed out that the Trust will not be able to carry on at these levels and now needs additional resource due to the students returning, abstractions, and not knowing what resources would be available to us nationally. If the Trust does not do anything it risks going into Winter with not enough resources. The Chairman pointed out that the Trust has reserves. If non-recurrent we could look at that and mitigate some risk. The Director of Finance explained that cash and reserves are not the same. The Trust does have brought forward provisions but needs to prioritise what is most important. The CEO found this very helpful and asked the Director of Finance to agree what is the most important priorities and submit a paper to EMB next week for discussion. The Chairman found it strange that this paper had already been discussed at EMB and was submitted today without executive directors seeming to have sight of it. The Chairman stressed the importance for all papers to have been discussed and agreed by the EMB before coming to the Board. He was aware the paper had already been to EMB and was unsure as to why there were now different reactions to this paper. The chairman explained that inevitably the Trust will have to spend some money on maintaining the quality of patient care. The Chairman asked for an updated paper to be submitted to the NEDs Meeting on 10 June 2020. An Extra-Ordinary Board meeting can if necessary be arranged for that morning.	
	Resolved:	
	a) That the contents of the presentation be received and noted. b) That the Director of Finance would agree what is the most important priorities and submit a paper to EMB next week for discussion. c) That an updated paper will be submitted to the NEDs Meeting on 10 June 2020. An Extra-Ordinary Board meeting will be arranged for that morning.	**LJM** **LJM**
	Mr Henry, Mr Hudson, Mrs Brotherton and Mr Brown left the meeting.	

05/20/10	**Chief Executive Officer Update**	
	A report of the Chief Executive was submitted.	
	Resolved:	
	The contents of the papers be received and noted.	
05/20/11	**Trust Information Pack**	
	The Trust Information Pack was submitted for review by the Board. The Trust Information Pack provides the Board with detailed performance analysis of each of the key areas of the Trust including Clinical, Quality, Finance and Operational performance. Mrs Farrington-Chadd asked for the contract levels (Commissioners expectations) to be factored into the workforce numbers.	
	Resolved:	
	That the contents of the Trust Information Pack be received and noted.	
05/20/12	**Quality Governance Committee (QGC)**	
	A report of the meeting held on 11 May 2020 was submitted along with the minutes from the meeting held on 2 March 2020.	
	Resolved:	
	a) That the minutes of the meeting held 2 March 2020 be received and noted. b) That the Report from the QGC Meeting held on 11 May 2020 be received and noted.	
05/20/13	**Quality Account**	
	The Interim Strategy & Engagement Director in submitting the Quality Account explained that it had been through the governance process. Worcester HOSC will formally approve this at their meeting tomorrow. The Interim Strategy & Engagement Director asked if subject to this the Board are happy to approve the Quality Account.	
	Resolved:	
	a) That the Quality Account be received and endorsed. b) That the Board authorised the publication of the Quality Account as required by regulations.	

05/20/14	**Departmental Annual Reports 2019/2020**	
	The Interim Strategy & Engagement Director explained that the Departmental Annual Reports 2019/2020 had been shared with all Board Members prior to todays meeting.	
	Resolved:	
	That the annual reports be received and noted.	
05/20/15	**Audit Committee**	
	Mrs Wendy Farrington-Chadd, Chair of the Audit Committee presented a verbal report from the Committee Meeting held on 22 May 2020 and the minutes from the meeting held on 11 March 2020. Mrs Farrington-Chadd explained that the Committee approved the following at its meeting last Friday: • Annual Report & Accounts • Quality Account • Letters of Representation • Anti-Fraud & Bribery Policy Full assurance was received from both Internal & External Audit.	
	Resolved:	
	a) That the Report from the Audit Committee Meeting held on 22 May 2020 be received and noted. b) That the minutes of the Audit Committee Meeting held on 11 March 2020 be received and noted. c) That the Board endorsed the Audit Committees approval of the Anti-Fraud & Bribery Policy.	
05/20/16	**Resources Committee Meeting**	
	Caroline Wigley as Chair of the Resources Committee presented the minutes of the meeting held on 20 February 2020.	
	Resolved:	
	a) That the minutes of the meeting held on 20 February 2020 be received and noted.	

05/20/17	**Renumeration & Nominations Committee**	
	A report of the meetings held on 25 March and 30 April 2020 was submitted.	
	Resolved:	
	That the contents of the report be received and noted.	
05/20/18	**Operational Plan**	
	The Interim Strategy & Engagement Director submitted the Operational Plan and explained that the Trust has produced the Plan as in previous years. The Plan is not required to be submitted to the Regulators due to Covid-19, but the Trust continued with its normal governance process. The Plan is submitted today for approval to be published.	
	Resolved:	
	a) That the contents of the Operational Plan be received and approved for publication.	
05/20/19	**Learning from Deaths**	
	The Director of Nursing & Clinical Commissioning explained that the Trust would normally review all deaths in March but did not manage to do that given the current pandemic. The Trust is ahead of all other Ambulance Services in this regard. One theme that has been highlighted relates to the scoring of sepsis.	
	Resolved:	
	a) That the contents of the report be received and noted.	
05/20/20	**Licence Conditions**	
	The Chairman explained that on an annual basis the Trust must self-certify that they can meet the obligations set out in the NHS provider licence.	
	The draft self-declarations were attached as an annex to the report, and the Board was requested to consider and review the attached draft declarations and if appropriate approve the content. In doing so and to provide further reassurance to the Board during the previous financial just ended the Board are reminded that it agreed to undertake the NHSI Well Led Review commencing in the Spring of 2019 with a view to completing the Well Led self-assessment review prior to the CQC Well Led Review commencing in the early Summer of 2019.	

	The Board commissioned the Good Governance Institute to carry out the external review of its self-assessment. The final report from the Good Governance Institute was submitted for review at the meeting of the Board of Directors in June 2019. The Board agreed after reviewing the report to authorise the Chair to write to the NHSI confirming that the Trust has completed the review, and that no material issues of governance have been found. Immediately following on from the Board's self-assessment review, the CQC undertook a Well Led Review and as a result the Trust retained its rating of Outstanding. The Board therefore have reassurance that confirming the statements where appropriate that there is evidence to support confirmation.	
	Resolved:	
	a) That the contents of the report be received and noted. b) That having sought the views of the Council of Governors, the Board of Directors are recommended to confirm the following declarations: - Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution. - To confirm that this Trust has not been notified as a designated Commissioner Requested Service, if confirmed the Board do not need to make a self-declaration under this condition CoS7. - That approval be given to the content of the Corporate Governance Statement attached. - That the Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	
03/20/21	**New or Increased Risks Highlighted Today**	
	Risks highlighted today as follows: • Financial Risk as opposed to Clinical Risk of not providing a service - (Ops/finance balance). • Trust Board recognising complexity of Covid-19 response mode.	

Page **16** of **17**

03/20/22	**Any Other Business**	
	22a – QGC Minutes – 2/3/20	
	The Director of Nursing & Clinical Commissioning explained that he had received a question from a Reporter relating to the last paragraph on page 10 of the Minutes relating to Mrs Ivey asking where the Trust stands on zero tolerance and incidents of sexual advances to female crews. This had not been reported in the QGC Chairs report but was in the minutes. The Reporter has asked if anything further was mentioned to the Board on these two items. The Director of Nursing & Clinical Commissioning confirmed that the QGC will follow up on these two concerns.	
	Resolved:	
	That the contents of the update be received and noted.	
03/20/23	**Date and time of the next meeting** **29 July 2020 – 14:00 hours**	

West Midlands Ambulance Service
University NHS Foundation Trust

Board Action Log

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
10/19/18	**Diversity & Inclusion Update:** That Mrs Brown would arrange for the Network Chairs to attend a Board of Directors meeting and give an update on their top five issues.	**PB**	**Oct 2020**	Completed. An Agenda item on todays meeting. The Board are requested to discharge this action from the log.
10/19/20	**Commissioning Intentions:** The Director of Nursing & Clinical Commissioning & Interim Engagement & Strategy Director come up with some downside scenarios for each area listed above.	**MD/PW**	**July 2020**	Initial work on this matter was progressed and the views of directors sought and the newly appointed Strategy and Engagement Director has provided some thoughts on this matter within the context of the Strategic direction of the Trust and the NHS. It is proposed to the Board that this matter forms part of the discussions at the September strategy day alongside the broader considerations. On the basis of this matter being included as part of the wider discussions on strategic direction at the September Strategy Day the Board is requested to discharge this Action from the log.

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
03/20/05	**Board Action Log - BME Representation, Progression & Leadership Action Plan** Mrs Ivey asked that the BME Action Plan is submitted to the Quality Governance Committee for review.	**KN**	**May 2020**	KN will update the Board on progress and will report that this matter has progressed and will be submitted to a meetings of the QGC and EMB. Update at the meeting.
04/20/03	**Update from the CEO on COVID-19** Mrs Kooner will liaise with the Communications Director regarding people in the community to link in with regarding the message about dialing 999 in you require help.	**NK**	**July 2020**	Narinder Kooner to update the Board at the meeting.
05/20/02	**Declarations of Interest** a) That the Medical Director would forward her declarations to the Trust Secretary for inclusion on the Board of of Directors Register of Interests.	**AW**	**June 2020**	The Declarations of interest have been received and the action completed. The Board are requested to discharge this action from the log.
05/20/08	**Covid-19 Update** a) That the CEO would feedback to the next meeting on the response to each of the points raised today by the Staff Governors.	**ACM**	**July 2020**	Responses to these matters have been reviewed by the Senior Command Team and the EMB in June 2020. The full response is set out in the attached paper (Appendix A) The Board are requested to discharge this action from the log.

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
05/20/09	**Winter Planning 2020/2021** a) That the Director of Finance would agree what is the most important priorities and submit a paper to EMB next week for discussion. b) That an updated paper will be submitted to the NEDs Meeting on 10 June 2020. An Extra-Ordinary Board meeting will be arranged for that morning. **(Update – The Extraordinary Meeting was not convened)**	**LJM** **LJM**	**2/6/20** **10/6/20**	A report is included in the papers for this meeting of the Board following a discussion and agreement at the EMB meeting on 14 July 2020. The EMB agreed to make representation to the CCGs in relation to the capacity planning for 111 First and the emergency crews required for winter. The letter is attached as an Appendix B to this Board Action Log for noting. The Board is requested to discharge this action from the log.

17 June 2020

Rachael Ellis (via e-mail)
Chief Officer - Integrated Urgent and Emergency Care
Sandwell and West Birmingham CCG
Kingston House
438-450 High Street
West Bromwich
B70 9LD

Dear Rachael,

Re: 111 additional activity – Talk Before you Walk

Following the Regional meeting on 12 June 2020 Chaired by Jeff Worrall, it was suggested that there will be a 'Talk Before you Walk' initiative launched to enable acute hospital EDs cope with demand over the winter period.

The modelling I have used assumes the following:
- A&E walk in activity will be targeted to call 111 before any attendance at ED
- There will be a compliance of 65% with this initiative
- 111 demand will go up proportionate to the compliance with this initiative
- 50% of these additional 111 calls will need a clinical assessment
- I have taken data from national published datasets and WMAS verified data

Taking the modelling into account:
- Total ED attendances for West Midlands Hospitals (excluding Staffordshire) = c.500,000 per quarter (based on Quarter 4 of 2019/20)
- Ambulance conveyances (excluding Staffordshire) in the same period = 124,000
- Self-presenting patients to EDs (excluding Staffordshire) = 376,000 over a 13-week period
- Assuming 65% of the above comply and call 111 = 2,700 additional 111 calls per day
- At a per call rate of £23.30 = £63,000 per day = £2m per month with effect from 01 November 2020 for every month that the 'Talk Before you Walk' initiative remains live

I suggest the £2m per month is the base amount for a block contract arrangement to enable us to get the required infrastructure in place. Should activity exceed our assumed levels we will need to set the amount higher.

Trust us to care.

It is important that we are able to progress to delivery of the additional resource requirement as there is a lead in time that we are already very close to if we are to get this in place for the Winter period.

I look forward to receiving confirmation to proceed.

Yours sincerely,

Mark Docherty
Executive Director of Nursing and Clinical Commissioning

18 June 2020

Rachael Ellis (via e-mail)
Chief Officer - Integrated Urgent and Emergency Care
Sandwell and West Birmingham CCG
Kingston House
438-450 High Street
West Bromwich
B70 9LD

Dear Rachael,

Re: 999 Emergency Ambulance Contract and WMAS PTS Contract

Following the Regional meeting on 12 June 2020 Chaired by Jeff Worrall, it was made clear that there was a need for an additional 1,000 acute hospital beds across the West Midlands to meet the demand over the winter period. This is an initiative that we fully support to ensure EDs do not become congested and patient flow is not compromised.

I am keen for WMAS to facilitate delivery of the additional capacity, so I have done some modelling to use as a starter for the discussion with NHSE/I and I am presenting this to you for your views. The modelling enclosed has been agreed by our Executive team so presents the WMAS view. Ideally, we should present a united view on the resource requirements that is also supported by our commissioners, so I am seeking your support for this.

It is clear that there will be a relative impact on WMAS to manage safely the demand that results in the need for such an increase in acute hospital beds. I am therefore highlighting the additional resource requirement that will be needed by WMAS to deliver a safe service over the winter period.

The modelling I have used assumes the following:
- 1,000 additional acute hospital beds across the West Midlands
- Average bed occupancy 98%
- Each bed has an average length of stay of 5 days
- Most (85%) patients being admitted to the additional acute hospital beds arrive by emergency ambulance
- Not all patients arriving at an acute hospital are admitted – we are assuming that there is an admission rate of 65%
- The average cost per additional patient using a 999 ambulance will be the average incident fee for the West Midlands (£190.89)

Trust us to care.

- We assume that of the additional patients admitted 15% will need a PTS ambulance to safely discharge them
- To maintain social distancing on PTS vehicles, we have had to reduce the number of patients travelling on each vehicle
- The average incident fee per PTS journey is set at £108.46

Taking the modelling into account:
- Additional patients using the 1,000 additional acute hospital beds over a 3-month period = 17,836
- Of the additional patients needing beds, 15,160 will have been brought in by ambulance
- In total, an additional 23,323 patients will have been managed to result in an additional 15,160 patients needing to be admitted
- This will result in an additional resource requirement in the 999-ambulance service for WMAS of £4.5m over a 3-month period
- In total an additional 2,676 patients will need to be discharged via the WMAS PTS service at a total cost of £300k over a 3-month period
- WMAS therefore require an additional £1.6m per month with effect from 01 November 2020 for every month that the additional 1,000 beds are required to cover the additional pressure on the 999 and PTS ambulance service.

The Nightingale Hospital Impact

The modelling above does not address the impact of the Nightingale Hospital. The following assumptions are made in respect to the impact of this facility:
- There will be 2,000 beds operational at the NEC site
- The Nightingale Hospital will be used by patients from across the West Midlands
- Patients being transferred to the Nightingale Hospital will be a higher acuity than a PTS service can accommodate
- All patients will need to be transported to the Nightingale facility by ambulance
- The resource impact will be estimated based on the average cost of a 999-ambulance incident (£190.89)
- Average bed occupancy will be 90% (1,800 beds)
- Each bed will be occupied for an average of 7 days
- Patients will be discharged from the Nightingale Hospital rather than being transferred back to their base hospital.
- In a 3-month period, 23,400 patients will use the nightingale facility
- 1,800 patients per week will use the facility
- 50% of patients will need to be discharged using the WMAS PTS service (@£108.46 per journey)

Taking the modelling into account:
- Additional patient journeys to take patients to the Nightingale Hospital = 7,800 per month
- Cost of journeys in to the Nightingale Hospital = £1.5m per month
- Additional PTS journeys to take patients out of Nightingale Hospital = 3,900 per month
- Cost of journeys out of the Nightingale Hospital = £0.5m per month

- TOTAL ambulance cost of Cost of journeys in to and out of the Nightingale Hospital = £2m per month

I suggest the additional £3.6m per month for all these initiatives described in this letter, is the base amount for a block contract arrangement to enable us to get the required infrastructure in place. Should activity exceed our assumed levels we will need to set the amount higher.

It is important that we are able to progress to delivery of the additional resource requirement as there is a lead in time that we are already very close to if we are to get this in place for the Winter period, so it is critical that we are able to move forward as a matter of urgency.

I am happy to discuss further and I look forward to having confirmation of your support.

Yours sincerely,

Mark Docherty
Executive Director of Nursing and Clinical Commissioning

Response to Staff Governors at Board

Staff Governors Comments	Response
PPE: The national pandemic stock really was poor. We are really pleased that this issue has been addressed. The new stock is incredibly robust. The hubs are full of PPE for which we are grateful. Some patients can't understand why we disappear into the back of an ambulance when we arrive; people even come to the doors as they are wondering why we don't rush into a property. Could it be said on 999 call that this is what will happen? The other area is Level 3 PPE, and whether CPR is an AGP. We welcome the recent AACE statement though note the messages coming from the College of Paramedics and Resus Council UK.	This has previously been considered but this would increase call lengths and reduce call assessor's availability. However, it is recognised members of the public may appreciate this information. With reference to 111 clearly WMAS can influence 111 calls within the areas covered and will look at doing this moving forward We have and will continue to follow PHE guidance however please refer to clinical notice CN403 which addresses this statement. Staff should continually perform a dynamic risk assessment which should include information provided prior to arrival at scene. Where the risk assessments indicate a requirement for PPE crews should don the appropriate level before being within two metres of the patient.
Socially Distancing on Hub: We welcome the number of staff available, though it has meant that it has been very busy on Hubs. Last week it did get busier so we weren't on station as much. We also welcome the extra benches. Whilst we are not in favour of crews being compelled to take breaks off station, do all staff know that they can take their break off station if they wish to?	Yes if staff wish to and EOC support and as staff are available when required following Break and the travel distance is reasonable this is down to EOC discretion. Where a crew have requested their break off station the allowance will be payable
Practical Challenges of Acute Trusts: With all acute Trusts operating hot and cold zones for Covid patients, some practices do mean we are effectively wasting PPE as in some cases you have to take a patient to a hot zone but have to	HALOs have been working closely with acute hospitals regarding access, egress and zone areas. Each individual hospital has its own responsibility for monitoring and implementing their own flow, but also its important to note that

book them in on the cold side. In addition, each hospital has its own process which can be confusing. Could HALOs work with hospitals to get a more sensible solution?	each individual hospital footprint is different and makes this difficult. Staff need to link in with their HALO and local Senior Operations Manager to see if anything can be further improved. To reiterate that Clinical Notice CN403 states that following revised secondary care guidance, level 2 PPE must be worn when entering clinical areas across all hospitals. Please note, if the area is considered high-risk whereby AGPs are routinely performed, level 3 PPE must be donned. Link to secondary care guidance can be found here.
Students: We recognise the work of all of the students helping the Trust and are grateful for that. The 1st years working with VPOs seems to be a good learning experience. However, many staff have raised concerns about the second years who aren't able to drive. If there is a very poorly patient, the paramedic has to drive leaving the student in the back. Had one case where a paramedic had to drive for over 20 minutes; this was incredibly stressful for both the paramedic and the student.	During the Pandemic the organisation has had to make a number of bold decisions in order to maintain patient safety. To increase the resourcing capacity to ensure we can meet the patient demand, reduce patient harm and ensure we have a safe system of working. These Student Paramedic Grads have always worked with a qualified member of staff and predominantly a Paramedic. Advice regarding taking the patient to hospital or calling for backup at the discretion of the crew. After reviewing the incident report forms, we have had 2 incidents that have been raised. **ER 54 35571**

	In Conclusion Non-specific to any individual case, more a statement in disagreement with current service operational deployment of year 2 and 3 university students. WMAS Trust has undertaken a risk assessment into this decision and is satisfied mitigation is in place to reduce any patient harm in delay of ongoing treatment. **ER34284** **In conclusion.** Based on the information available, the crew made EOC aware that a backup may be required but did not confirm this, as per CAD notes. There is no indication from review of the patient EPR that there was any detriment to patient care as a result of that backup not being responded. Or on patient examination an indication for its requirement. Based on the patient's observations recorded on the EPR and the free text by the crew there was no requirement for extended paramedic skills to be performed either before or during the 21 minute hospital journey to BCH. No indication on EPR that patient's airway was critically compromised sp02 on leaving scene 100% no administration of supportive therapy Oxygen.
The Way GPs Work: It seems as though GPs have closed doors to face to face contact. In many cases, it is proving very difficult to even speak to them at times with multiple phone calls. This isn't helping us discharge appropriate patients at home. In one case, it appears a GP used a 999	Please use the SCC and 111 star 5 who have the capacity and expertise to help crews to find alternative pathways and to help with discharging patients on scene.

call to get a paramedic to the scene so that they could use their smart phone to do a video consultation!

Adam Aston said: "I'd like to thank the Chief and his senior managers who have been incredibly responsive to staff concerns, but the unsung heroes through this are the VPOs who have been amazing. Not only have they continued to do their normal job but have had many more vehicles to clean and restock as well as multiple deep cleans. I also want to thank the many students who have helped; it is a great team effort." Mr Marsh added: "I'd like to thank Adam and Sarah for joining the meeting and letting all of the Board members know about the areas of concern and we will certainly look at each of these and feedback in due course."

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06   MONTH: July 2020   PAPER NUMBER: 04

Chief Executive Officer's Report	
Sponsoring Director	Chief Executive Officer
Author(s)/Presenter	Anthony C Marsh – Chief Executive Officer
Purpose	This report provides an update from the Chief Executive on national matters and an update on key issues within the organisation as listed under the Executive Summary.
Previously Considered by	Not Applicable, except for items and actions arising from the Executive Management Team.
Report Approved By	Chief Executive Officer

Executive Summary

This report includes:
1. Non-Emergency Patient Transport – Key Performance Indicators
2. Over 2-minute 999 Call Answering Update
3. Winter Lessons Learnt
4. National Data Collection: Risk Assessments for 'At Risk' Staff Groups
5. CEO Meetings – 18 May to 17 July 2020

Related Trust Objectives/ National Standards	**Current Strategic Objectives:** - Achieve Quality and Excellence - Accurately assess patient needs and direct resources appropriately - Establish our market position as an emergency healthcare care provider - Work in partnership - The Trust reports against the National Ambulance Service Standards, as well as its clinical standards. These are reported as part of the Trusts Information Pack to each meeting of the Board. - The Trust must also remain compliant with the standards set out in its CQC Registration, which includes the use of resources risk assessment.
Risk and Assurance	The NHS is facing financial and activity challenges, and the Trust needs to ensure it has robust arrangements in

	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: 06   MONTH: July 2020   PAPER NUMBER: 04

Action required

The Board of Directors is asked to:
- Receive and note the contents of the paper seeking clarification where necessary.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06   MONTH: July 2020   PAPER NUMBER: 04

1.   **Non-Emergency Patient Transport – Key Performance Indicators – 2020/2021**

Despite losing a significant number of staff to help in the response to the COVID-19 pandemic, the Non-Emergency Patient Transport Service has continued to perform at an extremely high level. During the first quarter (April – June) the service was able to exceed all 57 operational targets on the seven PTS contracts that the Trust has in Birmingham, Black Country Partnership, Cheshire, Coventry and Warwickshire, Dudley and Wolverhampton, Walsall, as well as Sandwell and West Birmingham. Appendix 1 shows the Non-Emergency Patient Transport (PTS) performance against the agreed Key Performance Indicators (KPIs) for April 2019 to June 2020 for each Contract.

2.   **Over 2-minute 999 Call Answering Update**

Call answering performance has been very strong with each 999 call being answered within 1 second on average. The Trust continues to report the lowest 2-minute call answering delays in the country.

Trust	April	May	June	Year To date
WMAS	4	8	3	15
EoE	16	34	5	55
EMAS	55	11	54	120
LAS	1909	10	5	1924
NEAS	18	69	52	139
NWAS	79	2	0	81
SCAS	90	24	39	153
SECAMB	5	2	222	229
SWAST	0	17	15	32
YAS	166	159	148	473

3.   **Winter Lessons Learnt**

The Lessons Learnt Action Plan is attached at Appendix 2. The actions cover the feedback received and all actions are green. Normally I host a Winter Learning Event. A date was set for this year, but the event was cancelled due to Covid-19.

4.   National Data Collection: Risk Assessments for 'At Risk' Staff Groups

All Trusts are required to submit their risk assessment data via a central electronic recording site. The questions have been set nationally. The Trust has made the risk assessment available to all staff through weekly briefing articles previously and undertaken a survey of staff asking for their views on their needs during COVID19, such as PPE, redeployment, aids, and adaptations etc. The data was submitted by the Director of Workforce & OD on 16 July to comply with the timescales required. Attached at Appendix 3 details of the return submitted.

5.   Chief Executive Officer Meetings –18 May to 17 July 2020

<u>Staff</u>
*   Audit Committee Meeting
*   Staff Side Monthly Meetings
*   Worcester Hub – Funeral Andy Lightbody
*   Staff Engagement Events – 5 June, 19 June, 3 July, and 17 July
*   Senior Command Team Meeting
*   NEDs Meeting
*   Workforce Directorate Team Meeting
*   IT Department Team meeting
*   Clinical team Meeting
*   ONE Network – 11 June and 29 June
*   Estates Team Meeting
*   Fleet Supervisors team Meeting
*   Press Team Meeting
*   Finance Team meeting
*   Lichfield Hub -

<u>National Meetings</u>

*   NHS England / NHS Improvement Ambulance Covid-19 Daily Cell
*   NHS England / NHS Improvement Directors for Emergency & Elective Care Meeting
*   National Ambulance Commissioners Network
*   NHS England / NHS Improvement Ambulance Serology Testing
*   NHS England / NHS Improvement Benefit Change Workstreams
*   Claire Land & Helen Vine, CQC
*   Henrietta Hughes, National Guardian, FTSU
*   NHS England / NHS Improvmentn999 Covid Learning Event

- NHS England / NHS Improvement Ambulance Data Set Project Leads
- NHS England / NHS Improvement PTS Covid Learning Event
- NHS England / NHS Improvement 111 Developments
- Nigel Edwards, Nuffield trust
- Association of Ambulance Chief Executives – Ambulance Chief Executives Group
- Association of Ambulance Chief Executives – Virtual Board Meeting
- NHS England / NHS Improvement Ambulance Transformation Forum
- Will Warrender, South Western Ambulance Service
- Charlie Hall, National Police Chiefs & Roy Wilsher, National Fire Chiefs Council
- NHS England Ambulance Service Serology Testing Meetings
- Craig Harman, St John Ambulance
- Martin Houghton-Brown, St John Ambulance
- NHS England / NHS Improvement Handover Delay review Meeting
- JESIP Interoperability Board Meeting
- NHS England / NHS Improvement CEO Advisory Group

Regional Meetings

- Lisa Bayliss-Pratt, Coventry University
- West Midlands Deputy Lord Lieutenants Leads Meeting
- Dave Thompson, West Midlands Police
- Keith Porter, UHB

**Professor Anthony C. Marsh
Chief Executive Officer
July 2020**

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

Non-Emergency Patient Transport Services
2020-21 Performance

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Cheshire, Warrington & The Wirral	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
EPS Arrival														
% Arriving within 60 minutes prior.	90%	94.25%	94.52%	94.63%										94.51%
% Arriving on time	Info	95.29%	94.93%	95.20%										95.19%
.														
% Arriving within 60 minutes prior & 15 mins after appt	90%	95.51%	96.08%	94.80%										95.29%
% Arriving on time	Info	97.96%	97.68%	96.61%										97.20%
EPS Departure														
% Collected within 60 minutes	85%	99.19%	99.65%	99.34%										99.39%
% Collected within 90 minutes	90%	99.86%	99.93%	99.93%										99.91%
Planned Departure														
% Collected within 60 minutes	80%	94.77%	94.68%	94.74%										94.71%
% Collected within 90 minutes	90%	98.02%	97.90%	97.37%										97.67%
Unplanned Departure														
% Collected within 60 minutes	75%	96.50%	95.65%	94.03%										95.34%
% Collected within 90 minutes	85%	98.54%	98.51%	96.57%										97.83%
EPS Time on Vehicle														
On vehicle is <60 minutes.	85%	99.06%	99.30%	99.45%										99.58%
Planned Time on Vehicle														
On vehicle is <60 minutes.	80%	96.35%	96.71%	96.35%										97.63%
UnPlanned Time on Vehicle														
On vehicle is <60 minutes.	80%	97.03%	97.51%	98.19%										98.50%

Sandwell and West Birmingham	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Inward Journeys - All Activity														
60 minutes before and 15 minutes late	info	91.8%	84.6%	84.0%										96.0%
Too Early + KPI Window (With Excemptions)	90%	100.00%	97.40%	95.40%										97.00%
Outward Journeys - Planned (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	75%	94.20%	97.10%	92.60%										93.00%
collection < 90mins (of scheduled / ready time)	95%	97.10%	97.10%	98.20%										97.50%
Outward Journeys - On Day (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	60%	83.80%	87.80%	85.50%										85.80%
collection < 120mins (of scheduled / ready time)	95%	96.70%	98.40%	98.70%										97.70%
Transfers														
collection < 90mins (of scheduled / ready time)	75%	100.00%	na	na										100.00%
collection < 120mins (of scheduled / ready time)	95%	100.00%	na	na										100.00%
Home Visits														
< 30 mins before outward collection time	90%	na	na	100.00%										100.00%
< 30 mins after inward collection time	90%	na	na	100.00%										100.00%
Within 10 miles of destination < 60 mins	90%	98.30%	100.00%	99.60%										99.20%
Within 11-20 miles of destination < 90 mins	90%	100.00%	100.00%	100.00%										100.00%

Wolverhampton & Dudley	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Inward Journeys - All Activity														
60 minutes before and 15 minutes late	info	91.6%	93.8%	97.2%										97.4%
Too Early + KPI Window (With Excemptions)	90%	98.10%	98.10%	96.50%										97.60%
Outward Journeys - Planned (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	75%	98.30%	97.90%	96.10%										97.30%
collection < 90mins (of scheduled / ready time)	95%	99.40%	99.40%	99.00%										99.20%
Outward Journeys - On Day (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	60%	85.10%	90.30%	89.20%										87.40%
collection < 120mins (of scheduled / ready time)	95%	97.30%	99.50%	100.00%										98.50%
Transfers														
collection < 90mins (of scheduled / ready time)	75%	100.00%	96.30%	100.00%										97.10%
collection < 120mins (of scheduled / ready time)	95%	100.00%	100.00%	100.00%										100.00%
Home Visits														
< 30 mins before outward collection time	90%	100.00%	100.00%	na										100.00%
< 30 mins after inward collection time	90%	100.00%	na	na										100.00%
Within 10 miles of destination < 60 mins	90%	99.70%	99.70%	100.00%										99.70%
Within 11-20 miles of destination < 90 mins	90%	99.90%	99.90%	100.00%										99.90%

Walsall PTS	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Inwards: Outpatients														
< 60 mins before & 15mins after appointment time	info	92.7%	90.9%	89.4%										90.4%
Too Early + KPI Window (With Excemptions)	90%	97.20%	94.80%	92.2%										93.80%
Outwards: Outpatients														
Patients collected < 60 mins after agreed pick-up time	75%	100.00%	97.70%	89.6%										93.60%
Patients collected < 90 mins after agreed pick-up time	90%	100.00%	100.00%	96.0%										97.90%
Discharges: (Inc. Transfers & After Treatment)														
Discharged < 60 mins	60%	84.50%	92.30%	84.2%										87.00%
Discharged < 120 mins	80%	97.10%	99.80%	98.6%										98.50%
Time Spent On Vehicle														
Planned mileage < 10 miles and < than 60 mins	90%	98.70%	98.70%	98.5%										98.60%

Black Country Partnership (BCP) PTS	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Inwards: Planned (all categories)														
< 15mins after appointment time	95%	100.0%	100.0%	100.0%										100.0%
Inwards: Planned (Admission, Day & OPs)														
> 30mins before & <15mins late	95%	100.0%	100.0%	100.0%										100.0%
Outwards: Planned (all categories)														
Collection < 60mins after ready time	95%	100.0%	100.0%	100.0%										100.0%
Time On Vehicle														
Planned mileage < 10 miles, < 60 mins on vehicle	100%	100.0%	100.0%	100.0%										100.0%

Non-Emergency Patient Transport Services
2020-21 Performance

Coventry & Warwickshire PTS	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Renal Contract [LOT 2]														
Renal: Response Times: Outpatients														
<15 miles, Collected from home < 90mins before appointment.	90%	97.00%	95.00%	95.00%										97.00%
>15 miles, Collected from home < 120mins before appointment.	95%	98.00%	96.00%	97.00%										98.00%
Renal: Arrival Times: For Outpatients														
Arrive < 60 mins before appointment time.	95%	98.00%	98.00%	97.00%										98.00%
Renal: Planned Collection of Outpatient Appointments or after Treatments														
Collection < 60 mins of request.	95%	98.00%	97.00%	97.00%										98.00%
Renal: On Day Booking														
Collection < 4 hours of request.	95%	99.00%	100.00%	100.00%										99.00%
Renal : Time on Vehicle														
<60 minutes for journeys < 12 miles of the destination Trust.	95%	99.00%	98.00%	96.00%										97.00%
<120 minutes for journeys >12 miles (unless out of area).	95%	99.00%	99.00%	97.00%										98.00%
Main Contract [LOT 1]														
Response Times: OP, Admissions and Day Cases														
<15 miles, Collected from home < 90mins before appointment.	90%	97.00%	97.00%	96.00%										97.00%
>15 miles, Collected from home < 120mins before appointment.	95%	98.00%	98.00%	97.00%										98.00%
Arrival Times: For Outpatient Appointments, Admissions and Day Cases														
Arrive < 60 mins before appointment time.	95%	98.00%	98.00%	98.00%										98.00%
Planned Outwards														
Collected <60 mins of request.	95%	97.00%	98.00%	98.00%										97.00%
Home Visits: Collected <30 mins of request. (out)	95%	n/a	n/a	n/a										n/a
Home Visits: Collected <45 mins of request. (in)	95%	n/a	n/a	n/a										n/a
On Day Booking														
Collected <4 hours of request.	95%	99.00%	98.00%	98.00%										99.00%
End of Life: Collected <2 hours of request.	98%	100.00%	100.00%	100.00%										100.00%
Time on Vehicle														
<60 minutes for journeys < 12 miles of the destination Trust.	95%	98.00%	98.00%	97.00%										98.00%
<120 minutes for journeys >12 miles (unless out of area).	95%	98.00%	98.00%	97.00%										98.00%

Pan Birmingham PTS	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Inwards: Planned														
Not Late for Appointment (includes too early)	90%	93.00%	95.90%	94.00%										94.60%
Inwards: On-Day (GP Urgents)														
< 120mins of agreed collection time	90%	-	100.00%	-										100.00%
Outwards: Planned														
Collection < 60mins of scheduled/ready time	90%	96.70%	97.70%	95.90%										97.00%
Outwards: On-Day														
< 120mins of agreed collection time	90%	97.70%	98.30%	96.80%										98.20%
Outwards: On-Day (Quick Response)														
< 60mins of agreed collection time (Eds & Assess. Areas)	95%	96.90%	97.40%	96.20%										97.40%
Time Spent On Vehicle														
< 60mins within a distance of 15 miles	95%	98.90%	99.00%	98.90%										99.00%
Renal Dialysis Performance - For Info Only														
Inwards: Planned														
Not Late for Appointment (includes too early)	90%	92.80%	96.10%	94.20%										94.40%
Outwards: Planned														
Collection < 30mins of scheduled/ready time	90%	90.60%	90.30%	90.00%										90.00%
Time Spent On Vehicle														
< 60mins within a distance of 15 miles	95%	99.50%	99.50%	99.60%										99.50%

NHS

West Midlands Ambulance Service
University NHS Foundation Trust

WMAS Lessons Learnt Winter 2019/20: Action Plan

Action Plan in response to Lessons Learnt Winter 2019/20

Rag Status	
	Work required
	Work underway
	Complete

Areas for Improvement				
No	Category / Comment	Actions	Action owner	Rag Status
1	Reviewing of Operations Managers tasking for the Winter/ Festive Period	Using the experience of COVID-19 in the review of OM tasking to incidents this will be factored into the Winter planning	All	
2	Improve the communications between the On Call Tactical Commanders and multiple Strategic Commands consistency of tasking	Agree improved conversation between the Strategic Commanders with Duty Director and On Call at the time	All	
3	Improve communications from the Senior team to the On Call Tactical Commanders	In the new On Call arrangements the On Call Tactical Commanders have NH as their lead Strategic Commander	NH	
4	111 was a steep learning curve for the first winter for the management team and lots of learning in live setting	Make sure all learning has been shared and develop with the 111 management team	JB	
5	Ensuring appropriate staffing for E&U, PTS, EOC & 111, plan resourcing accordingly to spread the workload	Discussed at Trust Board and Winter Planning developed with this as a key focus risk	All	
6	Having the availability of ACA and VPA roles for the organisation through Winter	Discussed at Trust Board and Winter Planning developed with this as a key focus risk	All	
7	COVID-19 precautions	Discussed at Trust Board and Winter Planning developed with this as a key focus risk	All	
8	OM development trained staff ready and available for the Festive period	There is a plan for an OM development selection for additional resilience	NH	
9	Earlier availability of Urgent Tier	The PTS HD tier will be in place until March 2021	MB	

10	Urgent Tier could possibly attend a wider group of patients	Periodic review completed by the Senior Command team	All	
11	Release of all newly trained staff to operations more than 2 weeks before Christmas for staff to be better prepared	Current recruitment plan has only Graduate Paramedics coming out a week before Christmas. All others out in November or January	All	
12	SCM involvement in allocation of HALO hours to hospitals as part of the planning and earlier implementation of these staff	This is completed by modelling and information on the hospitals from SCM managers to JB	JB	
13	Hospital delays and escalation support from Acute's/CCG/NHSE/I could have been improved as inconsistent	Feedback to the Region when they complete their lessons learnt process. NVH to email MD	NVH	
14	Whole health systems sharing of Festive planning arrangements	We recognise this could be helpful and a request for sharing will be made	MD	
15	Have a review of fleet locations against outputs end of Q2 for the Festive period	16th September in the diary with NH, NVH and TP	NH, NVH	
16	Consideration for winter tyres to be provided for all covert blue light fit Trust lease cars to save using snow socks	This is not in the current lease agreement and so would come at a cost to the Trust, approx. £1000 per car	CC/TP	
17	Spare RRV's for additional OM's when required	The Trust has retained 6 Land Rover Discovery Sports	All	
18	Vehicle accidents increased v winter 2018/19	Further work between Ops, PTS and Fleet to reduce	NH, MB, TP	
19	Vehicle shorelines bays blocked by operational staff members car, so shorelines were not available for the ambulances when they are on the hub	SOM's to review the parking processes on each hub and DCA's are required to be shore lined when on the hub	NH	
20	Guidance for staff on how the BH payments are made for the Christmas weekend	Paper to be produced with HR/Payroll, emailed CB and TE to confirm statement will be available for appropriate Weekly Briefing article	NVH	
21	Making rotas available to staff as soon as possible for them to plan their family/friend arrangements for the period	End of October is normally the planning phase to be completed for main Festive rotas for E&U Ops, EOC and PTS	NH, JB, MB	

Initials Key

Initial	Name
ACM	Anthony Marsh
CC	Craig Cooke
NH	Nathan Hudson
MB	Michelle Brotherton
NVH	Nick Henry
TP	Tony Page
JB	Jeremy Brown
MD	Mark Docherty
SW	Steve Wheaton

National Data Collection: Risk assessments for 'at-risk' staff groups data collection

As employers, we each have a legal duty to protect the health, safety and welfare of our own staff. Completing risk assessments for at-risk members of staff is a vital component of this.

Data collection

All NHS organisations are required to submit returns by:

	Opens	**Closes**
Data Collection 1	9 July 2020	17 July 2020
Data Collection 2	24 July 2020	31 July 2020

Definition of 'At Risk' Group

All 'at risk' staff have been defined nationally as:
- All BAME staff [regardless of age]
- White women aged 60+
- All male Staff
- Staff with underlying health conditions (Hypertension, CVD, DM, CKD, COPD, Obesity)
- Pregnant women [regardless of gestation]

The following data has been uploaded onto the national recording system.

Risk assessments for 'at-risk' staff groups data collection

Risk assessments for 'at-risk' staff groups data collection

> For: West Midlands Ambulance Service University NHS Foundation Trust; Wed 8 July 2020

> Submitted: Thu 16 July 2020, 2:34 p.m. by Rachael Belleini (rachael.belleini@wmas.nhs.uk, West Midlands Ambulance Service University NHS Foundation Trust)

> Status: Complete

Risk Assessment

Introduction
Welcome to the Risk assessments for 'at-risk' staff groups data collection.

If you have any technical difficulties, please email nhsi.developmentsolutions@nhs.net.

Thank you in advance.

Questions

1.	Have you offered a risk assessment to all staff?	● Yes ○ No*
2.	What % of all your staff have you risk assessed?	63 %
3.	What % of risk assessments have been completed for staff who are known to be 'at-risk', with mitigating steps agreed where necessary?	97 %
4.	What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary?	98 %

West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

July 2020

Trust us to care.

C O N T E N T S

1
VISION AND VALUES
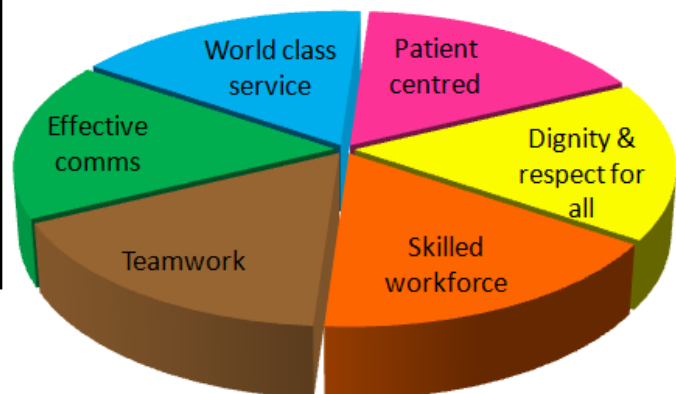
West Midlands Ambulance Service
University NHS Foundation Trust

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

Our Values

World Class Service
- Deliver a first class service which is responsive to individuals' needs
- Recognise and celebrate good performance by our staff
- Strive to maintain a positive, safe, supportive and enjoyable work environment for all staff
- Use our resources carefully, making sure that we provide the most cost-effective high quality service
- Be trustworthy and consistently deliver on our promises

Patient Centred
- Provide the highest quality service and care for our patients and their relatives within the available resources
- Every member of staff will help to improve patient care, either directly or indirectly
- Listen and respond to carers and staff
- Learn from our successes and our mistakes and work to improve our service to patients at all times
- Encourage staff to use their experiences to help develop the Trust and the services it provides to patients

Dignity and Respect for All
- Show understanding of and respect for each other's roles and the contribution each of us makes to the organisation
- Promote equality of opportunity and celebrate diversity
- Observe high standards of behaviour and conduct, making sure we are honest, open and genuine at all times, and are ready to stand up for what is right
- Listen to and take on board the views, ideas and suggestions of others

Skilled Workforce
- Recognise that our staff are our most valuable asset
- Recognise and encourage the contribution and personal development of individuals
- Ensure that we, through our good working practices retain and recruit staff of the highest quality
- Encourage and support all staff in their personal development and training to increase and maintain their high levels of competency, skills and professionalism to meet their full potential regardless of role

Teamwork
- Our Staff work closely with colleagues of all levels
- Our staff make their views known and have them taken seriously
- Promote teamwork and take a genuine interest in those whom we work with, offering support, guidance and encouragement when it is needed
- Inspire each other to work together to create better services for our patients

Effective Communication
- Open and honest in our communication with each other and with those outside the organisation
- There is a two way flow of communication throughout the organisation
- Plan our services and generate new ideas for service improvements in partnership with staff, patients and the community
- Respect confidential and personal information about patients, their relatives and colleagues.

Our Corporate Culture – A Commitment

Towards an engaged, learning culture at its best

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

- **Is High Achieving:** consistently achieves and continually improves performance against our strategic objectives
- **Is Values-based:** is consistent with our values, patient-focussed, can-do and collaborative
- **Has a Diverse Workforce:** reflects the cultural mix of the communities we serve, and who are confident, capable and well-equipped.
- **Has a fully engaged staff:** is committed to continual learning and high standards, and where everyone feels proud to be a part of the team and of the organisation
- **Has confident and capable managers:** who are developed, empowered and supported, and who are creating a positive performance culture in our teams
- **Has teams that work together:** a joined-up organisation, using the full talents of every team to maximise the difference we are making
- **Is outward-facing:** strategic, and collaborative in our work with our patients
- **Is learning, improving and innovating:** a pragmatic, action-orientated culture for putting learning into action

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

The organisation has some of the longest serving staff in healthcare and those that are just starting out in their careers. We know that our patients will receive a superior service when they are cared for by staff where there is high morale and therefore we must all strive to make our working environment an enjoyable and stimulating experience.

In creating our corporate culture we are firmly opposed to management by intimidation; the best results are delivered by people who don't have to be told what to do but who know our shared values and how these are enacted every day. We strive to be free of prejudice of any kind. Promotions and career development to achieve individual potential is open to everybody, regardless of religion, race, gender, or sexual preference.

We have invested in our leadership to ensure high standards are in place. The setting of clear direction, and the involvement of our people to aid the decision making process are essential qualities and encourages us all to own the results that this brings.

Sir Graham Meldrum
Chairman

Anthony Marsh
Chief Executive Officer

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OPERATIONAL & CLINICAL KEY PERFORMANCE INDICATORS

Trust Information Pack

June 2020

Service Delivery Directorate

Operational Metrics and KPIs

Contents

Section 1: Demand

Call Demand

All Emergency Calls				
	Current Year	Previous Year	Variation from Previous Year	% Variation
	Call Count	Call Count	Call Count	Call Count
Month	92,649	105,925	(13,276)	-12.5 %
QTD	279,966	313,601	(33,635)	-10.7 %
YTD	279,966	313,601	(33,635)	-10.7 %

Demand against Contract			
	Assigned Incidents	Contract Incidents	% Variation
Month	91,362	87,029	4.98 %
QTD	274,204	261,086	5.02 %
YTD	274,204	261,086	5.02 %

111 vs 999 calls					
		Current Year		Previous Year	
	111/999	Call Count	Call Count	Call Count	Call Count
Month	999	74,474	80.4 %	90,138	85.1 %
	111	18,175	19.6 %	15,787	14.9 %
	Total	92,649		105,925	
QTD	999	226,489	80.9 %	265,985	84.8 %
	111	53,477	19.1 %	47,616	15.2 %
	Total	279,966		313,601	
YTD	999	226,489	80.9 %	265,985	84.8 %
	111	53,477	19.1 %	47,616	15.2 %
	Total	279,966		313,601	

Incident Demand

All Incidents				
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	88,413	88,851	(438)	-0.5 %
QTD	265,533	270,723	(5,190)	-1.9 %
YTD	265,533	270,723	(5,190)	-1.9 %

Emergency Incidents				
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	81,134	83,774	(2,640)	-3.2 %
QTD	245,356	254,658	(9,302)	-3.7 %
YTD	245,356	254,658	(9,302)	-3.7 %

Section 1: Demand

County	All Incidents by County				All Incidents by County			
	Current Year		Previous Year		Current Year		Previous Year	
	Month		Month		YTD		YTD	
	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents
Birmingham	21,715	24.6 %	21,478	24.2 %	65,885	24.8 %	65,469	24.2 %
Black Country	19,315	21.8 %	19,091	21.5 %	58,396	22.0 %	58,813	21.7 %
Arden	13,125	14.8 %	12,885	14.5 %	38,999	14.7 %	38,978	14.4 %
Staffordshire	16,711	18.9 %	17,434	19.6 %	50,830	19.1 %	53,186	19.6 %
Herefordshire	2,534	2.9 %	2,590	2.9 %	7,435	2.8 %	7,868	2.9 %
Shropshire	6,752	7.6 %	6,816	7.7 %	19,574	7.4 %	20,752	7.7 %
Worcester	8,117	9.2 %	8,446	9.5 %	24,021	9.0 %	25,307	9.3 %
Out of Area	96	0.1 %	72	0.1 %	256	0.1 %	232	0.1 %
No Value	48	0.1 %	39	0.0 %	137	0.1 %	118	0.0 %
Total	88,413		88,851		265,533		270,723	

Treatment Type (AQI Incidents, Emergency only)

Treatment Type Group	Treatment Type	MTD	QTD	YTD
Hear & Treat	Advice	213	980	980
	Alt Service	3,001	10,616	10,616
	Total	3,214	11,596	11,596
	%	4.0 %	4.7 %	4.7 %
See & Convey	Transport - ED	40,228	111,492	111,492
	Transport - Non ED	3,581	11,021	11,021
	Total	43,809	122,513	122,513
	%	54.2 %	50.2 %	50.2 %
See & Treat	Response	33,754	110,165	110,165
	Total	33,754	110,165	110,165
	%	41.8 %	45.1 %	45.1 %
Total	Total	80,777	244,274	244,274

Priority	Target Mean	Target 90%	Month Mean	Month 90%	QTD Mean	QTD 90%	YTD Mean	YTD 90%
Category 1	7:00	15:00	6:49	11:34	6:55	11:56	6:55	11:56
Category 1 T	19:00	30:00	7:38	12:50	7:43	13:10	7:43	13:10
Category 2	18:00	40:00	10:52	19:02	11:12	19:37	11:12	19:37
Category 3	60:00	120:00	18:43	35:14	19:44	36:44	19:44	36:44
Category 4	-	180:00	27:58	56:46	27:44	55:33	27:44	55:33
HCP 2hr	-	-	29:41	63:25	29:32	63:14	29:32	63:14
HCP 4hr	-	-	44:33	85:17	42:26	79:49	42:26	79:49

Call Answer	Month	QTD	YTD
Call Answer Mean	0:01	0:01	0:01
Call Answer Median	0:01	0:01	0:01
Call Answer 95th	0:02	0:02	0:02
Call Answer 99th	0:03	0:03	0:03

MTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Herefordshire Mean	Herefordshire 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%	Worcester Mean	Worcester 90%
Category 1	7:00	15:00	7:32	13:08	5:45	9:29	5:43	9:34	10:24	21:49	9:05	17:36	7:25	12:30	7:06	11:40
Category 1 T	19:00	30:00	8:08	14:12	6:49	10:36	6:15	10:02	11:40	23:21	9:26	19:13	8:18	14:22	8:20	13:34
Category 2	18:00	40:00	11:39	19:54	9:21	15:46	9:29	15:32	15:06	28:25	14:00	27:17	11:52	20:02	11:02	19:47
Category 3	60:00	120:00	20:21	38:04	19:39	36:47	15:08	26:37	21:30	39:25	22:25	45:06	19:32	36:36	16:14	30:43
Category 4	-	180:00	26:46	52:41	33:25	70:43	24:28	47:32	30:27	54:14	28:35	57:30	28:28	62:31	22:04	40:41
HCP 2hr	-	-	30:08	61:14	28:50	56:44	24:15	46:40	27:59	56:57	44:23	94:45	29:04	64:12	24:43	49:49
HCP 4hr	-	-	44:56	76:59	45:45	86:44	37:17	64:06	43:13	83:34	58:09	116:14	49:02	96:24	38:47	68:30

QTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Herefordshire Mean	Herefordshire 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%	Worcester Mean	Worcester 90%
Category 1	7:00	15:00	7:30	12:58	5:43	9:27	5:56	9:39	10:50	22:19	9:21	17:25	7:31	12:52	7:51	13:23
Category 1 T	19:00	30:00	8:09	14:00	6:27	10:11	6:34	10:19	11:33	23:59	10:12	19:45	8:39	15:03	8:58	16:00
Category 2	18:00	40:00	11:46	20:06	9:45	16:37	10:06	16:35	15:25	28:42	14:05	27:17	12:04	20:39	11:29	20:43
Category 3	60:00	120:00	19:32	35:06	21:30	40:28	17:15	30:00	22:22	41:16	22:01	43:34	20:20	37:32	17:17	31:33
Category 4	-	180:00	25:55	48:22	33:12	70:37	25:17	47:30	31:14	55:36	29:15	59:33	27:17	55:23	22:27	46:17
HCP 2hr	-	-	27:57	56:46	30:28	60:51	25:11	49:20	31:11	69:06	41:32	91:27	28:52	62:45	24:11	49:06
HCP 4hr	-	-	40:34	71:57	41:30	76:38	38:14	66:11	52:52	98:22	48:13	98:52	47:15	91:03	37:29	69:27

YTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Herefordshire Mean	Herefordshire 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%	Worcester Mean	Worcester 90%
Category 1	7:00	15:00	7:30	12:58	5:43	9:27	5:56	9:39	10:50	22:19	9:21	17:25	7:31	12:52	7:51	13:23
Category 1 T	19:00	30:00	8:09	14:00	6:27	10:11	6:34	10:19	11:33	23:59	10:12	19:45	8:39	15:03	8:58	16:00
Category 2	18:00	40:00	11:46	20:06	9:45	16:37	10:06	16:35	15:25	28:42	14:05	27:17	12:04	20:39	11:29	20:43
Category 3	60:00	120:00	19:32	35:06	21:30	40:28	17:15	30:00	22:22	41:16	22:01	43:34	20:20	37:32	17:17	31:33
Category 4	-	180:00	25:55	48:22	33:12	70:37	25:17	47:30	31:14	55:36	29:15	59:33	27:17	55:23	22:27	46:17
HCP 2hr	-	-	27:57	56:46	30:28	60:51	25:11	49:20	31:11	69:06	41:32	91:27	28:52	62:45	24:11	49:06
HCP 4hr	-	-	40:34	71:57	41:30	76:38	38:14	66:11	52:52	98:22	48:13	98:52	47:15	91:03	37:29	69:27

	Total Conveyances				Over 1 Hr Turnaround Delays				Hours Lost at Hospital (over 30 min turnaround)			
	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation
Month	47,949	53,185	-5,236	-9.8 %	455	1,369	-914	-66.8 %	2,379	4,672	-2,293	-49.1 %
QTD	133,709	162,667	-28,958	-17.8 %	1,125	4,256	-3,131	-73.6 %	7,820	14,192	-6,373	-44.9 %
YTD	133,709	162,667	-28,958	-17.8 %	1,125	4,256	-3,131	-73.6 %	7,820	14,192	-6,373	-44.9 %

Hospital Turnaround Delays - 45 - 60 mins and 60 mins +
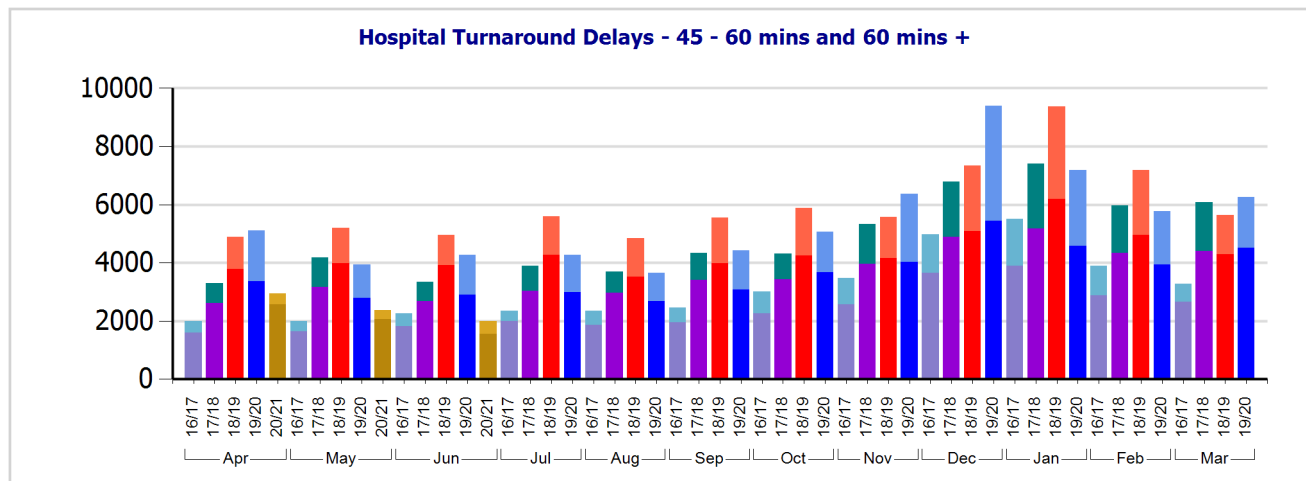
	Hospital Turnaround Timebands											
	MTD						YTD					
Destination	Under 30		30-60 mins		60+ mins		Total	Under 30		30-60 mins		60+ mins		Total
Alexandra	1500	88.3 %	198	11.7 %		0.0 %	**1698**	3809	79.3 %	993	20.7 %	2	0.0 %	**4804**
Birmingham Childrens	673	79.0 %	178	20.9 %	1	0.1 %	**852**	1783	74.8 %	591	24.8 %	10	0.4 %	**2384**
Burton	590	55.8 %	467	44.2 %		0.0 %	**1057**	1631	50.6 %	1584	49.1 %	11	0.3 %	**3226**
City (Birmingham)	1359	80.0 %	333	19.6 %	5	0.3 %	**1698**	3538	73.9 %	1238	25.9 %	12	0.3 %	**4789**
County Hospital (Stafford)	766	86.3 %	121	13.6 %	1	0.1 %	**888**	2054	83.3 %	404	16.4 %	7	0.3 %	**2465**
George Elliot	654	54.7 %	540	45.2 %	1	0.1 %	**1195**	1702	48.1 %	1830	51.7 %	8	0.2 %	**3540**
Good Hope	1037	44.5 %	1245	53.4 %	49	2.1 %	**2331**	2645	40.0 %	3817	57.7 %	154	2.3 %	**6616**
Heartlands	2592	66.7 %	1235	31.8 %	61	1.6 %	**3888**	5119	52.0 %	4555	46.2 %	178	1.8 %	**9852**
Hereford County	819	52.8 %	720	46.5 %	11	0.7 %	**1550**	1994	47.6 %	2163	51.6 %	31	0.7 %	**4188**
New Cross	3053	78.7 %	824	21.2 %	4	0.1 %	**3881**	7431	71.1 %	2995	28.7 %	19	0.2 %	**10445**
New Queen Elizabeth Hosp	2183	53.2 %	1861	45.3 %	63	1.5 %	**4107**	5883	49.0 %	5965	49.7 %	163	1.4 %	**12011**
Princess Royal	1152	71.6 %	452	28.1 %	6	0.4 %	**1610**	2877	64.7 %	1550	34.9 %	20	0.4 %	**4447**
Royal Shrewsbury	1066	61.2 %	628	36.0 %	49	2.8 %	**1743**	2977	63.2 %	1676	35.6 %	61	1.3 %	**4714**
Royal Stoke Univ Hosp	2648	57.3 %	1863	40.3 %	108	2.3 %	**4619**	6704	52.8 %	5812	45.8 %	177	1.4 %	**12693**
Russells Hall	2208	70.2 %	934	29.7 %	3	0.1 %	**3145**	5267	59.5 %	3551	40.1 %	39	0.4 %	**8858**
Sandwell	1286	57.5 %	942	42.1 %	7	0.3 %	**2235**	3224	51.8 %	2972	47.7 %	33	0.5 %	**6229**
Solihull	4	100.0 %		0.0 %		0.0 %	**4**	480	70.6 %	199	29.3 %	1	0.1 %	**680**
Uni Hospital Cov & War	2092	51.7 %	1933	47.8 %	21	0.5 %	**4046**	5287	46.4 %	6027	52.8 %	90	0.8 %	**11405**
Walsall Manor	2189	81.9 %	480	18.0 %	3	0.1 %	**2672**	5573	75.3 %	1809	24.5 %	15	0.2 %	**7397**
Warwick	975	59.3 %	662	40.3 %	6	0.4 %	**1643**	2605	57.0 %	1956	42.8 %	11	0.2 %	**4572**
Worcestershire Royal	1992	67.8 %	893	30.4 %	55	1.9 %	**2940**	5105	64.2 %	2762	34.8 %	80	1.0 %	**7947**

Turnaround - Time at Hospital to Time Clear

Section 4: Resourcing

RPI

	Month	QTD	YTD
Category 1	1.43	1.46	1.46
Category 2	1.05	1.05	1.05
Category 3	1.03	1.03	1.03
Category 4	1.03	1.04	1.04
HCP	1.06	1.06	1.06
Total	**1.07**	**1.07**	**1.07**

Percentage of Double Crewed Ambulances with a Paramedic as Part of Crew
6 Months Trend

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Bromsgrove Hub	100.0%	100.0%	85.7%	70.2%	67.1%	69.0%
Coventry Hub	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%
Donnington Hub	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%
Dudley Hub	100.0%	100.0%	99.5%	97.3%	97.9%	98.3%
Erdington Hub	100.0%	100.0%	99.6%	95.8%	99.9%	100.0%
Hereford Hub	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%
Hollymoor Hub	100.0%	100.0%	98.9%	98.5%	100.0%	100.0%
Lichfield Hub	100.0%	100.0%	100.0%	99.3%	99.7%	99.8%
Sandwell Hub	100.0%	100.0%	99.8%	98.6%	96.7%	100.0%
Shrewsbury Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stafford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stoke Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Warwick Hub	100.0%	100.0%	100.0%	99.7%	100.0%	99.9%
Willenhall Hub	100.0%	100.0%	99.5%	96.4%	94.4%	100.0%
Worcester Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total	**100.0%**	**100.0%**	**98.9%**	**96.1%**	**96.5%**	**97.2%**

Percentage of Emergency Incidents Attended by a Paramedic (unknown are included with Para figures)
6 Months Trend

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Percentage	99.8%	99.9%	99.2%	97.4%	97.8%	98.4%

Job Cycle Times (minutes)

	MTD		QTD		YTD	
	S&T	S&C	S&T	S&C	S&T	S&C
Category 1	84.79	91.93	92.97	93.83	92.97	93.83
Category 2	80.66	99.10	83.53	101.55	83.53	101.55
Category 3	88.83	111.66	91.16	114.62	91.16	114.62
Category 4	104.13	129.23	104.61	130.65	104.61	130.65
HCP	103.14	125.38	103.38	124.80	103.38	124.80

Section 5: EPR Completion

Month

Overall WMAS

	All Eligible Incidents				Transported Eligible Incidents				Non Transported Eligible Incidents		
	Eligible Inc	EPRs	%		Eligible Inc	EPRs	%		Eligible Inc	EPRs	%
Total	84,090	79,334	94.3 %	Total	50,285	46,723	92.9 %	Total	33,805	32,611	96.5 %

Notes:
- **880** cases excluded from Incident count due to 'No Patient Found' VNR reason
- County based on Incident location.
- Count of Unique CAD_IDs with matching EPR record
- See and Treat + See and Convey incidents only.

Incidents by County

Arden			Birmingham			Black Country			Staffordshire			Herefordshire			Shropshire			Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
12,501	11,683	93.5 %	20,374	18,730	91.9 %	18,386	17,327	94.2 %	16,074	15,379	95.7 %	2,455	2,395	97.6 %	6,484	6,268	96.7 %	7,816	7,552	96.6 %

YTD

Overall WMAS

	All Eligible Incidents				Transported Eligible Incidents				Non Transported Eligible Incidents		
YTD	Eligible Inc	EPRs	%	YTD	Eligible Inc	EPRs	%	YTD	Eligible Inc	EPRs	%
Total	250,974	237,229	94.5 %	Total	140,072	130,117	92.9 %	Total	110,902	107,112	96.6 %

Notes:
- **2235** cases excluded from Incident count due to 'No Patient Found' VNR reason
- County based on Incident location.
- Count of Unique CAD_IDs with matching EPR record
- See and Treat + See and Convey incidents only.

Incidents by County

| Arden			Birmingham			Black Country			Staffordshire			Herefordshire			Shropshire			Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
37,019	34,693	93.7 %	61,381	56,680	92.3 %	55,059	51,910	94.3 %	48,553	46,553	95.9 %	7,174	6,971	97.2 %	18,776	18,166	96.8 %	23,012	22,256	96.7 %

Section 6: Monthly Contract Position

> all information contained within this section is for guidance only as an error margin exists between this and all other Contract related reports

CCG	June 2020				Year To Date			
	Actual	Contract	Diff	% Diff	Actual	Contract	Diff	% Diff
NHS Birmingham and Solihull CCG	19,483	17,638	1,845	10.46%	59,167	52,914	6,253	11.82%
NHS Cannock Chase CCG	2,021	2,113	-92	-4.35%	6,039	6,339	-300	-4.73%
NHS Coventry and Rugby CCG	6,911	6,248	663	10.61%	20,577	18,744	1,833	9.78%
NHS Dudley CCG	4,796	4,514	282	6.26%	14,471	13,541	930	6.87%
NHS East Staffordshire CCG	1,761	1,826	-65	-3.57%	5,555	5,479	76	1.39%
NHS Herefordshire CCG	2,605	2,468	137	5.54%	7,654	7,404	250	3.37%
NHS North Staffordshire CCG	2,992	3,229	-237	-7.33%	9,335	9,686	-351	-3.63%
NHS Redditch and Bromsgrove CCG	2,563	2,491	72	2.91%	7,638	7,472	166	2.22%
NHS Sandwell and West Birmingham CCG	8,516	8,419	97	1.15%	25,994	25,257	737	2.92%
NHS Shropshire CCG	4,265	4,075	190	4.67%	12,235	12,224	11	0.09%
NHS South East Staffs & Seisdon Peninsular CCG	3,244	3,360	-116	-3.44%	9,533	10,079	-546	-5.42%
NHS South Warwickshire CCG	3,596	3,285	311	9.46%	10,471	9,856	615	6.24%
NHS South Worcestershire CCG	4,406	4,012	394	9.82%	12,860	12,036	824	6.84%
NHS Stafford and Surrounds CCG	2,235	2,456	-221	-9.00%	6,826	7,368	-542	-7.36%
NHS Stoke on Trent CCG	4,891	5,082	-191	-3.76%	14,814	15,246	-432	-2.83%
NHS Telford & Wrekin CCG	2,720	2,607	113	4.33%	7,940	7,822	118	1.51%
NHS Walsall CCG	5,008	4,740	268	5.65%	15,282	14,221	1,061	7.46%
NHS Warwickshire North CCG	2,971	2,762	209	7.57%	8,962	8,286	676	8.16%
NHS Wolverhampton CCG	4,678	4,292	386	9.00%	13,812	12,875	937	7.28%
NHS Wyre Forest CCG	1,430	1,412	18	1.24%	4,270	4,237	33	0.77%
WMAS	91,257	87,029	4,228	4.86%	273,905	261,086	12,819	4.91%

Actual Vs Contract Position by Month
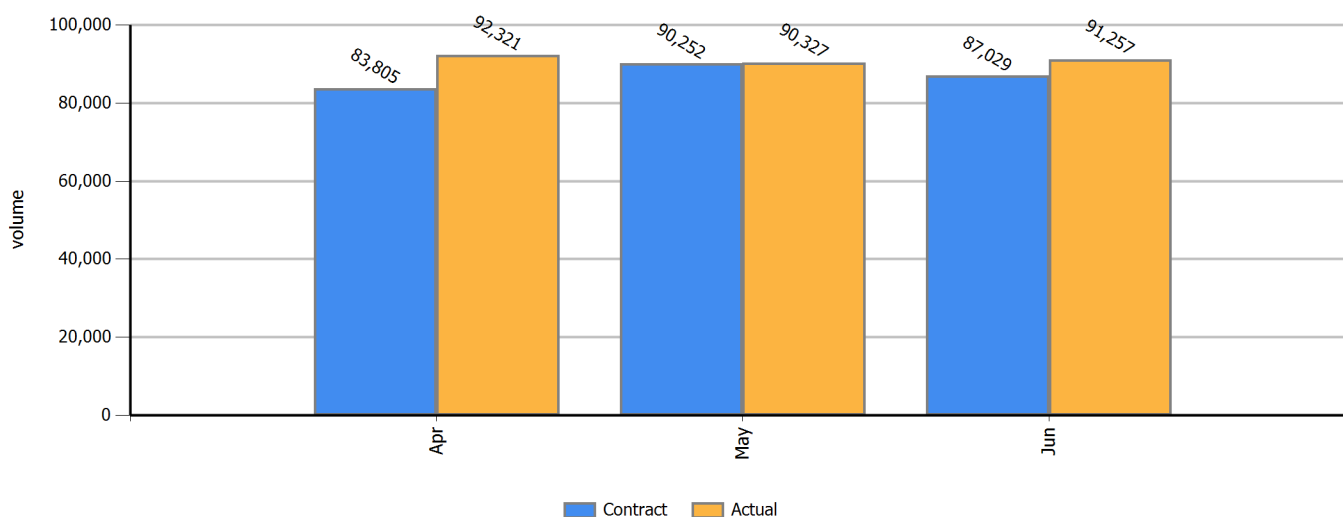
Please note this report for guidance only: An error margin exists between this report and the CCG Contract Monitoring Report. Data includes No Values & OOA's (hidden).

Financial Position Vs Contract (YTD)
£2,356,561

all information contained within this section is for guidance only as an error margin exists between this and all other Contract related reports

Cumulative Actual Vs Contract (percent difference)

4.91%
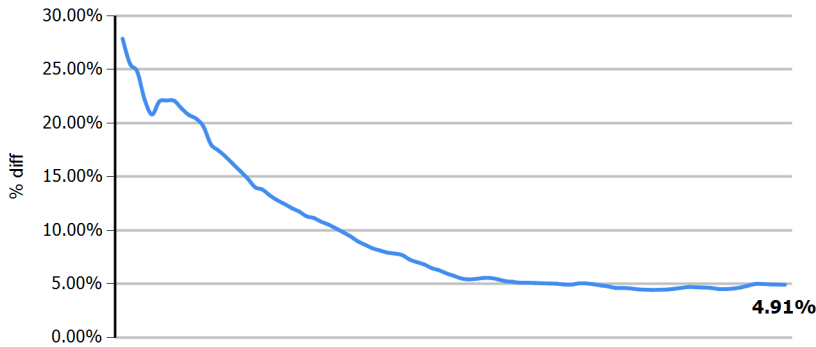
Actual Vs Contract (percentage) by Month
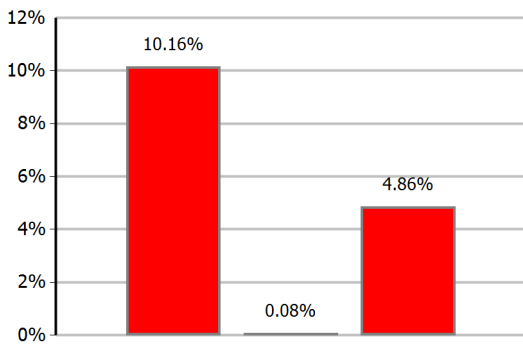
10.16%

0.08%

4.86%

Cumulative Actual Vs Contract (volume difference)

12819
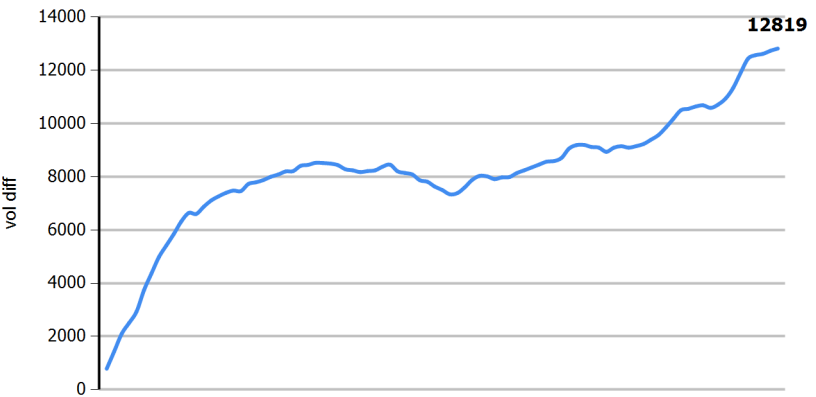
Actual Vs Contract (volume difference) by Month

8,516

75

4,228

Apr   May   Jun
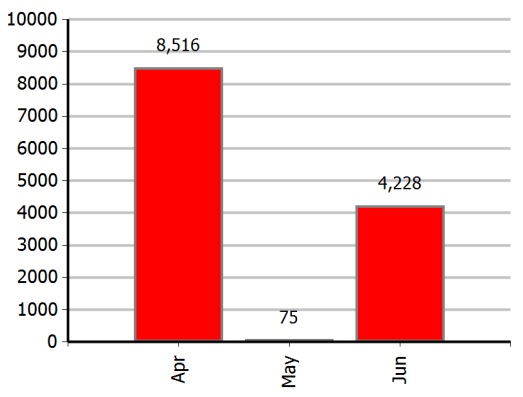
Cumulative Actual Vs Contract (volume difference) by Cost

£2,356,561
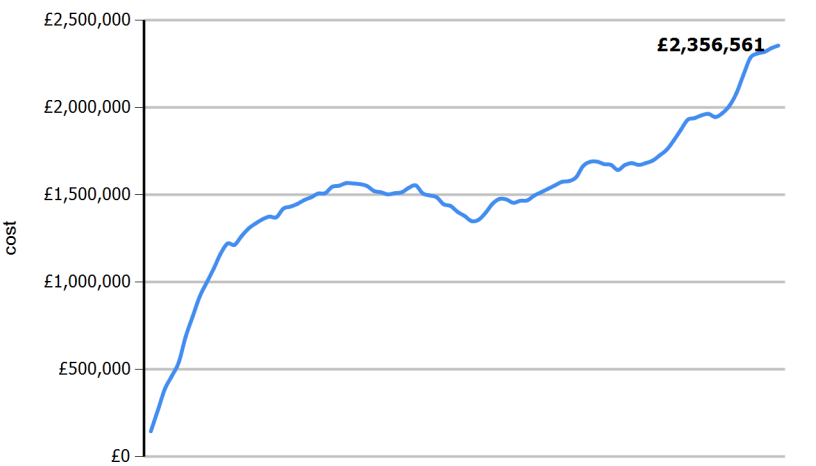
Actual Vs Contract (difference) Cost by Month

£1,565,440

£13,812

£777,309

Apr   May   Jun
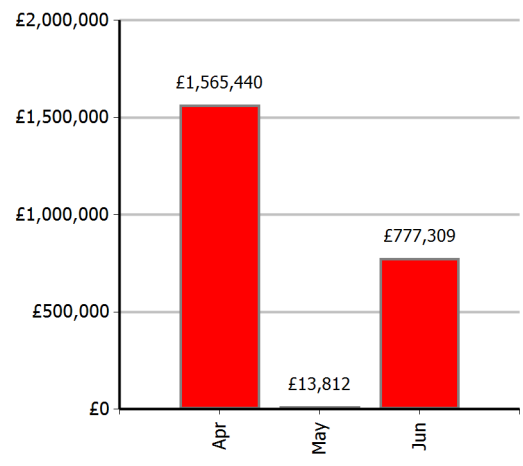
Clinical Performance Report

Containing local and national measurements

Data available up to the end of:

WMAS :   May 2020
National :   October 2019

Further information on national submissions during the pandemic can be found on page 6-7.

Cardiac Arrest

Month	Post Resuscitation Care Bundle	ROSC On Arrival at Hospital		Survival to Hospital Discharge	
		Overall	Comparator	Overall	Comparator
June 2019	Not required	34.40%	65.71%	16.46%	44.12%
July 2019	70.69%	35.34%	52.08%	14.18%	33.33%
August 2019	Not required	31.44%	52.78%	9.09%	24.24%
September 2019	Not required	34.85%	62.79%	15.08%	35.00%
October 2019	69.17%	34.50%	59.70%	12.04%	29.51%
November 2019	Not Required	33.68%	58.33%	11.89%	31.43%
December 2019	Not Required	29.91%	39.13%	8.66%	33.33%
January 2020	71.88%	32.29%	51.61%	10.59%	24.56%
February 2020	Not Required	34.35%	47.17%	8.28%	18.37%
March 2020	Not Required	29.01%	51.02%	8.83%	28.88%
April 2020	65.25%	21.64%	43.90%	5.53%	17.07%
May 2020	Not required	25.24%	40.00%	30 day survival check required	

ROSC At Hospital
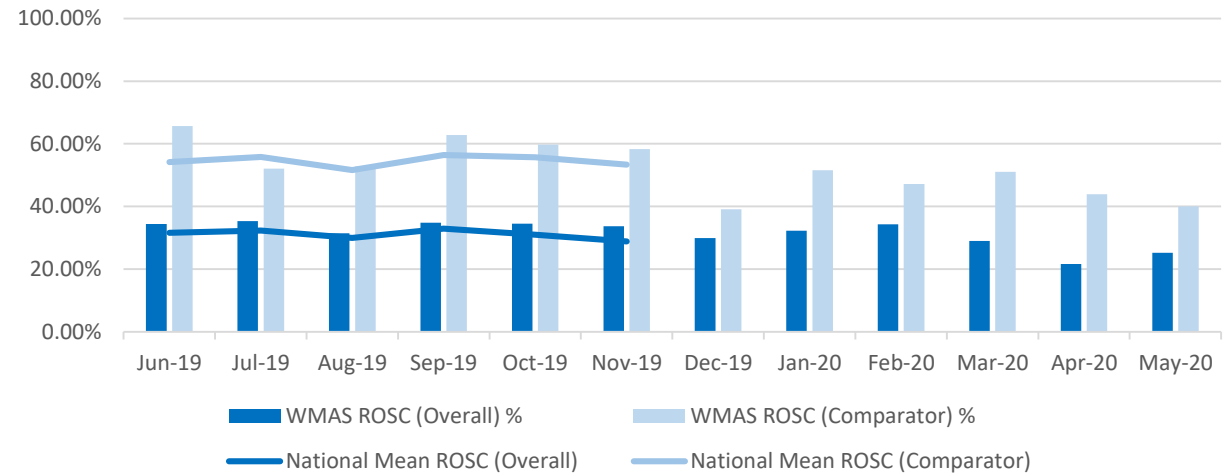
Survival to Hospital Discharge
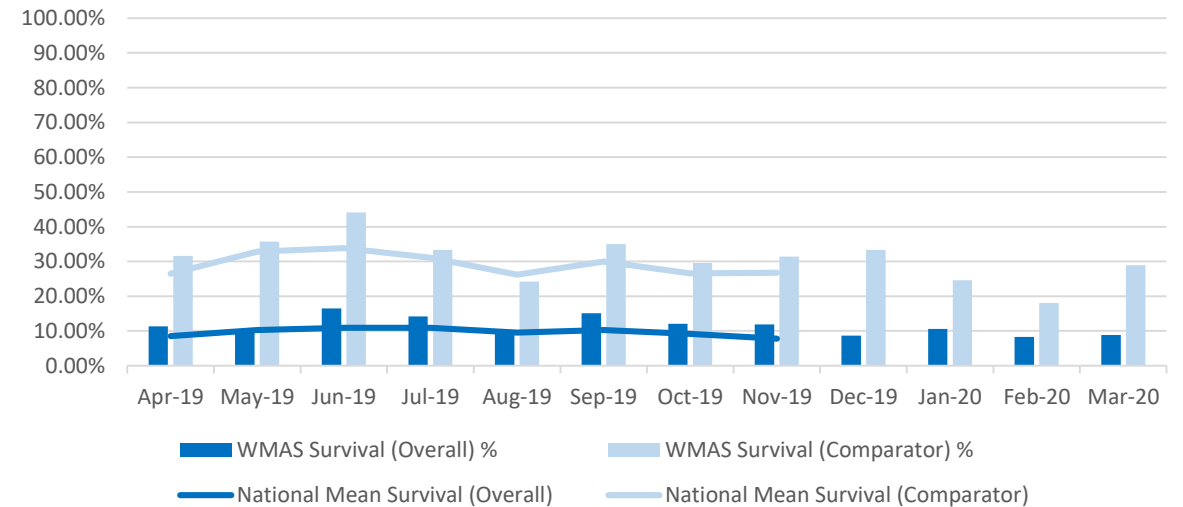
Please note that following re-submission figures may alter

Post Resuscitation Care Bundle – Breakdown (January 2020)

12 Lead ECG	BM Recorded	BP Recorded	ETCO2 Recorded	O2 Administered	Saline Administered
81.36%	92.37%	83.90%	95.76%	97.46%	89.83%

STEMI

		What's good?	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020
Care Bundle	%	Increase	96.92%	98.32%	98.93%	97.10%	98.60%	98.43%	96.32%	96.33%	94.27%	97.10%	95.16%	94.50%	95.71%
Call to catheter insertion	Mean	Decrease	01:57	02:04	01:59	02:19	02:05	02:04	02:01	National data unavailable					
	90th PR	Decrease	02:39	02:41	02:27	02:50	02:33	03:18	02:48						

999 Call to catheter insertion for angiography

Latest WMAS Mean
2 hours 01 minutes

Latest National Mean
2 hours 16 minutes

90th Percentile
90% of patients presenting with an initial diagnosis of definite myocardial infarction received treatment within 2 hours and 48 minutes in November 2019.

STEMI Care Bundle
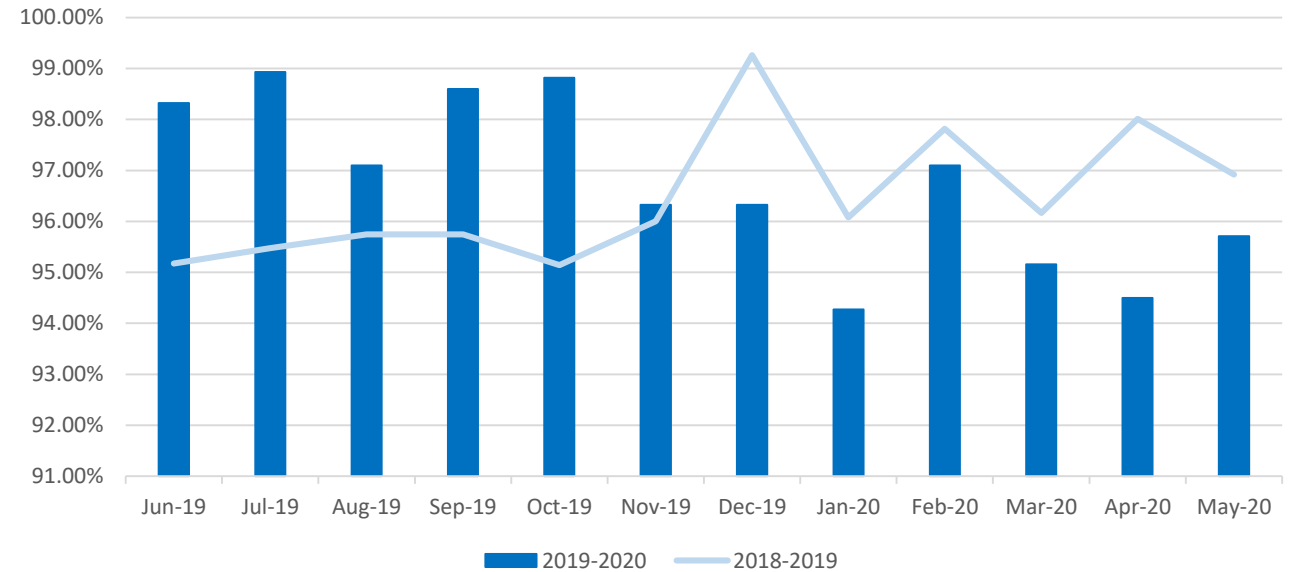
Quality Improvement :

✓ Awareness campaign to reduce on scene times to be introduced – 999 campaign

Stroke

Month	Call to Hospital			Call to CT Scan			Arrival to Thrombolysis		
	Mean	Median	90th percentile	Mean	Median	90th percentile	Mean	Median	90th percentile
April 2019	01:07	01:03	01:33	01:37	00:48	04:14	00:57	00:50	01:36
May 2019	01:11	01:05	01:53	01:38	00:55	03:51	01:10	00:58	02:07
June 2019	01:10	01:01	01:45	01:43	00:47	04:16	01:06	00:59	01:56
July 2019	01:16	01:07	01:46	01:43	00:58	04:10	01:18	01:01	02:04
August 2019	01:11	01:05	01:51	01:38	00:48	03:35	01:14	01:04	02:00
September 2019	01:12	01:03	01:53	01:40	00:50	03:58	01:13	01:08	01:54
October 2019	01:11	01:04	01:47	01:25	00:42	03:34	01:03	00:58	02:01
November 2019	01:14	01:05	01:55	01:46	00:48	04:43	00:58	00:54	01:33
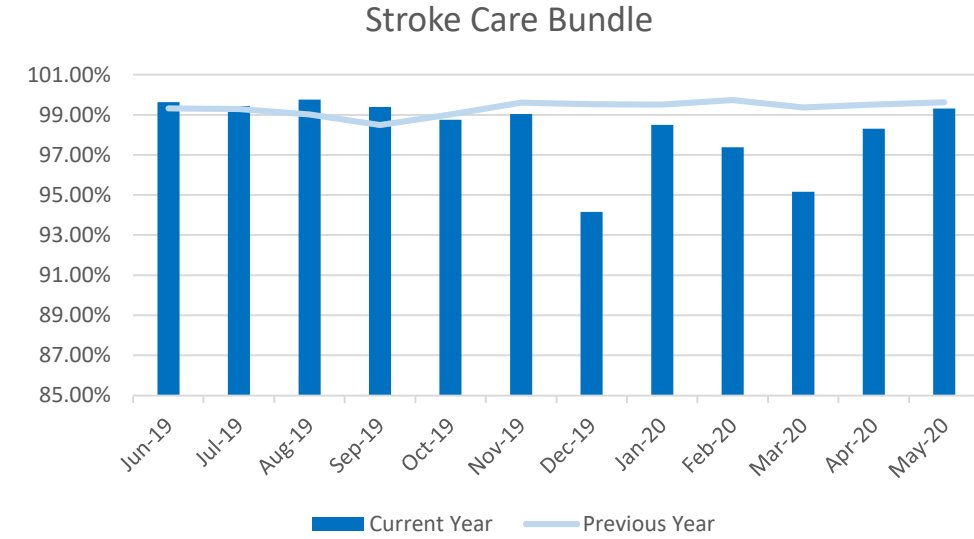
Stroke Care Bundle

Latest WMAS 98.8%

Last National 98.90%

90th Percentile
90% of Stroke patients that were eligible for Thrombolysis got to hospital within 1 hour and 55 minutes in November 2019.

90%

0% 20% 40% 60% 80% 100%

Stroke Care Bundle

999 Call to Hospital Door

Quality Improvement :

- WMAS consistently report above 95% for Stroke Care Bundle. This was achieved through communications to staff to re-iterate the importance of documenting the care bundle elements and through a re-design of the Electronic Patient Record (EPR) to ensure staff can easily record the FAST test.
- WMAS are involved in the national pilot to enable Ambulance Trusts access to the data to ensure validation of the data can be completed.
- Awareness campaign to reduce on scene times to be introduced – 999 campaign

4
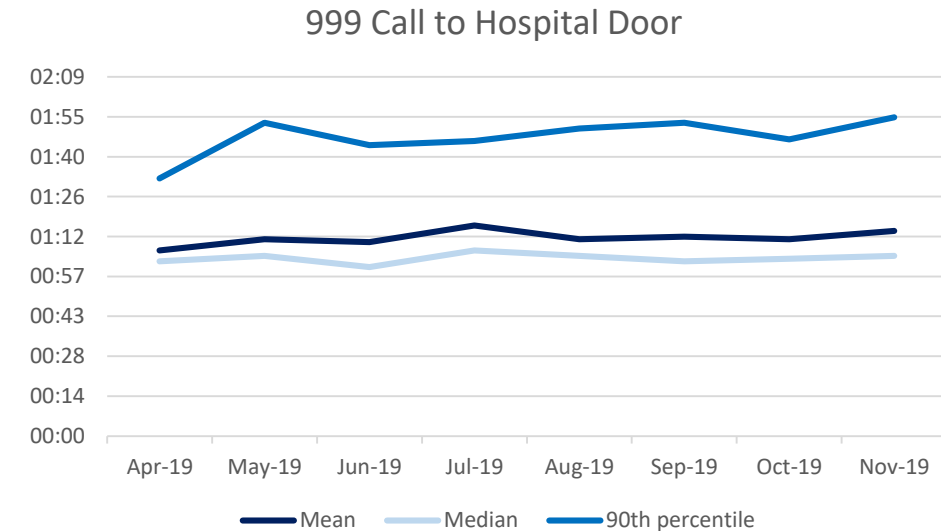
Sepsis Care Bundle

	Mar 2019	June 2019	Sept 2019	Dec 2019	March 2020
WMAS Care Bundle	84.51%	84.54%	82.65%	83.50%	84.13%
National Mean	77.48%	77.63%	78.27%	National data not available	

What patient group are we measuring?

✓ Patients ≥ 18 years old (either known or estimated) if using NEWs or ≥ 16 years old if using NEWs2
✓ Patients with a new onset/presentation of suspected sepsis symptoms based on review of systems
✓ NEWs ≥ 7 (as calculation from initial set of observations)
✗ Pregnancy (known/suspected)
✗ Neutropenic sepsis (as determined by crew based on previous diagnosis/recent chemotherapy)
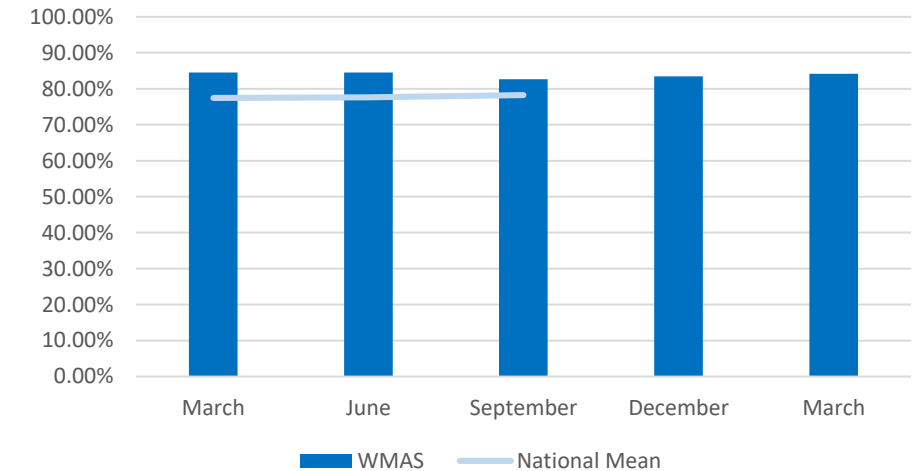
Quality Improvement :

• Introduction of new pre-hospital sepsis triage tool

• Focussed article in next clinical times on sepsis recognition and treatment along with care bundle.

• Dedicated education/awareness page on intranet

• Review of NEWS scoring on EPR

• Awareness campaign to reduce on scene times to be introduced – 999 campaign

Standard	Performance (%)
All Observations Recorded	99.99%
O2 Administered	97.77%
Administration of Saline IV	98.44%
Hospital Pre-Alert Recorded	88.04%
Sepsis Care Bundle	84.13%

National Submissions during COVID-19 pandemic

During March 2020 the ACQIs were suspended for 3 months; with the view that Trusts will submit from July onwards (including the suspended months).

The data months that have been suspended are :

Data Month	Data Portal usually open for submission
December 2019	April 2020
January 2020	May 2020
February 2020	June 2020

National data is not available from December onwards.

WMAS have continued to keep up to date with the data collection, validation and analysis of the national ACQIs; and submitted where possible. Once the data portal is open WMAS is in the position to submit the outstanding ACQIs.

A further breakdown can be found on page 7.

Data Month	Submission Due	Submission Type	Status
Nov-19	Mar-20	SSNAP	Submitted
		Stroke	Submitted
		OHCA	Submitted through OHCA portal
		National Data	Available
Dec-19	Apr-20	Sepsis	Data collection completed and ready for submission. SDCS not open for submission therefore unable to download proforma and submit
		OHCA	Submitted via secure wmas.nhs.uk email
		SSNAP	Submitted
		National Data	Not available
Jan-20	May-20	STEMI	Data collection completed and ready for submission. SDCS not open for submission therefore unable to download proforma and submit
		Stroke	Data collection completed and ready for submission. SDCS not open for submission therefore unable to download proforma and submit
		SSNAP	Submitted
		OHCA	Submitted
		POST RESUS	Submitted
		National Data	Not available
Feb-20	Jun-20	Stroke	Data collection completed and ready for submission. SDCS not open for submission therefore unable to download proforma and submit
		OHCA	Submitted
		SSNAP	Submitted
		National Data	Not available

3
CORPORATE & CLINICAL INDICATORS

Trust Information Pack

Corporate and Clinical Services Directorate

Trust Board July 2020

Patient Experience

Formal Complaints

Formal Complaints	Last reported month (June 2020)	Year to date	
		2019-20 Total	2020-21 YTD
WMAS	38	50	82

Formal Complaint chart — 2019/2020 (bars), 2020/2021 (line), months Apr–March
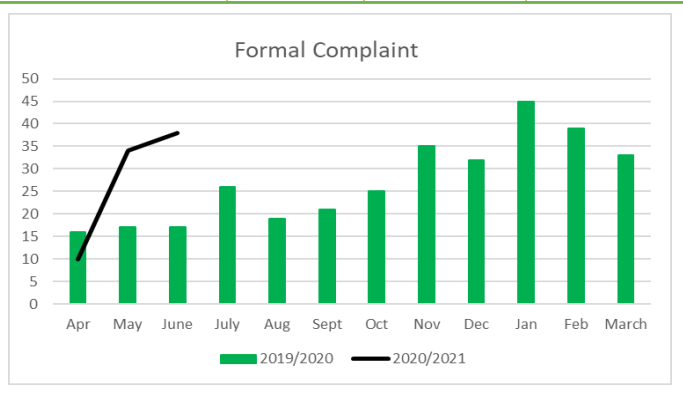
Year to Date the Patient Experience Team has acknowledged 100% of its complaints within 3 working days. The Trust has responded to 100% of cases within 25 working days.

For the month of June, we have seen an increase of 21 from 17 in June 2019 to 38 in June 2020.

The main reason for a complaint was Clinical Care = 20

Of the cases closed year to date,

8 = *Justified*,
7 = *Part Justified*,
39 = *Not justified*

In May 2020, the Trust undertook:

100,140 Emergency Calls, which equates to 1 Complaint for every 25,035 calls received.
87,981 Emergency Incidents, which equates to 1 Complaint for every 3,666 Incidents.
54,057 Non-Emergency Patient Journeys, which equates to 1 Complaint for every 13,514 Journeys.
99,107 IUC Calls answered which equated to 1 complaint for every 33,035 calls received

Informal (PALS)

Informal (PALS)	Last reported month (June 2020)	Year to date	
		2019-20 Total	2020-21 YTD
WMAS	173	425	502

PALS Concerns chart — 2019/2020 (bars), 2020/2021 (line), months Apr–March
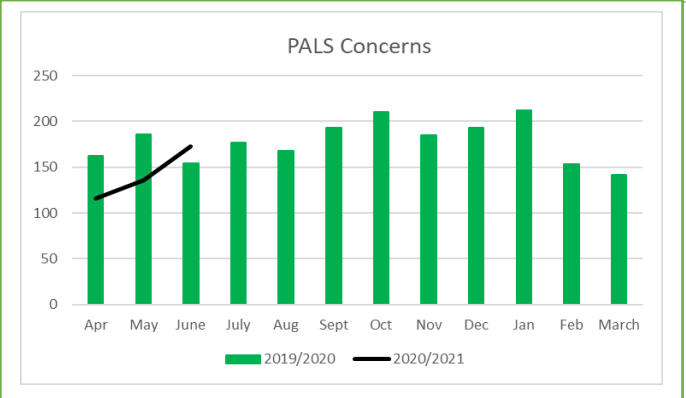
There has been an increase of 19 from 154 in June 2019 to 173 in June 2020.

The main reason for a PALS contacts was:

Attitude and Conduct – 49
Lost/Damage - 45
Response - 23 = (1 for EOC, 22 for PTS)

Of the Cases closed year to date –

74 = *Justified*,
53 = *Part Justified*,
158= *Not justified*
15 = *N/A*

Compliments

Compliments	Last reported month (June 2020)	Year to date	
		2019-20 Total	2020-21 YTD
WMAS	151	439	430

Compliments chart — 2019/2020 (bars), 2020/2021 (line), months Apr–March
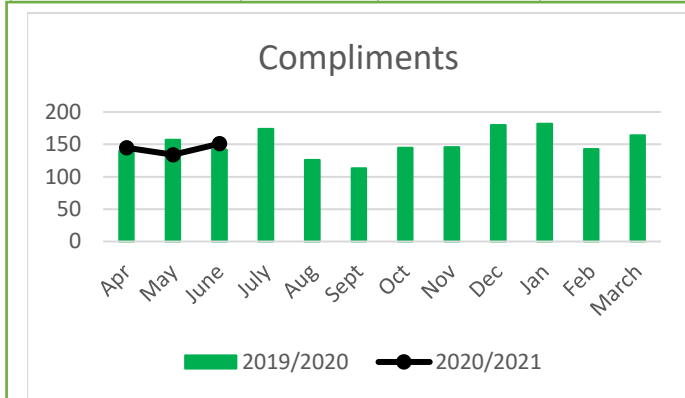
Compliments: There have been 151 compliments received compared to 142 the previous year an increase of 11 (6.3%)

Friends and Family Test
The Trust website has been updated to incorporate the new FFT question for non-emergency patient transport service.

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?':**

The Discharge Survey: the second part of the FFT workstream has now been added to Auditr, a tool used to capture all survey data and is in the process of being made available on the Trust website.

Physical and Verbal Assaults Report 1 April 2020 to 31 March 2021

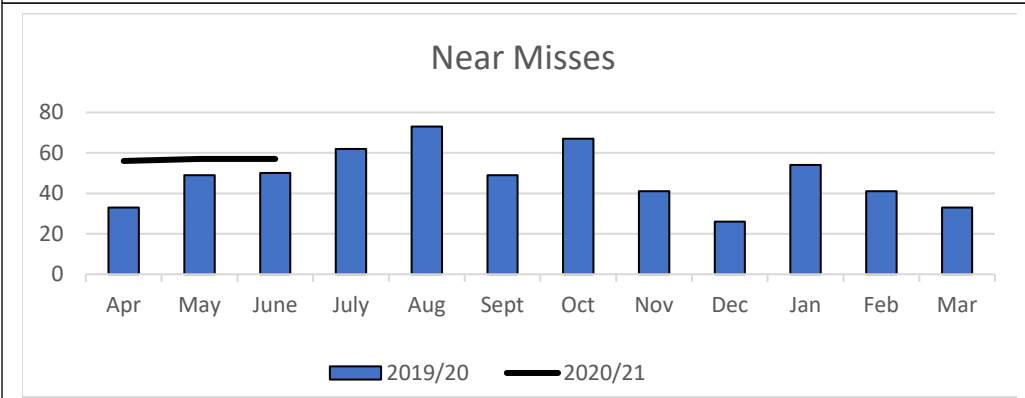## Physical Assault

Legend: 2019/20 ■ 2020/21 ▬
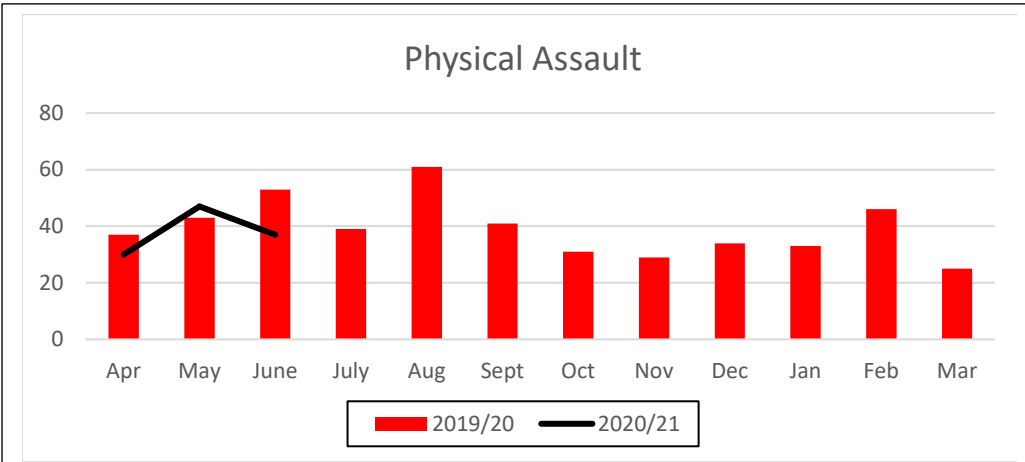
Physical Assaults:

For the first quarter of the current financial year physical assaults were showing a slight decrease in reporting. The Trust has received 114 reported physical assaults to date for 2020/21 (a decrease of 19) against 133 for the same 2019/20 period.
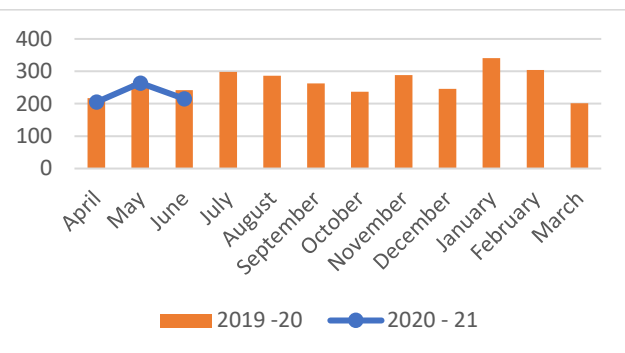
Security Incidents

Legend: 2019/20 ■ 2020/21 ▬
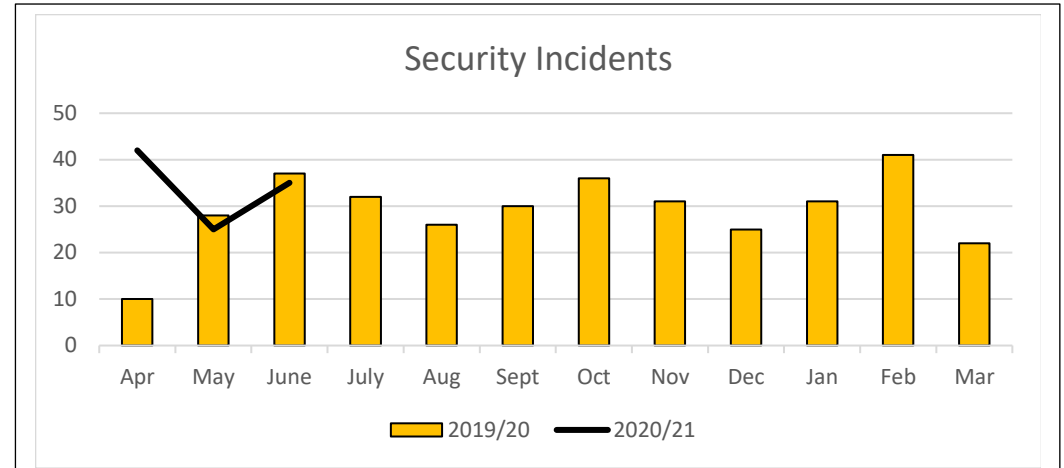
Security Incidents:

This area includes incidents such as lost Trust property, theft of property (ID cards, equipment etc) and criminal damage caused to Trust property. The Trust has recorded 102 reported security incidents for 2020/21 (an increase of 27) against 75 for the same 2019/20 period.

Near Misses

Legend: 2019/20 ■ 2020/21 ▬

Near Misses:

For the first quarter of the current financial year reported near miss incidents were showing an increase. The Trust has recorded 170 incidents (an increase of 38) against 132 for the same 2019/20 period.

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

Verbal Assaults

Legend: 2019/20 ■ 2020/21 ▬
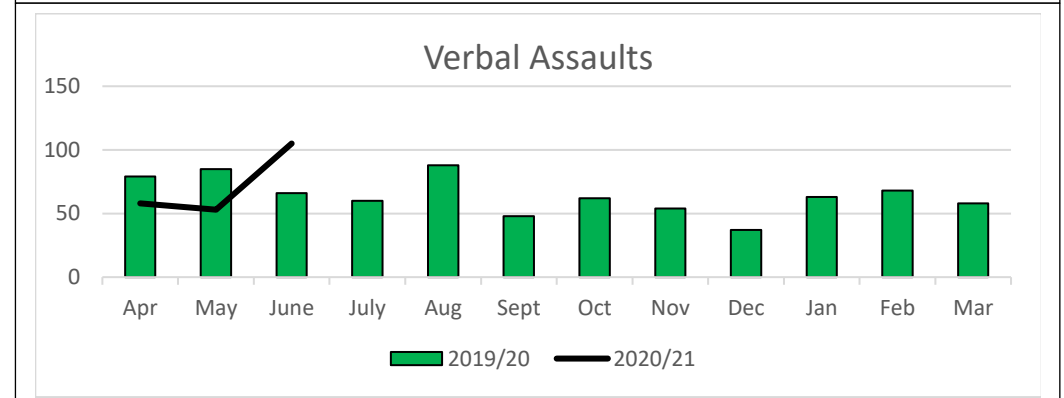
Verbal Abuse:

For the first quarter of the current financial year verbal abuse incidents were showing a slight decrease in reporting. The Trust has received 216 reported incidents for 2020/21 (a decrease of 14) against 230 for the 2019/20 period.

Patient Safety Incidents

Total Patient Safety Incidents	Year to date		
	Last reported month (June 20)	2019-20	2020-21
WMAS	215	723	684

No Harm Incidents	Year to date		
	Last reported month (June 20)	2019-20	2020-21
WMAS	170	647	561

Harm Incidents	Year to date		
	Last reported month (June 20)	2019-20	2020-21
WMAS	45	76	123

For the month of June, there were 215 patient safety incidents reported. This is an 11% (-27) decrease on the same month for last year.

Service Delivery (E&U & EOC) had 134 patient safety incidents which accounts for 62% of the total. The main themes are.
Skin tear during the handling/transportation of patients.

PTS had 57 patient safety incidents which accounts for 27% of the total reported. The main themes are.
- Slips/trips/falls during transfer.
- Avoidable injuries whilst in WMAS care.

IUC/111 had 24 patient safety incidents which accounts for 11% of the total reported. The main themes are.
There is a trend of call taking problems mostly relating to incorrect dispositions being reached.

For the month of June, there were 170 no harm incidents.

Service Delivery accounts for 61% (103) of the total of no harm patient safety incidents.

PTS accounts for 26% (45) of the total of no harm patient safety incidents.

IUC/111 accounts for 13% (22) of the total of no harm patient safety incidents.

Level of Harm	June 2020
Death	1
Low	33
Moderate	5
Severe	6
Total	45

The top trend for low harm incidents, relate to harm caused due to avoidable injuries caused to patients e.g. skin tears during moving and handling.

Service Delivery accounts for 69%, PTS 27% & IUC/111 4% of the total of patient harm incidents.

Serious Incidents and Duty of Candour

Total number of serious incidents reported		Year to date	
	Last reported month (June 20)	2019-20	2020-21
WMAS	12	17	

Moderate harm and above		Year to date
	Last reported month (June 20)	2020-21
WMAS	12	35

Low harm		Year to date	
	Last reported month (June 20)	Total number of incidents	Number of incidents being open completed
WMAS	33	88	57
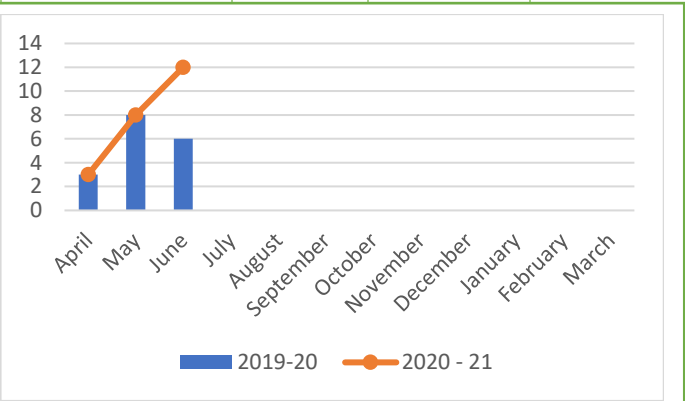
There were 12 serious incidents reported in June 2020.

2020/10012	Discharge of ischaemic leg
2020/10304	Discharge of a chest pain
2020/10319	Discharge of a Headache
2020/10655	Management of Breech
2020/10664	Safeguarding Physical Abuse
2020/10680	PTS-Cheshire Leg Injury Deceased
2020/10708	Delay in resuscitation
2020/10847	Discharge of 51 yom with SOB
2020/11298	Maternity-Placental Abruption
2020/11458	Failure to manage airway
2020/11658	EOC - Address not entered correctly
2020/12002	Failure to treat peri-arrest patient

There are currently 34 serious incidents open on STEIS.
• Twelve SI's are currently over the time frame. 1 is due to an ongoing police investigation. 1 is due to staff sickness. The others are due to redeployment and work volume.
• The staff redeployed due to COVID-19 are now back in their substantive posts.
• The Investigating Officer on Long Term sickness has returned to work and is on a phased return.
• Additional Officers are assisting with skill specific SI investigations.

Duty of Candour has been enacted in 25% of cases where moderate harm or above has been caused, this is because at the time of reporting, NOK (Next of Kin) details are not known.
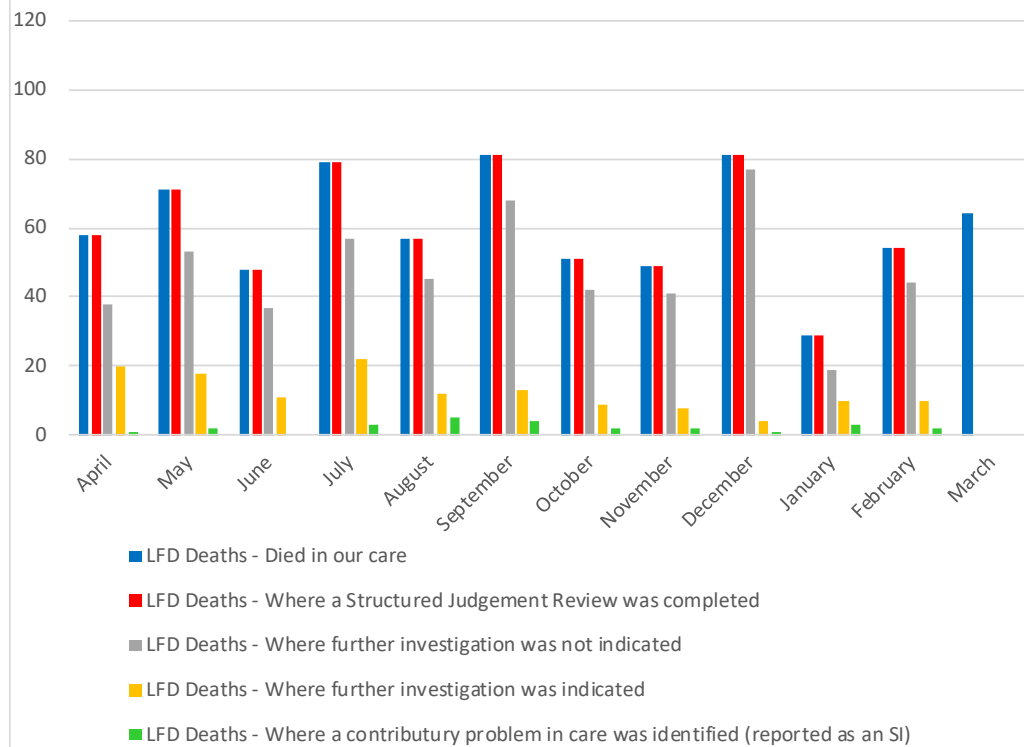
There have been 33 incidents where low harm has been caused to a patient.

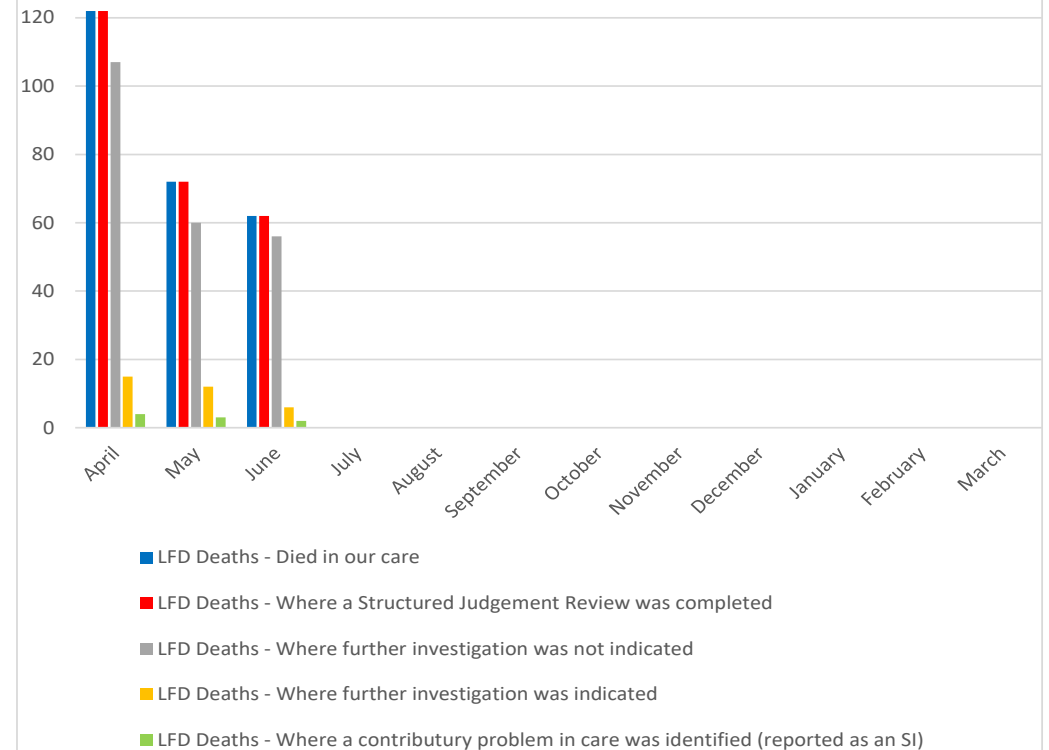Out of these, evidence of 'Being Open' can be provided for 16 of the incidents (48.5%).

Learning from Deaths (LFD)

Learning From Deaths 2019/2020

Legend:
- LFD Deaths - Died in our care
- LFD Deaths - Where a Structured Judgement Review was completed
- LFD Deaths - Where further investigation was not indicated
- LFD Deaths - Where further investigation was indicated
- LFD Deaths - Where a contributury problem in care was identified (reported as an SI)

Learning From Deaths 2020/2021

Legend:
- LFD Deaths - Died in our care
- LFD Deaths - Where a Structured Judgement Review was completed
- LFD Deaths - Where further investigation was not indicated
- LFD Deaths - Where further investigation was indicated
- LFD Deaths - Where a contributury problem in care was identified (reported as an SI)

- The figures above depict the second year of WMAS LFD reporting and the first reporting data since the requirements and definitions were published in the National LFD Guidance for Ambulance Services.

- In the 2019/2020 LFD reporting period: -
  - 722 deaths occurred whilst in WMAS care.
  - 658 structured judgement reviews were completed.
  - 137 of the 722 deaths required further investigation following the structured judgement review; of these 25 were investigated under the Serious Incident Framework.

- It is important to note that the premise of the LFD agenda is not the quantitative data that this graph details but the learning, themes and actions that may result from a death in our care.

- In comparison with the first 3 months of the 2019/2020 LFD reporting period there has been:
  - A 45% increase in LFD Deaths.
  - A 33% decrease in the need to investigate further following the structured judgement review.

- There have been 9 serious incidents that have been identified through the LFD agenda in the current financial year.
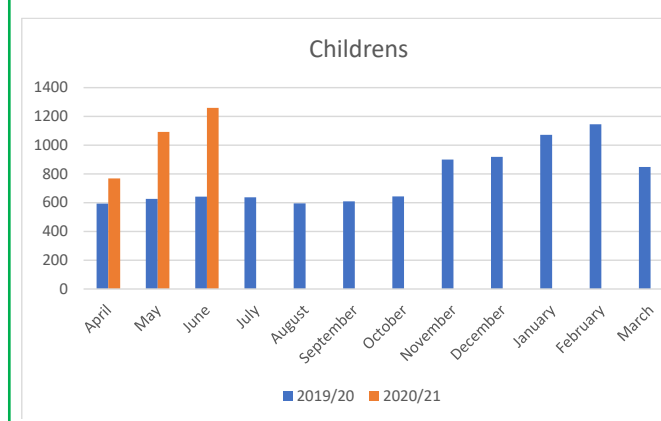
Safeguarding Referrals

Total Adult Safeguarding Referrals		Year to date	
	Last reported month (June 20)	2019-2020 April to June	2020-2021 April - June
WMAS	3286	7089	9536
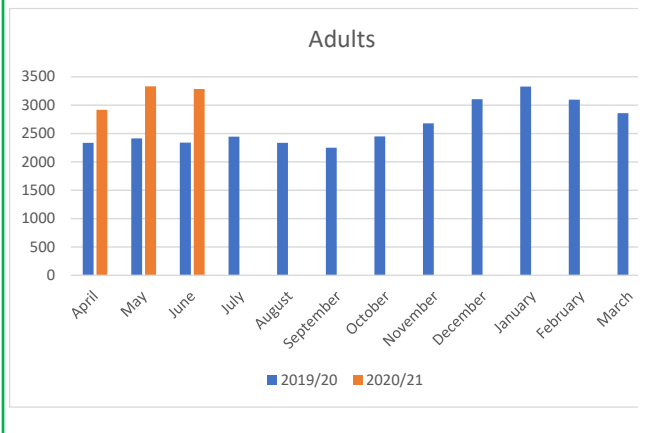
Adult Safeguarding- these figures are for referrals for 18 years and older and include adult care concerns. The referrals are received from E&U staff, PTS staff and anyone else in the organisation. Comparison to previous years for the same time period.

There is a 40% increase in the number of adult care/welfare and adult safeguarding referrals sent in June 2020 compared to June 2019. There is work underway to reduce the number of referrals across the board, with education to staff relating to an enhanced understanding of the criteria for a safeguarding referral, and specifically the distinction between a true protection referral and one highlighting a care and or welfare concern. The change of reporting from the Commercial Call Centre to the Emergency Operations Centre has increased the number of safeguarding referrals.

Total Child Safeguarding Referrals		Year to date	
	Last reported month (June 20)	2019-2020 April to June	2020-2021 April - June
WMAS	1260	1861	3120

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

Comparison to previous years for the same time period.

There is a 96% increase in the number of child safeguarding referrals sent June 2020 compared to June 2019.

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

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

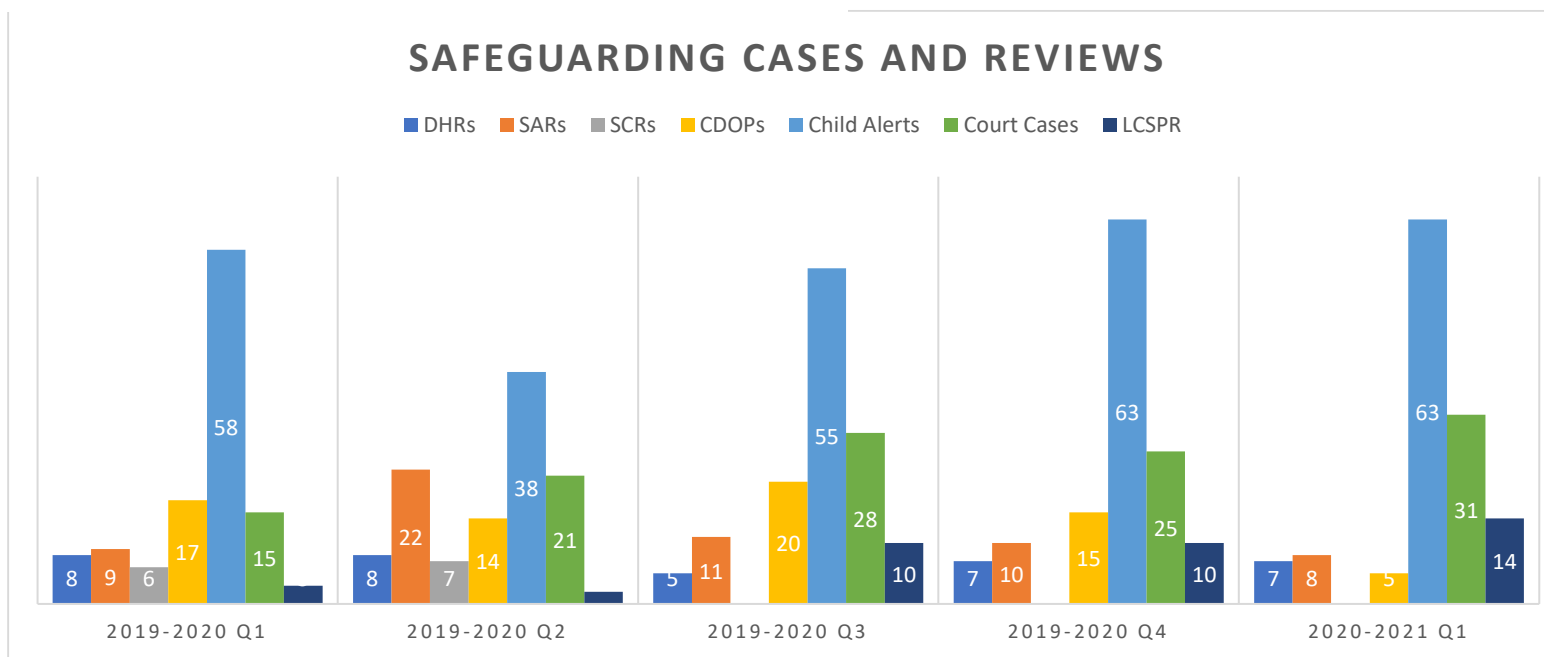| Total PREVENT Referrals		Year to date	
	Last reported month (June 20)	2019-2020 April to June	2020-2021 April - June
WMAS	3	5	4
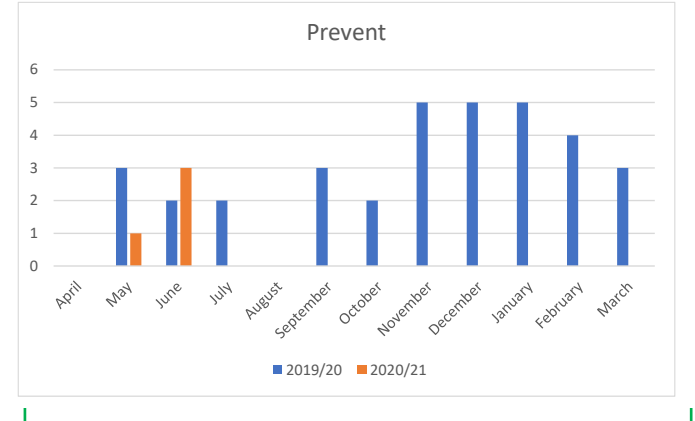
Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

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

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

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

Safeguarding Case and Reviews

SAFEGUARDING CASES AND REVIEWS

Legend: DHRs · SARs · SCRs · CDOPs · Child Alerts · Court Cases · LCSPR

Period	DHRs	SARs	SCRs	CDOPs	Child Alerts	Court Cases	LCSPR
2019-2020 Q1	8	9	6	17	58	15	
2019-2020 Q2	8	22	7	14	38	21	
2019-2020 Q3	5	11		20	55	28	10
2019-2020 Q4	7	10		15	63	25	10
2020-2021 Q1	7	8		5	63	31	14

DHR's - Domestic Homicide Review

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

There has been a decrease of 1 DHR in Q1 against the same period last year.

CDOP's Child Death Overview Panel

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

In Q1 there has been a decrease of 12 CDOPs against the same period last year.

SAR's - Safeguarding Adult Review

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

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

There has been a decrease in 1 SAR from Q1 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 in 5 Child Alert from Q1 against the same period last year.

SCR's - Serious Case Reviews

Is defined in Working Together 2015 as when:

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

(b) Either the child has died; or (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.

LCSPR's – Local Child Safeguarding Practice Reviews

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

WMAS have received 14 LCSPR's in Q1 2020/21.

There has been an increase in 11 LCSPR's against the same period last year.

Medicines Management and Pharmacy

Total Controlled Drugs Incidents (CDI's)	Year to date		
	Last reported month (June 20)	2019-2020 April-June	2020-2021 YTD
WMAS	40	44	88
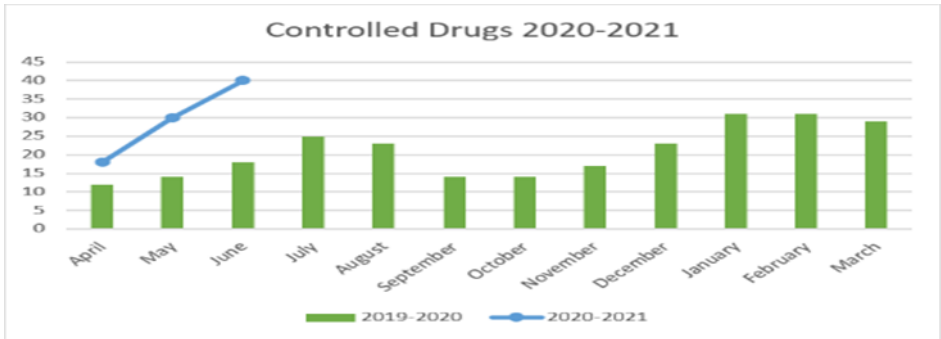
The rise in CDI are due to Misoprostol packaging.

Total Medicines Management related ER54's	Year to date		
	Last reported month (June 20)	2019-2020 Apr- June	2020-2021 YTD
WMAS	12	16	23
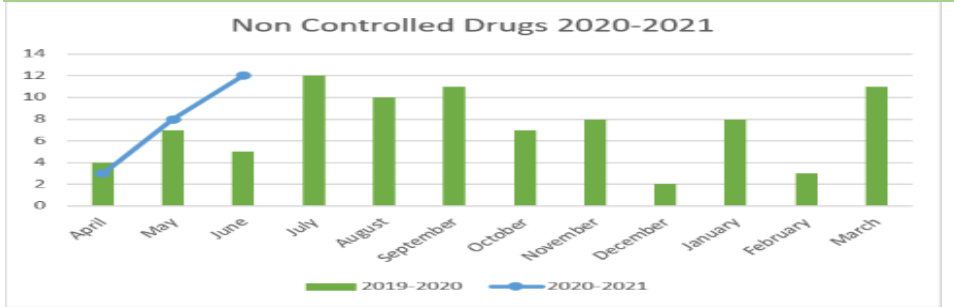
There have been incidents around drug breakages.

Total Drug Errors, wrong route, wrong dose etc	Year to date		
	Last reported month (June 20)	2019-2020 April-June	2020-2021 YTD
WMAS	1	1	3
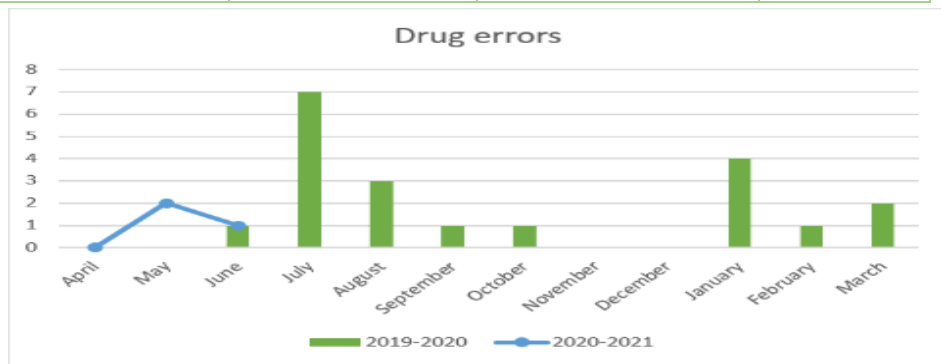
Adrenaline was given incorrectly.

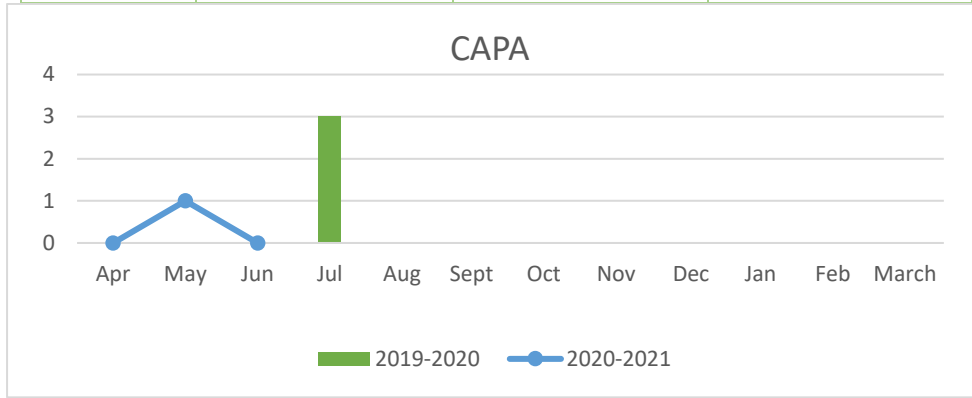| MHRA Alerts	Year to date		
	Last reported month (June 20)	2019-2020 April-June	2020-2021 YTD
WMAS	2	N/A	4

There were 2 drug alerts not related to the medicines stocked at WMAS

Corrective and Preventative Actions (CAPA)

	Last reported month (June 20)	Year to date	
		2019-2020 April-June	2020-2021 YTD
WMAS	**0**	**0**	**1**

CAPA

Claims and Coroners

RPST (Risk Pooling Schemes for Trusts)		Year to date	
	Last reported month June 20	2019-20	2020-21
WMAS	2	23	3

CNST (Clinical Negligence Scheme for Trusts)		Year to date	
	Last reported month June 20	2019-20	2020-21
WMAS	0	17	1

Coroners Requests		Year to date	
	Last reported month June 20	2019-20	2020-21
WMAS	15	286	53

RPST Claims

CNST Claims

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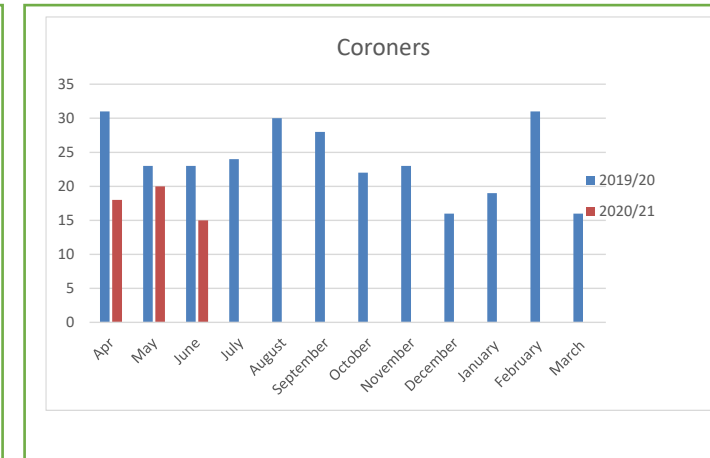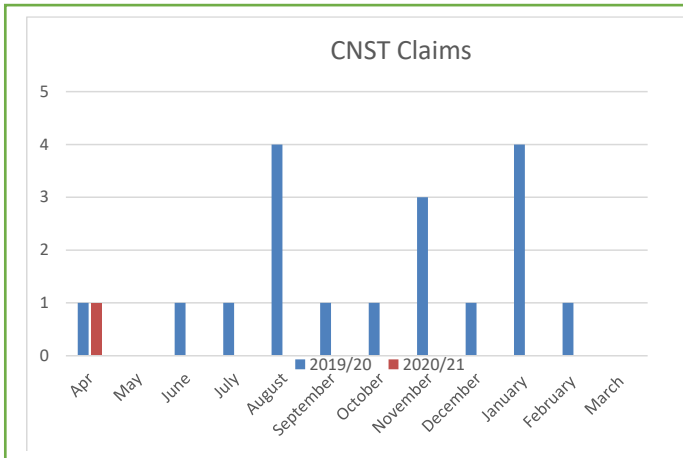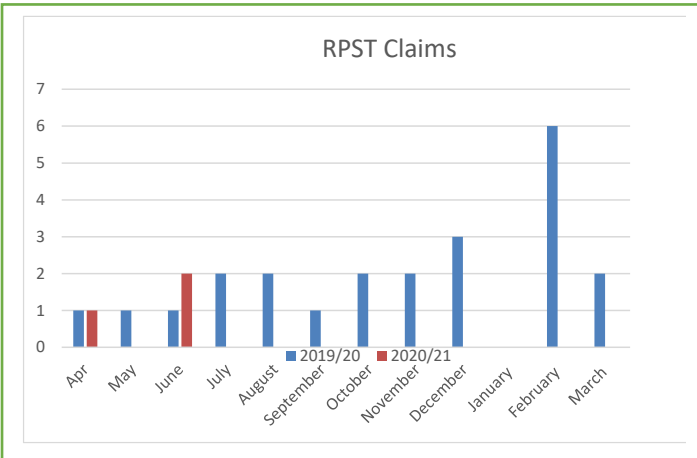
RPST (Risk Pooling Schemes for Trusts)
The Risk Pooling Schemes for Trusts is the collective name for two separate schemes covering non-clinical risks, the Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES).

- The Trust has seen an increase of 1 RPST claim received in June 2020-2021 compared to the previous year.

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

- The Trust has seen a decrease of 1 CNST claim received in June 2020-2021 compared to the previous year.

Coroners Requests
West Midlands Ambulance Service covers the following areas for Coroners
- Birmingham and Solihull
- Black Country
- Coventry
- Herefordshire
- Shropshire, Telford & Wrekin
- South Staffordshire
- Stoke on Trent & North Staffordshire
- Warwickshire
- Worcestershire

Infection Prevention and Control

Inoculation Incidents	Last reported month (Jun 20)	Year to date Comparison	
		2019-20	2020-21 Jun
WMAS	3	79	29

Splash Incidents	Last reported month (Jun 20)	Year to date Comparison	
		2019-20	2020-21 Jun
WMAS	8	72	13

Environment Incidents	Last reported month (Jun 20)	Year to date Comparison	
		2019-20	2020-21 Jun
WMAS	4	95	14
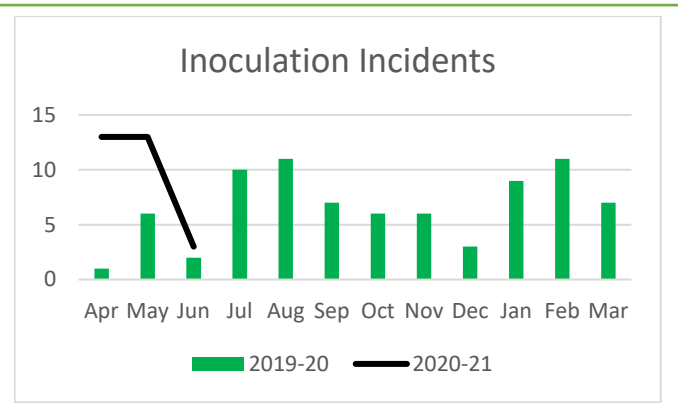
Inoculation Incident Key Performance Indicator:

By the end of 2020/21 all inoculation incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.
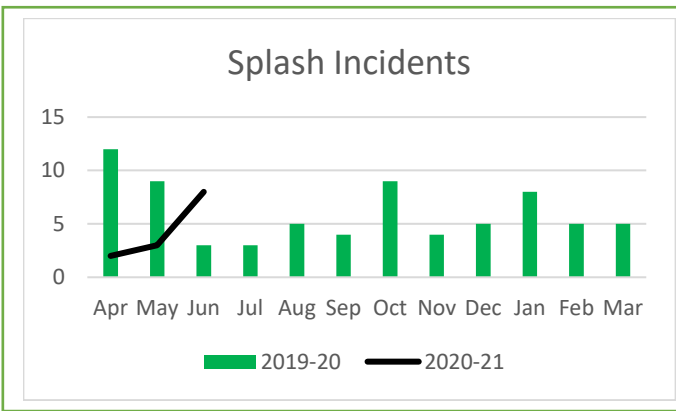
Inoculation incidents are classed as any sharp object that penetrates the skin causing an injury. The highest risk of these are injuries that cause a puncture wound that involved an item contaminated with blood or bodily fluids.

June 2020 saw 3 inoculation incidents. Incidents include the use of cannula devices and intramuscular needles.

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

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

Splash Incident Key Performance Indicator:

By the end of 2020/21 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.

June 2020 saw just 8 splash incidents. These include the patients' blood/bodily fluid entering the face and/or eyes of treating clinician.

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

Incident reporting of sharps related incidents is encouraged through the Incident and Audit Framework.
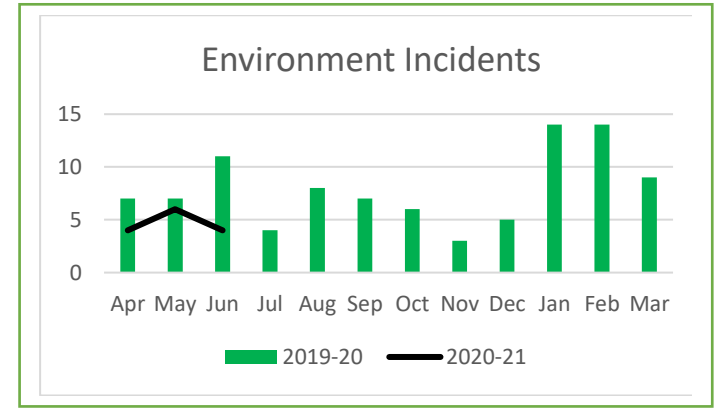
Environment Incident Key Performance Indicator:

By the end of 2020/21 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.

June 2020 saw 4 environmental related incidents. These include reports of clinical waste concerns and equipment contaminated with blood.

Personal Protective Equipment (PPE) is available on all vehicles and in the green response bag to mitigate risk of exposure to identified infectious pathogens.

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

Infection Prevention and Control

COVID-19 Incidents	Year to date Comparison		
	Last reported month (Jun 20)	2019-20	2020-21 Jun
WMAS	96	174	370
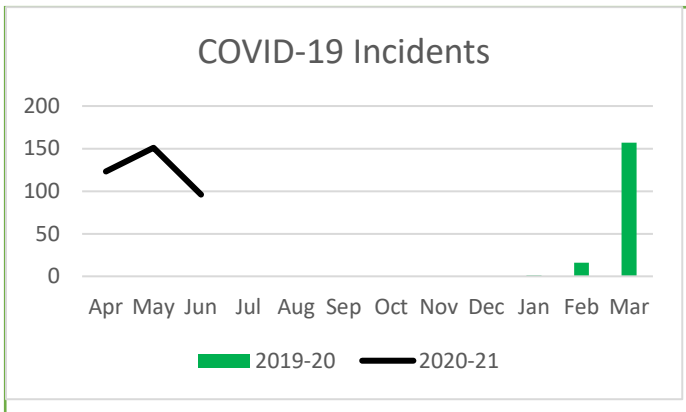
COVID-19 Incidents:
COVID-19 incidents are any incident relating to the SARS-CoV-2 (COVID-19) Pandemic.

- 2019/20 saw a total of 174 COVID-19 incidents.
- June 2020 saw 96 COVID-19 related incidents.

All incidents are closely monitored to highlight trends and themes early allowing immediate escalation and resolution by the COVID Incident Room at Headquarters. Trends and themes highlighted include personal protective equipment concerns such as damaged or cracked hoods and incorrect level of PPE usage to undertake aerosol generating procedures.

The Trust continues to follow Public Health England guidance and release the latest information to all staff via the Trusts Intranet, JRCALC app and made available on the electronic patient report platform. Weekly Brief articles supported by clinical notices are published routinely to support the reduction of sharps related incidents.

Public Health England continue to highlight hand hygiene as a top priority in preventing the spread of coronavirus. To support, the Trust has adopted bare below the elbow for all frontline staff and is monitored by each operational hub by performing hand hygiene audits.

Freedom of Information (FOI)
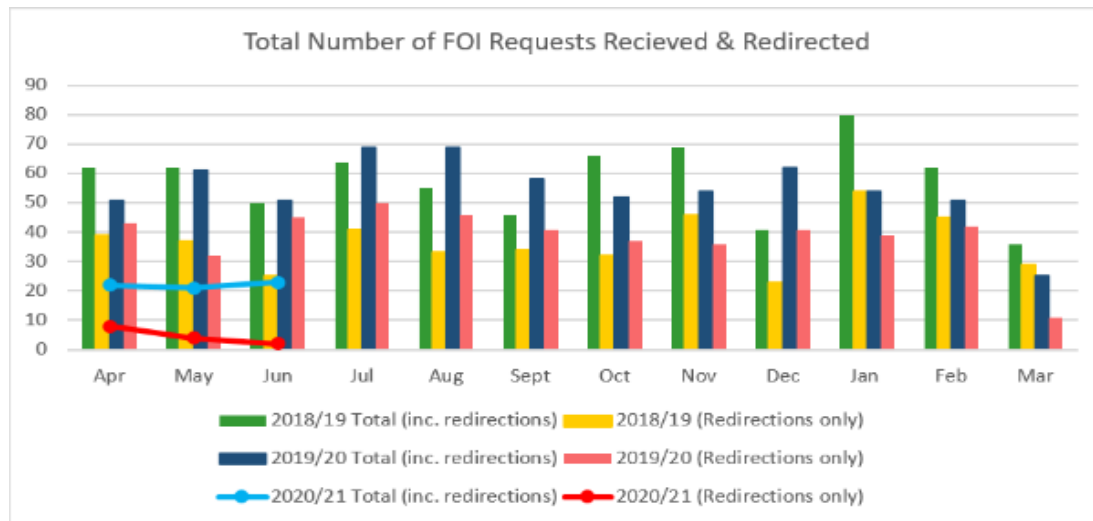
Number of FOI Requests Received

2018/19	2019/20	2020/21
590	693	66

Number of FOI Breaches (Exceeding Statutory Time Limit to respond)

| 2018/19	2019/20	2020/21
21	59	1

Freedom of Information

Since 1 April 2020 we have only have one request breach the statutory time limit by 1 day.

The Trust website is currently under review in partnership with the Press Office to see if there is any more information that could be made available to reduce the number of FOIs and to update existing information.

Policies, Procedures & Strategies (PPS)
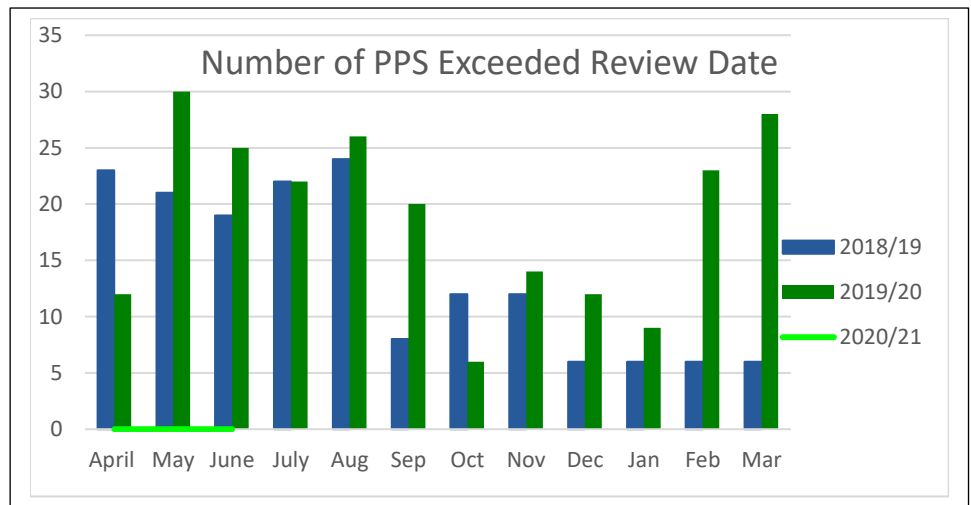
Policies Procedures and Strategies

Document owners are reminded when their documents are due for review at least 6 months before their review date to help minimise the number of documents passing their review dates.

Records Management

The Trust continues to work towards going paperless in 2020 with Information Technology leading the project to assist users. IT are pushing forward a project to assist users to migrate to a digital alternative.

Whilst there are still requirements for some boxes of information which may still need to be archived, we predict this figure to drop significantly in the next few months. The Goddard Enquiry is still on going, with more public hearings into three investigations are scheduled until the end of July 2020 and therefore we have an obligation to continue to retain documents for the time being.

Data Protection

Data Protection Breaches and Near Misses	Year to date Comparison		
	Last reported month (June 20)	2019-20 April - June	2020-21 April - June
WMAS	**4**	**12**	**10**

SAR (Subject Access Requests)	Year to date Comparison		
	Last reported month (June 20)	2019-20 April - June	2020-21 April - June
WMAS	**27**	**52**	**49**

Data Protection Impact Assessments (DPIAs)

June 2020
Diversity Profile for Council of Governors
COVID-19 resilience – Patient Video Consultation (Attend Anywhere)

NB:
Data Protection Impact Assessment (DPIA) is a process to help the Trust to identify and minimise the data protection risks of a project.

Due to the identifiable nature of these DPA breaches and near misses. Each one will be reviewed through the Trust's Governance structure in particular through Learning Review Group.
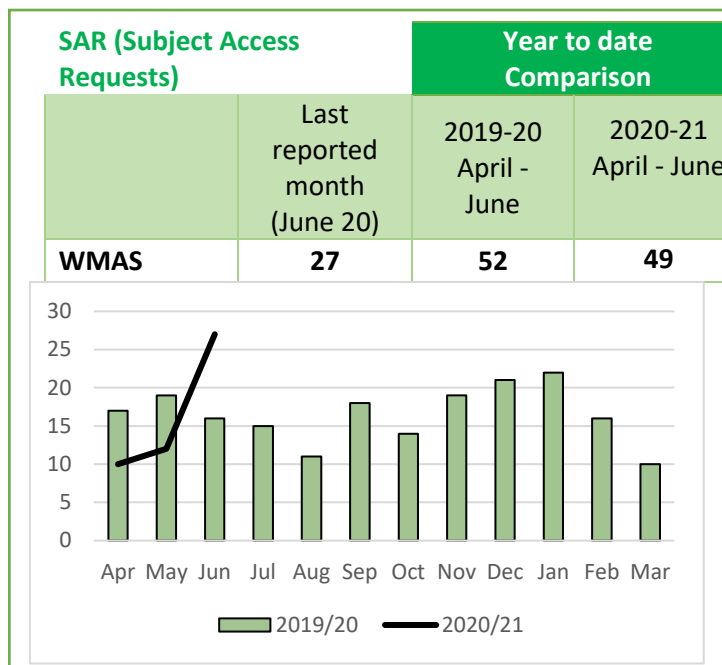
Individuals have a right to their personal information under the Data Protection Legislation, known as SARs (Subject Access Requests). This includes staff requesting their personal files. It does not include solicitor request where Electronic Patient records are released under consent.

Data Sharing Agreements / Information Sharing Protocols (DSAs / ISPs)

June 2020
The Trust actively publish any agreed DSA/ISPs entered on the Trust website. There are currently 15 published.

NB:
DSA/ISPs set out a common set of rules to be adopted by the various organisations involved in the data sharing operation outlining what information is shared and for what purpose.

NHSD releases Data Protection Impact Assessment (DPIA) for NHS mail with O365.

The service plans to move to Exchange online via a cloud-based NHS tenant of Office 365 by October 2020 as a joint venture by NHS Digital, Accenture, and Microsoft. At that point 'Microsoft Teams' will replace 'Skype for business' as the video consultation and online collaboration tool for the NHS.

Incident Reports

Total Incidents Reported	Last reported month (June 20)	Year to date	
		2019-20 April - Mar	2020-21 April - June
WMAS	935	8323	2,458

RIDDOR	Last reported month (June 20)	Year to date	
		2019-20 April - Mar	2020-21 April - June
WMAS	7	83	15

Top 5 Incident Types for Non-Patient Safety (June)

WMAS Top 5 Types	Total
Violence / Aggression	173
Equipment	141
RTC	66
IPC	62
Complaint	49

WMAS Top 5 Categories	Total
Equipment - Damage	65
V&A - Verbal - Intentional	61
Equipment - Failure	60
IPC - Environment	58
Near Miss	45

Total Incident Reports

RIDDOR

Over 35,000 ER54's received since implementation

There is work ongoing to ensure data accuracy of investigation completion of ER54's. This has been highlighted to both Web and Performance teams to manage – Risk team continues to review cases to determine issues

There has been work undertaken to ensure Data Quality is accurate regarding the incident reporting platform following several concerns highlighted
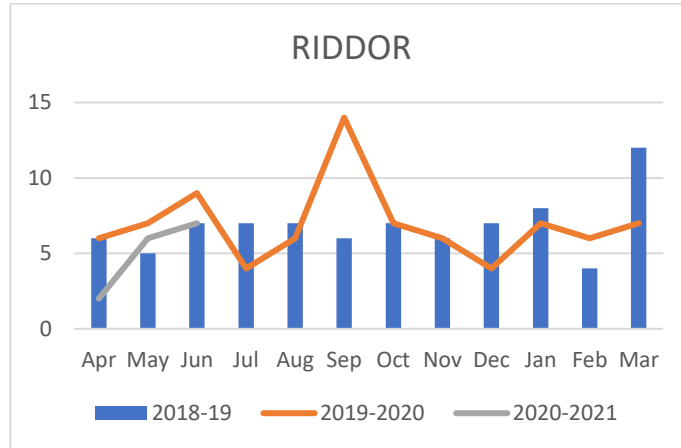
Monthly Trend Analysis reports continues to be shared at both Senior Management Team and Operational Management Team and relevant actions reviewed.

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.

7 Reports this month which is an increase of 1 from last month – Manual Handling appears the trend this month

Relevant post incident work is completed monthly, including liaison with the HSE, discussions with Managers and Staff and Root Cause Analysis where relevant.

The Trust Top 5 incident categories for June,

1. Equipment, Damage – Significant increase this month, cases reviewed as part of monthly trend report, and specific trends discussed at OMT and SMT and identified for action (COVID PPE)
2. V&A – Verbal - Intentional - All cases to be reviewed with Security and Risk Team to determine cause (potential impact of BWC)
3. Equipment Failure – Majority were PRPH Hoods, but Tympanic failure was a new trend this month
4. IPC – Environment – COVID Related concerns
5. Near Miss – Security Team review

4

FINANCIAL PERFORMANCE

WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST

DIRECTOR OF FINANCE REPORT TO THE RESOURCES COMMITTEE

FOR THE PERIOD TO 30 JUNE 2020 (MONTH 3   FY 2020-21)

CONTENTS

WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST
KEY PERFORMANCE INDICATORS TO 30 JUNE 2020 (MONTH 3 FY20/21)

	KEY PERFORMANCE INDICATORS (KPIs)							
	KPI	**Relevance of indicator**	**Opening plan**	**Year to date position**			**YTD RAG Rating**	**Forecast**
				Plan	**Actual**	**Variance**		
1	Turnover £m	Delivery of revenue plan	323.6	81.1	95.5	14.4		339.4
2a	EBITDA £m		6.1	3.3	2.7	(0.6)		9.8
2b	EBITDA %		1.9%	4.1%	2.8%	(1.3%)		2.9%
3a	Surplus £m		0.0	1.2	0.0	(1.2)		0.0
3b	Surplus %		0.0%	1.5%	0.0%	(1.4%)		0.0%
4	CIP £m		2.3					2.3
5a	Pay £m		247.9	61.0	69.8	(8.8)		254.0
5b	WTE		5,654	5,547	6,235	(688)		5,839
5c	Non-pay £m		69.6	16.8	23.0	(6.2)		75.6
6	Capital budget £m	Delivery of capital plan	24.80	11.3	8.5	(2.8)		24.8
7a	Cash balance £m	Management of working capital	32.0	22.6	64.9	42.3		34.2
7b	Debtors > 90 days £m		1.0	1.1	2.2	(1.1)		
7c	BPPC %		95%	95%	93%	(2%)		
8	UOR	Risk rating						

Risk rating not calculated at Mth3

🟩	On target - no additional actions necessary
🟨	Slightly off target - subject to monitoring
🟧	Off target and actions being taken to improve RAG rating
🟥	Off target and adverse trend requires specific action plan

INCOME & EXPENDITURE - KEY INDICATORS

Surplus, £'000
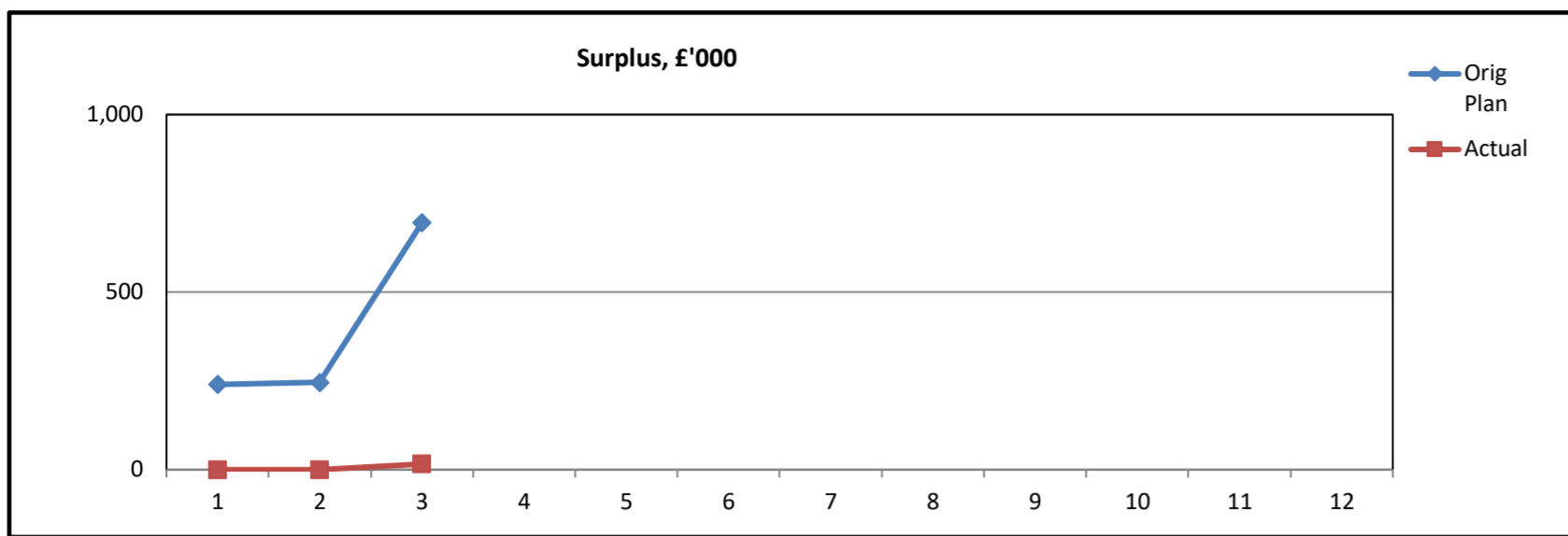
£16K surplus achieved at Mth3 after Covid top-up, which is in line with the requirement to Break-even each month. Activity was 91,301 incidents against a budget of 95,679 incidents - an adverse variance of 4.6%, however activity is now based on a block contract since the inception of the Covid-19 regime and will remain this way until October 2020 when it will be reviewed again for the winter.

CIPs

EBITDA monthly run rate
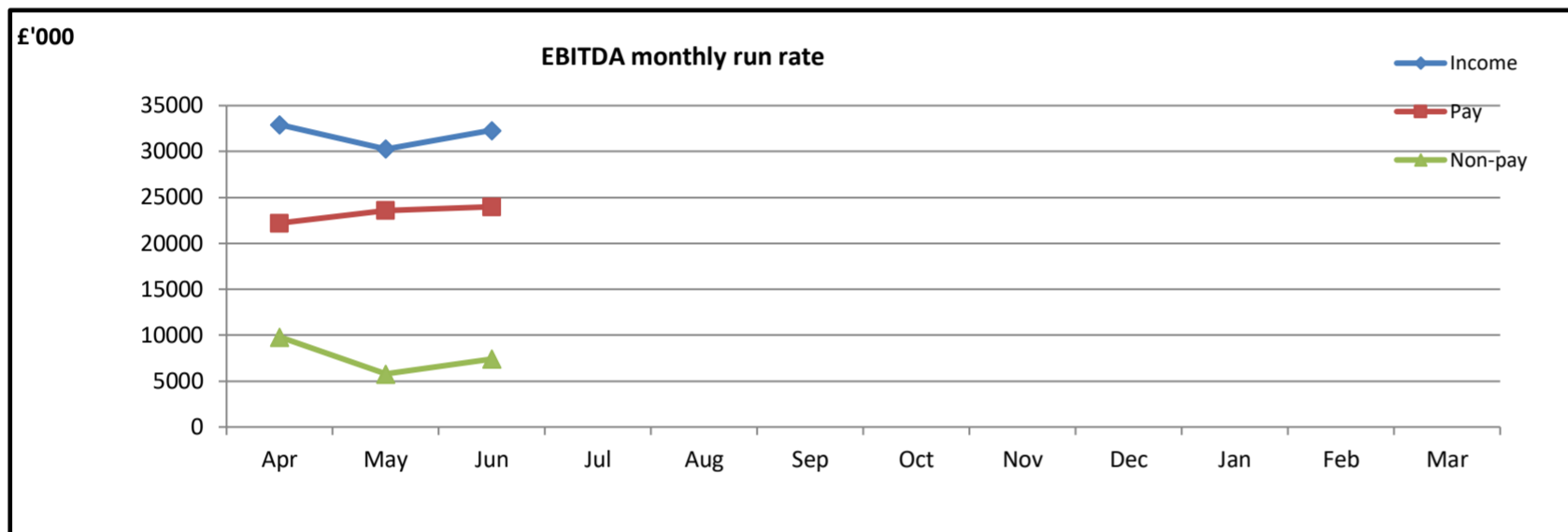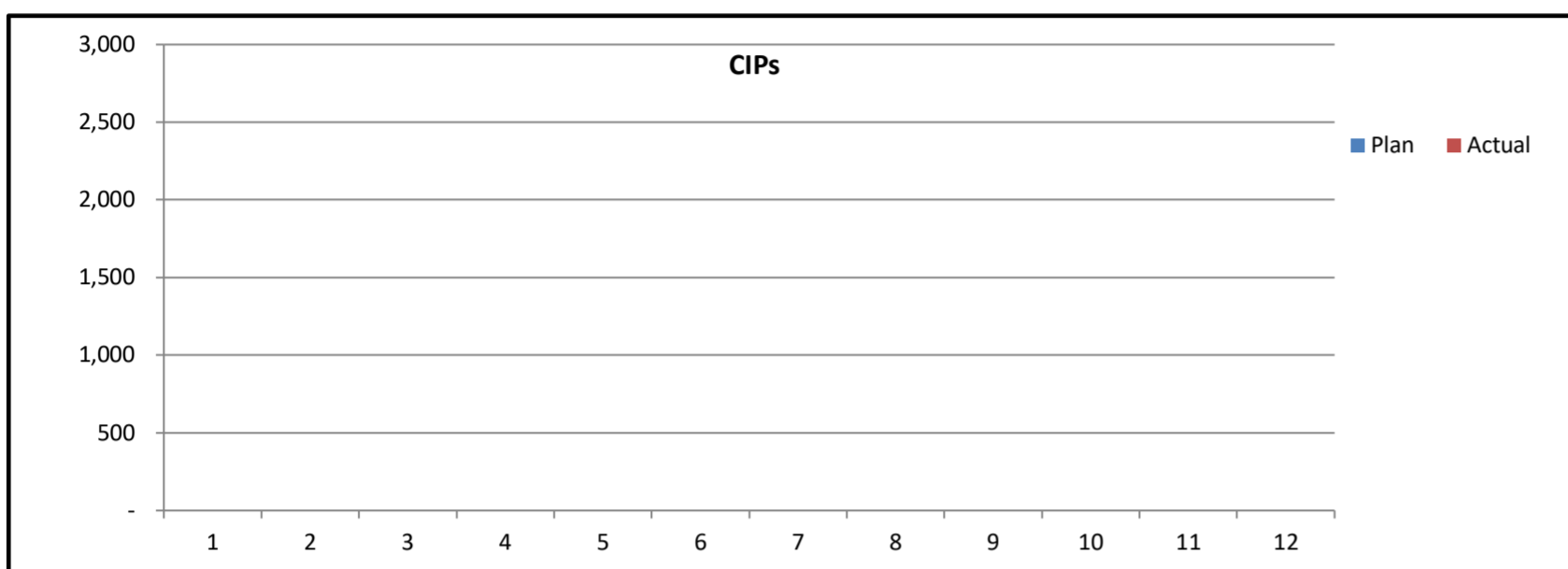
£4.9m top-up income received in Mth3. Pay and Non Pay increased due to additional Covid expenditure in month.

BALANCE SHEET - KEY INDICATORS
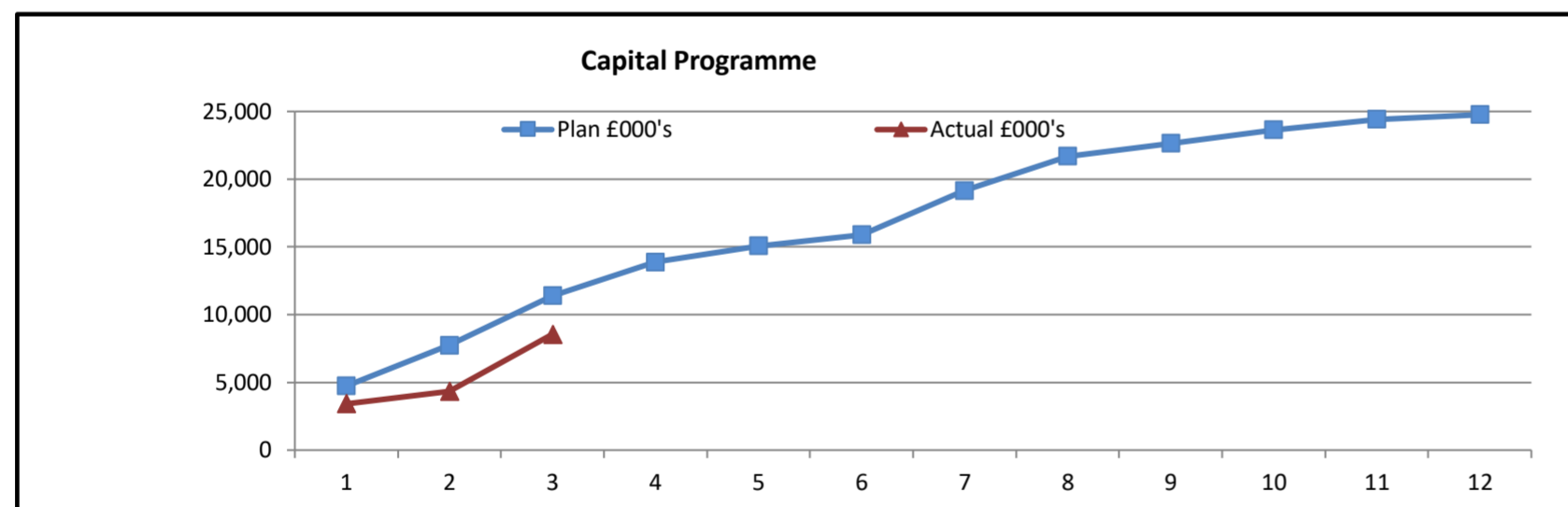
Capital Programme

Capital programme is £24.761m for year 2020/21, and spend at Month 3 remains below plan due to phasing of payments for the DCAs which will not be paid until the start of Q2.

Current year cashflow
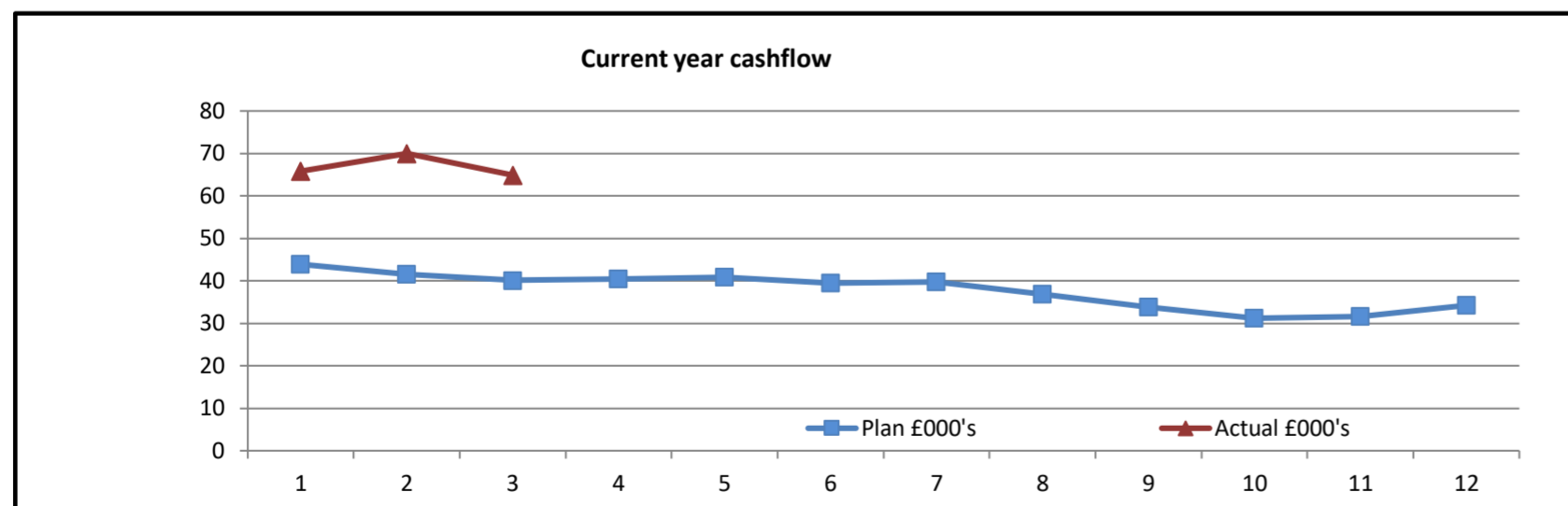
Actual Mth3 £64.9m compared to plan of £40.1m.
1 mth of block funding received in advance is c£23m.

Debtors Over 90 Days
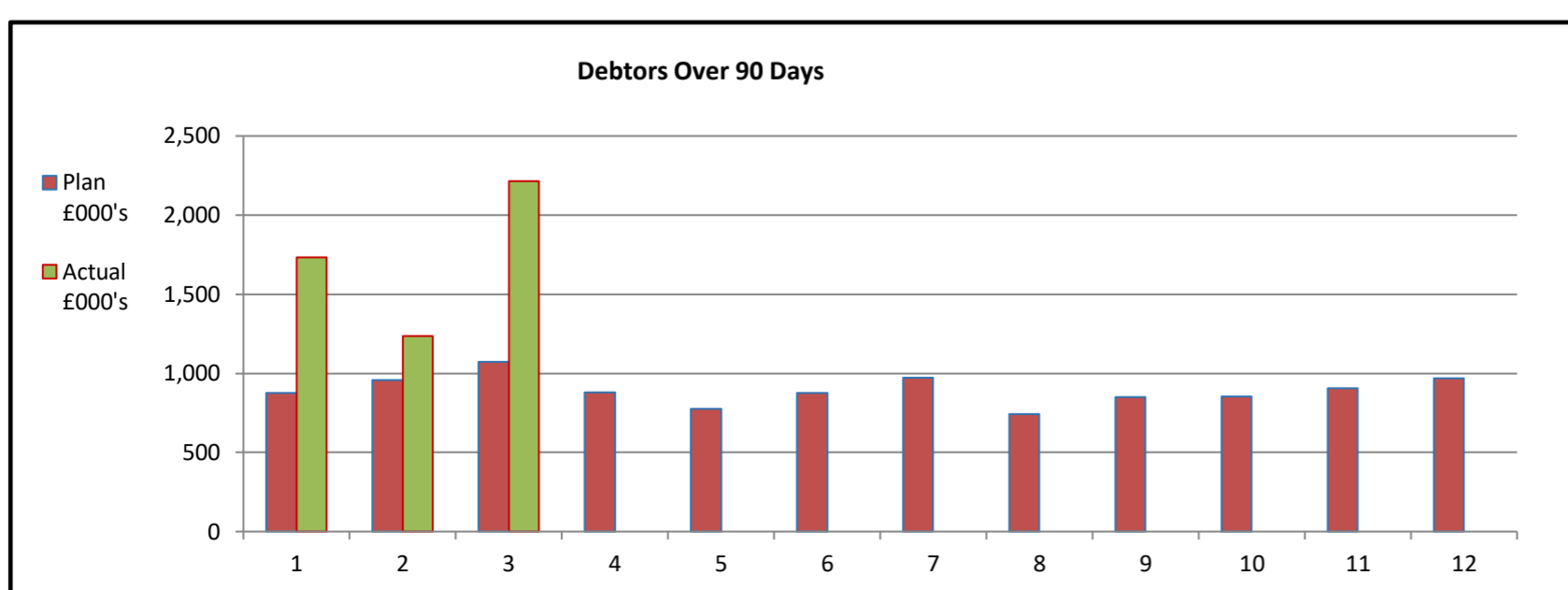
The new Covid 19 cash regime is now implemented. Over 3 month Debtors increased in month mainly due to £1.0m E&U March invoices outstanding. £0.7m E&U and £0.3m PTS/CTS amounts have been received in July relating to the outstanding amounts. PTS/CTS debt being chased by the Commercial Services Team.

Monthly Debt Review meeting held with PTS and E&U management plus EMB detailed review.

WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST - E&U EXP. BREAKDOWN TO 30 JUNE (MONTH 3 FY19/20)

E&U SERVICE EXPENDITURE BREAKDOWN BY MONTH AGAINST BUDGET

Legend:
- Other spend
- Overtime Overspend
- St Johns
- Excess Mb
- PTS Recharge
- Band 8 OT
- Direct Pay
- Income Under /Over Recovery
- Budget
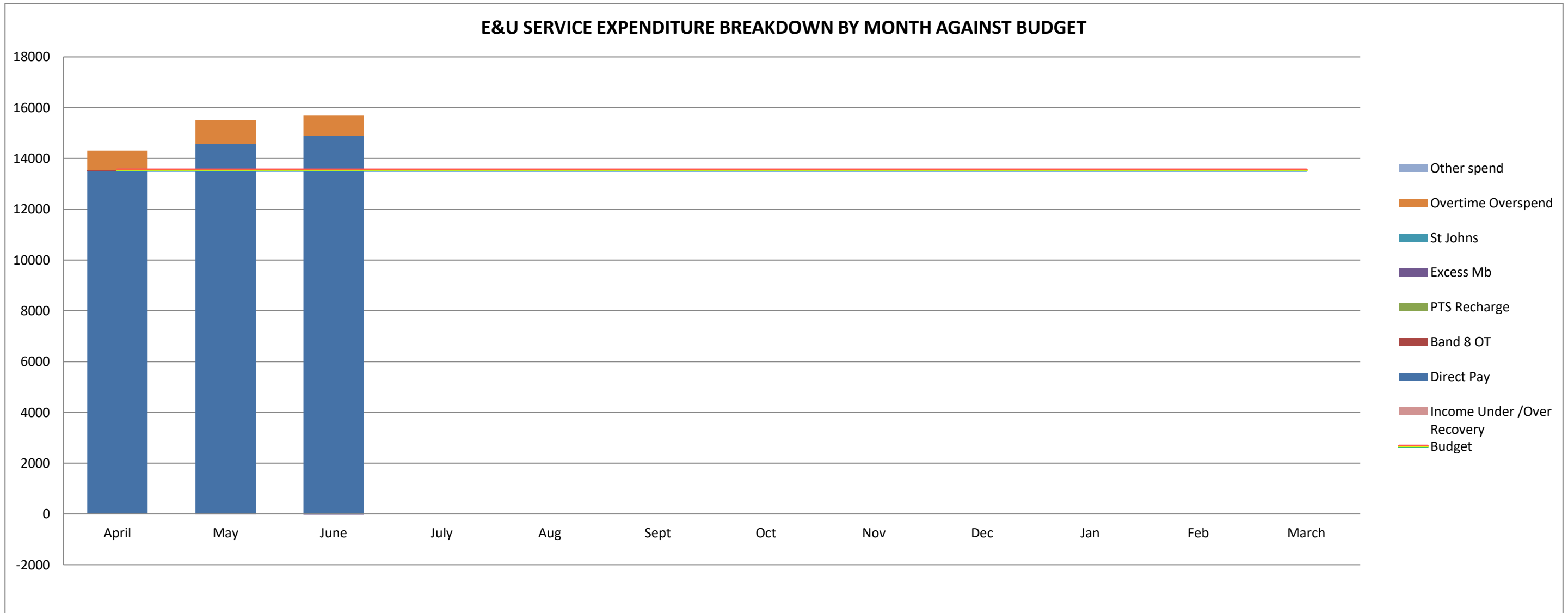
WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST
STATEMENT OF COMPREHENSIVE INCOME
FOR THE PERIOD TO 30 JUNE 2020 (MONTH 3 FY20/21)

INCOME AND EXPENDITURE ACCOUNT	WTE Plan	WTE Actual	In Month Plan	In Month Actual	In Month Variance	Plan	Actual	Variance
	Jun 2020/21	Jun 2020/21	Jun 2020/21 £000s	Jun 2020/21 £000s	Jun 2020/21 £000s	Jun 2020/21 £000s	Jun 2020/21 £000s	Jun 2020/21 £000s
Income								
Income from activities								
E&U Contract Income			20,276	19,743	(533)	60,826	61,236	410
111 Contract income - CCG			2,385	2,327	(58)	7,155	6,981	(174)
PTS Contract Income - CCG			3,173	3,469	296	9,519	9,405	(114)
PTS Contract Income - NHS Trust			98	97	(1)	295	291	(4)
PTS Contract Income - FT			28	32	4	84	95	11
Other CCG Clinical income			0	119	119	0	140	140
CBRN			332	332	0	332	332	0
HART/USAR			294	294	0	882	882	0
RTA Income			62	61	(1)	187	179	(8)
Other Income from Activities			19	10	(9)	40	(9)	(49)
Total Income From Activities			**26,667**	**26,484**	**(183)**	**79,320**	**79,532**	**212**
Other operating income								
R&D Income			9	24	15	26	27	1
Training Income			157	491	334	471	1,513	1,042
Other			386	412	26	1,157	1,298	141
STP Funding/Covid top up			112	4,892	4,780	112	13,119	13,007
Total Other operating income			**664**	**5,819**	**5,155**	**1,766**	**15,957**	**14,191**
Total Income			**27,331**	**32,303**	**4,972**	**81,086**	**95,489**	**14,403**
Expenditure								
Operating expenses - Pay								
Medical Staff	10.00	6.62	(234)	(308)	(74)	(702)	(960)	(258)
Nursing	97.00	130.78	(450)	(635)	(185)	(1,350)	(1,669)	(319)
Scientific, technical & Theraputic	28.67	31.38	(142)	(138)	4	(426)	(365)	61
Ambulance Paramedics	2,244.24	2,335.46	(10,201)	(10,912)	(711)	(30,603)	(32,873)	(2,270)
Techicians	906.00	751.24	(2,676)	(2,438)	238	(8,028)	(7,271)	757
Support to Ambulance Staff Including Control Assistants	1,889.08	2,659.81	(4,828)	(7,124)	(2,296)	(14,484)	(19,353)	(4,869)
Non Executive Directors	0.00	0.00	(11)	(12)	(1)	(33)	(36)	(3)
Director & Senior Managers	86.06	95.53	(550)	(688)	(138)	(1,650)	(2,163)	(513)
Admin & Estates	285.62	224.33	(947)	(1,573)	(626)	(2,841)	(4,537)	(1,696)
Agency Clinical	0.00	0.00	0	(64)	(64)	0	(278)	(278)
Agency Other	0.00	0.00	0	0	0	0	0	0
Reserves			(213)	0	213	(640)	0	640
Apprenticeship Levy			(83)	(95)	(12)	(249)	(279)	(30)
Total Pay	5,546.67	6,235.15	**(20,335)**	**(23,987)**	**(3,652)**	**(61,006)**	**(69,783)**	**(8,777)**
Operating expenses - Non Pay								
Clinical Supplies			(588)	(1,469)	(881)	(1,763)	(5,523)	(3,760)
Non Clinical Supplies			(234)	(522)	(288)	(700)	(1,343)	(643)
Drugs			(84)	(72)	12	(252)	(330)	(78)
External Consultants			(14)	(6)	8	(43)	(18)	25
Establishment			(592)	(595)	(3)	(1,777)	(1,895)	(118)
Rates			(97)	(93)	4	(292)	(282)	10
Premises			(911)	(1,012)	(101)	(2,734)	(3,323)	(589)
Vehicle Insurance			(144)	(154)	(10)	(432)	(461)	(29)
Vehicle Maintenance/Other Costs			(530)	(1,022)	(492)	(1,590)	(2,870)	(1,280)
Fuel			(697)	(501)	196	(2,091)	(1,134)	957
Audit fees			(7)	(9)	(2)	(21)	(15)	6
Clinical Negligence			(236)	(236)	0	(708)	(708)	0
Research & Development			0	0	0	0	0	0
Training Expenses			(106)	(400)	(294)	(318)	(1,123)	(805)
Vehicle Leasing			(1,105)	(1,198)	(93)	(3,313)	(3,579)	(266)
Redundancy			0	0	0	0	0	0
Other			(247)	(122)	125	(739)	(408)	331
Movement in Bad Debt Provision			0	1	1	0	3	3
Total Non Pay			**(5,592)**	**(7,409)**	**(1,817)**	**(16,773)**	**(23,010)**	**(6,237)**
Total Expenses			**(25,927)**	**(31,397)**	**(5,470)**	**(77,779)**	**(92,793)**	**(15,014)**
EBITDA - OPERATING SURPLUS			**1,404**	**906**	**(498)**	**3,307**	**2,696**	**(611)**
Depreciation			(620)	(796)	(176)	(1,860)	(2,389)	(529)
Amortisation			(25)	(29)	(4)	(75)	(87)	(12)
Impairment			0	0	0	0	0	0
Cost of fundamental reorganisation/restructuring			0	0	0	0	0	0
Profit/(loss) on disposal of fixed assets			0	0	0	0	24	24
SURPLUS BEFORE INTEREST			**759**	**81**	**(678)**	**1,372**	**244**	**(1,128)**
Interest receivable			24	22	(2)	72	33	(39)
Interest payable			0	0	0	0	0	0
Other finance costs - unwinding of discount			(4)	(4)	0	(12)	(12)	0
Other finance costs - change in discount rate on provisions			0	0	0	0	0	0
SURPLUS FOR THE FINANCIAL YEAR			**779**	**99**	**(680)**	**1,432**	**265**	**(1,167)**
PDC Dividends payable			(84)	(83)	1	(251)	(249)	2
RETAINED SURPLUS FOR THE YEAR			**695**	**16**	**(679)**	**1,181**	**16**	**(1,165)**

Includes PTS Taxis and Contract Transport

Plan
Is the Plan agreed by the Trust Board based on the negotiations suspended due to the pandemic

The Trust is required to report a break even figure on the monthly return. The monthly return will show £16k less on the Covid top up income figure.

BALANCE SHEET

	Actual	Plan	Actual	Variance
	End Of Year 2019/20 £000s	Jun 2020/21 £000s	Jun 2020/21 £000s	Jun 2020/21 £000s
FIXED ASSETS:				
Fixed Assets	59,745	66,057	65,820	237
Assets Held for Sale	0	0	0	0
TOTAL FIXED ASSETS	**59,745**	**66,057**	**65,820**	**237**
NON CURRENT ASSETS:	**1,064**	**1,384**	**1,064**	**320**
CURRENT ASSETS:				
Stocks and work in progress	3,498	2,716	2,297	419
Debtors	14,288	16,356	10,982	5,374
Provision for Irrecoverable debts	(717)	(965)	(714)	(251)
Prepayments & Accrued Income	11,156	11,281	14,431	(3,150)
Cash at Bank & In Hand	45,309	22,565	64,928	(42,363)
TOTAL CURRENT ASSETS	**73,534**	**51,953**	**91,924**	**(39,971)**
CURRENT LIABILITIES:				
Creditors	(12,641)	(9,662)	(11,277)	1,615
Capital Creditors	(166)	(135)	(134)	(1)
Accruals	(34,928)	(32,527)	(58,497)	25,970
Deferred Income & Payments on Account	0	(158)	(2,328)	2,170
Provisions for Liabilities & Charges	(9,204)	(6,499)	(9,004)	2,505
NET CURRENT ASSETS	**16,595**	**2,972**	**10,684**	**(7,712)**
Non Current Provisions for Liabilities & Charges	(2,362)	(2,309)	(2,510)	201
TOTAL ASSETS EMPLOYED	**75,042**	**68,104**	**75,058**	**(6,954)**
FINANCED BY				
Public dividend capital	34,909	34,809	34,909	(100)
Revaluation reserve	9,401	4,980	9,401	(4,421)
Other reserves	5,395	5,395	5,395	0
Income and expenditure reserve	25,337	22,920	25,353	(2,433)
TOTAL TAXPAYERS EQUITY	**75,042**	**68,104**	**75,058**	**(6,954)**

The Trust is required to report a break

WEST MIDLANDS AMBULANCE SERVICE NHS FT CAPITAL PROGRAMME 2020/21	2020/21	Budget Adjustments	2020/21	
Project	**NHSE/I Plan**	**PD1**	**Revised Budget**	**Notes**
INFORMATION TECHNOLOGY				
1 ECS/EPRF Hardware	300,000		300,000	
2 ESMCP	250,000		250,000	
3 General Computer Hardware	50,000		50,000	
4 Global Digital Exemplar	0		0	
5 Critical Server Hardware	300,000		300,000	
6 Centricity	50,000		50,000	
7 999 Set of Switches	540,000		540,000	
8 Servers Replacement	135,000		135,000	
9 IT for PTS New Contracts	150,000		150,000	
CLINICAL EQUIPMENT				
10 Clinical Equipment	400,000		400,000	
11 Clinical Equipment - PTS	30,000		30,000	
ESTATES GENERAL				
12 Sustainability	100,000		100,000	
13 Other HUB Expenditure	450,000		450,000	
14 HUB Car Parking	50,000		50,000	
15 Building Infrastructure (Rewiring / Heating)	30,000		30,000	
16 Purchase of Millemium Point	3,335,000		3,335,000	
17 PTS New Contracts	200,000		200,000	
18 Rehousing of MP Control to 111	1,000,000		1,000,000	
19 PTS Macclesfield	0		0	
FLEET				
20 DCAs x 118	14,402,000		14,402,000	(17 Chassis purchased 19/20)
21 RRVs	1,120,000		1,120,000	
22 Ambulance Special	685,000		685,000	
23 Bariatric Vehicles	600,000		600,000	
24 HART Vehicles	90,000		90,000	
25 Major Incident Vehicles	90,000		90,000	
26 Support Fleet	154,000		154,000	
27 OTHER CONTINGENCY	250,000		250,000	
	24,761,000	**0**	**24,761,000**	

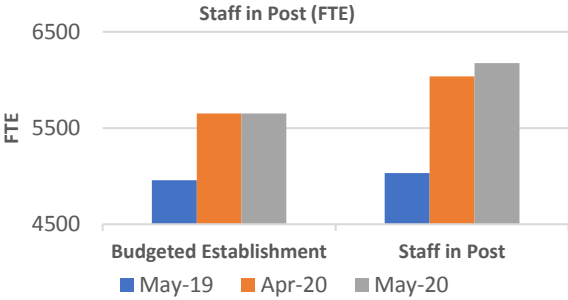| WEST MIDLANDS AMBULANCE SERVICE NHS FT |
|---|
| **CAPITAL PROGRAMME 2020/2021 - MONTH 3 TO 30 JUNE 2020.** |

|	Project	REVISED BUDGET Total £000	BUDGET MONTH 3 Total £000	ACTUAL MONTH 3 Total £000	BUDGET YEAR TO DATE Total £000	ACTUAL YEAR TO DATE Total £000	YEAR TO DATE VARIANCE Total £000	NOTES
	INFORMATION TECHNOLOGY							
1	ECS/EPRF Hardware	300,000	0	0	0	0	0	
2	ESMCP	250,000	0	0	0	2	2	
3	General Computer Hardware	50,000	0	0	50	0	-50	
4	Global Digital Exemplar	0	0	0	0	0	0	
5	Critical Server Hardware	300,000	70	0	70	0	-70	
6	Centricity	50,000	0	0	0	0	0	
7	999 Set of Switches	540,000	540	496	540	496	-44	
8	Servers Replacement	135,000	0	0	0	0	0	
9	IT for PTS New Contracts	150,000	0	0	0	0	0	
	CLINICAL EQUIPMENT							
10	Clinical Equipment	400,000	0	0	0	0	0	
11	Clinical Equipment - PTS	30,000	0	0	0	0	0	
							0	
	ESTATES GENERAL							
12	Sustainability	100,000	0	0	0	0	0	
13	Other HUB Expenditure	450,000	0	0	0	0	0	
14	HUB Car Parking	50,000	0	0	0	0	0	
15	Building Infrastructure (Rewiring / Heating)	30,000	0	0	0	0	0	
16	Purchase of Millemium Point	3,335,000	0	0	3,335	3,335	0	
17	PTS New Contracts	200,000	0	2	0	22	22	
18	Rehousing of MP Control to 111	1,000,000	0	43	239	179	-60	
19	PTS Macclesfield	0	0	53	0	53	53	
	FLEET							
20	DCAs x 118 (17 Chassis purchased 19/20)	14,402,000	2,500	3,537	6,345	4,355	-1,990	
21	RRVs	1,120,000	0	0	0	0	0	
22	Ambulance Special	685,000	540	0	685	0	-685	
23	Bariatric Vehicles	600,000	0	86	120	86	-34	
24	HART Vehicles	90,000	0	0	0	0	0	
25	Major Incident Vehicles	90,000	0	0	0	0	0	
26	Support Fleet	154,000	0	0	0	0	0	
27	OTHER CONTINGENCY	250,000	0	0	0	25	25	
		24,761,000	3,650	4,217	11,384	8,553	-2,831	

5
WORKFORCE INDICATORS

WORKFORCE PERFORMANCE SCORECARD MAY 2020

Establishment & Staff in Post (FTE)

FTE	May-19	Apr-20	May-20
Budgeted Establishment	4958.25	5651.16	5651.16
Staff in Post	5031.89	6036.43	6176.23
Air Amb, Naru, NEDs	44.10	48.52	47.52
Total FTE	**5075.99**	**6084.95**	**6223.75**

Staff in Post (Headcount)

Headcount	May-19	Apr-20	May-20
Perm & Fixed Term	5331	6536	6694
Air Amb, Naru, NEDs	53	67	67
Bank	91	638	636
of which University	*0*	*491*	*488*
Total Headcount	**5475**	**7241**	**7397**

Operational Workforce

	May-19	Apr-20	May-20
Budgeted Ops Establishment	2944.00	3057.00	3057.00
Staff in Post FTE	3021.59	3138.52	3161.21
Paramedic Skill Mix	62.55%	64.96%	64.35%
Skill Mix (exc St Paramedics)	81.73%	83.42%	83.54%
Recruitment (Students) H/C YTD	85	31	55
Recruitment (PTS to AAP) H/C YTD	0	0	0

Staff in Post (FTE)

Chart categories: Budgeted Establishment, Staff in Post — series May-19, Apr-20, May-20

Staff in Post (Headcount)

Chart categories: Perm & Fixed Term, Air Amb, Naru, NEDs, Bank — series May-19, Apr-20, May-20

5 Year Workforce Plan (2020 to 2025)

Chart: Planned Staff in Post by Year to date, 20/21, 21/22, 22/23, 23/24, 24/25 — Paramedics/ECP, Student Paramedics, Technicians, Clinical Suppprt

The budgeted establishment for 2020/21 is set at 5651.16 FTE (monthly average). In April this was exceeded by 385.27 FTE rising to 525.07 FTE over establishment in May. The areas showing the highest over establishment are NHS 111 (288.46 FTE) and E&U (104.21 FTE). However, additional funding has been secured through the Covid-19 funding stream to sipport this.
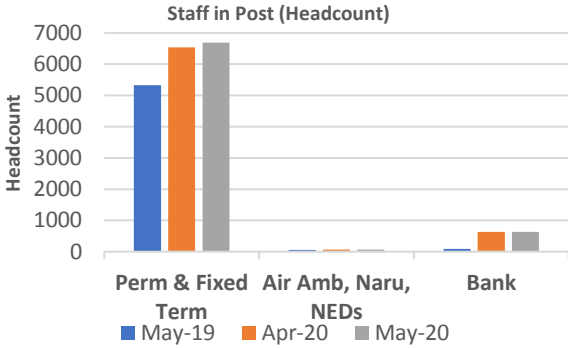
There has been an increase in Bank staff due to Covid-19 - there are currently 488 University students (78 in PTS and 410 in E&U) and 27 returners to practice in the bring back scheme. There are 50 doctors, mainly in NHS 111 and Air Ambulance, and a further 87 bank staff spread mainly across PTS and NHS 111.
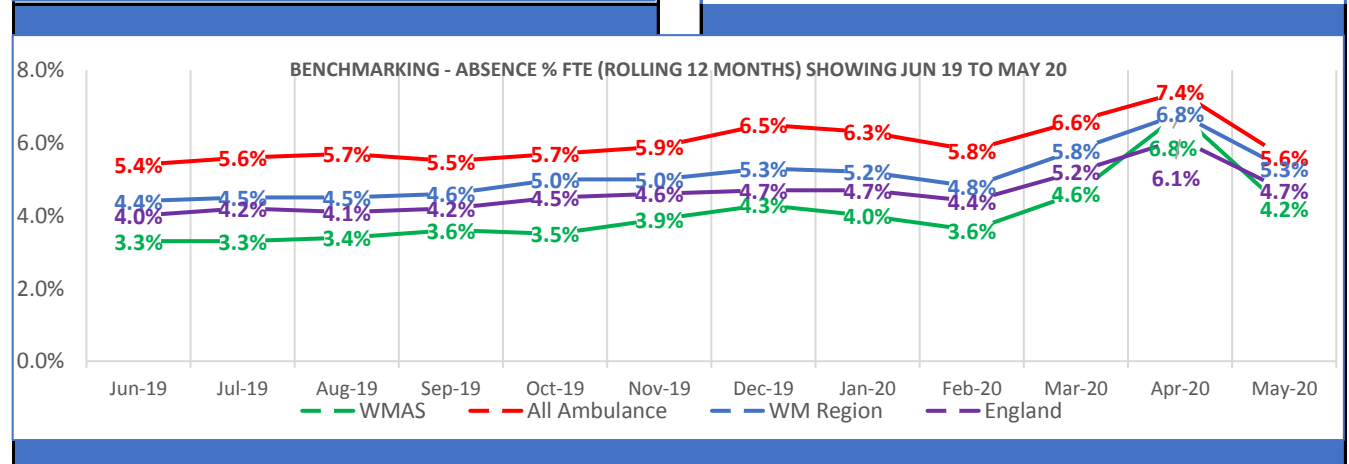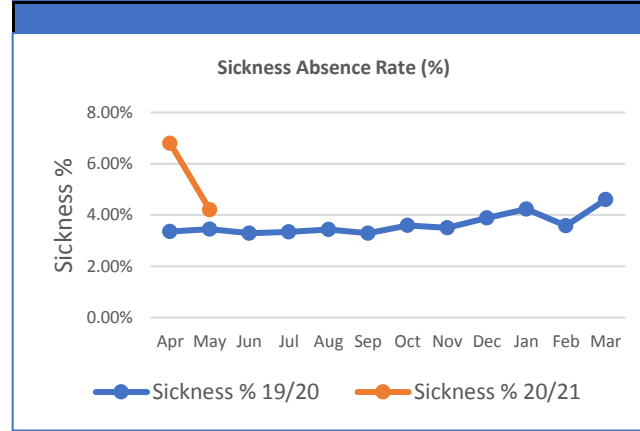The Trust headcount has risen over 7000 for the first time; this is a tempoary increase due to the pandemic.
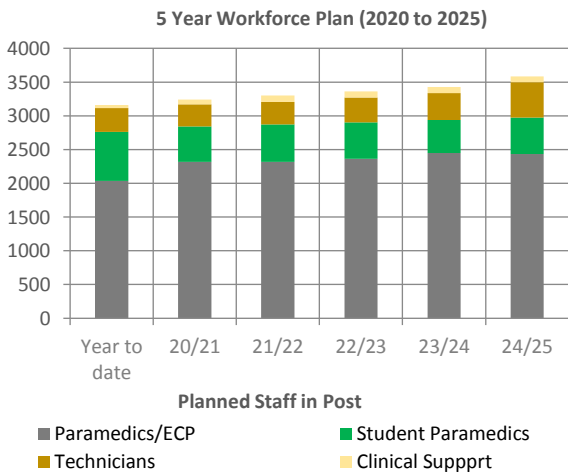
The budgeted establishment is 3057.00 FTE. There is an over establishment of 104.21 FTE. The paramedic skill mix is 64.35% and is affected by newly qualified paramedics (NQP) and student paramedics.
The recruitment plan for the year had been set and the remaining cohorts being recruited are as follows:
- 4 Student Paramedics cohorts - 76 staff in July and 90 in September
- Graduate Paramedics - 45 in September and 45 in October
- PTS staff transferring to Associate Ambulance Practitioners (AAP) - 24 in June and up to 48 in July.

Temporary Workforce

	May-19	Apr-20	May-20
Agency Spend	£ -	£ 144,455	£ 70,068
Agency spend as a % of turnover	0.00%	0.54%	0.26%
Bank Spend	£ 104,884	£ 204,881	£ 797,150
Bank spend as a % of turnover	0.49%	0.76%	2.96%
Overtime Spend	£ 1,160,591	£ 1,436,296	£ 1,688,062
Overtime spend as a % of turnover	5.46%	5.33%	6.26%

Sickness Absence Rate (%)

	May-19	Apr-20	May-20
Sickness %	3.45%	6.80%	4.21%
WMAS excluding Covid-19	N/A	3.37%	2.91%
Covid-19	N/A	3.43%	1.30%
WMAS excluding 111	N/A	6.77%	4.18%
111	N/A	7.12%	4.44%

Sickness Absence Cost

	May-19	Apr-20	May-20
Cost £	£ 464,743	£ 1,099,917	£ 705,018
WMAS excluding Covid-19	£ -	£ 548,554	£ 484,052
Covid-19	£ -	£ 551,506	£ 220,351
WMAS excluding 111	£ -	£ 117,296	£ 638,783
111	£ -	£ 92,533	£ 65,068
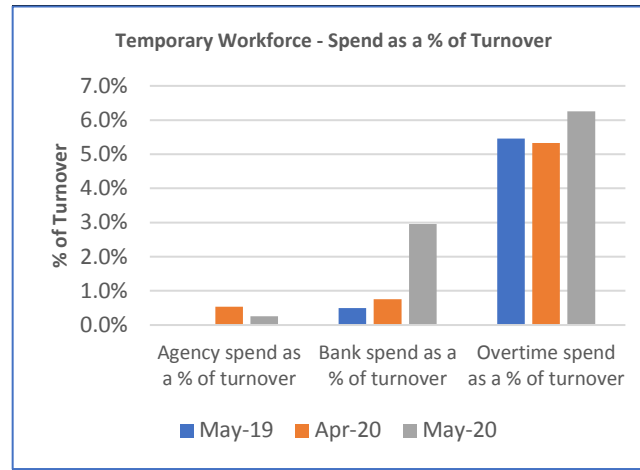
Temporary Workforce - Spend as a % of Turnover

Sickness Absence Rate (%)

BENCHMARKING - ABSENCE % FTE (ROLLING 12 MONTHS) SHOWING JUN 19 TO MAY 20
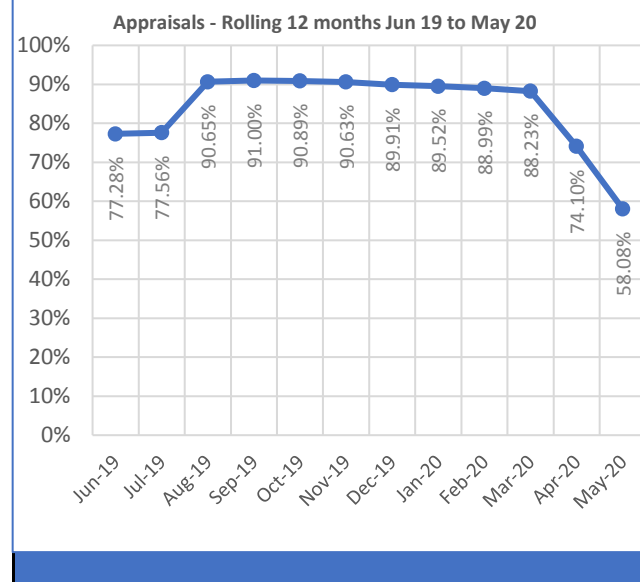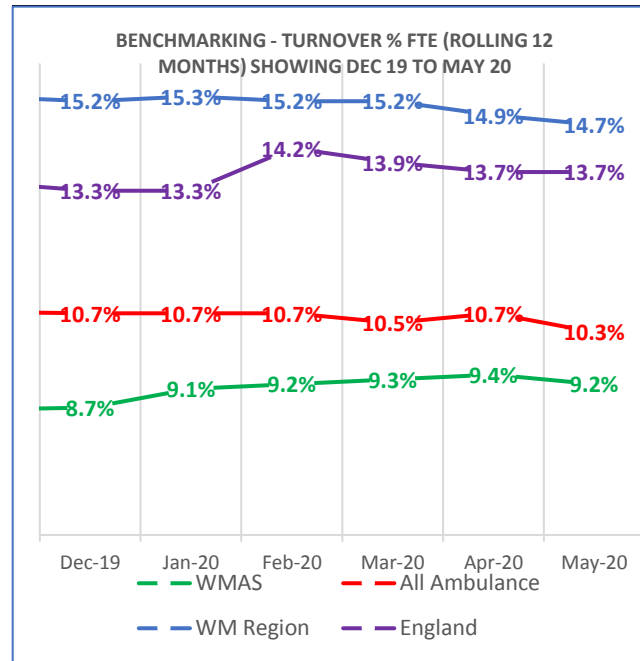
Agency Spend - this cost is associated with the TUPE Transfer of NHS 111 in November 2019. There was a previous reliance on Agency staffing. The WMAS model is to recruit into permenant posts. This is resulting in a reduction in the spend and it is expected to continue to reduce over the financial year.
Bank Spend - this has increased substantially due to the engagement of university students into employed positions to support the workforce resource during the pandemic.
Overtime Spend - there has been an increase in this cost arising from activity associated with the pandemic. However, the rate contiues to be managed and is reviewed regularly.

Nationally all parts of the NHS experienced an increase in sickness absence levels in April. However, the Trust management of sickness, partially through early swab tests, has ensured that sickness absence levels remain the best for the ambulance sector and compares favourably with regional and national trends.

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

Printed on: 02/07/2020

Staff Movements

	May-19	Apr-20	May-20
Average Headcount (12m)	5317	6344	6417
Starters Headcount	60	593	200
Starters FTE	57.54	290.57	190.45
Returners Headcount (12m)	38	45	44
Leavers Headcount	41	62	43
Leavers FTE	37.5	39.86	33.67
Leavers Headcount (12m)	59	574	571
Turnover Rate FTE (12m) %	7.77%	9.10%	8.93%
Maternity	66	71	81

Appraisals

	May-19	Apr-20	May-20
Year to Date	35.15%	0.15%	17.83%
Rolling 12 months	80.51%	74.10%	58.08%

Mandatory Training

	May-19	Apr-20	May-20
Clinical Day1 %	41.12%	0.00%	0.64%
PTS %	15.05%	0.00%	5.81%
IUC Call Taking %	0.00%	0.00%	0.00%
IUC Despatch %	0.00%	0.00%	0.00%

BENCHMARKING - TURNOVER % FTE (ROLLING 12 MONTHS) SHOWING DEC 19 TO MAY 20

WMAS: 8.7%, 9.1%, 9.2%, 9.3%, 9.4%, 9.2%
All Ambulance: 10.7%, 10.7%, 10.7%, 10.5%, 10.7%, 10.3%
WM Region: 15.2%, 15.3%, 15.2%, 15.2%, 14.9%, 14.7%
England: 13.3%, 13.3%, 14.2%, 13.9%, 13.7%, 13.7%

Appraisals - Rolling 12 months Jun 19 to May 20

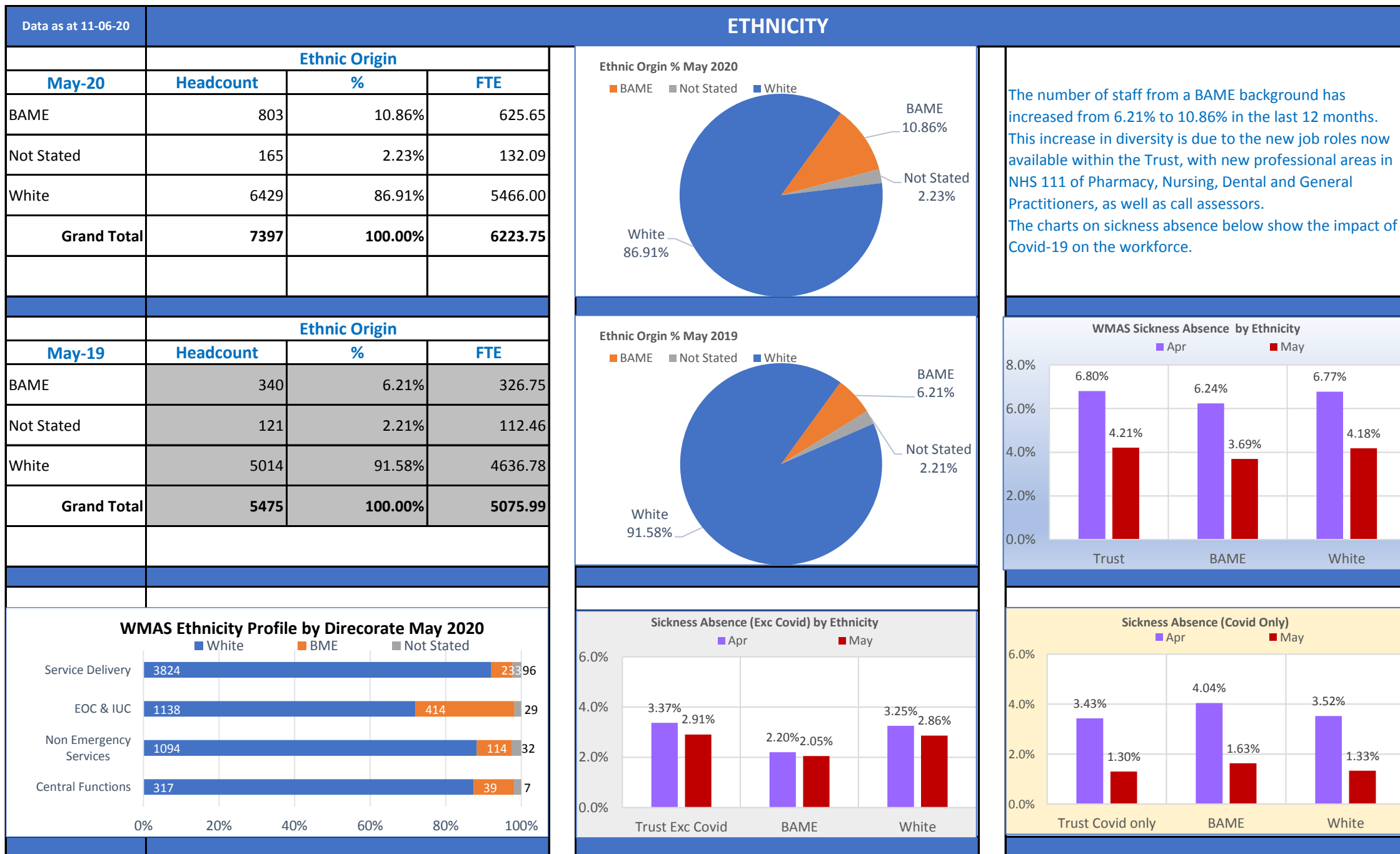77.28%, 77.56%, 90.65%, 91.00%, 90.89%, 90.63%, 89.91%, 89.52%, 88.99%, 88.23%, 74.10%, 58.08%

The significant number of new starters in April and May relates mostly to the recruitment of university student and student paramedics, as well as the expansion of NHS 111. The highest percentage of leavers in April and May was from the Nursing & Midwifery staff group. The leaving reasons given were voluntary due to health, worklife balance and working relationships.

Staff Group	Leavers Count	Leavers FTE	Avg FTE	FTE %
Add Prof Scientific and Technic	2	0.37	28.04	1.33%
Additional Clinical Services	51	34.26	2,096.10	1.63%
Administrative and Clerical	6	5.80	570.42	1.02%
Allied Health Professionals	27	23.19	2,389.88	0.97%
Estates and Ancillary	9	2.00	270.53	0.74%
Medical and Dental	2	0.00	6.31	0.00%
Nursing and Midwifery Registered	5	4.90	83.17	5.89%
Students	3	3.00	709.40	0.42%
Grand Total	105	73.52		

The timeline for completion of PDRs for all non-operational staff and managers is detailed below:
Band 8 & 9 – by the end of May 2020
Band 7 – by the end of June 2020
Band 6 – by the end of July 2020
All other staff to be complete by the end of August 2020.

Clinical Mandatory Training is planned to commence on 07 June 2020. An initial roll out of Clinical Day 1 commenced in May with the full roll out planned for June.
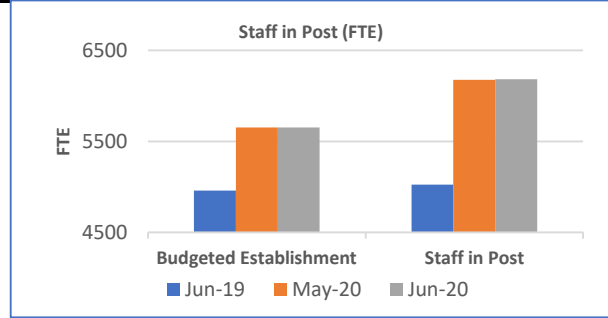PTS have already commenced the mandatory training for the year. However Integrated & Urgent Care departments are still to commence.
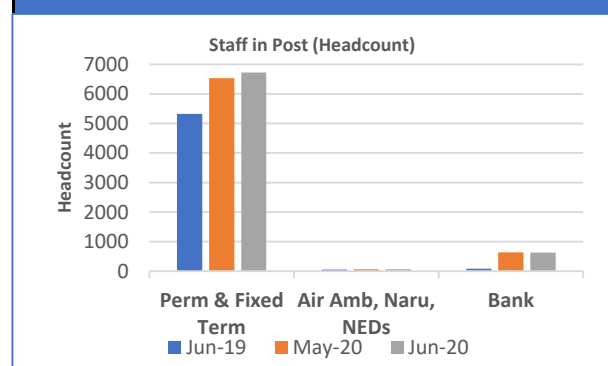
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Printed on: 02/07/2020

ETHNICITY

Ethnic Origin			
May-20	**Headcount**	**%**	**FTE**
BAME	803	10.86%	625.65
Not Stated	165	2.23%	132.09
White	6429	86.91%	5466.00
Grand Total	**7397**	**100.00%**	**6223.75**

Ethnic Origin			
May-19	**Headcount**	**%**	**FTE**
BAME	340	6.21%	326.75
Not Stated	121	2.21%	112.46
White	5014	91.58%	4636.78
Grand Total	**5475**	**100.00%**	**5075.99**

Ethnic Orgin % May 2020
- BAME ■ Not Stated ■ White
  - BAME 10.86%
  - Not Stated 2.23%
  - White 86.91%

Ethnic Orgin % May 2019
- BAME ■ Not Stated ■ White
  - BAME 6.21%
  - Not Stated 2.21%
  - White 91.58%

WMAS Ethnicity Profile by Direcorate May 2020
- White ■ BME ■ Not Stated
  - Service Delivery: 3824 | 233 | 96
  - EOC & IUC: 1138 | 414 | 29
  - Non Emergency Services: 1094 | 114 | 32
  - Central Functions: 317 | 39 | 7

The number of staff from a BAME background has increased from 6.21% to 10.86% in the last 12 months. This increase in diversity is due to the new job roles now available within the Trust, with new professional areas in NHS 111 of Pharmacy, Nursing, Dental and General Practitioners, as well as call assessors.
The charts on sickness absence below show the impact of Covid-19 on the workforce.

WMAS Sickness Absence by Ethnicity
- ■ Apr ■ May
  - Trust: 6.80% / 4.21%
  - BAME: 6.24% / 3.69%
  - White: 6.77% / 4.18%

Sickness Absence (Exc Covid) by Ethnicity
- ■ Apr ■ May
  - Trust Exc Covid: 3.37% / 2.91%
  - BAME: 2.20% / 2.05%
  - White: 3.25% / 2.86%

Sickness Absence (Covid Only)
- ■ Apr ■ May
  - Trust Covid only: 3.43% / 1.30%
  - BAME: 4.04% / 1.63%
  - White: 3.52% / 1.33%

Data as at 14-07-20	WORKFORCE PERFORMANCE SCORECARD JUNE 2020		

Establishment & Staff in Post (FTE)

FTE	Jun-19	May-20	Jun-20
Budgeted Establishment	4958.25	5651.16	5651.16
Staff in Post	5023.88	6176.23	6182.90
Air Amb, Naru, NEDs	44.46	47.52	47.52
Total FTE	5068.34	6223.75	6230.42

Staff in Post (Headcount)

Headcount	Jun-19	May-20	Jun-20
Perm & Fixed Term	5325	6536	6724
Air Amb, Naru, NEDs	54	67	67
Bank	82	638	632
of which University	0	491	482
Total Headcount	5461	7241	7423

Operational Workforce

	Jun-19	May-20	Jun-20
Budgeted Ops Establishment	2944.00	3057.00	3057.00
Staff in Post FTE	3031.47	3161.21	3179.06
Paramedic Skill Mix	62.53%	64.35%	64.00%
Skill Mix (exc St Paramedics)	81.62%	83.54%	82.88%
Recruitment (Students) H/C YTD	113	86	86
Recruitment (PTS to AAP) H/C YTD	0	0	23

Staff in Post (FTE) chart — Budgeted Establishment and Staff in Post, Jun-19, May-20, Jun-20

Staff in Post (Headcount) chart — Perm & Fixed Term, Air Amb, Naru, NEDs, Bank, Jun-19, May-20, Jun-20

5 Year Workforce Plan (2020 to 2025) chart — Planned Staff in Post: Paramedics/ECP, Student Paramedics, Technicians, Clinical Suppprt, Year to date, 20/21, 21/22, 22/23, 23/24, 24/25

The budgeted establishment for 2020/21 is set at 5651.16 FTE (monthly average). In May this was exceeded by 525.07 FTE rising to 531.74 FTE over establishment in June. The areas showing the highest over establishment are NHS 111 (268.31 FTE) and E&U (122.06 FTE). However, additional funding has been secured through the Covid-19 funding stream to support this.

There has been an increase in Bank staff due to Covid-19 - there are currently 488 University students (78 in PTS and 403 in E&U) and 29 returners to practice in the bring back scheme. There are 50 doctors, mainly in NHS 111 and Air Ambulance, and a further 86 bank staff spread mainly across PTS and NHS 111.
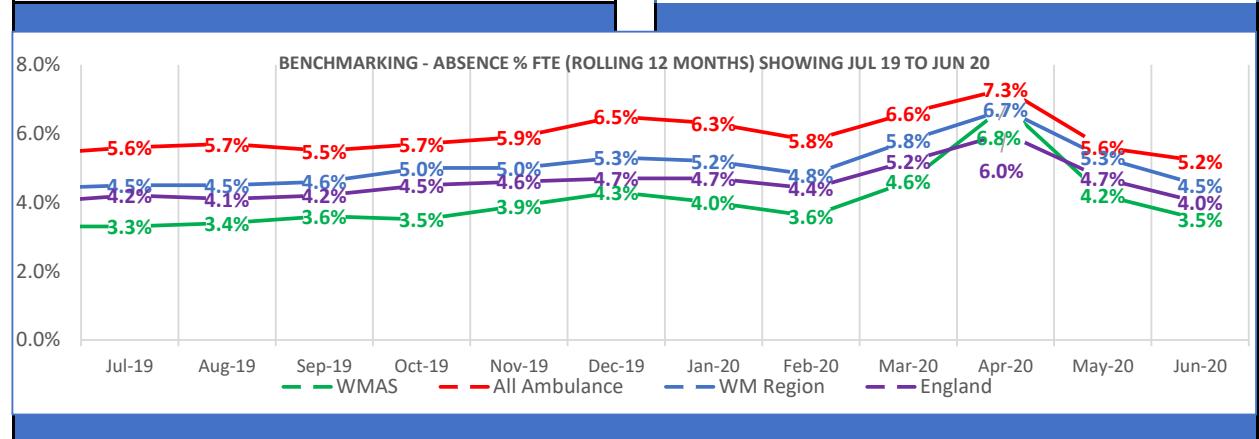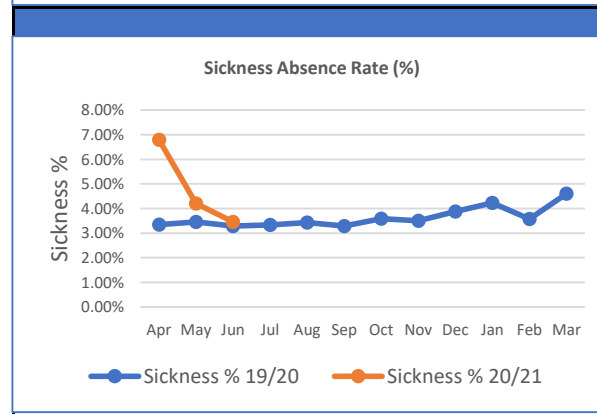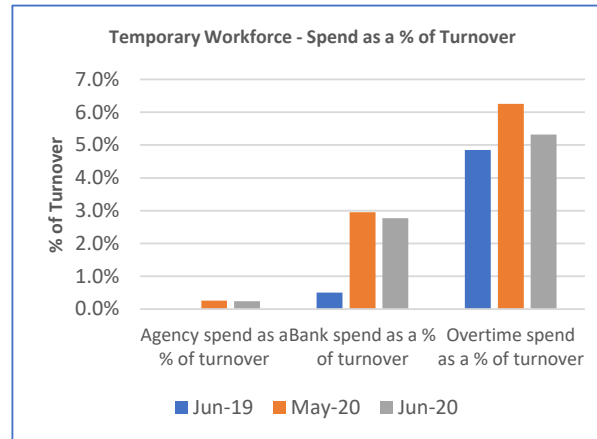The Trust headcount has risen over 7000 for the first time; this is a tempoary increase due to the pandemic.

The budgeted establishment is 3057.00 FTE. There is an over establishment of 122.06 FTE. The paramedic skill mix is 64.00% and is affected by newly qualified paramedics (NQP) and student paramedics.
The recruitment plan for the year had been set and the remaining cohorts being recruited are as follows:
- 4 Student Paramedics cohorts - 76 staff in July and 90 in September
- Graduate Paramedics - 45 in September and 45 in October
- PTS staff transferring to Associate Ambulance Practitioners (AAP) - 24 in June, 48 in July and 25 in November.

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Printed on: 21/07/2020

Temporary Workforce			
	Jun-19	**May-20**	**Jun-20**
Agency Spend	£ -	£ 70,068	£ 63,626
Agency spend as a % of turnover	0.00%	0.26%	0.24%
Bank Spend	£ 118,078	£ 797,150	£ 746,186
Bank spend as a % of turnover	0.50%	2.96%	2.77%
Overtime Spend	£ 1,140,131	£ 1,688,062	£ 1,434,423
Overtime spend as a % of turnover	4.84%	6.26%	5.32%

Sickness Absence Rate (%)			
	Jun-19	**May-20**	**Jun-20**
Sickness %	**3.29%**	**4.20%**	**3.46%**
WMAS excluding Covid-19	N/A	3.46%	2.92%
Covid-19	N/A	1.30%	0.54%
WMAS excluding 111	N/A	4.17%	3.42%
111	N/A	4.40%	3.70%

Sickness Absence Cost			
	Jun-19	**May-20**	**Jun-20**
Cost £	£ 464,743	£ 707,900	£ 563,130
WMAS excluding Covid-19	£ -	£ 485,808	£ 474,632
Covid-19	£ -	£ 222,093	£ 88,497
WMAS excluding 111	£ -	£ 642,214	£ 503,840
111	£ -	£ 65,686	£ 59,289

Temporary Workforce - Spend as a % of Turnover

Sickness Absence Rate (%)

BENCHMARKING - ABSENCE % FTE (ROLLING 12 MONTHS) SHOWING JUL 19 TO JUN 20

Agency Spend - this cost is associated with the TUPE Transfer of NHS 111 in November 2019. There was a previous reliance on Agency staffing. The WMAS model is to recruit into permenant posts. This is resulting in a reduction in the spend and it is expected to continue to reduce over the financial year.
Bank Spend - this has increased substantially due to the engagement of university students into employed positions to support the workforce resource during the pandemic.
Overtime Spend - there has been an increase in this cost arising from activity associated with the pandemic. However, the rate contiues to be managed and is reviewed regularly. From June it is starting to reduce.

Nationally all parts of the NHS experienced an increase in sickness absence levels in April. However, the Trust management of sickness, partially through early swab tests, has ensured that sickness absence levels remain the best for the ambulance sector and compares favourably with regional and national trends. The rate in June 2020 has dropped to a level that is within 0.31% of the level in June 2019.

Staff Movements			
	Jun-19	**May-20**	**Jun-20**
Average Headcount (12m)	5449	6417	6456
Starters Headcount	35	200	61
Starters FTE	33.80	191.45	49.64
Returners Headcount (12m)	39	44	43
Leavers Headcount	51	44	39
Leavers FTE	39.96	33.67	28.55
Leavers Headcount (12m)	465	615	603
Turnover Rate FTE (12m) %	7.97%	8.98%	8.73%
Maternity	69	81	78

Appraisals			
	Jun-19	**May-20**	**Jun-20**
Year to Date	52.99%	22.19%	38.81%
Rolling 12 months	77.28%	61.28%	59.83%

Mandatory Training			
	Jun-19	**May-20**	**Jun-20**
Clinical Day1 %	62.10%	0.64%	15.11%
PTS %	25.37%	5.81%	15.92%
IUC Call Taking %	0.00%	0.00%	0.00%
IUC Despatch %	0.00%	0.00%	0.00%

BENCHMARKING - TURNOVER % FTE (ROLLING 12 MONTHS) SHOWING JAN 20 TO JUN 20

WMAS — All Ambulance — WM Region — England

Appraisals - Rolling 12 months Jul 19 to Jun 20
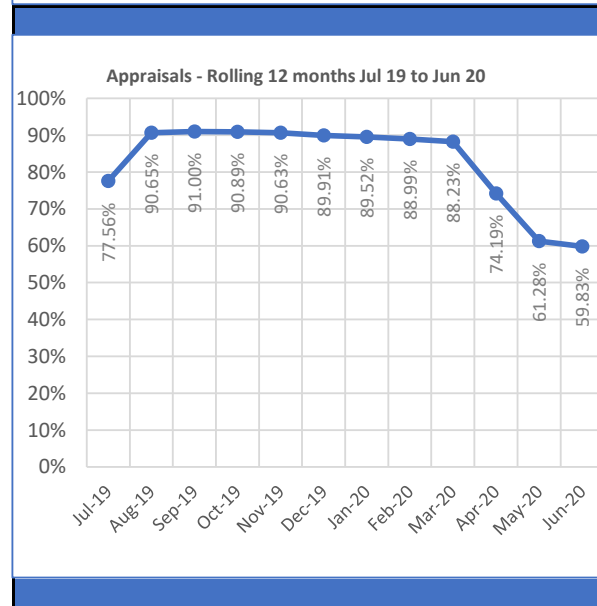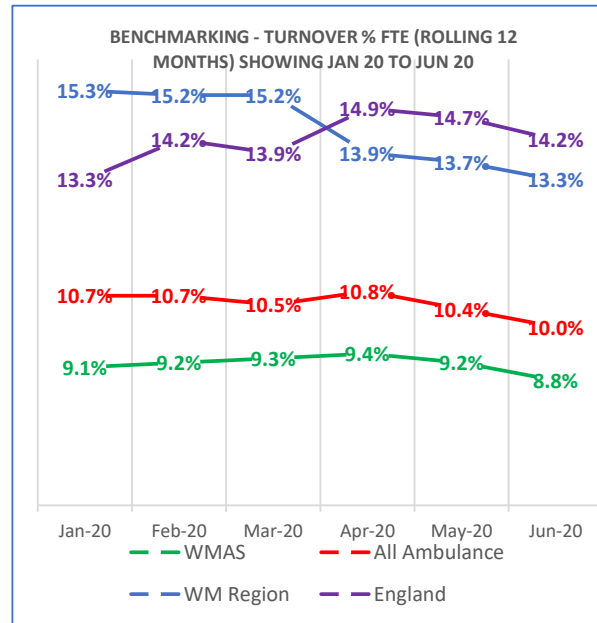
The significant number of new starters in May and June relates mostly to the recruitment of university student and student paramedics, as well as the expansion of NHS 111.

Staff Group	Leavers Count	Leavers FTE	Avg FTE	FTE %
Add Prof Scientific and Technic	2	0.69	30.10	2.30%
Additional Clinical Services	49	33.60	2,135.53	1.57%
Administrative and Clerical	7	6.20	574.30	1.08%
Allied Health Professionals	15	14.40	2,390.63	0.60%
Estates and Ancillary	3	1.00	270.63	0.37%
Medical and Dental	0		6.81	
Nursing and Midwifery Registered	6	5.32	94.66	5.62%
Students	1	1.00	725.07	0.14%
Grand Total	**83**	**62.22**		

The highest number of leavers in May and June were from the Additional Clinical Services staff group, mainly from the job roles 111 Call Operator (19) and PTS Driver (17)
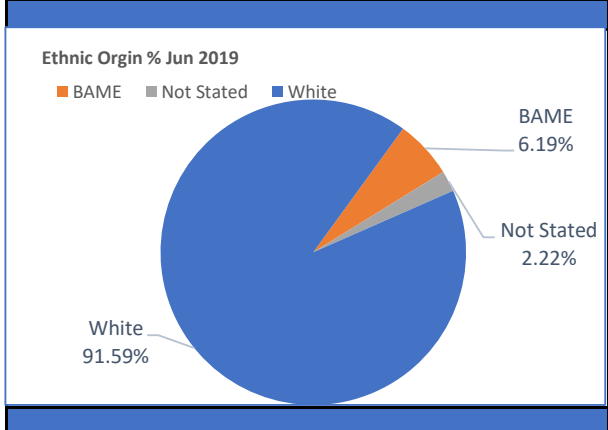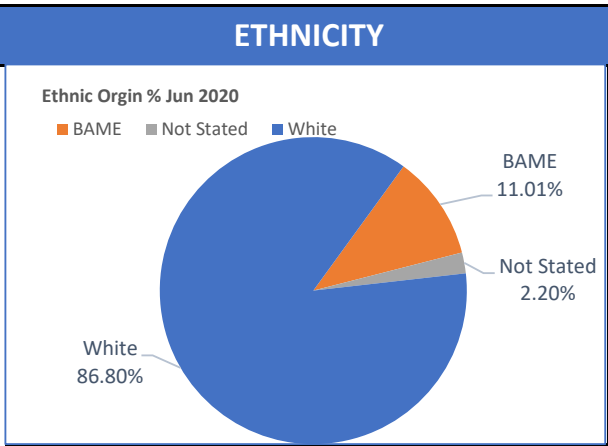
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Band 8 & 9 – by the end of May 2020
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All other staff to be complete by the end of August 2020.

Clinical Mandatory Training is planned to commence on 07 June 2020. An initial roll out of Clinical Day 1 commenced in May with the full roll out having commenced in June.
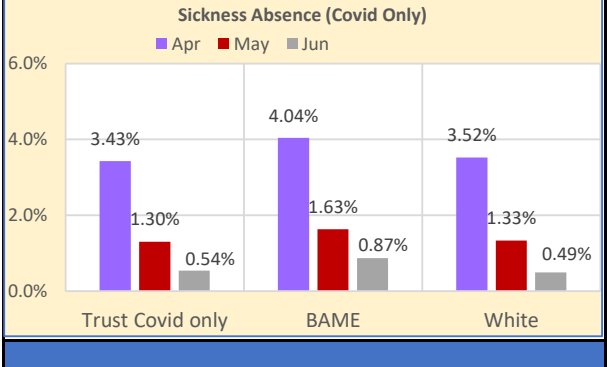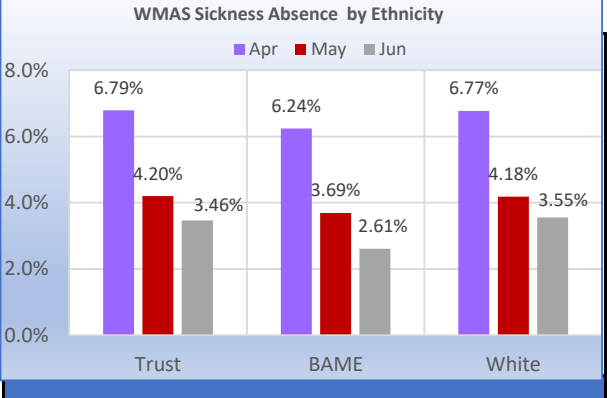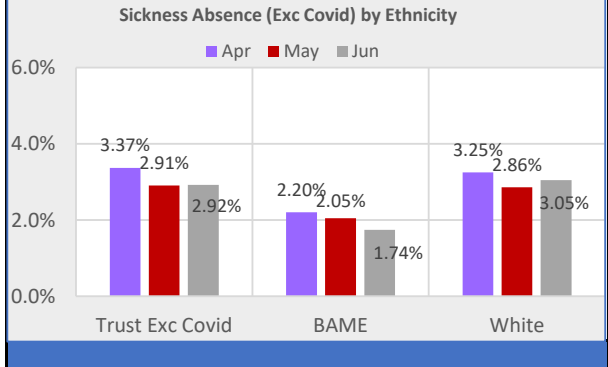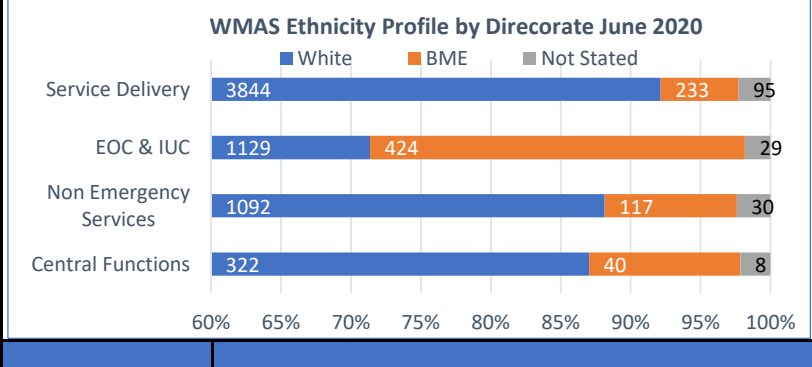PTS have already commenced the mandatory training for the year. However Integrated & Urgent Care departments are still to commence.

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

Printed on: 21/07/2020

ETHNICITY

Ethnic Origin

Jun-20	Headcount	%	FTE
BAME	817	11.01%	628.27
Not Stated	163	2.20%	131.08
White	6443	86.80%	5471.07
Grand Total	7423	100.00%	6230.42

Ethnic Origin

Jun-19	Headcount	%	FTE
BAME	338	6.19%	325.15
Not Stated	121	2.22%	112.46
White	5002	91.59%	4630.74
Grand Total	5461	100.00%	5068.35

Ethnic Orgin % Jun 2020

Legend: BAME, Not Stated, White

BAME 11.01%
Not Stated 2.20%
White 86.80%

Ethnic Orgin % Jun 2019

Legend: BAME, Not Stated, White

BAME 6.19%
Not Stated 2.22%
White 91.59%

The number of staff from a BAME background has increased from 6.19% to 11.01% in the last 12 months. This increase in diversity is due to the new job roles now available within the Trust, with new professional areas in NHS 111 of Pharmacy, Nursing, Dental and General Practitioners, as well as call assessors.
The charts on sickness absence below show the impact of Covid-19 on the workforce.

WMAS Sickness Absence by Ethnicity

Legend: Apr, May, Jun

	Apr	May	Jun
Trust	6.79%	4.20%	3.46%
BAME	6.24%	3.69%	2.61%
White	6.77%	4.18%	3.55%

WMAS Ethnicity Profile by Direcorate June 2020

Legend: White, BME, Not Stated

Directorate	White	BME	Not Stated
Service Delivery	3844	233	95
EOC & IUC	1129	424	29
Non Emergency Services	1092	117	30
Central Functions	322	40	8

Sickness Absence (Exc Covid) by Ethnicity

Legend: Apr, May, Jun

	Apr	May	Jun
Trust Exc Covid	3.37%	2.91%	2.92%
BAME	2.20%	2.05%	1.74%
White	3.25%	2.86%	3.05%

Sickness Absence (Covid Only)

Legend: Apr, May, Jun

	Apr	May	Jun
Trust Covid only	3.43%	1.30%	0.54%
BAME	4.04%	1.63%	0.87%
White	3.52%	1.33%	0.49%

6
Public Membership

Membership Breakdown Report - July 2020

	Members	Population
Public Members	9154	**5,920,872**
Staff Member	5307	
Total	14461	

Catchment Areas	Members	
Birmingham	2106	1,371,015
Black Country	2870	1,199,257
Coventry and Warwickshire	1132	933,061
Staffordshire	1390	1,132,368
West Mercia	1629	1,285,168
Out of Trust Area	27	
Total	**9154**	**5,920,872**

Gender	Actual	Population
Male	3905	2,936,601
Female	4985	2,984,268
Unknown	264	0
Total	**9154**	**5,920,872**

Monitor Ethnicity	Actual	Population
Asian	1978	555827
Black	294	168827
Mixed	141	125332
Other	98	45888
Unknown	453	0
White	6190	4511748
Total	**9154**	**5407622**

General Ethnicity	Actual	Population
Asian Bangladeshi	157	52,477
Asian Chinese	16	31,263
Asian Indian	877	218,397
Asian Other	308	74,979
Asian Pakistani	620	227,241
Black African	103	64,250
Black Caribbean	168	86,782
Black Other	23	31,077
Mixed Other	34	21,378
Mixed White and Asian	25	32,548
Mixed White and Black African	13	9,225
Mixed White and Black Caribbean	69	68,518
Other Ethnic Group	98	31,821
Unknown	453	0
White British	6024	4,427,289
White Gypsy and Irish Traveller	0	4,726
White Irish	61	55,185
White Other	105	4,726
Other Arab	0	18,079
Total	**9154**	**5,920,872**

Monitor Age Range	Actual	Population
Age 0-16	1	1,235,670
Age 17-21	74	357,719
Age 22+	6454	4,327,483
Unknown	2625	
Total	**9154**	

Age	Actual	Population
Age 0 - 16	1	1,235,670
Age 17-21	74	357,719
Age 22-29	846	640,572
Age 30-39	999	757,020
Age 40-49	1345	720,070
Age 50-59	1075	783,685
Age 60-74	1311	907,596
Age 75 +	878	518,540
Unknown	2625	
Total	**9154**	

NRS Classification	Actual	Population
AB	2139	467,016
C1	2526	701,084
C2	2037	540,579
DE	2382	717,816
Unclassified	70	0
Total	**9154**	**5407622**

7

Governance Structure

TRUST COMMITTEE STRUCTURE

Report of the Chief Executive

Board of Directors

Council of Governors

Director and Governor Development, and Constitution Panel
Director of Workforce and Organisational Development

Significant Transactions Panel

Membership, Public and Patient Experience Panel

Remuneration, Terms of Service and Nominations Panel

Executive Management Board

Lead Executive Director- Chief Executive Officer

Trustee Committee

Chairman- Professor Ian Cumming

Lead Executive Director- Director of Finance

Remuneration and Nominations Committee

Chairman – Professor Ian Cumming

Lead Executive Director- Director of Workforce and Organisational Development

Audit Committee

Chair- Wendy Farrington Chadd

Lead Executive Director- Director of Finance

Resources Committee

Chair-Caroline Wigley Lead Executive Director- Director of Finance

Quality Governance Committee

Chair- Jacynth Ivey

Lead Executive Director of Nursing and Clinical Commissioning /Medical Director

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

TRUST COMMITTEE STRUCTURE

Executive Management Board

Operational Management Team (Meets Fortnightly)

Senior Efficiency Group (Meets Monthly x10)

Professional Standards Group (Meets Monthly x10)

Capital Control Group (Meets 8 times per year)

Policy Group (Meets Monthly x10)

Immediate Care Governance Group (Meets every 2 months)

Clinical Audit and Research Group (Meets Quarterly)

Resources Committee

Workforce Development Group

EPF / RPF / LPF

Quality Governance Committee

Health, Safety, Risk and Environment Group (Meets every 2 months x6)

Learning Review Group (Meets monthly x12)

Equality, Diversity and Human Rights Group (Meets Quarterly)

8
MEETING SCHEDULE

West Midlands Ambulance Service University NHS Foundation Trust
Committee Dates April 2020 to March 2021

Title of Meeting	Chair	Secretariat	Staff side Reps	2020 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021 Jan	Feb	Mar
Board of Directors	Ian Cumming	Phil Higgins	Staff side rep x 1		27		27		28				27		31
Board Strategy and Development Days	Ian Cumming	Phil Higgins		29		24			30		25			24	
Non Executive Director Meetings	Ian Cumming	Phil Higgins		8	13	10	1		9	14	11	9	6	3	3
Board of Directors Committees															
Executive Management Board (EMB) (merged with Strategic Planning Group)	Anthony Marsh	Karen Freeman		7&21	5&19	2, 16 &30	14&28		8&22	6&20	3&17	1&15	12&26	9&23	9&23
Trustee Committee - meet as and when required	Ian Cumming	Phil Higgins													
Remuneration and Nominations Committee - (provisional dates stated meetings will take place as required)	Ian Cumming	Phil Higgins		8	13	10	1		9	14	11	9	6	3	3
Audit Committee	Wendy Farrington-Chadd	Donna Stevenson			22		14				10		19		16
Resources Committee	Caroline Wigley	Donna Stevenson		20			16			15			18		
Quality Governance Committee (QGC)	Jacynth Ivey	Nicky Shaw	Staff side reps x 2		11		22			19			20		24
EMB Sub Committees — Operational Management Team (am)	Craig Cooke	Gail Faulkner		15	13	17	15	19	16	14	18	16	13	17	17
Senior Efficiency Group (Merged with Sustainability Group)	Linda Millinchamp	Donna Stevenson				4	30		15		26		28		18
Capital Control Group	Linda Millinchamp	Donna Stevenson			13		9		9		5		7	11	11
Professional Standards Group (Now merged with Medicines Management and Clinical Steering, Clinical Equipment Group)	Craig Cooke	Nicky Shaw	Staff side reps x 2	30		2 & 30	28		29		3		26	23	30
Immediate Care Governance Group (Report to Professional Standards Group)	Alison Walker	Nicky Shaw													
Clinical Audit and Research Programme Group (Report to Professional Standards Group)	Craig Cooke	Jenny Lum;ey-Holmes	Staff side rep x 1												
Senior Clinical Advisory Group (SCAG) (Report to Professional Standard Group)(Meeting disbanded with a review in 6 months)	Alison Walker	Nicky Shaw													
Policy Group	Andrew Proctor	Lynsey Kumari		2	7	4	2	6	3	1	5	3	14	11	4
QGC Sub Committees — Health, Safety, Risk & Environment Group	Mark Docherty	Nicky Shaw	Staff side reps x 2		4		27		21		23		18		29
Learning Review Group	Mark Docherty	Nicky Shaw	Staff side reps x 2	30		1 & 29	30		29		2		25	22	30
Diversity and Inclusion: Steering and Advisory Group	Kim Nurse	Dawn John	Staff side Reps x 2		11			18			16			10	
Resource Committee — Workforce Development Group	Kim Nurse	Dawn John	Staff side Reps x 2			9			17			8			10
Regional Partnership Forum	Nathan Hudson	Dawn John	Staff Side Reps x 15	16	28		6	19	28		12		21		3
RPF Sub Meetings — Executive Partnership Group	Nathan Hudson	Kim Nurse	Staff Reps x 6		14	22		6	16	29			7	17	
BBC Locality Partnerhsip Forum	Dean Jenkins/Dax Morris	Samantha Walton	Staff Side Reps x 11	23	21	25	23		24	22	26				
EOC Partnership Forum	Jeremy Brown	Louise Bowater	Staff Side Reps x 4	30		2 & 25	30	27	30	29	25		28	25	25
West Mercia Locality Partnership Forum	Liz Parkes		Staff Side Reps x 6	23	21	25	23	20	24	22	19	17	28	25	25
Staffordshire Locality Partnership Forum	Dean Jenkins		Staff Side Reps x 9												
Coventry and Warwickshire Locality Partnership Forum	Dan Swain		Staff Side Reps x 7	24	22	26	24	28	25	30	27				
Non Emergency Services Locality Partnership Forum	Michelle Brotherton	Sharon Davies	Staff Side Reps x 7	21	19	23	21		22	20	24		19	23	23
Council of Governors	Ian Cumming	Suzie Wheaton			14		27						18		
Council of Governors' Development Days (dates to be advised)	Ian Cumming	Suzie Wheaton								16					
Annual Council of Governors and Annual Members Meetings	Ian Cumming	Suzie Wheaton							27						
Council of Governors Panel — Director & Governor Development & Constitution Panel	Ian Cumming	Catherine Summers				11			10						
Significant Transactions Panel (dates as required)	Ian Cumming	Phil Higgins													
Membership, Public and Patient Experience Panel (dates as required)	Eileen Cox	Suzie Wheaton													
Remuneration Terms of Service and Nominations Panel (as required)	Ian Cumming	Phil Higgins													

9
GLOSSARY OF TERMS

GLOSSARY OF TERMS

Abbreviation	Full Description
A&E	Accident and Emergency
AAA	Association of Air Ambulances
AACE	Association of Ambulance Chief Executives
ABP	Annual Business Plan
ACAO	Assistant Chief Ambulance Officer
ACDC	Active Compression Decompression
ACLS	Advanced Cardiac Life Support
ACPO	Association of Chief Police Officers
AD	Active Directory
AED	Automated External Defibrillator
AFA	Ambulance Fleet Assistant
AfC	Agenda for Change
ALF	Ambulance Leadership Forum
AMI	Acute Myocardial Infarction
AMPDS	Advanced Medical Priority Despatch System
ANTT	Aseptic Non-Touch Technique
AQI	Ambulance Quality Indicators
ARMS	Ambulance Risk Management Standards
ARP	Ambulance Response Programme
ARV	Alternative Response Vehicle
ASN	Ambulance Service Network
ASD	Annual Skills Development
BAF	Board Assurance Framework
BASICs	British Association of Immediate Care Doctors
BC	Black Country
BAME	Black, Asian, Minority and Ethnic
BME	Black and Ethnic Minority
BNF	British National Formulary
C&W	Coventry and Warwickshire
CAD	Computer Aided Dispatch
CAT	Category
CBRN	Chemical, Biological, Radiological, Nuclear
CC	Call Connect
CCGs	Clinical Commission Groups
CCU	Critical Care Unit
CDP	Career Development Plan
CEN	Committee of European Normalisation
CfH	Connecting for Health
CFMS	Counter Fraud and Security Management Service
CFR	Community First Responder

Trust us to care.

CHD LIT	Coronary Heart Disease Local Implementation Team
CIPs/EP's	Cost Improvement Plans/ Efficiency Plans
CNST	Clinical Negligence Scheme for Trusts
CONOPS	Concept of Operations
CPI	Clinical Performance Indicator
CPO	Community Paramedic Officer
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRES	Cash Releasing Efficiency Savings
CSD	Clinical Support Desk
CSU	Commissioning Support Unit
CTM	Clinical Team Mentor
CTS	Courier Transport Service
DCA	Double Crewed Ambulance
HDU	High Dependency Unit
DitL	Day in the Life
DGH	District General Hospital
DH	Department of Health
DN	District Nurse
E&U	Emergency & Urgent
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation
ECA	Emergency Care Assistant
ECIST	The Emergency Care Intensive Support Team
ECPAG	Emergency Call Prioritisation Advisory Group
ECP	Emergency Care Practitioner
ECR	Extra Contractual Referral
ECS	Emergency Care System
ED	Executive Director
EDI	Equality, Diversity and Inclusion
EDS	Equality Delivery System
EFL	External Financing Limit
EIA	Equality Impact Assessment
EISEC	Enhanced Information System for Emergency Controls
EHR	Electronic Health Record
EMB	Executive Management Board
EOC	Emergency Operations Centre
EPO	Emergency Planning Officer
EPRR	Emergency Preparedness, Resilience and Response
ERMA	Emergency Response Management Arrangements
EPR	Electronic Patient Record
ESR	Electronic Staff Record

FAAW	First Aid at Work
FAST	Face, Arm, Speech Test
FY	Financial Year
FT	Foundation Trust
FTN	Foundation Trust Network
FTGA	Foundation Trust Governors Association
FTSU	Freedom to Speak Up
GRS	Global Rostering System
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HART	Hazardous Area Response Team
HCAI	Healthcare Acquired Infections
HCRT	Health Care Referral Team
HCSW	Health Care Support Worker
HEE	Health Education England
HPA	Health Protection Agency
HPC	Health Professions Council
HQ	Headquarters
HSE	Health and Safety Executive
ICD	Incident Command Desk
ICCS	Integrated Control and Command System
ICP	Immediate Care Point
ICT	Information and Communications Technology
IE & UC	Integrated Emergency & Urgent Care
IG	Information Governance
IGT	Information Governance Toolkit
IHCD	Institute of Health Care Development
IIP	Investors in People
ILCOR	International Liaison Committee on Resuscitation
IMAS	Interim Management and Support
IM&T	Information Management and Technology
IMR	Internal Management Review
IOR	Initial Operational Response
IOSH	Institute of Safety and Health
IPC	Infection Prevention and Control
IRU	Incident Response Unit
IWL	Improving Working Lives
JESIP	Joint Emergency Services Interoperability Programme
JOPS	Joint Operational Principles
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KA34	Department of Health Korner Return
KLOE	Key Lines of Enquiry

Trust us to care.

KPIs	Key Performance Indicators
KSF	Knowledge & Skills Framework
LAN	Local Area Network
LAT	Local Area Teams
LDC	Leadership Development Centre
LINKs	Local Involvement Networks
LMS	Logistics Medical Service
LRG	Learning Review Group
LSMS	Local Security Management Specialist
LUCAS	Lund University Cardio Assist System
MAA	Midlands Air Ambulance
MAU	Medical Assessment Unit
MCV	Mass Casualty Vehicle
MEOC	Mobile Emergency Operations Centre
MERIT	Medical Emergency Response Incident Team
MI	Major Incident
MINAP	Myocardial Infarction Audit Project
MISU	Major Incident Support Unit
MIU	Major Incident Unit
MP	Millennium Point
MP	Member of Parliament
MTFA	Marauding Terrorist Firearm Attack
NACC	National Ambulance Coordination Centre
NARU	National Ambulance Resilience Unit
NASMeD	National Ambulance Service Medical Directors
NED	Non-Executive Director
NHSCB	National Health Service Commissioning Board
NHSE	National Health Service Executive
NHSLA	National Health Service Litigation Authority
NHSP	National Health Service Pathways
NICE	National Institute for Health and Clinical Excellence
NLC	National Leadership Council
NOS	National Operation Standards
NpfIT	National Programme for IT
NSF for CHD	National Service Framework for Coronary Heart Disease
OD	Organisational Development
OOH	Out of Hours
ONS	Office for National Statistics
ORCON	Operational Readiness Consultants
PAC	Public Accounts Committee
PALS	Patient Advice and Liaison Service
PbR	Payment by Results

Trust us to care.

PDR	Personal Development Review
PCC	Primary Care Clinic
PCI	Primary Percutaneous Coronary Intervention
PCT	Primary Care Trust
PFI	Private Finance Initiative
PHTLS	Pre-Hospital Trauma Life Support
PIs	Performance Indicators
PLS	Paramedic Life Support
POMIS/STOMIS	Purchase Order & Stores Management Information Systems
PoP	Point of Presence
PPEG	Public & Patient Engagement Group
PRF	Patient Report Form
PSIAM	Priority Solutions Integrated Access Management
PTS	Patient Transport Service
QGC	Quality Governance Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Performance
REAP	Resourcing Escalatory Action Plan
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RPST	Risk Pooling Scheme for Trusts
RRV	Rapid Response Vehicle
SfBH	Standards for Better Health
SCR	Serious Case Review
SHA	Strategic Health Authority
SI	Serious Incident
SLA	Service Level Agreement
SOC	Strategic Operations Centre
SORT	Special Operations Response Team
SOM	Standard Operating Model
SOP	Standard Operating Procedure
SPC	Statistical Process Control
SPA	Single Point of Access
SR0	Senior Responsible Officer
SSAG	Staff Survey Action Group
SSP	System Status Plan
STEIS	Strategic Executive Information System
STEMI	ST Elevation Myocardial Infarction
STREAM	Strategic Reperfusion Early After Myocardial Infarction
SWOT	Strengths, Weaknesses, Opportunities & Threats
TAAS	The Air Ambulance Service

February 2020

Trust us to care.

TAS	Telephone Answering Service
TMIU	Temporary Minor Injury Unit
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
UCS	Unscheduled Care Service
UHB	University Hospital Birmingham
UHCW	University Hospital Coventry & Warwickshire
UHU	Unit Hour Utilisation
UPS	Uninterruptible power supply
USAR	Urban Search and Rescue
UTC	University Technical College
VAS	Voluntary Aid Services
VCS	Voluntary Car Service
VLE	Virtual Learning Environment
VPO	Vehicle Preparation Officer
WAHT	Worcestershire Acute Hospital Trust
WAN	Wide Area Network
WBA	Work Based Assessment
WDC	Workforce Development Confederation
WM	West Mercia
WMAS	West Midlands Ambulance Service
WNAA	Warwickshire and Northamptonshire Air Ambulance
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
YTD	Year to Date

Trust us to care.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08   MONTH: July 2020   PAPER NUMBER: 06

Quality Governance Committee	
Sponsoring Directors	Jacynth Ivey, Non-Executive Director
Author(s)/Presenter	Jacynth Ivey, Non Executive Director
Purpose	To present the Chairs report on meetings of the Quality Governance Committee held since the last meeting of the Board of Directors and receive any approved minutes.
Previously Considered by	The Report and Minutes arise from the meetings of the Quality Governance Committee.
Report Approved By	Matters considered at meetings of the Quality Governance Committee
Executive Summary The Board are requested to receive the verbal report of the Chair of the Quality Governance Committee.	
Related Trust Objectives/ National Standards	All Trust Objectives and standards and maintenance of the Trust's licence to operate.
Risk and Assurance	The Committees Terms of Reference are worded to assist the Board in meeting its Strategic Objectives with due regard to the Board's Risk and Assurance Framework.
Legal implications/ regulatory requirements	The Constitution of the Foundation Trust and in particular the Standing Orders of the Board of Directors, enable the Board to establish whatever Committees it feels appropriate to discharge its business. These Committees will be in addition to the requirement to have an Audit Committee and a Committee of the Non-Executive Directors to consider the Remuneration and Terms of Service of the Executive Directors
Financial Implications	Every NHS organisation is required to provide timely, accurate and balanced information about its stewardship, use of resources and also non-financial performance to its stakeholders.
Workforce & Training Implications	Relevant matters relating to Workforce implications are contained within the report and minutes.

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08   MONTH: July 2020   PAPER NUMBER: 06

Communications Issues	Not applicable in the context of the report, although any issues relating staff or stakeholder engagement are contained within the report and minutes presented. The Annual Report and Annual Meeting of the Membership enables the Board to report on its stewardship of the Trust.
Diversity & Inclusivity Implications	The Committee is mindful of the Trusts duties in relation to the Workforce Race Equality Standard and also the Public Sector Equality Duty regulations, in addition equalities regulations.
Quality Impact Assessment	The Committee reviews the Quality Impact on the Trust's CIP and any material service changes and escalate any concerns to the Board.
Data Quality	The Agenda and papers of the Quality Governance Committee is held by the Director of Corporate and Clinical Services.

Action required

a) Receiving the verbal report of the Chair of the Quality Governance Committee on the meeting held on 22 July 2020.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09   MONTH: JULY 2020   PAPER NUMBER: 07

Audit Committee	
Sponsoring Director	Wendy Farrington Chadd
Author(s)/Presenter	Wendy Farrington-Chadd, Chair of Audit Committee
Purpose	To present the Chairs report on meetings of the Audit Committee held since the last meeting of the Board of Directors and receive any approved minutes.
Previously Considered by	The Report and Minutes arise from the meetings of the Audit Committee.
Report Approved By	Reporting matters considered and determined at meetings of the Audit Committee.

Executive Summary

The Board are requested to receive and note the minutes of the meeting of the Audit Committee submitted.

The Board are requested to receive the verbal report of the Chair of the Audit Committee.

Related Trust Objectives/ National Standards	All Trust Objectives and standards and maintenance of the Trust's licence to operate.
Risk and Assurance	The Committees Terms of Reference are worded to assist the Board in meeting its Strategic Objectives with due regard to the Board's Risk and Assurance Framework.
Legal implications/ regulatory requirements	The Constitution of the Foundation Trust and in particular the Standing Orders of the Board of Directors, enable the Board to establish whatever Committees it feels appropriate to discharge its business. These Committees will be in addition to the requirement to have an Audit Committee and a Committee of the Non-Executive Directors to consider the Remuneration and Terms of Service of the Executive Directors
Financial Implications	Every NHS organisation is required to provide timely, accurate and balanced information about its stewardship, use of resources and also non financial performance to its stakeholders.

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09   MONTH: JULY 2020   PAPER NUMBER: 07

Workforce & Training Implications	Relevant matters relating to Workforce implications are contained within the report and minutes.
Communications Issues	Not applicable in the context of the report, although any issues relating staff or stakeholder engagement are contained within the report and minutes presented. The Annual Report and Annual Meeting of the Membership enables the Board to report on its stewardship of the Trust.
Diversity & Inclusivity Implications	The Committee is mindful of the Trusts duties in relation to the Workforce Race Equality Standard and also the Public Sector Equality Duty regulations, in addition equalities regulations.
Quality Impact Assessment	The Committee reviews the Quality Impact on the Trust's CIP and any material service changes and escalate any concerns to the Board.
Data Quality	The Agenda and papers of the Audit Committee is held by the Director of Finance.

Action required

a)   To receive the minutes of the meeting held on 22 May 2020.

b)   To receive the verbal report of the Chair of the Audit Committee on the meeting held on 14 July 2020.

West Midlands Ambulance Service
University NHS Foundation Trust

Minutes of the Audit Committee held on
22 May 2020, 1000 hours via Microsoft Teams

Present:

Mrs W Farrington-Chadd	WFC	Non-Executive Director (Chair)
Mrs C Wigley	CW	Non-Executive Director
Mr M Khan	MK	Non-Executive Director
Mr A Yeaman	AY	Non-Executive Director
Mrs Narinder Kooner	NK	Non-Executive Director
Mrs J Ivey	JI	Non-Executive Director

In attendance:

Mrs L Millinchamp	LJM	Director of Finance
Mr A Marsh	ACM	Chief Executive Officer
Professor I Cumming	IC	Chairman
Mr A Bostock	AB	External Audit
Mr T Felthouse	TF	External Audit
Mr C Knight	CK	Internal Audit
Miss Z Baker	ZB	Internal Audit
Mrs J Hill	JH	Local Counter Fraud Specialist
Mr C Cooke	CC	Director of Strategic Operations and Digital Integration
Mr N Henry	NH	Head of Operational Information & Planning
Mr P Collins	PC	Head of IMT
Mrs P Wall	PW	Interim Strategy and Engagement Director
Mr P Higgins	PH	Governance Director and Trust Secretary

Secretariat:

Mrs D Stevenson	DMS	PA to Director of Finance

ITEM	Audit Committee Meeting 22 May 2020	ACTION
05/20/01	**Welcome and apologies**	
	Apologies were received from Mr M Fessal.	
05/20/02	**Minutes of the Last Meeting**	
	The minutes of the meeting held on 11 March 2020 were agreed as an accurate record.	
05/20/03	**Matters Arising**	
	• Actions from the last meeting noted. There were no Matters Arising.	

05/20/04	**Internal Audit**	
	Internal Audit Annual Report including Head of Internal Audit Opinion	

Internal Audit Annual Report including Head of Internal Audit Opinion

CK outlined the Annual Report to the Committee and stated that report has been produced in accordance with the Public Sector Internal Audit Standards and is to provide an annual opinion on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes.

CK outlined each area of the report as follows:-

Area 1 – Governance and Risk. 'Substantial' assurance opinions were obtained for Freedom to Speak Up and Claims Management. The Risk Management and Assurance Framework review resulted in a 'requires improvement' assurance opinion due to monitoring and reporting arrangements not being clearly defined and previous management actions not being implemented.

Area 2 – Quality and Clinical. Four assurance opinions given of which 'optimal' assurance was obtained for Winter Planning and 'substantial' assurance for Learning from Deaths and Serious Incidents. The Make Ready and Deep Cleans review obtained a 'requires improvement' assurance opinion. An operational action plan to address the issues identified will be implemented and Internal Audit will follow up agreed management actions later in the year.

Area 3 – Information Technology and Cyber Security. A total of five assurance opinions of which 'substantial' assurance opinions were obtained for three (Data Protection Impact Assessments, IT Strategy and Penetration Testing - Internal and HSCN). 'Insufficient' assurance was obtained for Penetration Testing - Local Area Network, an action plan is in place to address this and for the Data Security and Protection Toolkit due to lack of evidence supporting the standards.

Area 4 – Performance and Operational. One review of the Global Rostering System (GRS) resulted in a 'requires improvement' assurance due to management of balance of hours and time off in lieu. A Management Action Plan has been agreed.

Area 5 – HR and OD. Two assurance opinions on the Fit and Proper Person Regulation and Immunisation Programme for Healthcare Workers resulted in 'requires improvement' assurance opinions.

Area 6 – Finance. It was pleasing to note that all five assurance opinions received either 'optimal' or 'substantial' assurance.

CK said that all management actions agreed will be monitored and reported regularly to Audit Committee and EMB.

CK also pointed out that a quinquennial review of Internal Audit is due to be completed this year. There were also no conflicts of interest to report.

Head of Internal Audit Opinion

CK stated that, based on the work undertaken during the 12 months ended 31 March 2020, the Head of Internal Audit Opinion for West Midlands Ambulance Service University NHS Foundation Trust is as follows:

> ***"Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk."***

Progress Report

ZB outlined the Internal Audit Progress Report to members, the following items were highlighted:-

4 reports have been finalised since the last Committee:-

- ***General ledger and budgetary control*** – substantial assurance given.
- ***Serious Incidents*** – substantial assurance given. CW asked about the staffing levels within the department and if this were sufficient to meet the deadlines and asked if the Management Action could be clearer. CW also requested that this is reported into the Quality Governance Committee.
- ***GRS*** – The GRS System manager has agreed additional resources to enable more regular audits on data and data cleansing. NH said that these audits will start from next month. The Central oversight and monitoring of the balance of hours was noted and this will be resolved over the next year with an April 2021 action date. Payroll department have agreed to communicate back to the GRS management team, and TOIL balances are to be monitored on a 3 monthly rolling basis. CC said although this requires improvement, he is satisfied with the progress being made in this area.
- ***IT Strategy*** – no major issues.

Revised Strategy and Plan 2020-21

ZB said it was agreed with the Director of Finance and Audit Committee Chair to suspend internal audit activity during Quarter 1 due to the impact of the Covid-19 pandemic across the organisation. The revised plan is to demonstrate the impact of this, resulting in the movement of assignments to later in the year or in some cases into next year.

WFC asked whether the assignments proposed that were 'at risk' had been agreed by EMB, at which point ACM asked why the plan was reduced at all.

It was, therefore, agreed to take the revised plan to EMB to discuss the priorities for this current year given the change in risks and to re-present the plan to Audit Committee in July 2020 for approval.

ACM stated that he was happy to support continuation of the internal audit plan and both JI and ACM agreed that the assignments within the 'workforce' section of the plan would be a high priority (i.e. WRES).

Monthly Insight Report

The report was noted by members.
"Reducing ambulance handover delays" report – ACM said this will be raised at EMB.

	Resolved:
	    a) The Committee approved the Internal Audit Annual Report for 2019-20 and were pleased to note the Head of Internal Audit Opinion.
	    b) The Committee received and noted the Insight Report and Progress Report.
	    c) ZB to submit revised 2020-21 plan to EMB and to July Audit Committee.
		ZB

05/20/05	**External Audit – ISA 260**	
	AB outlined the ISA 260 report to members and said that Covid-19 has had a large impact on the audit. The Audit work is substantially complete, the deadline has slipped to 25 June therefore work is well ahead of target. KPMG are currently awaiting ESR service organisation reports. AB said extra guidance is also expected regarding Going Concern and the associated relevant Covid-19 impacts. However, he does not think this will affect WMAS due to its robust financial management. AB outlined the summary on page 5 and highlighted the following: • Covid impacts – KPMG are not required to issue an opinion on the Quality Report for 2019-20, however, some work had already been completed in this area. • Financial Statements – it is the intention to issue an unqualified audit opinion. • Value for Money – It has been concluded that the Trust has adequate arrangements to secure economy, efficiency and effectiveness in its use of resources. The impact of Covid-19 has been assessed and the Trust continues to perform strongly across financial and operational areas.	

Covid-19 Impacts

A summary of Covid-19 impacts on the audit are detailed on pages 6 and 7 of the report.

Valuations - the biggest issue noted is around valuations as the impact is uncertain as a result of Covid 19. KPMG are satisfied the valuation is not materially misstated.

Agreement of Balances exercise – As a result of the guidance to the NHS for increasing the threshold at which balances require confirmation this has been tweaked and scope reduced.

IFRS 16 - The implementation of the new lease accounting standards has been deferred to 1 April 2021. The finance team have already carried out work in this area.

Change in governance arrangements in relation to Covid were also examined. ACM confirmed there have been no changes made to governance arrangements and this applies across the organisation.

Valuation (page 13-14)– TF outlined the work undertaken with regard to valuations in more detail and outlined the significant audit risk and planned response to those areas. Meetings have been held with the valuer and testing has taken place. The December 2019 valuation was examined in detail to ensure the valuer was using accurate data. It was noted that during the three-month period from December 2019 to March 2020 that the movement on any valuations in these three months would not be significant.

WFC said that this must be considered in future estates planning and for any property business cases going forward. CC informed the Committee that the Head of Estates has resigned from the Trust and due to this it is a possibility that the professional services of a property specialist qualified in all of these matters may be instructed for an initial 12 month period. Discussion around this will take place with the CEO and Director of Finance.

AB thanked Linda, Ian and the Finance team for their assistance during this challenging time in supporting the work undertaken during the audit. WFC also commended the finance team for their work.

Resolved:
   a) The Committee received and noted the ISA 260 report.

05/20/06	**Annual Report, Quality Report and Accounts 2019-20** **Board Letter of Representation**	
	Year-end Accounts 2019-20 LJM outlined the accounts to members. Some adjustments have been made to the notes and reflect the ongoing position around Covid-19. The Trust was in a strong position at the end of the year whilst maintaining good financial control during March in terms of balance sheet and cash position. The new financial regime that has been implemented due to Covid-19 is in place until the end of October 2020. LJM thanked Ian Geddes and the Finance Team for being able to produce the accounts remotely, as this has been a challenging time for the team. ***The Committee approved the accounts for 2019-20 on behalf of the Board.*** **Quality Account** PW presented the Quality Account to the Committee. The Quality Account has been produced in the standard format. Stakeholder items are contained in the report. One HOSC response is to be included following the Board meeting next week. The Commissioners draft statement is being chased and will also be included. The Declarations page will include the Head of Internal Audit Opinion. It was noted that the Quality Account has been examined in detail at the Quality Governance Committee and JI said the committee is content with the report. It was pleasing to note that, irrespective of Covid-19, the report had received a large number of feedback from stakeholders. ***The Committee approved the Draft Quality Account.*** **Annual Report** LJM said the report summarises the performance of the Trust for the year 2019-20 and is set out in line with GAM requirements. However, as most of the requirements are laid down by Companies Act regulations and law most items had to remain in the report and could not be taken out. LJM thanked Donna Stevenson for co-ordinating the production of the report particularly as this was undertaken remotely. The report has been previously circulated to Directors for comment. The key section of the report is the Annual Governance Statement. ***The Committee approve the Annual Report on behalf of the Board.***	

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Letter of Representation

The letter is of standard format. The letter is to be signed by A Marsh as Accountable Officer. ***The Committee approved the letter for signature.***

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Resolved:
    a) The Committee approved the Annual Report and Audited Accounts 2019-20 and Annual Governance Statement on behalf of the Board.
    b) The Committee approved the letter of representation for CEO signature on behalf of the Board.
    c) The Committee received and approved the draft Quality Account.

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<tr><td>05/20/07</td><td>

LCFS Report

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Anti-Fraud and Bribery Annual Report

JH outlined the Annual Report to the Committee and stated that the report is a requirement of the NHS Counter Fraud Authority and summarises the reactive and proactive counter fraud work undertaken in 2019/20. The following items were noted: -

- 95 counter fraud days were delivered during the year, as per the plan.
- Self-Review – a self-review of performance against the Standards for 2019/2020 was undertaken and overall, the Trust achieved a Green result for compliance with one individual domain scoring Amber (Inform and Involve. The reason for this was due to insufficient evidence on measuring staff awareness on fraud matters. Some days have been put aside on how this can be approached differently and is included in the plan for 2020-21.
- The report also outlines the work undertaken in both Proactive anti-fraud work (Strategic Governance, Inform and Involve, Prevent and Deter) and Reactive work (Hold to Account).

LCFS Work Plan 2020-21

JH outlined the work plan to the Committee which has been agreed with LJM and highlighted the following:

- Table 1 shows a breakdown of planned work in each of the key areas. A total of 95 days has been agreed.
- Proactive reviews may prove difficult at this time in the year (due to Covid-19 and staff availability) but can be planned in for later in the year.
- The Involve and inform section of the plan will be concentrated upon, especially Covid-19 related fraud risks, including recruitment, payments to suppliers and credit card expenditure. A method for identifying effectiveness of fraud awareness for staff is also included in this section.

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	• Sharing information and intelligence received to date on known scams. • Responses to referrals and requests for information are continuing. ***The Committee approved the LCFS Plan for 2020-21.*** **LCFS Progress Report** JH outlined the report to members. The following items were pointed out: • JH provided an update on the investigation in progress at the time of last Audit Committee meeting. • Proactive work has been undertaken on payments to staff for time off for public duties. As a result of this it was identified that there were some instances where proper approval was not evident to support time off for staff. It has been agreed with HR that systems will be tightened and this type of leave will not be sanctioned unless authorised paperwork has been received.	
	Resolved: a) The Committee received and approved the annual report, work plan and progress report.	
05/20/08	**Covid-19**	
	Cyber Security Update (Covid-19 only) PC provided a paper to the Committee and pointed out that additional security measures are being put in place. The Trust is also working alongside NHS digital to ensure the Trust is alert to the increased Covid-19 threat**.** PC to keep members updated on any pertinent issues. CC pointed out that a number of audit actions relating to cyber security have now been actioned and considerable attention is being paid to this area. **Covid-19 NED Briefing** The Briefing that was previously circulated was noted by members. **PPE Stock Action Plan** CC circulated a PPE stock levels action plan. ACM outlined the six recommendations made and the actions in relation to these. IC said he has actioned his item regarding the need for a national definition that defines stock level but said each organisation has different approaches. The ***Stock Management Statement*** was outlined to the committee. This sets out the arrangements to improve the process of stock management of products directly related to Covid-19, which will aid the national and regional	

	reporting required each day. LJM pointed out that this does not relate to the financial accounting elements regarding stock. WFC said the documents were very comprehensive and useful. The Committee noted the position and statement. CC to provide ongoing updates through Resources Committee. **Any audit issues arising from Covid-19** LJM noted that the NAO is scrutinising all claims around additional costs for Covid-19 and no difficulties have been received on claims for reimbursement.	

	Resolved:
	
	    a) The Cyber Security Update, Covid-19 NED briefing, PPE Stock Action Plan and Stock Management Statement were received and noted by members.
	    b) PC to keep members updated on pertinent issues.
	    c) CC to provide further updates on PPE issues via Resources Committee.
		PC
		
		CC

05/20/09	**Policies and Procedures**	
	Anti-fraud, Bribery and Corruption Policy JH outlined the policy to members and said that minor changes have been made including: • new Appendix 1 (list of fraud definitions), • additional information on the Bribery Act at paragraph 4.2, • a section included on the role of the Fraud Champion, • Appendix 4 risk assessment to cover all Fraud risks added. The main training for Counter Fraud is through the Mandatory workbook, LJM said this can be reviewed to ensure it fully reflects the new requirements included in the Policy.	

	Resolved:
	    a) The Committee approved the Policy for onward endorsement by the Board.
	    b) Mandatory workbook – fraud section to be reviewed.
		DMS
		
		JH

05/20/10	**Annual Report of the Audit Committee**	
	WFC outlined the report to the Audit Committee and asked for any comments.	

	Resolved: a) Annual Report of the Audit Committee was approved for onward submission to the Board.		**DMS**
05/20/11	**Items from the Resources Committee**		
	CW said she had reported items from the Resources Committee previously to the Board but said that all the year-end targets had been met.		
	Resolved: a) The Committee received and noted the report.		
05/20/12	**Items from the QGC**		
	The Committee received the report from JI from the Quality Governance Committee.		
	Resolved: a) The Committee received and noted the report.		
05/20/13	**Schedule of Business**		
	• Any further items to be forwarded to DMS. • Deferred items – Reportable issues and Waiver review.		**All** **LJM**
05/20/14	**Any Other Urgent Business**		
	None.		
05/20/15	**New Risks Identified**		
	• Increased cyber security risks due to Covid-19. • Valuation – highlighted due to redevelopment proposals and reflect in the risk register in some way.		
05/20/16	**Dates of Future Meetings 2020-21**		
	• **14 July 2020, 10am.** • **10 November 2020, 10am.** • **19 January 2021, 10am.** • **16 March 2021, 10am.**		
05/20/17	**Meeting in the absence of Officers from the Trust**		
	Held separately.		

Chair…………………………….. Dated…………………………………

The meeting closed at 1130 hours.

<h2 style="color:red;text-align:center">Action Points – Audit Committee 22 May 2020</h2>

Minute	Details	To be actioned by	Complete/ Incomplete	Evidence
05/20/04	ZB to submit revised 2020-21 plan to EMB and to July Audit Committee	ZB	*Complete*	*Submitted to EMB and on July Audit Committee agenda*
05/20/06	The Annual Report and Accounts for 2019-20 were approved for submission on behalf of the Board. The Letter of Representation was approved for CEO signature. The Draft Quality Account was approved.	LJM LJM	*Complete* *Complete*	
05/20/07	The LCFS Workplan and Annual report were approved.			
05/20/09	Policy: Anti-Fraud, Bribery and Corruption Policy – approved for onward endorsement by Board. Mandatory workbook – fraud section to be reviewed	DMS JH	*Complete*	*Forwarded on 26 May 2020*
05/20/10	Annual Report of the Audit Committee – approved by members. To be submitted to Board.	DMS	*Complete*	*Forwarded on 26 May 2020*
05/20/13	Schedule of Business – Any further items to be notified to DMS. Deferred items:- Reportable Items Waiver Process Review	All LJM LJM	*Complete*	*On July Audit Committee agenda*

<p style="color:red;text-align:center">Date of Next meeting: 14 July 2020, 10am</p>

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10   MONTH: July 2020   PAPER NUMBER: 08

Resources Committee	
Sponsoring Director	Caroline Wigley, Non-Executive Director
Author(s)/Presenter	Caroline Wigley, Chair of Resources Committee
Purpose	To present the Chairs report on meetings of the Resources Committee held since the last meeting of the Board of Directors and receive any approved minutes.
Previously Considered by	The Report and Minutes arise from the meetings of the Resources Committee.
Report Approved By	Report contains matters previously considered and determined at meetings of the Resources Committee.
Executive Summary The Board are requested to receive and note the minutes of the meeting of the Resource Committee submitted. The Board are asked to receive and note the report of the Chair of the Resources Committee.	
Related Trust Objectives/ National Standards	All Trust Objectives and standards and maintenance of the Trust's licence to operate.
Risk and Assurance	The Committees Terms of Reference are worded to assist the Board in meeting its Strategic Objectives with due regard to the Board's Risk and Assurance Framework.
Legal implications/ regulatory requirements	The Constitution of the Foundation Trust and in particular the Standing Orders of the Board of Directors, enable the Board to establish whatever Committees it feels appropriate to discharge its business. These Committees will be in addition to the requirement to have an Audit Committee and a Committee of the Non-Executive Directors to consider the Remuneration and Terms of Service of the Executive Directors
Financial Implications	Every NHS organisation is required to provide timely, accurate and balanced information about its stewardship, use of resources and also non-financial performance to its stakeholders.
Workforce Implications	Relevant matters relating to Workforce implications are contained within the report and minutes.
Communications Issues	Not applicable in the context of the report, although any issues relating staff or stakeholder engagement are contained within the report and minutes presented. The

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

Action required

a) To receive the minutes of the meeting held on 20th April 2020.
b) To receive the report of the Chair of the Resources Committee meeting held on 16th July 2020

West Midlands Ambulance Service
University NHS Foundation Trust

**Minutes of the Resources Committee
held on 20 April 2020, via Microsoft Teams**

Present:	CW	Caroline Wigley, Non-Executive Director (Chair)
	WFC	Wendy Farrington-Chadd, Non-Executive Director
	LJM	Linda Millinchamp, Director of Finance
	CC	Craig Cooke, Director of Strategic Operations and Digital Integration
	KN	Kim Nurse, Director of Workforce and Organisational Development
	MD	Mark Docherty, Director of Nursing and Clinical Commissioning
	JB	Jeremy Brown, Integrated Emergency and Urgent Care Director
	MP	Michelle Brotherton, Non Emergency Services Delivery Director
	RW	Remone Williams, Costing Accountant
	PW	Pippa Wall, Interim Strategy and Engagement Director
	PC	Phil Collins, Head of IMT
	DMS	Donna Stevenson, (Minutes)

ITEM	Meeting held on 20 April 2020	ACTION
04/20/01	**Welcome and Apologies**	
	Apologies were received from Narinder Kooner.	
04/20/02	**Minutes of the Previous Meeting**	
	To agree the minutes of the meeting held on 20 February 2020	
	Resolved: The minutes of the previous meeting were agreed.	
04/20/03	**Matters Arising**	
	There we no matters arising.	
04/20/04	**Cyber Security Update**	
	- PC outlined the current IT security issues to the Committee and said that due to Covid-19 there has been increased malicious cyber activity, including phishing emails. - The IT team are looking to implement Office 365 Multi-factor Authentication (MFA) as soon as possible Trust wide. - Password strength – those staff identified as having weak passwords have been emailed to change their passwords and pointed to guidance in relation to creating stronger passwords. - Work continues on the internal audit management action plan and recommendations are being actioned and implemented. - Patching remains important and is in progress this month on all desktops, laptops and servers to install the latest critical and security updates from Microsoft.	

	- CW asked if cyber security was regularly reported through to EMB. PC said that monthly reporting is provided to CC and also reported to the Audit Committee. - CC pointed out that IT resources have been maintained throughout for cyber security. - WFC said she is pleased that this continues to be focused upon. Update to be provided to the next Audit Committee in May.	
	Resolved: a) The Committee received and noted the cyber security update.	
04/20/05	**Month 12 Finance Report**	
	LJM updated the Committee:- - The key data will be filed with the Centre today following on from today's meeting in line with the national timetable. - The Trust has managed to meet its Control Total with £205k better than plan as the final bottom line figure. - Covid-19 costs for March have been compartmentalised, and a robust list of items for the Covid submission has been produced and sent through to the regional and national teams. The bid for Covid was an additional £2.429m for March alone. No capital bids were made. - Annual leave accrual increased by £1.2m and related to Covid, these were based on actual numbers, but this will not be funded from the Centre. - Flowers – provision has been left in the accounts for Flowers as the outcome is still not known. KN said this is still a risk to the Trust and would support LJM in ring fencing this money. - CIPs – achieved £4.2m - £166k better than plan. Only a couple of smaller schemes were not fully achieved. Effect of Covid and 111 may have affected some of the schemes. - Cash - £45.3m (plan £32m). The Trust is very secure in cash terms. - Capital – within £3k of the plan at the year end (final expenditure of £21.193m compared with plan of £21.196m) which was a real achievement. All major schemes for the year were completed. - Covid-19 – bid agreed on 17 April, cash will arrive in May. £221k of lost income agreed for PTS and Football matches. - Debtors – reduced to £1.3m over 3 months, which has further reduced to £800k since the writing of the report. - Creditor Payments – BPPC achieved at 95% which is excellent considering that staff have been working from home which has been difficult for them. LJM thanked the team for all their hard work.	

	• Use of Resources – final position reported as a 1. Key item is the use of agency staff. • Covid-19 costs – WFC queried the acquisition of items and asked if there were any be risks around procurement processes. LJM said there are two significant risks – fraud and governance and the Trust need to ensure solid governance not only regarding procurement but also its reporting. Payments in advance are also a concern. BPPC has been reduced to 7 days payment from 30 days in order to make payments immediately to suppliers. Trusted suppliers can be paid in advance. CC said he will be liaising with Assam Hayat to go through Covid costs so far for April. Not many new suppliers have been used and where the Trust has used new suppliers these have been meticulously checked and also management have insisted on seeing any product prior to ordering, e.g. visors, which were risk assessed before purchase. • New financial conditions have been put in place until the end of July and there may be a continuation of block contract type arrangements until the end of the year. • Additional resources that have been put in need to be appropriate and required and a decision made on whether this can be continued after the end of July. CC said activity is being tracked weekly against the contract level agreed. Current month activity is 14% above contract. • The Committee were content to confirm the accounts to the Centre and added that it has been an excellent year in terms of finance and CIPs, which was complicated in the last month of the year due to Covid-19. The Committee thanked the finance team for their hard work and effort.	
	Resolved: a) The Committee received and noted the report. b) The Committee agreed the Q4 report for submission to the Centre. c) The Committee received the Finance Risk Log.	
04/20/06	**Strategic Update**	
	PW outlined the report to members which detailed the following strategies :- • Operations Strategy • Commissioning Strategy • Finance Strategy • People Strategy • IT Strategy • Procurement Strategy	

Page **3** of **7**

	• Estates Strategy (note, this strategy is not in the public domain) • Commercial Services Strategy • Fleet The strategies have been reviewed and all are on target apart from one 'amber' regarding the Procurement Strategy (Fleetwave). PW reiterated that the new set of Strategic Objectives were agreed by the Board in March and will ensure that these enabling strategies are updated fully and future quarterly monitoring reports will also be updated accordingly.	
	Resolved: a) The Committee reviewed and approved the content of the report for onward submission to the Board.	
04/20/07	**Review Terms of Reference and Self Assessment**	
	The Terms of Reference were reviewed and approved for submission to the Board. The Self Assessment was completed by members of the Committee and the following items noted : • One meeting held on 14 October 2019 was not quorate. • Reports from all Directors are well written and clear. • Appropriate actions are recorded from meetings and minutes and action plans are circulated quickly. • Triangulation between Finance/Ops/HR is effective. • The decision to reduce the number of meetings to 5 per year has left the Executive Directors with less opportunity to triangulate and it has not been possible to do this during EMB meetings due to its own agenda. May need to revisit the number of meetings of the Committee. • The meeting is well chaired with an improved focus. • Good debate takes place during meetings. The next meeting is not until July and there are a few more months where the Trust has to manage Covid-19. There may be a need for a triangulated update before then to ensure governance is maintained. Self assessment to be completed and submitted to Board.	
	Resolved: a) Terms of Reference and Self Assessment to be submitted to Board.	**DMS**

04/20/08	**Operational Performance Pack**	
	Operations Report • CC outlined the report to the end of the year. The table below shows the year to date achievement and it was pleasing to note that all operational targets were met for the full year.	

Priority	Target Mean	Target 90%	Month Mean	Month 90%	QTD Mean	QTD 90%	YTD Mean	YTD 90%
Category 1	7:00	15:00	7:08	12:38	7:05	12:26	6:57	12:05
Category 1 T	19:00	30:00	8:12	14:19		14:16	7:59	14:14
Category 2	18:00	40:00	14:46	27:39	13:28	24:53	13:20	24:37
Category 3	60:00	120:00	50:22	113:44	41:52	93:47	45:22	103:43
Category 4	-	180:00	61:48	156:57	55:29	131:20	61:15	149:39
HCP 2hr	-	-	68:17	160:20	63:41	145:45	79:11	192:08
HCP 4hr	-	-	98:08	231:12	101:15	239:34	137:35	327:54

- CC said the demand due to Covid-19 has affected the call answering performance for March.
- Walk in rates at EDs is also greatly reduced.
- Ambulances are taking a lot less patients to hospital. It is important that patients are taken to hospital if required, but some patients are reluctant to be admitted.
- Some hospitals now have different arrangements in place as they have been split for Covid and non Covid patients.
- The Nightingale Hospital in Birmingham is open but has not been used as yet, this is operated under UHB.
- PPE – CC said there is an issue regarding the quality of PPE and there had been issues with the supply chain but the Trust had adequate supplies. The Trust has examined procuring its own items of PPE. Coveralls and aprons to be used together in case of tearing. Enough PPE has been supplied to the Trust. Mutual aid demand from both hospitals and ambulance services has increased for PPE which is a risk to the Trust's own supply.
- KN said requests have been received from the Unions regarding confirmation of PPE kit provided to staff. The Trust has also been asked to confirm that all contractors on site are PPE compliant.
- Swab tests – these are being offered to staff members and their family members. Results come back very quickly. Staff with a negative result return to work. Due to the testing the number of staff self isolating for 14 days has greatly reduced. There has also been a reduction in the number of staff off sick.
- CC said 961 swabs have been taken so far, 309 positive, 148 awaiting results, all others negative. Testing has been a beneficial in releasing important resources.

	• CC said 220 staff currently off sick with Covid-19. 10 members of staff in hospital and 3 of these in ICU. • A number of staff who are shielding with underlying health conditions are able to work from home. **111 Report** • JB presented an update to the Committee regarding 111. He said that 111 was the first area of the Trust directly affected by Covid-19 and is really busy with the Trust seeing up to 900 patients awaiting a call to be answered. • There is a need to ensure staffing numbers are in place and demand has been relentless. Having said this the Trust had a much better weekend over the last weekend of 18-19 April. • Getting Clinicians into the system has taken a lot of work. • Contractually the Trust activity is 11% higher than expected, much of it is Covid driven. • A number of 111 staff are also being trained for 999. • JB also said a number of desks on the first floor at Millennium Point have been taken up with call taking. Screens are also being put in place in the Control room. Masks, wipes and hand gels are available.	

	Resolved:
	   a) The Committee received and noted the Operations Report.
	   b) The Committee received and noted the 111 Report.	

04/20/09	**Schedule of Business**	
	The Schedule of Business was received and noted by members. Any changes to be notified to DMS.	**All**
04/20/10	**Any Other Urgent Business**	
	• None.	
04/20/11	**New Risks Identified at the Meeting**	
	• None.	
04/20/12	**Dates and times of Future Meetings**	
	16 July 2020, 10am, Teams meeting	**All**

The meeting closed at 1200 hours.

Action Points – Resources Committee April 2020

Minute	Details	To be actioned by	Complete/ Incomplete	Evidence
04/20/07	Terms of Reference and Self Assessment to be submitted to Board	DMS	Complete	*Complete, sent to PH on 20.4.20.*
04/20/10	Schedule of Business – any changes to be notified to DMS	All		*All to note.*

Date of Next meeting:- 16 July 2020, 10am, via Teams

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10   **MONTH: JULY 2020**   **PAPER NUMBER:** 08B

Committee	Resources
Chair	Caroline Wigley NED
Executive Director	Various
Meeting Date(s)	16th July 2020
Progress against work plan	**1. Operational performance** **a) IEUC/ 111 service** Demand has been relentless due to COVID 19.Significant peak in demand in March/April. Clinical vacancies filled. Sickness absence reduced. **b) Urgent and emergency** All operational targets achieved for the full year. An update provided on the response to COVID 19, which has been a significant team effort. Ambulances taking less patients to hospital. Activity dropped off due to pandemic. **c) Commercial services** All KPI's met. PTS running at 60% of normal activity due to Covid. **2. Strategy** Strategies have been reviewed and all milestones for Q1 are on target apart from one, the Fleetwave system on procurement strategy. Reduction in conveyance to hospital seen. **3. Finance** The DOF presented a picture of a new and complex national financial regime, which requires Trusts to break even. No clarity on future regime or contract position. Cash is £64.9 m but includes advance payment of £23m. Covid costs on average are 5% but WMAS higher at 10% ,£3.464 m, due to 111 surge. Capital spend £8.5 against £11.3m plan. BP gave Trust free fuel for 3 months resulting in £1m saving. **4.Workforce** Update on flu vaccination campaign. Trust has ordered 7000. CQUIN target is 90%.Bank numbers of 636 high due to student paramedics. Agency staff has reduced in 111. BME risk assessments completed.

CRv1 October2015

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NHS FOUNDATION TRUST**

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Any issues relating to assurance	None
Any risks identified	Board needs to understand the full impact of Covid, the potential risks now of finance and the contract move away from cost per case to block, in context of staffing resource and winter. Hospital handover delays increasing in winter and winter in general
Any other key points for escalation to the Board	All teams thanked for considerable efforts and for the way in which the pandemic has brought out the best in everyone.

CRv1 October2015

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11   MONTH: JULY 2020   PAPER NUMBER: 09

COVID-19 Update	
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 the Trusts response to the Covid 19 Pandemic.
Previously Considered by	The Board has been briefed at each meeting since the National Incident was announced.
Report Approved By	Chief Executive Officer.

The attached documents are submitted to provide the Board with reassurance on how it is responding to the Covid 19 Pandemic.

My top priority has always been to protect the 999 staff both in EOC / Patient Facing Operations and therefore ensuring we continue to deliver patient care and have no effect on partner "blue light" agencies.

The attached documents have been reviewed by EMB prior to presentation to the Board for noting or for seeking additional comments.

Related Trust Objectives/ National Standards	The Current Strategic Objectives:
	   a) Achieve Quality and Excellence
	   b) Accurately assess patient needs and direct resources appropriately
	   c) Establish our market position as an emergency healthcare care provider
	   d) Work in partnership
	
	The Trust reports against the National Ambulance Service Standards, as well as its clinical standards. These are reported as part of the Trusts Information Pack to each meeting of the Board.
	
	The Trust must also remain compliant with the standards set out in its CQC Registration, which includes the use of resources risk assessment.
	
	This report and the actions being taken are in response to maintaining a safe and efficacious service. The priority is will be the protection of the 999 staff both in EOC / Patient

	Facing Operations and therefore ensuring we continue to deliver patient care.
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. A risk assessment has been undertaken and is presented to the Board with corresponding Mitigating Actions. The Board of Directors must review the Risk Assessment and be satisfied that the residual rating after actions is acceptable. The Board can be assured that the Trust has a nationally recognised leader in its Chief Executive. It also has in place an experienced Management Team at both director level and the Senior Command Team. Internal Contingency and Surge plans have been reviewed based on learning from previous incidents.
Legal implications/ regulatory requirements	The Trust will maintain compliance with both regulations and the conditions of licence and registration from the Regulators. If this is not possible then any actions taken will be explained in the context of continuing to provide a safe service in the public interest. No legal advice has been sought or required in the construction of this report.
Financial Implications	The Board should note that there will be immense cost implications in responding to this national emergency and the Chancellor has announced additional funding, which is helpful but given that we are unsure how long this incident will require additional resources the Board will need to enable the Chief Executive to take appropriate action to meet demands. The Director of Finance has established a separate Covid 19 Budget so that the Trust can maintain appropriate financial controls and enable appropriate reporting to the Board.
Workforce & Training Implications	The Trust is continuing to ensure that it is maintaining a safe environment for staff and also ensuring that a safe and effective service is maintained. This will also mean that as guidance emerges it is communicated effectively.

	Staff are continuing to be encouraged to self-isolate in line with national guidance. The majority of non-frontline staff continue to work from home.
Communications Issues	To ensure relevant items from this paper are communicated as appropriate to internal and external stakeholders. This will also mean that as guidance emerges it is communicated effectively. The Chief Executive is continuing to meet staff where appropriate and is using social media and other forms of communication to show leadership and direction during very difficult times.
Diversity & Inclusivity Implications	The Trust will continue to serve the community and provide a safe environment for its staff. In particular we will continue to recognise and respond to the needs of patients especially those in the most at-risk group.
Quality Impact Assessment	Any new initiative is the subject of a QIA to ensure that it continues to be the correct thing to do for our patients and staff.
Data Quality	The Trust will continue to monitor data and information. The Board will also continue to receive ongoing briefings.

Action required

The Board of Directors is asked to receive and note the attached documents seeking clarification where necessary

West Midlands Ambulance Service
University NHS Foundation Trust

Senior Command Team Meeting

Risks and Issues Log

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status
4	25.02.20	Corona Virus	Increased activity, risk to staff, supplies, infrastructure, support from partner agencies	CC	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
5	10.03.20	Medical supplies	Impact of medical supplies availability,	CC	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
8	12.03.20	Impact of COVID-19 on 999 activity	Significant impact of COVID-19 cases on 999 service	JB	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
9	13.03.20	PPE Supplies	Impact of PPE supplies availability	CC	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19) IPC-032-V7 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19	
12	16.03.20	Grad students	Deployment of the Graduate students and the risk of them returning to university	NH	Included in Risk Assessment WF-024-V2 Shortened Recruitment Process for Recent Leavers and Uni Student Paramedics	
13	16.03.20	PTS High Dependency Tier	Introduction and deployment of the 50 PTS High dependency tier (impact on renals)	MB	Included in Risk Assessment version IPC-032-V7 - PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19	
28	21.04.20	Lockdown relaxing	Potential for high surge over a number of weeks following lockdown restrictions being lifted	All	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	

29	23.04.20	Winter 2020/2021	Potential Impact of unknows	All		
31	29.04.20	Restoration of PTS work	Increase in PTS workload due to services starting to return to normality (In particular Birmingham risk added 01.07.20)	MB	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
31	01.05.20	Increased COVID risk to BAME staff	Concerns over the increased risk to BAME staff	ALL	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19) Included in Risk Assessment WF-025-V4 Positive Action for BAME Staff during COVID-19	
34	07.05.20	Health and Wellbeing	Health and Wellbeing and Student Support requested to be added by EMB	KN	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
35	11.05.20	PTS VAR Forms	Risk of the impact PTS VAR forms not being signed off and the impact that will have on contracts	MB	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
38	15.05.20	Social distancing on hubs	Due to the number of staff on hubs social distancing is becoming a real challenge	All	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
42	01.06.20	Contact tracing	Impact of contact tracing and potential increase in contact enquiries to the organisation	All	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
44	12.06.20	Risk to Bangladeshi staff	Risk raised reference COVID-19 and Bangladeshi staff and the requirement to undertake the individual risk assessments	All	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
46	17.06.20	Command Training	Command Training for staff already in Commander roles	SW		
49	24.06.20	Network segmentation	Impact of the network update and downtime during July	CC		

Senior Command Team Meeting: Risk and Issues Log

50	26.06.20	Staffordshire PTS	Impact of the request to mobilise the Staffordshire PTS contract	MB		
51	26.06.20	111 First	Potential impact of the implementation of 111 First	JB		
52	27.06.20	Hospital delays	Impact of hospital delays	All	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
53	01.07.20	Outbreaks	Impact of outbreak management	All	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
54	06.07.20	Transport of tracheostomy patients	Moving tracheostomy patients in PTS who may required suction i.e. AGP and careers using own suction units	MB		
55	06.07.20	Handheld suction on PTS vehicles	Handheld suction units on sitters and stretcher vehicles	MB		
56	08.07.20	Knife crime	Increase in Knife crime and stabbings	All		
57	08.07.20	Hospital closures	Hospitals closures around the country closing due to COVID-19 and the potential for this to become a hospital in the West Midlands	All	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
58	13.07.20	Untaken leave	The impact of potential of untaken leave on the Trust in Winter	All	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
59	13.07.20	Impact of closure of healthcare facility	The risk and impact of a healthcare facility such as a hospital ED due to COVID-19 Staff sickness	All	Included in Risk Assessment EP-019-V17 Pandemic Influenza (updated to reflect COVID-19)	
60	15.07.20	Air Operations and FFP3 considerations	The potential consideration for air operations to need to wear a FFP3 mask and the impact this could have on patient safety	SW		

| 61 | 20.07.20 | Type 2 R masks in Circulation | Non Type 2 R rated masks in circulation within EOC and the risk to these being mixed with type 2 r masks and potential of being used in a clinical setting | All | | | |

Rag Status	

Archived risks

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
1	01.10.19	E&U Resourcing	Ability to put out enough resources out with current demand	NH	N/A		16.04.20
Rationale for archiving			Significant increase in resource's now operational due to Uni students being brought back into operations, PTS HD in place and additional fleet availability.				
Risk linked to completed actions from Action log			Action 34 of 04.04.20 – Confirm DMA Output for Easter weekend- Date action Completed and archived 07.04.20 Action 50 of 06.04.20 – Stand up all resources-- Date action Completed and archived 07.04.20 Action 82 of 08.04.20 – Spare DCA's -Move spare DCA's to where they are needed- Date action Completed and archived 09.04.20				

Risk Assessment Linked to:	N/A

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
2	01.10.19	111 staffing	Clinical Staffing in particular GP's	JB	Raised through 111 meeting already		16.04.20
Rationale for archiving			Staffing position improved				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:			N/A				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
3	14.02.20	Category 1 performance	Missed category 1 targets	NH	Risk Assessment PS-128-V11		16.04.20
Rationale for archiving			Performance now being met, significant increase in resource availability				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:			Risk Assessment PS-128-V11 Stacking of incidents during high demand				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
10	15.03.20	CFR deployment	PPE Levels for CFR's	NVH	N/A	🟩	16.04.20
Rationale for archiving			PPE now available for CFR's				
Risk linked to completed actions from Action log			**Action 35** of week 3 action log- CFR's- Review cases attended by CFR's considering COVID-19 and PPE- Action Complete **Action 49** of week 3 action log-Cardiac Arrest PPE-Action: Steve to speak to Alison regarding crews wearing PPE in cardiac arrest. What criteria should CFRs be responded to and wearing what PPE- Action Complete **Action 49** of week 3 action log- CFR- a)Suspend CFR deployments until PPE deployed b)NH to draft and email and circulate to gold group, c) JB to ensure EOC Suspend- Actions Complete **Action 64** of week 3 action log- CFR PPE- Make and distribute CFR PPE packs 16/03/20- Action Complete **Action 65** of week 3 action log- Consumables for CFRS- How to supply consumables for CFR's 18/03/20- Action Complete **Action 136** of week 3 action log- CFR Mandatory Training- Nick to continue CFR training, heavily focusing on PPE- Action Complete				
Risk Assessment Linked to:			N/A				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived

14	17.03.20	999 call answering	Impact of COVID-19 on 999	JB	Risk Assessment PS-128-V11		16.04.20

Rationale for archiving		Call performance being met, significant increase in call handler numbers
Risk linked to completed actions from Action log		**Action 42** of week 3 action log- Additional call takers- Create paper of what other staff can be tasked to take 999 calls 16/03/20- Action Complete **Action 66** of week 3 action log- Additional Call takers- Jez to have 23 additional 999 call takers in place 09.04.2020-Action Complete **Action 92** of week 3 action log-EOC Deep Dive- In Depth look at Call answering and Deep dive- Action Complete **Action 147** of week 3 action log- Corporate staff relocation- Jez to identify member of staff that is not being utilised, to go into co-ordination centre- Action Complete **Action 148** of week 3 action log - New EOC call takers- 120 new call takers to be in EOC by Easter, 25 Clinicians trained and able to take calls by Easter-Action Complete **Action 149** of week 3 action log - Extra Call taking seating- Craig to identify how many extra seats on first floor in MP- Action Complete
Risk Assessment Linked to:		Risk Assessment PS-128-V11 Stacking of incidents during high demand

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
15	19.03.20	Fuel	Fuel availability and panic buying is rumoured.	TP	N/A		16.04.20

Rationale for archiving		Not considered a concern currently
Risk linked to completed actions from Action log		**Action 103** of week 3 action log- Fuel- Ensure hub fuel bunkers are at max levels- Action Complete **Action 105** of week 3 action log-Free Fuel- Craig to publish notice regarding how to claim free fuel from BP and checks required -Action Complete

Risk Assessment Linked to:	N/A

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
17	24.03.20	Closing of the cell	CCG person closing the cell	JB	N/A		16.04.20
Rationale for archiving			Cell reopened				
Risk linked to completed actions from Action log			Action 133 of week 3 Action log- COVID-19 Co-ordination centre- COVID-19 co-ordination centre not to be stood down. Discussion required with Chris Green- Action Complete				
Risk Assessment Linked to:			N/A				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
20	25.03.20	PTS Cohort 4	Staff member numbers challenged to fill cohort 4	MB	Mitigated by year 2 and year 1's		16.04.20
Rationale for archiving			Cohort 4 cancelled				
Risk linked to completed actions from Action log			N/A				

Risk Assessment Linked to:	N/A

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
21	27.03.20	Worcester PTS	Concerns over New provider, PPE and ability to deal with COVID-19 cases	MB	N/A		16.04.20
Rationale for archiving			Risk Merged with risk number 22				
Risk linked to completed actions from Action log			Action 185 of week 3 Action Log- PTS private providers- Michelle to circulate sent letter to COVID ICC group- Action Complete				
Risk Assessment Linked to:			N/A				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
23	30.03.20	Power at MP	Power outage on morning of 30.03.20 as a result now a manual process	CC	N/A		16.04.20
Rationale for archiving			Power issues resolved				
Risk linked to completed actions from Action log			**Action 151** of week 3 Action log- 111 National Contingency- Jez to notify that 111 may require National Contingency due to installation of new generator-Action Complete				

Risk Assessment Linked to:	N/A

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
25	08.04.20	PTS Clinical waste	Increase of clinical waste produced requiring increased holders – Cars and WAVs	MB	Risk Assessment IPC-002		16.04.20
Rationale for archiving			Holders being fitted over weekend of 17.04.20				
Risk linked to completed actions from Action log			**Action 86** of archived Action log-Date added to log 08.04.20- PTS clinical waste- Karl to task Matt Brown with risk assessment of clinical waste within PTS-Action Complete on 09.04.20				
Risk Assessment Linked to:			Risk Assessment IPC-002				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
26	09.04.20	New UPS at Navigation Point	New system installed	CC	Mitigated by directing Engineer to stay local over Easter period		16.04.20

Rationale for archiving	System installation complete
Risk linked to completed actions from Action log	Action 151 of week 3 Action log- 111 National Contingency- Jez to notify that 111 may require National Contingency due to installation of new generator-Action Complete
Risk Assessment Linked to:	N/A

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
6	10.03.20	Impact of COVID-19 on 111 activity	Significant impact of COVID-19 cases on 111	JB	Included in Risk Assessments EP-019-V11 Pandemic Influenza (updated to reflect COVID-19) PS-128 Stacking of incidents during times of high demand		06.05.20
Rationale for archiving			Significant decrease in activity since risk raised and implementation of NHS 111 online				
Risk linked to completed actions from Action log			Action 182 of Archived Action Log- Additional supervision in EOC, Additional Supervision to be provided in EOC and 111				
Risk Assessment Linked to:			EP-019-V11 Pandemic Influenza (updated to reflect COVID-19) PS-128 Stacking of incidents during times of high demand				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
40	26.05.20	Orbit reporting down	Orbit system significantly affected, impacting gold dashboard and similar reports	NVH			**10.06.20**
Rationale for archiving			Orbit system and Gold dashboard now working				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:			EP-019-V11 Pandemic Influenza (updated to reflect COVID-19)				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
16	21.03.20	Clinical waste	Clinical waste provision across PTS sites	All	Included in Risk Assessment IPC-002-V12 Risk of Infection		15.06.20

Senior Command Team Meeting: Risk and Issues Log

							from Clinical Waste in vehicles and on station		
Rationale for archiving				No longer considered a risk					
Risk linked to completed actions from Action log				Risk Assessment IPC-002-V12 Risk of Infection from Clinical Waste in vehicles and on station					
Risk Assessment Linked to:				IPC-002-V12 Risk of infection from clinical waste in vehicles and on station					

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
33	04.05.20	SORT Training	SORT staff who due to cancelations over winter may become out of date with their competencies	SW	Included in Included in Risk Assessment EP-019 Pandemic -V14 Pandemic Influenza (updated to reflect COVID-19) Individual Risk Assessment to be developed		15.06.20
Rationale for archiving			SW advises no longer an issue as training commenced and will be completed shortly				
Risk linked to completed actions from Action log							

Senior Command Team Meeting: Risk and Issues Log

Risk Assessment Linked to:	Risk Assessment IPC-002-V12 Risk of Infection from Clinical Waste in vehicles and on station

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
7	10.03.20	Potential COVID-19 renal patients	Significant amount of renal journeys approx. 500-700 journeys per day in Birmingham alone	MB	Included in Risk Assessment IPC-032-V7 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19 risk assessment next version		
Rationale for archiving			No longer considered a risk. Amount of COVID patients transported considerably reduced				
Risk linked to completed actions from Action log			Action 190 of Archived Action Log PTS recruitment- Michelle to continue recruiting PTS staff Action 221 of Archived Action Log PTS capacity Michelle to take actions to drive down demand such as using Taxis and patient's family members				
Risk Assessment Linked to:			Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
39	20.05.20	Challenges in maintaining NARU training with prolonged social distancing restrictions.	Social distancing measures may be extended for several months and will directly impact on NARU training delivery.	KP	Reduced to Amber 01.06.20 supported by the document: Principles for delivering NARU Education Modules During a Pandemic		16.06.20

			West Midlands Ambulance Service				
Rationale for archiving			NARU will manage this risk within our processes				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:							

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
18	24.03.20	Risk to renal patients	Reduction in Taxi and community services due to isolation of drivers. Reduction in Taxi capacity due to social distancing	MB	Included in Risk Assessment version IPC-032-V7- PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19		06.07.20
Rationale for archiving			No longer considered a risk. Amount of COVID patients transported considerably reduced				
Risk linked to completed actions from Action log			Action 190 of Archived Action Log PTS recruitment- Michelle to continue recruiting PTS staff Action 221 of Archived Action Log PTS capacity Michelle to take actions to drive down demand such as using Taxis and patient's family members				
Risk Assessment Linked to:			Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived

Senior Command Team Meeting: Risk and Issues Log

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
22	28.03.20	Private PTS Providers	Private PTS providers not undertaking cases relating to COVID-19 and communications with CCG's which includes the new Worcester PTS provider	MB	Included in Risk Assessment IPC-032-V7 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19		06.07.20
Rationale for archiving			No longer considered a risk. Amount of COVID patients transported considerably reduced				
Risk linked to completed actions from Action log			Risk Assessment IPC-032-V7 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19				
Risk Assessment Linked to:			Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
11	16.03.20	Staff isolation	Number of staff in isolation	All	Included in Risk Assessment EP-019 V16 Pandemic Influenza (updated to reflect COVID-19		10.07.20
Rationale for archiving			No longer considered a risk due to number of staff off significantly improved and staff continuing to return to work				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:			Risk Assessment EP-019 V16 Pandemic Influenza (updated to reflect COVID-19				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
19	25.03.20	PRPH replacement filter availability	Reduced stock levels in Trust and concern about national availability from suppliers	CC	Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19		10.07.20
Rationale for archiving			Filter availability no longer a risk as supply improved				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:			Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
24	03.04.20	Quality of PPE	Quality of a number of items of PPE is poor including aprons and tyvex suit	CC	Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19) Included in Risk Assessment IPC-034-V1 Provision of Aprons		10.07.20
Rationale for archiving							
Risk linked to completed actions from Action log			Action 305 of archived action log- New Aprons- a) New style aprons to be sent to PTS b) Pallet to be sent to company who make up PPE kits- action completed 29.05.20				

Risk Assessment Linked to:	Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)
	Risk Assessment IPC-034-V1 Provision of Aprons

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
27	18.04.20	Running out of PPE and having to re-use	Number of PPE availability and concern to have to reuse PPE in reference to the PHE letter published on 18.04.20 reference: CEM/CMO/2020/018 Title: Considerations for Personal Protective Equipment in the Context of Acute Supply Shortages for Coronavirus Disease 2019 (COVID-19) Pandemic	All	Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)	███	10.07.20
Rationale for archiving			The Trust did not experience an issue as other Trusts had, we did not run out and did not need to consider reusing PPE				
Risk linked to completed actions from Action log			Action 164 – Reuse of PPE- a) Create table to respond to each of the sections in the guidance setting out our response b) Risk assessment based on our response to each section of potential re-use. c) Draft a staff notice explaining why we have no PPE. Draft clinical notice describing what to do and how to do it. I.e. doffing after first use, storing and donning the PPE for re use – Action completed 01.05.20				
Risk Assessment Linked to:			Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
30	23.04.20	Fleet replacement program	Vehicle production and plans delayed due to COVID	CC		🟩	10.07.20
Rationale for archiving			Fleet program reviewed and updated				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:							

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
32	01.05.20	PPE and Turban issue	Clarification required on the use of PPE and Turbans	ALL	Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19) Included in Risk Assessment IP-030-V4 Powered respirator protective hoods	🟩	10.07.20
Rationale for archiving			Through the completion of the BAME risk assessments and staff engagement with Pam Brown this risk has been dealt with.				
Risk linked to completed actions from Action log			Action 229 of the archived action log - PPE regarding turbans - Speak to community leader/staff regarding turbans and PPE, action completed 04.05.20				

Risk Assessment Linked to:	

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
36	13.05.20	Slowing down of staff testing availability	Antigen availability and risk to swab testing availability	NH	Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)		10.07.20
Rationale for archiving			Short term issue, no longer an issue				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:			Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
37	15.05.20	Surgical mask numbers	Stock numbers of masks reduced from 250,000 masks now at 60,000	CC	Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)		10.07.20
Rationale for archiving			No longer an issue supply returned and reviewed and reported daily				

	Risk linked to completed actions from Action log							
	Risk Assessment Linked to:		Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)					

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
41	27.05.20	Antibody testing	Impact of undertaking Antibody test, logistics and requirements	All	Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)		10.07.20
Rationale for archiving			No longer a risk due to work undertaken by the antibody team				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:			Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
43	10.06.20	Supply of face masks	Supply of face masks in relation to social distancing guidance	CC	Included in Risk Assessment EP-019-V16 Pandemic Influenza		10.07.20

							(updated to reflect COVID-19)		

Rationale for archiving			This did not become an issue so no longer a risk

Risk linked to completed actions from Action log			

Risk Assessment Linked to:			Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
45	15.06.20	Gloves supply	Supply of Nitrile Gloves has become interrupted with NHS Supplies.	CC	Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)		10.07.20

Rationale for archiving			No longer an issue supply returned

Risk linked to completed actions from Action log			

Risk Assessment Linked to:			Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
47	19.06.20	Raves	Impact and potential of illegal raves around the region that may or may not be notified of	All			10.07.20
Rationale for archiving			No longer a risk as this did not impact our region and no longer considered a risk				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:							

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
48	22.06.20	Reduction in swab testing	Reduction in Wolverhampton swab testing slots	NH	Included in Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)		10.07.20
Rationale for archiving			Short term risk that is no longer an issue				
Risk linked to completed actions from Action log							
Risk Assessment Linked to:			Risk Assessment EP-019-V16 Pandemic Influenza (updated to reflect COVID-19)				

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived

Senior Command Team Meeting: Risk and Issues Log

Rationale for archiving	
Risk linked to completed actions from Action log	
Risk Assessment Linked to:	

Initials Key

Initial	Name
ACM	Anthony Marsh
CC	Craig Cooke
NH	Nathan Hudson
NVH	Nick Henry
AP	Andy Proctor
SW	Steve Wheaton
EM	Edward Middleton
JW	James Williams
KP	Keith Prior
MB	Michelle Brotherton
JB	Jeremy Brown
DM	Daniel Marino
JBJ	Justin Burke-Jones
KM	Karl McGilligan

Senior Command Team Meeting: Risk and Issues Log

Current COVID-19 Related Risk Assessments

EP-019-V16 Pandemic

IPC-032-V7 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19

PS-128 V11 Stacking of incidents during times of high demand

SR-001-Failure to achieve Operational Performance Standards (Significant Risk 1 April-V3)

HS-036-V12 Risk of theft from Trust premises

IPC-030-V4 Use of Powered Respiratory Protective Hoods/Equipment (PRPH)

IPC-033-V1 IPC Personal Protective Equipment

IPC-002-V12 Risk of infection from clinical waste in vehicles and on station

IPC-034 V1 Provision of Aprons

WF-024-V2 Shortened Recruitment Process for Recent Leavers and Uni Student Paramedics

WF-025-V4 Positive Action for BAME Staff during COVID-19

IPC-005-V10 Provision of FFP 1/2/3 Respirator Masks

IPC-031-V2 Risks Associated with Change of Process Regarding PRPH

ORG-077-V2 Return to Duties For Pregnant EOC Staff During COVID-19

Senior Command Team Meeting: Risk and Issues Log

West Midlands Ambulance Service
University NHS Foundation Trust

Senior Command Team Meeting

Action Log

No	Date Added	Item	Details	To be actioned by	Evidence
1	21.01.20	Exercise Plan	a) Updated exercise Plan to be brought back to senior Command Team meeting	**SW/EM**	Ongoing for 29.07.20
3	14.02.20	Commonwealth games	a) Dates to be circulated b) New vehicles deployment numbers for the months of April, May, June, July 2022	**SW**	**a) Complete** **b)** Ongoing for 29.07.20
324	29.05.20	Oxygen cylinder	Each area ensure that their staff have signed and confirmed they have read and understood the oxygen safety notice SN-070	**NH / MB / SW / NVH**	Ongoing for 27.07.20
408	22.06.20	Winter Plan	a) Bring to ACAO meeting b) Bring to EMB c) Bring to Board		**a) Complete** **b) Complete** **c) Complete**
417	24.06.20	Shielding staff	Identify which staff belong to yourself and what we are doing to help facilitate these staff returning after 01.08	**ALL**	**Complete**
438	29.06.20	Winter plan	a) Read and provide feedback to Nick b) Plan to go to EMB c) Plan to go to Board	**ALL**	**a) Complete** **b) Complete** **c)** Ongoing for 27.07.20
440	29.06.20	Allocation reporting	NVH to produce monthly allocation time reports to this group	**NVH**	Ongoing for 29.07.20
454	01.07.20	MAGIC course	Arrange MAGIC course for strategic commanders	**SW**	Ongoing for 22.07.20
471	06.07.20	COVID secure	Bring back Amber actions and update again in 2 weeks	**AP**	**Complete**

No	Date Added	Item	Details	To be actioned by	Evidence
475	08.07.20	Oxygen cylinder	Nick to update on completion of CFRs	**NVH**	Ongoing for 29.07.20
476	08.07.20	Locker facilities	a) MB to give feedback on Academy PTS b) CC to give feedback on Frankley PTS	**CC** **MB**	a) **Complete** b) Ongoing for 29.07.20
485	13.07.20	ECT dispatch by guidelines	Update guidelines. ACAO to sign off	**SW**	Ongoing for 22.07.20
486	13.07.20	Remembrance gardens	a) Liaise with each ACAO regarding who to speak to, to progress b) Send paper to Murray for WB, including leads for each site, so staff can raise suggestions	**DM**	a) **Complete** b) Ongoing for 29.07.20
487	13.07.20	A/L Comparisons	a) Each ACAO to look at data to ensure accuracy and understanding b) Bring back monthly to ensure A/L is being used	**ALL** **NVH**	Ongoing for 22.07.20 Ongoing for 22.07.20
488	15.07.20	MAGIC course	Provide Steve with dates suitable for MAGIC course at Moreton	**ALL**	Ongoing for 22.07.20
489	15.07.20	New Braun Tympanic	Complete notice for new style tympanic	**AP**	**Complete**
491	15.07.20	Air crew FFP3	Provide risk-assessment for use of FFP3 for helimed crews	**SW**	Ongoing for 22.07.20
492	15.07.20	PDR's	Ensure all staff are booked in for before the end of August	**ALL**	**Complete**
493	15.07.20	Surge Planning	Consider surge planning contingency for a) Your own departments b) Other Departments Send to Andy once complete	**ALL**	Ongoing for 29.07.20

No	Date Added	Item	Details	To be actioned by	Evidence
494	15.07.20	Update meeting	Michelle and Keith to book meeting with Andy for their return from A/L	**AP / MB / KP**	**Complete**
495	20.07.20	Shielding staff	Nathan to liaise with Jez regarding operational staff returning to duty	**NH / JB**	Ongoing for 22.07.20
496	20.07.20	Type 2 non-repellent masks	Remove all stock from circulation. Clearly mark non-repellent and store at Anchor Brook	**JW**	Ongoing for 22.07.20
497	20.07.20	Serology testing	Serology testing now complete. No further updates expected	**Info**	**Complete**
498	20.07.20	3M Update	3M updated that they have very little product being imported to the country meaning stock we have ordered may be delayed. 3M will update	**Info**	**Complete**
499	20.07.20	Cardinal Surgical masks	Removed and disposed of at local level	**JW**	**Complete**

Initial	Name
ACM	Anthony Marsh
CC	Craig Cooke
NH	Nathan Hudson
NVH	Nick Henry
AP	Andy Proctor
SW	Steve Wheaton
KP	Keith Prior
MB	Michelle Brotherton
JB	Jeremy Brown

Senior Command Team Meeting: Action Log

DM	Daniel Marino
JW	James Williams
PB	Pam Brown
JBJ	Justin Burke-Jones
JPW	John Woodhall

Archived Action Log

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
4	18.02.20	Review NILO deployment	Review weekly	**SW**	**Complete**	07.04.20
8	30.03.20	Year 1 students	275 year 1 students to be split across VPAs and front line. Nathan to provide names	**NH**	**Complete**	07.04.20
9	30.03.20	New style PRPH hoods	New style hoods to be given to OMs and VPOs	**NH**	**Complete**	10.04.20
10	30.03.20	HART 3rd Vehicle	Steve to make list of missing kit to make up kit for the 3rd secondary vehicle	**SW**	**Complete**	09.04.20
11	30.03.20	Major Incident vehicles	All major incident vehicles to be kitted with BLS and ALS, leaving all current kit on board	**CC / SW**	**Complete**	09.04.20
14	31.03.20	NHS Voluntary Service	Delay in implementing due to DBS checks	**MB**	**Complete**	09.04.20
15	31.03.20	Coverall Gowns	Craig to investigate possibility of sourcing ASAP	**CC**	**Complete**	09.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
18	31.03.20	Stretchers on PTS vehicle	96 PTS vehicles capable of taking a stretcher. Craig to place order for a) 12 stretchers from Stryker (Belgium) expected 10.04.2020 b) 12 from Ferno (US) expected 10.04.2020 To order ASAP	**CC**	**Complete**	09.04.20
22	01.04.20	HART vehicle update	All 4 RRVs to have identical load list. One main response vehicle holds drone. Spare discovery car 2 crew carriers. PPE kits to be place on all new vehicles. Welfare vehicle requires defib, BLS and ALS Steve authorised to order remaining kit Place order on 02.04.2020	**SW**	**Complete**	09.04.20
24	01.04.20	Paramedic/Police ROLE car	a) Steve to ask police why they aren't going to use their own medics b) Nick to find out how many cases of this type we attend	**SW** **NVH**	a) **Complete** b) **Complete**	08.04.20
26	01.04.20	Covid 19 financial review	Craig to go through COVID Costings log	**CC**	**Complete**	07.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
31	03.04.20	Handheld radios	Steve to update Craigs table for handheld radios 06.04.2020	**SW**	**Complete**	09.04.20
32	03.04.20	Nightingale Discharges	WMAS PTS to do all Birmingham Nightingale discharges.	**MB**	**Complete**	07.04.20
33	03.04.20	Nightingale Urgent care	Michelle to investigate requirement of WMAS PTS	**MB**	**Complete**	07.04.20
34	04.04.20	Confirm DMA output for Easter weekend	Nathan to check daily DMA report to confirm PTS-HD are on GRS correctly 07.04.2020	**NH**	**Complete**	07.04.20
35	04.04.20	PTS – HDU for Easter weekend	Michelle to arrange O/T for PTS-HD for Easter weekend 07.04.2020	**MB**	**Complete**	07.04.20
36	04.04.20	4th HART vehicle	Review requirement if 4th vehicle is required 10.04.2020	**CC**	**Complete**	09.04.20
37	04.04.20	Swab testing table	Nathan to create table regarding Staff testing 05.04.2020	**NH**	**Complete**	07.04.20
40	05.04.20	PTS - HDU	PTS-HDU vehicles uplifted to 20 on lates and 20 on Saturdays	**MB**	**Complete**	07.04.20
41	05.04.20	New PRPH hoods	New hoods and filters to be exchanged and in place 08.04.2020	**CC / SW**	**Complete**	08.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
42	05.04.20	Spare vehicles	Nathan to confirm with Craig that spare vehicles are on the correct hubs	**CC / NH**	**Complete**	**08.04.20**
43	05.04.20	Kidderminster stores	Craig to revise what is going to be stored at Kidderminster 06.04.2020	**CC**	**Complete**	07.04.20
47	05.04.20	Haywood Hospital	Mark to get confirmation in writing which patients are to go to Haywood	**MB / MD**	**Complete**	**09.04.20**
48	05.04.20	Stafford hospital cardiac arrest	Mark to check that New Cross Hospital are aware of divert from Stafford re cardiac arrest	**MB / MD**	**Complete**	10.04.20
50	06.04.20	Stand up all resources	All resources to be in place for Easter weekend	**ALL**	**Complete**	07.04.20
51	06.04.20	Names of staff / Ex-staff	a) Name any staff that may be of use during the COVID crisis b) Nathan to compile list and form table	**ALL** **NH**	**Complete**	07.04.20
52	06.04.20	EOC Screens	To complete installation of call taker screens in Tollgate and PTS control	**CC**	**Complete**	07.04.20
53	06.04.20	Additional Radios	Decide how best to use additional radios 09.04.2020	**ACM / CC**	**Complete**	10.04.20
54	06.04.20	Derby PTS provider	Michelle to find out who covers Derby regard to PTS, in relation to Discharges from Nightingale hospital	**MB**	**Complete**	07.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
55	06.04.20	Nightingale Urgent care	Urgent care centre opens 09.04.2020. PTS expected to transport 10-20 pts per hour at peak. Referrals only to be made by GP or 111	**MB**	**Complete**	07.04.20
56	06.04.20	Confirm numbers of additional staff	Dan to speak to PT regarding exact numbers of who have attended the academy and who have confirmed that they will be attending	**DM**	**Complete**	07.04.20
57	06.04.20	Secure Kidderminster Stores	Craig to ensure the storage facility at Kidderminster is secured. Will be visited once per day	**CC**	**Complete**	07.04.20
58	06.04.20	Aprons	Craig to update on delivery of improved quality of aprons 09.04.2020	**CC**	**Complete**	07.04.20
59	06.04.20	Check document versions	Keith to confirm with authors of documents that he has received before circulating	**KP**	**Complete**	07.04.20
60	06.04.20	Changes to COVID summary update	Craig to add in totals for each column of table	**CC**	**Complete**	07.04.20
61	06.04.20	Areas wanting to stand up own facilities	ACM to raise concerns about areas wanting to stand up own facilities other than Nightingale, at national level	**ACM**	**Complete**	06.04.20
62	06.04.20	Swab summary table	Nathan to make swab table into a summary	**NH**	**Complete**	07.04.20

Senior Command Team Meeting: Archived Action Log

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
63	06.04.20	HART utilisation over Easter	a) Jez to brief EOC on how HART are to be used over Easter period b) Steve to highlight to Jez who is the T/L and that they are to be left on base	**JB** **SW**	**Complete**	07.04.20
64	06.04.20	National Table top exercise	Keith to attend Birmingham nightingale to participate in table top exercise 07.04.2020	**KP**	**Complete**	07.04.20
65	06.04.20	MOD MACA representative	ACM / KP to contact MOD representative regarding MACA	**ACM / KP**	**Complete**	06.04.20
66	06.04.20	Additional Call takers	Jez to have 23 additional 999 call takers in place 09.04.2020	**JB**	**Complete**	07.04.20
68	07.04.20	Year 1 students	Nathan to communicate to Yr 1 students which hub, which VPO they are shadowing and what shift line	**NH**	**Complete**	08.04.20
69	07.04.20	Year 2 students	Nathan to ensure that the students are on ERS and Grs 09/04/20	**NH**	**Complete**	09.04.20
70	07.04.20	Additional ERS/GRS staff	Nathan to contact Rachel Bellini regarding training x2 more staff	**NH**	**Complete**	08.04.20
71	07.04.20	PTS Comms	CC/AP/Phil Collins conference call 08.04.20	**CC**	**Complete**	13.04.20
72	07.04.20	Gold Screen update	ACM and NVH 15 minute meeting 08.04.20	**NVH**	**Complete**	08.04.20

West Midlands Ambulance Service
University NHS Foundation Trust

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
73	07.04.20	HART TL	HART TL to be identified as EP40	**SW / JB**	**Complete**	08.04.20
74	07.04.20	PPE escalation	Craig to send ACM regarding escalation of PPE	**CC**	**Complete**	08.04.20
75	07.04.20	Escalation of swab results	Nathan to send table to MD regarding getting unknown test results back	**NH / MD**	**Complete**	08.04.20
76	07.04.20	Wolverhampton Swab tests	Jez to request self-test kits from Wolverhampton	**JB**	**Complete**	08.04.20
77	07.04.20	Ventilators AGP	Keith to find out if our ventilators are classed as AGP 08.04.20	**KP**	**Complete**	08.04.20
78	07.04.20	10 Nightingale Officers	Nathan to identify x 10 officers for HALO and Ops room at Nightingale	**NH**	**Complete**	09.04.20
79	07.04.20	Nightingale COO conference call	NH/CC/KP to join Nightingale COO conference call 08.04.20	**NH/CC/KP**	**Complete**	08.04.20
81	08.04.20	Everbridge Training	Nick to Identify more staff to be trained in the Everbridge system	**NVH**	**Complete**	09.04.20
82	08.04.20	Spare DCAs	Move spare DCAs to where they are needed	**NH**	**Complete**	09.04.20

Senior Command Team Meeting: Archived Action Log

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
83	08.04.20	Swab test results	Nathan to task MD with finding out Swab test results	**NH**	**Complete**	09.04.20
85	08.04.20	C/N notices	Karl to send Operation / Clinical notices to be signed off	**KM / CC / MB / MB**	**Complete**	09.04.20
86	08.04.20	PTS clinical waste	Karl to task Matt Brown with risk assessment of clinical waste within PTS	**KM**	**Complete**	09.04.20
87	08.04.20	Nightingale Clinical Notice	Karl to send CN/411 to KP and MD for sign off	**KM / KP / MD**	**Complete**	09.04.20
88	08.04.20	Care of PRPH hoods	Nathan to reinforce importance of looking after PRPH hoods on hubs	**NH**	**Complete**	09.04.20
89	08.04.20	Re-distribute spare PRPH hoods	James to re-distribute spare PRPH hoods to all hubs	**CC / JW / NH**	**Complete**	09.04.20
90	08.04.20	EMMA Capnography device	Steve to pass details of supplier to QEH	**CC / SW**	**Complete**	10.04.20
92	08.04.20	Send Risk log and Action log	Dan to forward logs to KF for papers	**DM**	**Complete**	09.04.20
94	09.04.20	Distribution of Additional Radios	100 radios received and distributed as below a) Major incident vehicles 11.04	**SW PT**	**Complete**	11.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
			b) Driver training vehicles to be held by PT until 13.04 c) PTS will be with fleet Dept 11.04 d) 24 PDAS	MB MB		
95	09.04.20	University Students	TICs to define position to OMs regarding WMAS and university students	NH	**Complete**	11.04.20
96	09.04.20	Nightingale Deployment	a) Keith to complete full deployment of WMAS resources to Nightingale 12:00 10.04.2020 b) Keith to give safety Briefing 12:00 c) Check CAD / Comms / Action cards d) Keith to take command of Officers from Nathan e) Keith to provide update to ACM 10.04	KP KP KP KP / NH KP	a) **Complete** b) **Complete** c) **Complete** d) **Complete** e) **Complete**	12.04.20
97	09.04.20	Anchorbrook staffing over Easter	Communicate with Euan regarding sufficient staffing over Easter period	CC	**Complete**	10.04.20
98	09.04.20	Wolverhampton Swab Testing	Investigate process to deposit complete swab tests at Wolverhampton	NH / JB	**Complete**	10.04.20
99	09.04.20	Ambulance Services FFP3 List	Ensure ACM gets complete updated list from all ambulance services	DM	**Complete**	10.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
103	10.04.20	Contact EMAS	Keith to contact EMAS Ops director to ensure Nightingale policies match	**KP**	**Complete**	12.04.20
104	10.04.20	PPE wastage	Re-ensure that all staff are complying with PPE guidance and there is no wastage	**ALL**	**Complete**	11.04.20
105	10.04.20	PPE Training	Ensure that PPE being used for training is re-used for training and not disposed of	**KM**	**Complete**	11.04.20
106	10.04.20	Unused PPE	Reinforce spare PPE from open packs is not disposed of	**NH / MB**	**Complete**	11.04.20
107	10.04.20	Peak flow Clinical Notice	Craig to issue Clinical notice regarding Peak flows once final sign off agreed	**CC**	**Complete**	11.04.20
108	10.04.20	ROLE car	Steve to bring SOP for ROLE car for sign off 11.04	**SW**	**Complete**	11.04.20
109	10.04.20	Updated swab test table	Nathan to update swab table and re-distribute 10.04	**NH**	**Complete**	11.04.20
110	11.04.20	Staff requiring larger suits	SOMs to provide list of staff that are currently unable to fit into Tyvek suits	**NH**	**Complete**	13.04.20
111	11.04.20	Additional Radio Table	Develop table to ensure each department has correct ISSI / Callsigns a) Michelle – PTS	**MB / SW / PT**	**Complete**	13.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
			b) Steve – Major Incident vehicles c) Paul T – Driver Training vehicles			
112	11.04.20	PTS PPE Audit	Complete audit of PPE within PTS 12.04	**MB**	**Complete**	12.04.20
113	11.04.20	SOMs Bank Holiday Cover	Nathan to find out which SOMs have been/plan to visit their hubs over Bank Holiday	**NH**	**Complete**	12.04.20
114	11.04.20	Chase progress of swab results	Nathan to speak to MD regarding outstanding results	**NH**	**Complete**	12.04.20
115	11.04.20	Update Senior Command, etc papers	Dan to update senior command team roles, COVID arrangements and SCG information 12.04	**DM**	**Complete**	12.04.20
116	11.04.20	Officer in command of Nightingale	Keith to start hand over from command of Nightingale. Keith to advise Ed Middleton he will be based there from 13.04	**KP**	**Complete**	12.04.20
117	11.04.20	Heartlands Notice	Nick to issue Operational Notice regarding critical care at EBH	**NVH**	**Complete**	12.04.20
118	11.04.20	Move MP dispatch functions to Tollgate	Jez to move some dispatch functions from MP to Tollgate to assist with social distancing	**JB**	**Complete**	12.04.20
123	11.04.20	PMART Notice	Nick to change notice into Ops Notice and issue	**NVH**	**Complete**	12.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
124	12.04.20	Additional Radios Table	Dan to collate information and complete table	**DM**	**Complete**	13.04.20
126	12.04.20	Student Update	Email ACM update regarding turn out of students	**NH / MB**	**Complete**	13.04.20
127	12.04.20	Apron Notice	Craig to task Karl with producing weekly briefing article - wear apron over Tyvek suit	**CC / KM**	**Complete**	13.04.20
128	12.04.20	TIC to highlight notice	TICs to highlight weekly briefing notice to OMs that staff should wear aprons over Tyvek suits	**SW**	**Complete**	13.04.20
129	12.04.20	Updated Documents	Dan to circulate updated documents	**DM**	**Complete**	13.04.20
137	13.04.20	Update Arrangements Flow chart	Dan to insert telephone Nightingale telephone numbers for Covid arrangements flow chart	**DM**	**Complete**	13.04.20
23	01.04.20	Ambulance Liaison Officer for Nightingale	Nathan to identify x5 suitable staff to cover Officer duties at Nightingale	**NH**	**Complete**	14.04.20
39	05.04.20	Everbridge	Lee Carter to complete Everbridge training 10.04.2020	**NVH**	**Complete**	14.04.20
67	07.04.20	Update Training table	Andy to update training table with new numbers	**AP**	**Complete**	14.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
80	07.04.20	Nightingale Risk log	Keith to prepare Birmingham Nightingale risk log	**KP**	**Complete**	14.04.20
91	08.04.20	Check Risk Log	Craig to go through Risk Log	**CC**	**Complete**	14.04.20
93	09.04.20	Coverall Gowns	Craig to give an update for Coverall Gowns 14.04.2020	**CC**	**Complete**	14.04.20
100	10.04.20	Clinical Navigator	Jez to complete paper for a) Clinical Navigator b) Dispatch procedure during high call peak	**JB**	**a) Complete** **b) Complete**	14.04.20
121	11.04.20	Coverall Gowns Notice	Craig to complete coverall gowns staff notice	**CC**	**Complete**	14.04.20
130	13.04.20	Review Nightingale Action Card	Review Action cards produced by Keith and provide feedback	**ALL**	**Complete**	14.04.20
135	13.04.20	Staff Swab testing	Continue to use Wolverhampton swab testing	**NH**	**Complete**	14.04.20
119	11.04.20	PTS call takers to Litchfield	Jez and Michelle to move some PTS call takers from Tollgate to fall back location at Litchfield to assist with social distancing	**JB / MB**	**Complete**	15.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
138	13.04.20	Year 2 university students	Year 2 students to be allocated shifts starting on 19.04.20	**NH**	**Complete**	15.04.20
139	14.04.20	Quality of PPE	ACM to raise at a national level	**ACM**	**Complete**	15.04.20
142	14.04.20	ITU / HDU Contacts	Only SOM / EOC commanders to make contact with these staff, to avoid repetition	**NH / MB / JB**	**Complete**	15.04.20
19	31.03.20	Clinical Navigator	Starting at WMAS Surge level 2 Clinical managers placed in EOC to manage dispatch stack. 03.04.2020	**JB**	**Complete**	16.04.20
20	31.03.20	National Surge level 3	When in National Surge level 3 Clinical navigators would be looking through cat 3 and 4 to identify incidents that require response 03.04.2020	**JB**	**Complete**	16.04.20
102	10.04.20	Nightingale Action cards	Keith to produce action cards for sign off 13.04	**KP**	**Complete**	16.04.20
125	12.04.20	Critical Infrastructure	Check critical infrastructure	**ALL**	**Complete**	16.04.20
131	13.04.20	Aprons Notice	Notice to be published in weekly briefing	**CC**	**Complete**	16.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
132	13.04.20	Gowns Issued	Gowns package to be sent to SOMS for distribution to named staff with personalised notice	CC / NH	**Complete**	16.04.20
136	13.04.20	Exchange of FFP3 masks, Nationally	ACM to speak to Hilary and Martin regarding ambulance services exchanging FFP3 styles of masks to keep one style per service	ACM	**Complete**	16.04.20
141	14.04.20	Director Rota	Nick to look at extending 24-hour cover of director rota to include new predicted peak date	NVH	**Complete**	16.04.20
145	15.04.20	Sandwell Swab testing	Nathan to complete Results of Sandwell swab testing	NH	**Complete**	16.04.20
146	15.04.20	Nightingale Hospital location	Jez to update location of Nightingale on CAD system to assist with crew navigation	JB	**Complete**	16.04.20
147	15.04.20	Swab testing in Midlands	Jez to join conference call including the Mayor and to give back-brief to ACM	JB	**Complete**	16.04.20
25	01.04.20	Risk register review	Craig and Andy to go through Risk register	CC / AP	**Complete**	17.04.20
84	08.04.20	HALO Callsigns	a) Align callsigns to hospitals and not individual b) Place secure lockers on sites to store radios for HALO staff	NH / NVH	a) **Complete** b) **Complete**	17.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
101	10.04.20	Nightingale Visit	ACM to visit Nightingale hospital 14.04	ACM / DM	**Complete**	17.04.20
120	11.04.20	Perspex screens at Litchfield	Craig to place Perspex screen at Litchfield hub for PTS call takers	CC	**Complete**	17.04.20
122	11.04.20	Goggles / Visors update	Nathan to provide update of personal issue of goggles and visors	NH	**Complete**	17.04.20
133	13.04.20	Inhalers and Spacers	X1 Inhaler and x1 spacer to be placed in each BLS bag. X2 Inhalers and X2 spacers placed as spares on each DCA	CC / NH	**Complete**	17.04.20
134	13.04.20	Inhalers / Spacers Clinical Notice	Clinical Notice to be issued regarding change of procedure and use of Inhalers, including distribution of inhalers and spacers to patient after use	CC	**Complete**	17.04.20
140	14.04.20	HALO Table	Nick to produce a table showing Callsigns against Hospitals	NVH	**Complete**	17.04.20
143	15.04.20	PTS Visors	Gain number of required visors for PTS	CC / MB	**Complete**	17.04.20
149	16.04.20	Purchase of better quality Tyvek suits	Craig to circulate proposal to Exec's and chairman in order to proceed with purchase	CC	**Complete**	17.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
150	16.04.20	Send table to EMB	AP to send paper 4b to Karen for AOB at next Tuesdays EMB meeting	**AP**	**Complete**	17.04.20
151	16.04.20	Update table	Jeremy to update table in paper 4a from meeting on 16.04.20 and re-circulate	**JB**	**Complete**	17.04.20
152	16.04.20	Strensham Airbase	Strensham airbase to restart operations and be staffed on overtime	**SW**	**Complete**	17.04.20
154	17.04.20	Care home information	Provide Daily update to NHSE/I regarding number of incidents in R/H, N/H, C/H	**CC**	**Complete**	18.04.20
155	17.04.20	PRPH hoods mutual Aid	WMAS have supplied 200 PRPH hoods and 20,000 surgical masks to EMAS	**CC**	**Complete**	18.04.20
156	17.04.20	Surgical masks mutual Aid	WMAS to supply 6,000 surgical masks to Shropshire community Services Trust	**CC / MG**	**Complete**	18.04.20
157	17.04.20	Aprons mutual Aid	WMAS to supply 200 Large and 200 X Large gowns to Hereford Hospital Trust	**CC / MG**	**Complete**	18.04.20
161	17.04.20	Action Card	Mark Gough requested in AOB feedback on the COVID-19 ACTION CARD 7 – Version 3- "Staff off sick due to a positive test for COVID-19 and are asymptomatic"	**MG**	**Complete**	18.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
30	03.04.20	PTS clinical waste	Michelle to arrange fitting of Clinical waste holders on vehicles	**MB**	**Complete**	20.04.20
144	15.04.20	CFR Visor production	Nick to follow up on offer of company to produce visors for CFRs	**NVH**	**Complete**	20.04.20
153	16.04.20	Covid risk assessments	COVID-19 related risk assessments to be brought to Mondays 20.04.20 meeting	**CC**	**Complete**	20.04.20
160	17.04.20	EOC masks	a) Jez to speak to Reena regarding staff wearing masks in EOC b) Trial masks in EOC c) Consider number of mask required if deemed acceptable to be used	**JB**	**a) Complete** **b) Complete** **c) Complete**	20.04.20
162	18.04.20	EOC clinical waste bins	KM to check guidance to see if clinical waste bins are required for EOC used masks	**KM**	**Complete**	20.04.20
165	18.04.20	Outdoor Benches	Create table regarding how many benches are required and where they are to be located – to assist with social distancing	**CC / NH / MB / JB**	**Complete**	20.04.20
166	18.04.20	Action Card	Mark Gough had received feedback on the COVID-19 ACTION CARD 7 – Version 3- "Staff off sick due to a positive test for COVID-19 and are asymptomatic" Approval given in meeting	**MG**	**Complete**	20.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
163	18.04.20	REAP levels	Craig to complete paper on how we compare to REAP levels at present	**CC**	**Complete**	21.04.20
167	20.04.20	Mutual Aid	Update mutual Aid table and circulate	**CC**	**Complete**	21.04.20
168	20.04.20	Benches	Order 100 outdoor benches for Hubs, EOCs, 111	**CC**	**Complete**	21.04.20
169	20.04.20	REAP levels	Decision made to change to REAP level 1 with immediate effect after considering all factors involved and REAP to be reviewed daily as a standing agenda item on the senior command team meeting	**ALL**	**Complete**	21.04.20
170	20.04.20	Leaving DCAs on scene	Nathan to discuss with TICs regarding leaving DCAs on scene	**NH**	**Complete**	21.04.20
171	20.04.20	Decontamination of DCAs	Nathan to re-iterate via TICs that DCAs are to go back to home hub not the closest	**NH**	**Complete**	21.04.20
172	20.04.20	COVID risk assessment	Provide feedback on Covid risk assessment to Andy Proctor by close of play 20.04.20	**ALL**	**Complete**	21.04.20
173	20.04.20	Order of new style aprons	• Craig to send Aprons paper to Exec team tonight for urgent approval Craig to order aprons if approval gained on 21.04.20	**CC**	**Complete**	21.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
174	20.04.20	Reuse of PPE	Wait for National guidance to be released and form our own advice	**MG**	**Complete**	21.04.20
175	20.04.20	Additional protective screen for EOC's 111, PTS control	Jeremy to order additional screens for EOC, NEOC, NACC and 111 at a cost of £20,000. Approved by all present to proceed	**JB**	**Complete**	21.04.20
178	20.04.20	Future Plans	All to provide feedback to Andy regarding what they would like to be included in future meeting agenda items	**ALL**	**Complete**	21.04.20
148	16.04.20	Re-run of Nightingale Hospital exercise	Keith to ensure the exercise at Nightingale is re-run following the lessons learnt have been implemented.	**KP**	**Complete**	22.04.20
159	17.04.20	Aprons PPE	Continue pursuing Thicker and larger Aprons and redistribute poorer quality ones to services working in a more controlled environment	**CC**	**Complete**	22.04.20
179	21.04.20	Surgical mask differences	The variant of surgical mask to be removed from front line use	**CC / NH / MB**	**Complete**	22.04.20
180	21.04.20	Mutual aid table	Late Incident room Commander to circulate mutual aid table daily	**CC**	**Complete**	22.04.20
181	21.04.20	Release of lock down measures	All resourcing to be kept at current level and position to deal with expected workload	**ALL**	**Complete**	22.04.20

Senior Command Team Meeting: Archived Action Log

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182	21.04.20	Additional supervision in EOC	Additional Supervision to be provided in EOC and 111	**JB**	**Complete**	22.04.20
183	21.04.20	Meeting format	Ongoing ACAO meetings to be conducted on TEAMS rather than Skype. Trail run meeting being undertaken on 22.04.20 AP to arrange	**ALL**	**Complete**	22.04.20
184	22.04.20	MDI's conference call	Conference call to be arranged for tomorrow 23.04.20 to discuss MDI's and spacers. ACM, CC, MD, Alison Walker, Jason Wiles. AP to arrange	**AP**	**Complete**	23.04.20
187	22.04.20	Thank-you videos	Dan to send clips to relative ACAOs and Directors	**DM**	**Complete**	23.04.20
21	01.04.20	Additional phone lines	38 extra seats identified. Another 10 phones needed, Requirement to extend red box recording licence to cover new lines Order will be placed tonight 01.04.2020	**CC**	**Complete**	24.04.20
176	20.04.20	Personal Issue PRPH hoods	Craig to investigate options that are available to be ordered for Personal issues hoods.	**CC**	**Complete**	24.04.20
188	23.04.20	Visors Notice	Create notice regarding differing visor models	**CC**	**Complete**	24.04.20

West Midlands Ambulance Service

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194	23.04.20	Action Cards	Cards have been signed off and now to be sent to Carla and Incident room for documenting	**NH**	**Complete**	24.04.20
177	20.04.20	CCP Cars	Re-instate x2 CCP cars (Oldbury and Worcester)	**SW / NH**	**Complete**	27.04.20
185	22.04.20	Training 2020 / 2021	Create a one-page paper describing training to be undertaken for the next year	**NH / MB / JB**	**Complete**	27.04.20
189	23.04.20	Dual Trained call takers	Dual training of call takers to continue into winter period	**JB**	**Complete**	27.04.20
190	23.04.20	PTS recruitment	Michelle to continue recruiting PTS staff	**MB**	**Complete**	27.04.20
191	23.04.20	VPO recruitment	Continue to recruit baseline number of 139 VPOs	**NH**	**Complete**	27.04.20
192	23.04.20	AAP and Graduate recruitment	Continue with recruitment of student and graduate paramedics	**NH**	**Complete**	27.04.20
195	24.04.20	Swab Testing	Ensure staff are continuing to use our swab testing process and not changing	**NH**	**Complete**	27.04.20
196	24.04.20	WTE Report	Monthly report to be submitted on WTE numbers	**NH / MB / JB**	**Complete**	27.04.20

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197	24.04.20	Personal Issue PRPH Hoods	Paper to be taken to EMB	**CC**	**Complete**	27.04.20
198	24.04.20	Nightingale Transfer deaths	Clinical notice to be drafted and email and notice to be brough back to Mondays meeting 27.04.20	**KP / NVH / EM**	**Complete**	27.04.20
186	22.04.20	Covid actions	AP to create table highlighting biggest actions taken to protect patients from surge actions document.	**AP**	**Complete**	28.04.20
199	24.04.20	Eye Protection	Operational Notice to be published on 27.04.20	**CC**	**Complete**	28.04.20
202	27.04.20	X19 ACA/AAP	Nathan to check if these staff can start on next AAP course	**NH**	**Complete**	28.04.20
204	27.04.20	Nightingale – Death in Transit	Ops Notice to be published	**NVH**	**Complete**	28.04.20
205	27.04.20	CFR Visors	Determine which visors and how many go to CFRs	**CC / NVH**	**Complete**	28.04.20
200	27.04.20	2020/21 Planning - Ops	1Hr meeting with ACM regarding future planning	**ACM / NH / AP**	**Complete**	29.04.20
201	27.04.20	2020/21 Planning - EOC	1Hr meeting with ACM regarding future planning	**ACM / JB / AP**	**Complete**	29.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
208	28.04.20	Tatenhill Aircraft	Steve to investigate how many incidents Cosford and Strensham aircraft arrived at and how many patients were conveyed.	**SW**	**Complete**	29.04.20
211	28.04.20	Minutes silence photos	Contact Paul Tolley and Rob Till regarding photos of minutes silence	**DM**	**Complete**	29.04.20
164	18.04.20	Reuse of PPE	a) Create table to respond to each of the sections in the guidance setting out our response b) Risk assessment based on our response to each section of potential re-use. c) Draft a staff notice explaining why we have no PPE. Draft clinical notice describing what to do and how to do it. Ie doffing after first use, storing and donning the PPE for re use	**CC / Incident Room**	**Complete**	01.05.20
193	23.04.20	Closure of Flu vaccine	Confirm Flu vaccine programme is closed – Drugs returned, books closed, fridges turned off	**NVH**	**Complete**	01.05.20
203	27.04.20	Students table	Update students table with new numbers	**AP**	**Complete**	01.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
207	28.04.20	PRPH Hood stock	Craig to create table to show current numbers and types in stock	**CC**	**Complete**	01.05.20
209	28.04.20	MTA Meeting	Keith to provide back brief regarding National MTA meeting	**KP**	**Complete**	01.05.20
210	28.04.20	Major incident plan	Steve to provide final draft to ACAO meeting for approval	**SW**	**Complete**	01.05.20
212	29.04.20	Major incident plans	Share major incident plan with group	**SW**	**Complete**	01.05.20
214	29.04.20	Incident room NILO	Ed Middleton to be brought back to Incident room as NILO until Nightingale is stood up	**SW**	**Complete**	01.05.20
215	29.04.20	Key Actions taken	All to review and suggest additions to key actions paper. Send to AP	**ALL**	**Complete**	01.05.20
217	29.04.20	Tatenhill Aircrew	Tatenhill air crew to be re-instated	**SW**	**Complete**	01.05.20
218	29.04.20	X19 ECAs/ACAs	To join Cohort 2 which is started on 20.04.20	**NH**	**Complete**	01.05.20
219	29.04.20	PTS to A&E course	Speak to Paul Tolley to re-establish course for PTS to A&E course	**NH**	**Complete**	01.05.20

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221	30.04.20	PTS capacity	Michelle to take actions to drive down demand such as using Taxis and patient's family members	**MB**	**Complete**	01.05.20
222	30.04.20	Update to frequency of meetings	Move to Monday, Wednesday and Friday meetings with the flexibility to revert back if required at any point. AP to update meeting invites	**AP**	**Complete**	01.05.20
223	01.05.20	Re-use of PPE	Advice accepted from QGARD and logged in Incident room 29.04.20	**CC**	**Complete**	01.05.20
224	01.05.20	Major Incident plan approval	Check MI plan is on EMB agenda	**AP**	**Complete**	01.05.20
220	29.04.20	Back fill PTS HD	Michelle to back fill PTS HD as staff leave to complete A&E course	**MB**	**Complete**	04.05.20
229	01.05.20	PPE regarding turbans	Speak to community leader/staff regarding turbans and PPE	**CC / NH**	**Complete**	04.05.20
231	01.05.20	Mutual aid PPE	Nick to forward to ACM, CC, SW Email regarding mutual aid PPE for Shropshire PPE	**NVH**	**Complete**	04.05.20
232	01.05.20	NHS second phase letter	a) Circulate Table in word format b) Review table AP completed in action of NHS second phase letter c) Review leads within AP table	**AP** **CC** **ALL**	**a) Complete** **b) Complete** **c) Complete**	04.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
233	01.05.20	Key actions table	Update Key actions table a) PTS control in Lichfield b) MP and Tollgate to take 111 calls	**AP** **MB** **JB**	**a) Complete** **b) Complete**	04.05.20
236	04.05.20	PPE Escalation Retraction	Craig to Retract escalation of non-delivery of PPE	**CC**	**Complete**	04.05.20
206	28.04.20	AGP within Resus	Craig to release guidance for AGP for weekly briefing after ACM approval	**CC**	**Complete**	06.05.20
213	29.04.20	Chlorox Machine	Andy to send presentation to KF for EMB papers	**AP**	**Complete**	06.05.20
225	01.05.20	New style Aprons Check	Craig to view new style aprons and approve	**CC**	**Complete**	06.05.20
227	01.05.20	Personal issue hoods	Order 4,000 PRPH hoods	**CC**	**Complete**	06.05.20
234	01.05.20	Voluntary 4x4 Drivers	Review of numbers required to complete duties	**CC**	**Complete**	06.05.20
235	04.05.20	AGP Article	Craig to complete draft WB article for AGPs	**CC**	**Complete**	06.05.20

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237	04.05.20	PPE Escalation	Craig to create process where only ACM or himself to escalate PPE issues	**CC**	**Complete**	06.05.20
239	04.05.20	FFP3 Mutual Aid	SWAST to collect remaining FFP3 Stock as mutual aid	**CC**	**Complete**	06.05.20
240	04.05.20	Staff Swab testing	Nick to check GRS regarding numbers of staff on various days available for testing	**NVH**	**Complete**	06.05.20
241	04.05.20	NARU Papers	Steve to go through NARU COVID Risk log and Action log	**SW**	**Complete**	06.05.20
243	04.05.20	Ian Pickles meeting	Contact Karen Freeman to organise a meeting between ACM, JB and Ian Pickles 06.05.20	**DM**	**Complete**	06.05.20
244	06.05.20	Reduction in 4x4 voluntary staff	Staff numbers reduced by 1/3	**CC**	**Complete**	06.05.20
245	06.05.20	Remaining FFP3 masks	FFP3 (Cardinal type) sent as mutual aid to	**CC**	**Complete**	06.05.20
246	06.05.20	Chlorox machine	For note: Chlorox machine to be used during every deep clean	**CC**	**Complete**	06.05.20
247	06.05.20	Nightingale	Remove nightingale as standard agenda item and re-introduce if/when opened, or if ACM / KP advises	**AP**	**Complete**	07.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
238	04.05.20	PRPH Hoods	Craig to swap Centurion Hoods for 3M (OM, TICs, HART, Air Ops) Remaining staff in centurion (AFA's and BASICs)	**CC**	**Complete**	11.05.20
248	06.05.20	Second phase action plan	a) Andy to circulate current version of action plan and gain final version by Monday b) Send Signed off action plan to Rachel	**AP** **JB**	a) **Complete** b) Ongoing for 12.05.20	11.05.20
250	06.05.20	SORT Training	a) Complete table confirming numbers who have run out of SORT competency and how many have not completed second day. b) How many competent staff compared to minimum number required Complete risk assessment stating requirement to complete training	**SW**	**Complete**	11.05.20
251	06.05.20	Uni students	Check that students are still completing regular shifts and to update	**NH / MB**	**Complete**	11.05.20
253	07.05.20	Stock Submissions	Daily Comparison of National / Regional stock submissions for current and previous day. Send to ACM and CC	**DM**	**Complete**	11.05.20

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254	07.05.20	X 500 swab tests	Create and distribute table regarding the 500 non-symptomatic swab results	**NH**	**Complete**	11.05.20
255	07.05.20	PTS workload	Send percentage of cases planned to be completed to ACM on daily basis	**MB**	**Complete**	11.05.20
256	07.05.20	Director rota	Send Command arrangements table for bank holiday to ACM	**AP**	**Complete**	11.05.20
257	07.05.20	Funeral Arrangements	Create 1-page paper regarding funeral preparations on 26.05.20	**NH**	**Complete**	11.05.20
261	07.05.20	SORT staff levels	Check 02:15 Gold report and check levels of SORT staffing for March	**NVH**	**Complete**	11.05.20
267	11.05.20	SORT Training	Confirmed to update current 280 staff starting 26.05.20	**ALL / SW / NH**	**Complete**	11.05.20
271	11.05.20	NARU officer in NACC	Confirmed to reduce hours to 12 hours a day – 0700-1900	**KP**	**Complete**	11.05.20
228	01.05.20	PPE for BME	Risk assess PPE for BME staff	**CC / AP**	**Complete**	13.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
252	06.05.20	New vehicles	Create table for new vehicles coming into service	**CC**	**Complete**	13.05.20
258	07.05.20	Worcester and Shropshire conveyance	Create 1-page document regarding crews contacting EOC before transporting patient	**JB**	**Complete**	13.05.20
260	07.05.20	Nightingale – Thanks	Create list of staff requiring thanks regarding Nightingale	**KP**	**Complete**	13.05.20
263	11.05.20	PPE counts	Re-confirm with managers the importance of accurate PPE counts	**NH / MB**	**Complete**	13.05.20
265	11.05.20	BME on PTS	Notify ACM how many BME staff in PTS by contract	**MB**	**Complete**	13.05.20
266	11.05.20	Draft Union letter	Review Draft Union letter reference Level 3 PPE for CPR and AGPs, that Craig will circulate	**ALL**	**Complete**	13.05.20
268	11.05.20	Lessons Learnt	Write from experience what did we do well and what did we do poorly and did we do too slowly	**SW / R.Stevens / AP**	**Complete**	13.05.20
270	11.05.20	Board presentation	Make final minor changes to slides, including absence – shielding, sickness	**NH / CC / JB / MB / SW / NVH**	**Complete**	13.05.20

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276	13.05.20	New pathways version	For note: Pathways version 19.8.3 implemented	**JB**	**Complete**	13.05.20
262	11.05.20	Funeral arrangements	Source TV / Projector to view funeral at Worcester Hub	**NH**	**Complete**	15.05.20
264	11.05.20	BME staff Level 3 PPE	Draft letter to BME staff advising that level 3 PPE should be worn on every case due higher risk	**NH / AP / NVH**	**Complete**	15.05.20
269	11.05.20	HART site visits	HART staff to start site visits to high risk areas	**SW**	**Complete**	15.05.20
272	13.05.20	Board Slide	Create and extra slide explaining additional risk this winter	**AP**	**Complete**	15.05.20
275	13.05.20	Vitamin D	Investigate source of expert advice regarding VIT D / BAME / COVID	**AP**	**Complete**	15.05.20
277	13.05.20	New national guidance	Circulate New national guidance released 13.05.20	**AP**	**Complete**	15.05.20
278	15.05.20	x 500 GP swab tests	Facilitate x 500 tests to assist GP care	**NH**	**Complete**	15.05.20
230	01.05.20	Stock Review	Review of stock levels	**CC**	**Complete**	18.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
274	13.05.20	Pandemic workforce	Additional table required regarding current staffing and students compared to funded	**NH**	**Complete**	18.05.20
279	15.05.20	EMB paper	Send "Five Key-Points from Government" paper to Karen for EMB	**AP**	**Complete**	18.05.20
280	15.05.20	Incident room hours	Incident room staffing hours change to 08:00-20:00 as of 01.06.20	**CC**	**Complete**	18.05.20
281	15.05.20	Board presentation	Finalise minor changes and send to Karen for Board	**NVH**	**Complete**	18.05.20
282	15.05.20	Recall to duty	Establish what day of the week tests should be carried out	**CC / NVH / JB**	**Complete**	18.05.20
283	15.05.20	COVID-19 BAME	a) Forward papers for EMB Advise Pam she needs to attend EMB to present	**AP**	**a) Complete** **b) Complete**	18.05.20
284	15.05.20	Staff Survey	Read and identify key themes and responses required and forward to Andy	**ALL**	**Complete**	18.05.20
289	18.05.20	West Mercia SCG	West Mercia SCG moving to one day a week - Thursday	**SW**	**Complete**	18.05.20

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No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
226	01.05.20	New style Apron Distribution	Craig to distribute new style aprons	CC	**Complete**	20.05.20
286	18.05.20	EMB 19.05.20	Nathan to join EMB for 14:00	**NH**	**Complete**	20.05.20
287	18.05.20	SDR – Surgical masks	SDR to be placed regarding surgical masks, due to low stocks and previous low levels of push stock	**CC**	**Complete**	20.05.20
291	18.05.20	New Ambulance guidance	Create an action plan on areas that we need to reinforce	**CC/AP**	**Complete**	20.05.20
292	18.05.20	CAS site cover	Confirm with duty Managers the basis of how CAS sites are covered	**JB**	**Complete**	20.05.20
296	18.05.20	PTS-HD	Create a brief regarding loss of staff numbers due to AAP course and possibility of students returning to university	**MB**	**Complete**	20.05.20
2	21.01.20	Seating at MP	Names to be added to each computer desk position at MP	**CC**	To be removed until required	22.05.20
285	18.05.20	PPE Stock levels	a) Send graphs of stock levels and usage/burn rate to ACM Bring graphs to this meeting 20.05.20 for sign off	**CC**	a) **Complete** b) **Complete**	22.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
288	18.05.20	New style Aprons	a) Pallets of stock delivered to x15 A&E hubs by 20.05.20. Further delivery by 22.05.20 Steve to take small stock supply from Sandwell for HART and Air Ops	**CC** **SW**	a) **Complete** b) **Complete**	22.05.20
293	18.05.20	Staff Survey	a) Use table from Paper 4b and forward completed version to Andy Weekly briefing article to be drafted	**ALL** **NH**	a) **Complete** b) **Complete**	22.05.20
294	18.05.20	Covid lessons learn feedback	a) Read through in detail and provide feedback/clarification Capture further groups that feedback would be valued	**ALL** **SW**	a) **Complete** b) **Complete**	22.05.20
295	18.05.20	Winter lessons learnt feedback	Create questionnaire regarding winter feedback / issues	**NVH**	**Complete**	22.05.20
300	20.05.20	COVID-19 Staff Survey Analysis	Andy to circulate to group and them send to Murray for WB	**AP**	**Complete**	22.05.20
301	20.05.20	Second Phase of NHS Response to COVID-19	Andy to circulate to all action owners to update relevant areas, send to Andy who will forward to Board	**ALL**	**Complete**	22.05.20
302	20.05.20	NARU - NDOG	Keith to raise awareness of courses being held and mitigation measures being taken	**KP**	**Complete**	22.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
303	20.05.20	BAME Work Stream	Message Pam Brown regarding road test of self-survey and other works agreed at EMB 19.05.20	**AP**	**Complete**	22.05.20
304	20.05.20	NACC officer Staffing	a) NARU officer to be reduced to 8 hours a day b) WMAS officer to be reduced to 20 hours a day	**KP**	**Complete**	22.05.20
216	29.04.20	Duty Director Rota	Review requirement of Duty Director rota	**ALL**	**Complete**	26.05.20
273	13.05.20	Continued ACA positions	Offer current ACAs positions of employment after universities restart	**NH**	**Complete**	26.05.20
290	18.05.20	Pandemic workforce	Add section regarding swab testing every member of staff weekly	**NH**	**Complete**	26.05.20
297	20.05.20	Deep clean of hubs	Due to increase in sickness a) Deep Clean Gravelly PTS Dudley A&E Hub	**MB** **NH**	**Complete**	26.05.20
307	22.05.20	New Coverall stock	Steve to forward list to Craig to ensure no staff groups are missed	**CC / SW**	**Complete**	26.05.20
311	22.05.20	Ops notice	Issue Ops notice regarding leg fractures in Birmingham area	**NH**	**Complete**	26.05.20

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317	26.05.20	NACC closure	NACC to close Friday 31st July	**KP**	**Complete**	26.05.20
299	20.05.20	Hand washing Poster	More posters to be displayed in appropriate areas	**AP**	**Complete**	27.05.20
306	22.05.20	Covid Staff Survey	Circulate x2 Articles regarding staff survey	**AP**	**Complete**	27.05.20
309	22.05.20	CCP staff rotation	Stop rotation of CCP staff between EOC and Operational	**SW**	**Complete**	27.05.20
312	22.05.20	BSOL conference call	Steve to join call on 27.05.20	**SW**	**Complete**	27.05.20
313	26.05.20	COVID incident numbers	Jeremy to advise EOC no longer a need to collate numbers for reporting	**JB**	**Complete**	27.05.20
314	26.05.20	BAME survey results	Andy to speak to Pam and Kim to co-ordinate BAME COVID survey	**AP**	**Complete**	27.05.20
315	26.05.20	Approved versions of docs	Andy to send approved versions of COVID Pulse survey W/B article + Response Survey to Murray	**AP**	**Complete**	27.05.20
316	26.05.20	COVID lesson learnt	Read through Steve's document and ensure sections relating to each person are accurate	**ALL**	**Complete**	27.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
319	27.05.20	NSDR	NSDR raised regarding surgical masks	**CC**	**Complete**	27.05.20
318	26.05.20	Duty incident commanders	a) Duty Incident commanders to Join 17:00 ACAO meetings b) Andy to invite commanders to group	**CC** **AP**	a) **Complete** b) **Complete**	27.05.20
158	17.04.20	Asthma Guidance	a) Distribute resources to hubs regarding new asthma guidance b) New C/N to be published in weekly briefing	**CC**	**Complete**	29.05.20
242	04.05.20	Board meeting	a) Each ACAO to provide Powerpoint slide for presentation, for each of their areas ACAO's to attend Board meeting at the end of the month	**ALL / NVH** **ALL**	a) **Complete** b) **Complete**	29.05.20
249	06.05.20	2020/21 Flu vaccination programme	a) Liaise with Kim regarding flu vaccination program b) First board meeting to sit in May	**NVH / KN** **NVH**	a) **Complete** b) **Complete**	29.05.20
271	13.05.20	Advice to other sectors	Review information distributed to other sectors of the NHS to see if anything is applicable for ourselves	**CC / KP / Incident room / NACC**	**Complete**	29.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
298	20.05.20	Covid Non-clinical working areas	Andy to take responsibility of setting out in MP Nath to walk through a hub and set out plans Michelle to walk through a hub and set out plans Jez to go through 111 and set out plans	**AP** **NH** **MB** **JB**	**Complete**	29.05.20
305	22.05.20	New Aprons	a) New style aprons to be sent to PTS b) Pallet to be sent to company who make up PPE kits	**CC** **CC**	a) **Complete** b) **Complete**	29.05.20
308	22.05.20	BAME self-assessment questionnaire	Initial feedback from self-assessment questionnaire	**NH / JB / MB / AP**	**Complete**	29.05.20
320	27.05.20	Oxygen Cylinders	Speak to Paul Tolley regarding training package and safety notice to be released in WB tomorrow	**AP**	**Complete**	29.05.20
321	27.05.20	Lessons learnt O2 cylinder Inc.	Craig to share lessons learnt to other services via NDOG 28.05.20	**CC**	**Complete**	29.05.20
322	27.05.20	Anti-gen training	a) Nathan / Jez to source 20 clinicians to take phlebotomy training b) Jez to Co-ordinate training course via Carla c) Graeme Jones to speak to hospitals regarding co-ordination of resources and tests available d) Contact Kim regarding O/H contacts CC to contact Nick Hardwick at the Region	**NH** **JB** **NH** **CC** **CC**	a) **Complete** b) **Complete** c) **Complete** d) **Complete** e) **Complete**	29.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
325	29.05.20	Social distancing	Send Craig bullet points regarding social distancing and potential problems	**ALL**	**Complete**	01.06.20
326	29.05.20	Phlebotomy Training	Ask QEH and New Cross Hospital regarding ability to train staff in phlebotomy, as addition to RHH	**NH**	**Complete**	01.06.20
327	29.05.20	Phlebotomy equipment	Nathan and Craig to meet regarding ordering future equipment / stock	**CC / NH**	**Complete**	01.06.20
328	29.05.20	MP Covid arrangements	Circulate draft plan regarding new arrangements	**AP**	**Complete**	01.06.20
329	29.05.20	Handwashing posters	Increase the visibility of handwashing and COVID-19 latest posters being displayed on all sites	**NH / MB**	**Complete**	01.06.20
259	07.05.20	Paediatrician – clinical Queue	X16 Paediatricians being made available to assist with 111 clinical queue	**JB**	**Complete**	03.06.20
331	29.05.20	Review documents	All to review the Service Change and Restoration documents over weekend and feedback and comments on 01.06.20 • Letter • Impact Assessment Framework	**ALL**	**Complete**	03.06.20
332	01.06.20	BAME questionnaire results	Advise Pam update master spreadsheet and update summary table for Wednesday	**AP**	**Complete**	03.06.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
333	01.06.20	Covid command structure	Update Nightingale section, circulate to group members and send to Incident room	**AP**	**Complete**	03.06.20
334	01.06.20	Covid lessons learnt	Send to EMB after 02.06.20	**AP**	**Complete**	03.06.20
335	01.06.20	Senior Command Team roles relating to COVID-19	Update table of responsibilities and staffing and send to AP	**JW**	**Complete**	03.06.20
336	01.06.20	Academy Visit	Michelle to visit Academy PTS site in view to check Covid plan being implemented	**MB**	**Complete**	03.06.20
337	01.06.20	CRS	Provide update of CRS for 24 hours after going live on Wednesday meeting	**JB**	**Complete**	03.06.20
338	01.06.20	Test and Trace	Create a 1 page paper for swab and serology including duties and personnel	**NH**	**Complete**	03.06.20
323	29.05.20	BAME update	AP to arrange Pam Brown to present weekly BAME risk assessment update and plan every Friday 17:00	**AP**	**Complete**	05.06.20
340	03.06.20	COVID-19 Staff Testing Support Cell	Review Nathan's paper and feedback any comments	**ALL**	**Complete**	05.06.20
341	03.06.20	Serology Testing Results	Task testing cell with updating serology to create and update testing table	**NH**	**Complete**	05.06.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
342	03.06.20	BAME Covid risk assessment	a) Each ACAO to communicate to managers the requirement for staff members to complete BAME Covid risk assessment b) Andy to join 20:00 TIC conference call tonight to update OMs c) Andy to arrange conference call with ACM and Pam AP to arrange conference call "Staff Engagement" for ACM and BAME staff for 05.06.20 afternoon	**ALL** **AP** **AP** **ACM / AP / Any other ACAOs available**	**Complete**	05.06.20
343	03.06.20	IT Alcohol gel Tottles	James to provide a box of alcohol gel tottles to IT team	**JW**	**Complete**	05.06.20
345	03.06.20	Senior Command Team roles relating to COVID-19	Andy to check through previous versions, to ensure no details missed	**AP**	**Complete**	05.06.20
347	03.06.20	Serology testing clinics	Nathan to provide Press office with the location and time for every future serology clinic	**NH**	**Complete**	05.06.20
354	05.06.20	CCPs in EOC	Defer suspension of CCP rotation in EOC	**SW / JB**	**Complete**	05.06.20
339	03.06.20	CRS call system	Craig and Phil Colins to assess phone system	**CC**	**Complete**	08.06.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
344	03.06.20	Second Phase of NHS Response Action plan	Andy to contact the owner of each action to check if RAG rating correct	**AP**	**Complete**	08.06.20
348	05.06.20	Reinforce BAME Self-assessment	TICs to reinforce need for BAME staff to complete self-assessment during their calls with OM's	**NH**	**Complete**	08.06.20
350	05.06.20	Surgical Masks NSDR	Craig to raise NSDR for surgical masks	**CC**	**Complete**	08.06.20
351	05.06.20	SOM conference call	Nathan to arrange conference call for SOMs on 08.06.20	**NH**	**Complete**	08.06.20
352	05.06.20	Stock / handwashing	Check all sites regarding stock and handwashing posters	**ALL**	**Complete**	08.06.20
353	05.06.20	Test and Trace action card	Complete final version of test and trace action card	**CC / NH**	**Complete**	08.06.20
355	05.06.20	Staff engagement IT	Liaise with Phil Colins regarding IT during Staff engagement events	**CC / AP**	**Complete**	08.06.20
359	08.06.20	NACC	NACC confirmed to continue while National Level 4 emergency. Will review when level changes	**KP / NH**	**Complete**	08.06.20
310	22.05.20	Blue light officers	Write to each police deputy chief constable explaining how many unmarked blue light	**SW**	**Complete**	10.06.20

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			vehicles we have and to check PNC as necessary to check			
349	05.06.20	BAME Survey table	Pam to send updated table to AP on daily basis	**PB**	**Complete**	10.06.20
356	08.06.20	111 Serology Testing	Investigate why low numbers of staff getting tested	**JB**	**Complete**	10.06.20
358	08.06.20	Response to Staff Governors at Board	Andy to update and arrange a meeting with ACM on 09.06.20	**ACM / AP**	**Complete**	10.06.20
360	08.06.20	CFR masks	Draft response for CQC regarding early issue of masks	**NVH/CC/AP**	**Complete**	10.06.20
362	10.06.20	Masks to assist with social distancing	Craig requested Euan to source Approx. 100,000 Type2 masks a week, to assist with social distancing advise coming out	**CC**	**Complete**	10.06.20
361	10.06.20	Blue light officers	Circulate letters sent to Deputy chief constables to group and send to ICC for logging	**SW**	**Complete**	12.06.20
366	10.06.20	Serology WB article	Andy to ensure Murray is aware to include article advertising clinic times and dates	**AP**	**Complete**	12.06.20
367	10.06.20	BME self-assessment	a) Steve to clarify with Drs in team b) Each ACAO to provide below info to Nathan by 11.06.20 12:00	**SW** **ALL**	a) **Complete** b) **Complete**	12.06.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
			• How many staff are currently working? • How many have been completed? • How many are outstanding?			
368	10.06.20	Second Phase of NHS Response to COVID-19	Update so that ACM receives for Friday morning	**ALL**	**Complete**	12.06.20
369	10.06.20	CEO Staff engagement event	Set for every other Friday, with somebody rostered to cover ACM at short notice. Next event 19.06.20 Advanced questions to be sent to DM to collate in advance of event	**AP** **DM**	**Complete**	12.06.20
370	10.06.20	Test and trace point of contact	a) Primary contact Covid ICC telephone number and then transferred to SCC until 08:00 next morning Action card to be updated with above	**CC / JB** **JW**	a) **Complete** b) **Complete**	12.06.20
357	08.06.20	WMAS COVID-19 Lessons Learnt 1: Action Plan	Book slots with each action owner to update	**AP**	**Complete**	15.06.20
364	10.06.20	Hub hygiene	Nathan to ensure hubs are maintaining hygiene by handwashing and desk wipes	**NH**	**Complete**	15.06.20
371	12.06.20	BAME self-assessment	a) Each ACAO to report daily to Nathan regarding numbers complete / outstanding b) Pam to provide Nathan with other areas	**ALL** **PB** **NH**	a) **Complete** b) **Complete** c) **Complete** d) **Complete**	15.06.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
			c) Nathan to provide update to ACM d) Bangladeshi staff to be 100% complete and sent to Andy by Monday	**ALL / AP**		
373	12.06.20	Covid Incident Room OOH	a) If query comes into SCC diverted from the Incident Room direct to TIC's if unable to deal Justin to create action card for SCC regarding Covid OOH procedure	**NVH** **JBJ**	**a) Complete** **b) Complete**	15.06.20
374	12.06.20	Flu vaccine supply	Craig to prompt Euan regarding supply of stock	**CC**	**Complete**	15.06.20
375	12.06.20	Covid-19 arrangements	Andy to update Incident room duties with Track and Trace detail and bring back on Monday 15.06.20	**AP**	**Complete**	15.06.20
376	12.06.20	NARU Action-log	NARU Action log closed and normal procedure resumed	**KP**	**Complete**	15.06.20
382	15.06.20	Nitrile gloves	Team made aware of signs of supply shortage on national level. NHS push stock are of inferior level when compared t our own supply	**ALL**	**Complete**	15.06.20
384	15.06.20	ICC OOH action card	Sign off confirmed by team	**ALL**	**Complete**	15.06.20
363	10.06.20	Clarification on guidance	Speak to National / Regional team regarding non-clinical covid secure guidance	**ACM**	**Complete**	17.06.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
365	10.06.20	CFR Serology testing	Nick to gain numbers for CFRs completed	**NVH**	**Complete**	17.06.20
377	15.06.20	New / updated Covid docs	Make unions aware of docs	**NH**	**Complete**	17.06.20
378	15.06.20	Facemasks	Speak to the unions regarding use of face masks in non-clinical areas	**NH**	**Complete**	17.06.20
380	15.06.20	Implementation of test and trace	Andy to forward to Karen for EMB 16.06.20	**AP**	**Complete**	17.06.20
381	15.06.20	CFR Aprons	Nick to send accurate numbers to Craig regarding numbers of old style needing to be replaced	**NVH**	**Complete**	17.06.20
386	17.06.20	Surgical Mask Supply	Surgical mask supply numbers still intermittent	**INFO**	**Complete**	17.06.20
391	17.06.20	VPO to AAP Course	Currently only 22 spaces predicted to be filled out of 48 available. Possible 4 VPOs from Willenhall and some PTS staff	**INFO**	**Complete**	17.06.20
372	12.06.20	Head covering material	Write to BME staff (approx. 850) enquiring if any material for head-dress / coverings if they are needed and that we can supply if needed. Replies to be sent to PB	**PB**	**Complete**	19.06.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
379	15.06.20	Delivery of face masks	Craig to facilitate delivery of face masks to areas of low supply – Academy, EOC, etc	**CC**	**Complete**	19.06.20
384	17.06.20	CFR Serology testing	Nick to publicise remaining dates to CFR's	**NVH**	**Complete**	19.06.20
385	17.06.20	Test and Trace	Ensure all managers are recording accurately on grs	**ALL**	**Complete**	19.06.20
388	17.06.20	Return of COVID seconded staff	a) Chris Rushton to return SCC Deb Hudson to return to Dudley Dawn Johns to return to Kim Nurse b) John Woodhall to check what gaps Dawn Johns will leave in rota	**INFO** **JW**	**a) Complete** **b) Complete**	19.06.20
390	17.06.20	Command course	Update the priorities of the people needing command courses	**SW**	**Complete**	19.06.20
392	17.06.20	SORT / MTA / Commander training	Steve to adjust paper with suggestions from tonight's meeting • Bring forward initial SORT training course to July • Bring MTA updates forward to start July / August Push commanders updates back to start September / October	**SW**	**Complete**	19.06.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
399	19.06.20	Clorox machine	Clorox machine paper (Paper 5) approved and AP to send to EMB	**For Info**	**Complete**	19.06.20
383	15.06.20	Covid lessons learnt	Review and close remaining open actions	**CC / AP**	**Complete**	22.06.20
394	19.06.20	BAME Risk assessments	JB to ensure the 2 remaining BAME risk assessments are completed over the weekend	**JB**	**Complete**	22.06.20
398	19.06.20	COVID Secure documents	All to read through the x4 covid-19 documents feedback to CC and to bring back on Monday night for approval	**All**	**Complete**	22.06.20
400	19.06.20	Commander training	SW to revise paper 06 for Monday and re-prioritise based on roles	**SW**	**Complete**	22.06.20
401	19.06.20	SORT training	a) All to read paper 07 and feedback to SW. If significant changes needed AP to add on agenda NVH to work with NH to update CC on the abstraction numbers	**ALL**	a) **Complete** b) **Complete**	22.06.20
402	19.06.20	NACC senior support	All To think about an appropriate Assistant Chief or senior officer to support the NACC at times of critical incidents	**All**	**Complete**	22.06.20
396	19.06.20	TCG/SCG's attendance	a) SW to ensure EPM's advise their TCG's they will no longer be attending. SW to then raise this at SCG's	**SW**	a) **Complete** b) **Complete**	24.06.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
404	22.06.20	COVID Secure documents	Update x 4 documents with new guidance from 22.06. / 23.06	ALL	Complete	24.06.20
407	22.06.20	WMAS COVID-19 Lessons Learnt	Steve to keep	SW	Complete	24.06.20
413	22.06.20	ACAO meetings	Meetings to change from Monday, Wednesday and Friday to Monday and Wednesday starting from 29.06.20	ALL	Complete	24.06.20
416	24.06.20	Hot weather warning	Message received and information being disseminated to take care whilst in PPE	ALL	Complete	24.06.20
387	17.06.20	Action Plans	Complete and sign off action plans a) 2nd phase NHS plan b) Winter Action Plan c) Covid lessons learnt Covid non-clinical areas	ALL NVH ALL ALL	a) Complete b) Complete c) Complete d) Complete	26.06.20
393	17.06.20	Continuity plans	Everybody to check that original continuity plans are still suitable	ALL	Complete	26.06.20
405	22.06.20	NHS issued aprons	Remove all the NHS aprons issued from WMAS sites and investigate where they are required as mutual aid	CC	Complete	26.06.20
406	22.06.20	Swab testing	Raise at national level regarding staff testing	ACM	Complete	26.06.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
409	22.06.20	Hand portable radios	Gain table form Phil Spence Create table and form request for extra radios	CC AP	**Complete**	26.06.20
410	22.06.20	CEO engagement events	Andy to confirm with staff members availability to attend according to suggested plan	AP	**Complete**	26.06.20
411	22.06.20	Commander course training	Steve to speak to other services regarding trainers	SW	**Complete**	26.06.20
414	24.06.20	Covid safe Docs	Craig to make several small changes	CC	**Complete**	26.06.20
415	24.06.20	Second Phase of NHS Response	Update and circulate	AP	**Complete**	26.06.20
419	24.06.20	Send papers to JB	Andy to send papers to JB to ensure he's aware	AP	**Complete**	26.06.20
420	24.06.20	Loggist released from incident room	Loggist to be released from Incident room from 27.06.20. But to be recalled if needed in the future	CC	**Complete**	26.06.20
330	29.05.20	Outside areas on sites	Craig to look at possibilities to creating outdoor spaces WMAS sites to assist with social distancing	CC	**Complete**	29.06.20
346	03.06.20	Winter Plan Draft	Nick to provide first draft of winter Plan	NVH	**Complete**	29.06.20

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No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
389	17.06.20	Alternate duties competencies	Liaise with staff to ensure that they are staying competent with Covid alternate duties	**JB**	**Complete**	29.06.20
397	19.06.20	Care UK staff at 111	Care UK staff at NP to be able to be able have their serology	**JB**	**Complete**	29.06.20
403	19.06.20	Students returning to University	a) NH to provide a one-page document on student returns to university and the impact on resourcing To undertake a webinar with students, NH/AP to arrange	**NH** **AP**	**a) Complete** **b) Complete**	29.06.20
418	24.06.20	JB update	Andy to meet with JB on 29.06 to update on current actions	**AP**	**Complete**	29.06.20
423	26.06.20	Aprons WB article	Produce a Weekly briefing Article stating that if any old-style aprons found to be handed to line manager	**JW**	**Complete**	29.06.20
426	26.06.20	Braun Tympanic	Decision to made to purchase 900 units for approx. £48,000. Craig to produce paper for here and to present at EMB	**CC / JW**	**Complete**	29.06.20
428	26.06.20	Staff lockers	Create table stating how many staff at each Hub does not have a locker	**NH / MB**	**Complete**	29.06.20
430	26.06.20	PTS letter questions	Michelle to write rough reply and send to ACM and CC reference Cheshire PTS Contract	**MB**	**Complete**	29.06.20

Senior Command Team Meeting: Archived Action Log

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
431	26.06.20	Staffs PTS	Create table for Contract value, number of pt's moved, staff required etc	**MB**	**Complete**	29.06.20
432	26.06.20	Deployment of vehicles	a) All strategic commanders to re-affirm vehicles are sent to all waiting pt's b) Create a table for 2020 for allocation times for each category	**ALL** **NVH**	**a) Complete** **b) Complete**	29.06.20
435	29.06.20	Braun Tympanics	Paper approved and tympanics to be ordered	**CC**	**Complete**	29.06.20
412	22.06.20	Commander training	a) Steve to review Master sheet of officers and qualifications needed Nathan to change Tac on-call to mitigate commanders without appropriate training	**SW** **NH**	**a) Complete** **b) Complete**	01.07.20
422	26.06.20	Covid BME clothing	a) Add to Weekly SOM meeting Chase supplier	**NH** **CC**	**a) Complete** **b) Complete**	01.07.20
424	26.06.20	Commanders course accreditation	Approach somebody such as Simon Swallow regarding being an assessor for the commander's course accreditation	**KP**	**Complete**	01.07.20
425	26.06.20	PPE weekly briefing article	WB article updating PPE and possibility for mandatory mask wearing	**CC**	**Complete**	01.07.20
433	29.06.20	External hub structures	Paper to be sent to KF for EMB 30.06.20	**CC**	**Complete**	01.07.20

Senior Command Team Meeting: Archived Action Log

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
434	29.06.20	Serology Numbers	Check numbers released by NACC compared our own numbers	**NH**	**Complete**	01.07.20
439	29.06.20	Plans for 04.07.20	Provide details of additional resourcing and plan in place to Dan. Dan to create table for 01.07	**ALL**	**Complete**	01.07.20
442	01.07.20	Commanders course accreditation	Claire Langshaw, Head of Specialist Ops, WAST will facilitate	**FOR INFO**	**Complete**	01.07.20
445	01.07.20	Leicester lock down	Group made aware that Local lock down borders us	**FOR INFO**	**Complete**	01.07.20
448	01.07.20	Region ICC	Opening hours changing to : Either a manned ICC or virtual ICC functioning 08.00-17.00 Mon Fri; 09.00-16.00 Sat/Sun	**FOR INFO**	**Complete**	01.07.20
455	01.07.20	Incident room commander	Andy to take over as Covid incident room commander as of 10.07.20	**FOR INFO**	**Complete**	01.07.20
427	26.06.20	Working safely during COVID-19 in Ambulance Service non-clinical areas	a) Andy to send to KN so she can update b) Andy to send to Karen once KN has updated so he can present at EMB c) Gather amber actions together and bring for review	**AP**	**a) Complete b) Complete c) Complete**	06.07.20
429	26.06.20	Radio lease	Craig to bring back information regarding if payment is upfront and whether we can return part way through agreement	**CC**	**Complete**	06.07.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
436	29.06.20	Order lockers	Craig to order lockers for all E&U and PTS sites apart from Erdington	**CC**	**Complete**	06.07.20
441	01.07.20	BAME risk assessment actions	What we have done in relation to the results of BME risk assessment, send to AP	**ALL**	**Complete**	06.07.20
443	01.07.20	Weekly briefing article regarding busy 04.07	Draft article explaining that we expect business to increase due to further relaxation of lockdown	**DM / JPW**	**Complete**	06.07.20
447	01.07.20	Serology testing	Create an article stating that if you want a test to call testing cell. Send to all staff via email and in WB	**NH / GJ**	**Complete**	06.07.20
449	01.07.20	BAME risk assessments	Everybody to check all staff have been offered assessment	**ALL**	**Complete**	06.07.20
450	01.07.20	RRV purchases	Craig to further look into which option of RRV to order	**CC**	**Complete**	06.07.20
451	01.07.20	PTS Staff establishment	Send email to ACM regarding balance after students have left	**MB**	**Complete**	06.07.20
452	01.07.20	Trust Establishment	Nick to update master abstraction sheet to include years 2 and 3 university students	**NVH**	**Complete**	06.07.20
456	01.07.20	Plans for 04.07.20	Update plan additional resourcing	**DM**	**Complete**	06.07.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
457	01.07.20	NACC business proposal	a) Keith to adjust IT and subsistence costs and send off. Forward to CC / ACM for logging	**KP**	**Complete**	06.07.20
458	06.07.20	Agreement to ARP Proposal	All agree to upfront payment as suggested by CK on purchase of additional ARP radios	**For Info**	**Complete**	06.07.20
460	06.07.20	Winter plan update	All agree current updated version and to progress to EMB	**For Info**	**Complete**	06.07.20
437	29.06.20	Additional lockers	Create a plan where additional lockers are to be located on relevant hubs	**MH / MB**	**Complete**	08.07.20
444	01.07.20	Track and trace	Create guidance regarding who is captured in track and trace	**JPW**	**Complete**	08.07.20
446	01.07.20	FOI serology	NH send ACM email with request	**NH**	**Complete**	08.07.20
453	01.07.20	Business continuity	Check that plans are still currently applicable	**ALL**	**Complete**	08.07.20
473	06.07.20	Transport of tracheostomy patients	a) MB to bring back a paper on 08.07.20	**MB** **CC**	**Complete**	08.07.20
474	06.07.20	Handheld suction	a) MB to bring back a 1 page document on the use of hand held suction units on PTS vehicles	**MB**	**a) Complete**	08.07.20

Senior Command Team Meeting: Archived Action Log

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
			b) NVH to develop a clinical notice to reiterate handheld suction use is an AGP	**NVH**	**b) Complete**	
481	08.07.20	Incident room Director	Andy to take over from craig as Incident room director from 10.07.20	**Info**	**Complete**	08.07.20
459	06.07.20	Linked Abstractions Report	NVH to include ACA's and VPA's to the report (paper 03 on 06.07.20)	**NVH**	**Complete**	13.07.20
472	06.07.20	Risk log review	CC and AP to review risk log risks as part of hand over and AP to update on 13.07.20	**CC**	**Complete**	13.07.20
477	08.07.20	Serology FOI	Ask region if they are happy to share data	**NH**	**Complete**	13.07.20
478	08.07.20	PTS Suction and BVM	Ask Karl and Jason to send group advice regarding decision of BVM and handheld suction	**MB**	**Complete**	13.07.20
479	08.07.20	Aprons on officer cars	Incident room to send email reminding officers to remove old style aprons	**CC**	**Complete**	13.07.20
482	08.07.20	General awareness	Ensure hand sanitiser in all areas on all sites, do not let complacency creep in.	**ALL**	**Complete**	13.07.20
395	19.06.20	National BAME Numbers	PB to produce a little table of national completion of BAME assessments undertaken	**PB**	**Complete**	15.07.20

Senior Command Team Meeting: Archived Action Log

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
421	26.06.20	Covid – BME	Pam to read latest letter and update EMB on 30.06.20	**PB**	**Complete**	15.07.20
480	08.07.20	Review Closed CPs paper	Which areas have decreased performance and what targets	**DM**	**Complete**	15.07.20
483	13.07.20	ACA Letter	Provide update on letter being sent to ACAs	**NH**	**Complete**	15.07.20
484	13.07.20	Outbreak management plan	a) Andy to update plan with various aspects and send back to gold group b) Send to Karen for EMB 14.07.20	**AP**	a) **Complete** b) **Complete**	15.07.20
490	15.07.20	Outbreak management plan	Approved and to be logged	**Info**	c) **Complete**	15.07.20

NHS

From the office of Dale Bywater
Regional Director – Midlands

Cardinal Square – 4th Floor
10 Nottingham Road
Derby
DE1 3QT

T: 0300 123 2605
E: dale.bywater@nhs.net

30th June 2020

All Midlands Provider Trust CEOs & Chairs
All Midlands CCG AOs

Sent via Email

Dear Colleague

Supporting our BAME Colleagues

I am writing to you to explain what steps we are taking at regional level to assure ourselves that we are fully supporting our BAME colleagues during the Covid-19 response period and most importantly as an on-going commitment. In doing so I am seeking your personal support in making our response a truly inclusive regional response where colleagues in all organisations in the Midlands experience a real change in how we approach supporting BAME colleagues and their personal experience of working in the NHS.

I know how you all take this really seriously and that you have already undertaken significant work in support of BAME colleagues. I am however keen to ensure that this is consistent across the region and developed further. I want to ensure we build on all of the good practice that we have already seen across your organisations to ensure we have an ongoing coherent regionwide response to this challenge.

I have seen some excellent examples of where Chief Executives, AOs and Chairs have written to staff making a formal and strong commitment to working with their BAME colleagues to eradicate once and for all any racial discrimination in our organisations.   The best of these examples have emphasised that it is the responsibility of Boards, leaders and managers in organisations to make these changes happen, it cannot be left to BAME colleagues and networks to lead this work. This is a leadership challenge for the NHS and my expectation is that you will enable that leadership in your organisation. I would expect that you have already added your own voice to this commitment. However, if for some reason you have not yet done so then it is important that you make that commitment now.

To support progress the following initial steps have been taken.

The national People Directorate of NHSE/I has agreed to reinstate active monitoring of the **Workforce Race Equality Scheme**. The submission dates for organisations to send their WRES data is from 6th July 2020 until 31st August 2020. You will have a set of targets for your own organisation and I want to emphasise the importance of making progress against your organisation's individual diversity targets. The role of

the Board is crucial in holding the organisation and its senior leaders to account for making progress on each of these WRES indicators.

In addition, Dido Harding and Prerana Issar wrote to you about your responsibility to have **oversight of all issues pertaining to bullying, harassment and discrimination** for all staff including BAME staff. One of the key barriers getting in the way to enable staff to report issues of bullying, harassment and discrimination is the lack of trust. BAME staff consistently report that they feel they are disproportionately subjected to formal processes. Part of our regional oversight will be to seek assurance on the steps you have taken to implement the recommendation stated in this letter.

At regional level I have committed to all of my direct reports participating in a process of **reverse mentoring** from a junior BAME member of staff. Reverse mentoring offers leaders in our organisations the opportunity of hearing directly from BAME colleagues about their experiences and what they would value in respect of career management and development and provides a great opportunity for those staff to have insight into what it means to operate at a senior level. This can be of great benefit to organisations and individuals involved if done appropriately and followed by clear action for change following the programme. I would ask you to give serious consideration to adopting a similar scheme if you have not already done so.

We are in the process of establishing a **regional level BAME network** with representation from all organisations across the region to work collaboratively. We are keen to support the development of an **independent and confidential support system** to enable BAME staff to speak freely about issues of concern and report issues of bullying, harassment and discrimination freely. The newly formed network will also support the development of proposals for next steps in eradicating race discrimination. This will only flourish and make a major contribution if **all organisations have active and well supported BAME networks** together with senior leaders taking ownership of tackling racism. BAME networks within each organisation need to also be meaningfully established, well supported and resourced including financial support for the network to engage effectively. This may need to include providing reasonable back fill costs to enable BAME colleagues to engage in networks with paid time.

Working with national NHSE/I People Directorate colleagues, HRDs in Midlands and our BAME networks we will now develop a **longer-term action plan to support and build on these initial immediate actions**. I expect to be able to regularly update you on progress at our Chairs and Chief Executives meetings.

Race discrimination is totally unacceptable in any guise in the NHS. We are already doing a lot on health inequalities as a regional priority. Employment plays a major part in enabling the health and wellbeing of all people in our society. Tackling inequalities in employment must be a priority if we are to ensure an inclusive, fair and just society. I will be looking to all of us to **ensure that equality in employment in the health service becomes a key priority in our work together**.

Finally let me just take the opportunity to also say how important it is for **all of our staff to receive a risk assessment** regarding reducing the risk and impact of Covid-

19. This is again particularly important for staff who fall within the at risk category. You may have seen the recent information outlining the national risk assessment process for Covid-19. There is now an urgent requirement for staff (particularly those who are within the at risk group) to have a risk assessment completed by 23 July.

This is a crucial issue and I am taking personal leadership of this in the region. At regional level this agenda is supported by Steve Morrison, Regional Director of Workforce and OD (stevemorrison@nhs.net) and Kuvy Seenan, Head of Equality, Diversity and Inclusion (Kuvy.seenan@nhs.net). If you have any questions on this letter please let me, Steve or Kuvy know and we would be happy to discuss with you.

Yours sincerely

Dale Bywater
Regional Director – Midlands

NHS

Publications approval reference: 001559

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
Copy to:
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Chairs of ICSs and STPs
NHS Regional Directors

6 July 2020

Dear colleague,

Stepping back up of key reporting and management functions

We wrote to you on 28 March 2020 setting out measures that would allow providers and commissioners to free up as much capacity as possible to prioritise their workload and focus on what was necessary to manage the response to the COVID-19 pandemic.

We have now passed the initial peak of COVID-19 and are well into phase 2 of our recovery planning. NHS organisations are working to stand back up critical services across the country. Later in the summer we will launch phase 3 of our recovery planning, where we will ask the NHS to put in place robust plans for the rest of this year – including winter planning, ongoing recovery of NHS services, and ensuring sufficient surge capacity remains in place to deal with any resurgence of COVID-19.

We will continue to support systems, and commissioners and providers within them, to prioritise their efforts to respond to this work. However, as we are turning on critical services there is now a requirement to reactivate some other activities that we have previously delayed.

Unless otherwise stated here, the position outlined in the letter of 28 March 2020 remains in place.

Governance and meetings

Our advice remains that face-to-face meetings should continue to be avoided, and meetings should be held virtually where possible. However, NHS organisations

should consider which meetings or governance events paused in the 28 March letter can now effectively be held virtually. These should include Councils of Governors, Members' Meetings, and membership engagement.

Where it is not possible to effectively hold meetings virtually (for example, some organisations have raised issues with holding AGMs virtually), these should be deferred until later in the year.

Organisations should continue to hold board meetings virtually and should determine their own approach to meetings of audit, remuneration and other board level committees. Providers should aim to return to full compliance on quorum requirements set out in their constitution, but can determine their own approach to doing so.

Regulations regarding quality accounts have been amended and a revised deadline of **15 December 2020** is appropriate for their preparation, given the pressures caused by COVID-19. Further details can be found [here](#).

The latest information regarding financial accounting and reporting can be found [here](#).

Reporting and assurance

While we are keen to keep the data burden on trusts at an absolute minimum, we are now at a point in time where the need for certain data and our understanding of the impact of COVID-19 on particular areas has increased. Some collections will remain paused in the coming quarter; however, we have identified a small number of data collections that we need to re-instate, linked to our need to understand key aspects of delivery and clinical outcomes during the pandemic:

- **National clinical audits and outcome review programmes (HQIP):** in order to support NHS recovery and NHS recovery, the Healthcare Quality Improvement Partnership (HQIP) will begin to work with national clinical audit and outcome review programme providers to identify key data items for collection from national clinical audits and outcome review programmes. This is in addition to intensive care, child mortality database and maternity audits, which have continued to collect data throughout the surge period.

- **Referral to treatment patient tracking list (RTT PTL):** with specific challenges in the restoration of elective care, the RTT PTL will enable national, regional and local oversight of waiting lists and waiting times,

particularly for the longest waiting patients. While the return should continue to be provided at trust level, where primary accountability for PTL management continues to reside, we expect complementary work to be undertaken at a system level, to allow greater sharing of demand and capacity across system footprints.

- **Ambulance clinical outcomes (AmbCO):** reactivating AmbCO will mean the full suite of ambulance systems indicators (AmbSYS) will be in place. This will help our understanding of patients on urgent and critical care pathways such as those used to treat strokes, for example.

Trusts were also asked to continue collecting data on the following mental health indicators, where capacity allowed:

- Children and young people's eating disorders waiting time
- Physical health checks for people with severe mental illness
- Out of area placements.

We are now confirming that these data collections resume as normal for the Q2 reporting period.

In light of responses to our consultation, we will also be permanently stopping the Quarterly Activity Return from Quarter 1 of 2020/21 and reducing the scope of the Monthly Activity Return to cover referrals only starting with the collection for June 2020.

Vulnerable staff

Systems should continue to proactively support members of staff who are particularly vulnerable, including those who are shielded, those from black and Asian minority ethnic (BAME) backgrounds, and those with other risk factors.

All employers should conduct risk assessments based on advice from NHS Employers and from the Faculty of Occupational Medicine particularly for vulnerable groups, to understand the specific risks staff members face from exposure to COVID and actions that employers can take to keep staff safe. Further details can be found [here](#).

Staff members who are shielded should continue to be supported by their employer to stay well and where possible, make adjustments so that they can work from home.

Where this is not possible, employers should continue to follow the guidance which supports full pay during this period.

Leave

Ensuring staff take annual leave is an important part of supporting and improving health and wellbeing. Systems should ensure that organisations are adhering to usual leave policies, and staff at all levels should be strongly encouraged to take their annual leave spread throughout the year, so that they are getting regular respite, and can take time off as normal. Senior leaders should role model this behaviour as well as encouraging it amongst their staff. There should be regular reviews of accrued annual leave at service and organisational levels in order to enable effective rostering and workforce planning.

Thank you to you and your teams for the incredible amount of commitment and hard work going on across the NHS in these challenging times.

Yours sincerely,

Amanda Pritchard

Chief Operating Officer, NHS England & NHS Improvement

COVID-19 Outbreak Management Plan V4.1

Introduction

This COVID-19 Outbreak Management Plan builds on existing plans to manage outbreaks in specific settings, ensures the challenges of COVID-19 are understood and considers the impact on the Trust for a COVID-19 Outbreak. This plan links to the Trusts Internal Outbreak of Infectious Disease Procedure

Definitions

Outbreak

The term outbreak is strictly defined in PHE guidance as two or more cases in a single setting (for example, in a single ward or having shared a location) that have become symptomatic or detected on screening on or after day eight of hospital admission.

Cluster

The term cluster is used commonly when referring to the detection of unexpected, potentially linked cases. PHE notes that some cases and clusters of communicable disease may not require a formal outbreak to be declared. It is important that such cases are appropriately recorded and managed for audit purposes and to support surveillance and any future outbreak management.

Considerations during an Outbreak

• Support for staff and assistance for Test and Trace (T&T) will be far less onerous than a regional lockdown and should be supported in full to prevent wider impact on the Trust.

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- Good social distancing, compliance with COVID Secure and good robust hand hygiene in the workplace will assist in mitigating further risk of an outbreak that may occur within a team or department within WMAS. It is acknowledged that where the governments guidance on social distancing and COVID Secure in the Workplace is not complied with, an outbreak may occur and consequently impact the day to day business.

- Home working should be considered during all outbreaks and staff encouraged and assisted to do so.

- Under the T&T guidance, staff who have been in contact with a suspected case do not need to isolate, however the following guidance should be followed.

Outbreak Areas considered

This plan covers the following areas which could have a significant impact on the Trust:

- Trust site i.e. E&U Hub, PTS site etc
- Healthcare facility i.e. a local hospital Emergency Department
- Specific outbreak at an address within the Region i.e. Herefordshire Farm
- Specific geographical lockdown such as Leicester

Trust sites

Normal precautions already undertaken will ensure most outbreaks cause only a minor effect at Hubs and PTS sites. Outbreaks will only result in those who have had direct contact being asked to self-isolate. This will be minimised by the implementation of COVID Secure guidance issued, with good robust hand hygiene and aims to ensure normal business continuity can take place.

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When someone first develops symptoms and orders a test, they will be encouraged to alert the people that they have had close contact with in the 48 hours before symptom onset through the COVID-19 Incident Room.

If any of those close contacts are co-workers, the person who has developed symptoms may wish to (but is not obliged to) ask their employer to alert those co-workers. At this stage, those close contacts should not self-isolate, but they must avoid individuals who are at high-risk of contracting COVID-19, for example, because they have pre-existing medical conditions, such as respiratory issues.

They must take extra care in practicing social distancing and good hygiene and in watching out for symptoms and will be better prepared if the person who has symptoms has a positive test result and if they (the contact) receive a notification from the NHS test and trace service explaining they need to self-isolate.

PHE would be made aware of the outbreak through the Head of IP&C.

1) Actions to be taken – Follow Checklist in Appendix 1
2) Form an outbreak cell with the following members to be included urgently in the first instance:

- COVID-19 Incident Director
- COVID-19 Duty Commanders
- Head of IP&C
- Trust Test and Tracing cell representative
- Site Manager i.e. SOM

This group would review the actions taken in the Checklist in Appendix 1 for the site and decide on the actions to be taken and escalate where required. Trust to engage with PHE for advice and support through the Head of IP&C.

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Healthcare facility i.e. a local hospital Emergency Department

WMAS should be aware there may be disruption to patient flow and short notice closures to receiving ED's in order for them to deal with immediate issues that may arise from an outbreak. This may be from ward closures, cleaning regimes or service reconfiguration.

The SCC will work with the healthcare facility to understand the impact in conjunction with NHSE&I on call.

Considerations to be taken

1) Escalation to the .gold email group to the Senior Command Team immediately. Inform the Duty Director if on duty or call the On call Strategic Commander if out of hours. CEO to be informed by Telephone.
2) HALO's if on site to liaise with the AHLO within the SCC to understand if they too are required to isolate. SCC to escalate if required
3) SCC to escalate impact of healthcare closure to the gold email group
4) SCC to consider impact and requirement of additional staff within the SCC due to Ambulance Diverts.
5) Consideration for Operations to resource the receiving hospital

Specific outbreak at an address within the Region

- Flag address to highlight Risk on CAD.

- Respond DCA as per normal deployment - Crew briefed of situation prior to attendance by EOC Duty Officer or Controller, ensuring full level 2 PPE is worn

- OM deployment, situational awareness & Operational overview/management on scene – full level 2 PPE worn

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- OM and DCA crew to make a dynamic risk assessment on arrival at scene regarding level of PPE, **if level 2 PPE is deemed inadequate for the presenting situation, uplift to level 3 PPE ensuring EOC are notified**

- EOC/ICD notify on call NILO for injects into TCG, partner agencies and deployment if required

- EOC/ICD notify duty TIC for overview and deployment if required

- A Call indicating multiple persons unwell – HART deployment as per multi-casualty event.

Specific geographical lockdown such as Leicester

PHE will advise of an outbreak or geographical lockdown through a PHE Director.

The PHE Director will inform of the scale and area impacted. The Trust will work with PHE and NHSE&I to understand the impact and requirements taken.

<u>Actions to be taken</u>

1) The COVID-19 Incident Room Duty Commander and Head of IP&C should be informed in the first instance. Duty Commander to inform the Duty Director if on duty or call the On call Strategic Commander if out of hours. CEO to be informed by Telephone.

2) Escalation to the .gold email group to the Trusts Senior Command Team is required at the earliest stage.

3) Consideration should be given to identifying representatives to attend SCG and TCG if called.

Author: Andy Proctor

Production Date: 13.07.20

Reviewed by: Karl McGilligan, John Woodhall, James Williams, Senior Command Team (13.07.20)

Approved by: EMB on 14.07.20

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Checklist

This COVID-19 tool is designed for the control of incidents and outbreak in healthcare settings. **Objectives** • **Preventing spread of COVID-19** • **Contain and suppress outbreaks of COVID-19** • **Early identification and proactive management of outbreaks and incidents** • **Ensure service capability** • **Ensure effective communication with the public and stakeholders**	
Standard Infection Control Precautions; **Apply to all staff, in all care settings, at all times, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.**	
Workforce/Workplace Actions	
The workforce complies with all Trust notices relating to COVID-19	
COVID-Secure in the Workplace is operationalised across all Trust sites	
Good social distancing and compliance with COVID Secure in the Workplace will assist in mitigating further risk of an outbreak that may occur within a team or department within WMAS. It is acknowledged that where the governments guidance on social distancing and COVID Secure in the Workplace is not complied with, an outbreak may occur and consequently impact the day to day business.	
Staff remain current and up to date via the Trusts communication networks i.e. Trust Notices, Weekly Brief Articles	
Personal Protective Clothing (PPE) – Operational Staff	
Droplet precautions: Staff providing direct care must wear disposable aprons, gloves, FRSM and eye/face protection, when in the patients' immediate care environment.	
Airborne precautions: High risk area or performing AGPs: use PRPH, Coverall, Gloves.	
Safe Management of Care Equipment	
Single-use items are in use where possible.	
Follow local decontamination procedures following the use of equipment	
Safe Management of the Care Environment	
All areas are free from non-essential items and equipment.	
Daily Chlorclean arrangements: decontamination of all Trust premises high frequency touch points in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).	
Ambulance Decontamination – clear guidance included in CN/403 and MR/060 on the decontamination requirements	
Deep Clean undertaken following high risk patient transfer where AGPs are undertaken.	
Hand Hygiene	
Staff undertake hand hygiene as per PHE requirements: using either ABHR or soap and water	
PTS /Transfer/Discharge	
PTS to follow specific guidance issued in PTS/017 and PTS/018.	
Respiratory Hygiene	
Patients are supported with hand hygiene and provided with disposable tissues where required	
Staff to undertake effective respiratory hygiene as required and dispose of tissues immediately	
Test and Trace	
Support for staff and assistance for Test and Trace will be far less onerous than a regional lockdown and should be supported in full to prevent wider impact on the Trust.	
Staff must familiarise with the Trusts Test and Trace arrangements (see Policy and ON/140).	

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Paramedic Sciences degree University Student Retention plan for years 1 & 2

The aim of this paper is to highlight that E&U operations are requesting the retention of Vehicle Preparation Assistants (VPA) and Ambulance Care Assistant (ACA) through to March the 31st 2021.

This proposal is that the Trust retains the year 1 and 2 university students on bank contracts arrangements until the end of the financial year, to give the Trust further resilience over the winter pressure period. The resilience being they are already trained and experienced in the role with the benefit that as students, they are at university during the week so available at weekends and at end of term available for their holiday periods. This giving the student's flexibility continue to work with the Trust and not impact their studies.

Proposal:

Year 1 to be retained for VPA duties and PTS duties if required.

Year 2 to work on front line duties in accordance with the current arrangements for the NHS level 4 incident.

The Year 3 students are not included in the proposal as they are expected to have already started with the Trust so there is no requirement.

Regards

Nathan Hudson

To: Chief Executives, Chief Nurses and
        Medical Directors and HR Directors
        of all NHS Trusts and Foundation Trusts

Copy: Regional Directors
        Regional Chief Nurses
        Regional Medical Directors

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

24 June 2020

Dear colleague

Healthcare associated COVID-19 infections – further action

Further to the letter dated 9 June, we want to thank you all for your continued efforts to reduce healthcare associated COVID-19 infections in your organisations.

Tackling this issue is vital to ensure patient safety, maintain public confidence and protect the health and wellbeing of NHS staff. This letter sets out number of important actions that all organisation must take.

Evidence has now shown that people infected with COVID-19 who are either pre-symptomatic[1] or have very mild or no respiratory symptoms (asymptomatic)[2] can transmit the virus to others without knowing so it is important that we take even greater steps to stop the spread of coronavirus in healthcare settings.

A.   Inpatient testing

The current inpatient testing programme remains:
- (i)   all patients at emergency admission, whether or not they have symptoms;
- (ii)   those with symptoms of COVID-19 after admission;
- (iii)   for those who test negative upon admission, a further single re-test should be conducted between 5-7 days after admission;
- (iv)   test all patients on discharge to other care settings, including to care homes or hospices;
- (v)   elective patient testing prior to admission.

B.   Staff testing

- (i)   NHS testing capacity should also be used to test all staff with symptoms (or the index case if a household member).

- (ii)   Surplus NHS testing capacity should also be used for testing non-symptomatic staff (in addition to all patients and symptomatic staff) working in situations where there is an untoward incident or outbreak or high prevalence. These terms are explained in more detail in the Annex. For example, if two patients in a ward test positive the whole ward (patients and staff) should be tested. Or, if a healthcare worker tests positive the colleagues who they've been in contact with should be identified and tested. As with

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[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890236/s0267-nervtag-assessment-pre-symptomatic-transmission-covid-19-300420-sage30.pdf

[2] Chau NVV, et al. The natural history and transmission potential of asymptomatic SARS-CoV-2 infection. medRxiv 2020.04.27.20082347; doi: https://doi.org/10.1101/2020.04.27.20082347

previous extensions of testing, Trusts should work through their pathology networks and the regional Testing CEOs to ensure additional capacity is distributed where it is most needed.

(iii)   It is the view of the CMO that at present periodic staff testing is best done as part of PHE's SIREN study. SIREN is an NIHR urgent public health priority study which has a primary objective of determining if prior SARS-CoV-2 infection in health care workers confers future immunity to re-infection. It will also allow organisations to estimate the prevalence of SARS-CoV-2 infection in healthcare workers and utilise this information to determine wider staff testing[3]. Trusts should support staff in enrolling, and support the study with both PCR and antibody testing (including phlebotomy) from hospital resources, working with pathology networks and support across regions to ensure capacity is available. Trusts should consider supporting a minimum of 10% of staff to enrol in the SIREN study. This study will allow us to determine whether antibody responses are sustained and whether they protect people from re-infection. The SIREN protocol specifies that staff will be tested every 2 weeks, via a venous blood test and by PCR screening. However, frequency may be altered depending on national and regional epidemiology.

As prevalence changes and evidence emerges, we will continue to review the appropriate frequency for asymptomatic testing in the NHS.

C.   Staff risk assessment

Trusts are reminded that as part of their responsibilities, all relevant staff including Black, Asian and minority ethnic staff, should be offered a risk assessment. It is an employer's legal duty to protect the health, safety and welfare of their employees and we expect all employers to make significant progress in deploying risk assessments over the next few weeks. Risk assessments should not be viewed in isolation – satisfactory deployment brings organisation-wide benefits including less absenteeism and sickness, fosters a safety-first culture, and helps ensure trust and engagement with staff.

Guidance for NHS employers is available here.

D.   Managing healthcare associated COVID-19 cases

Strict application of UK recommended Infection Prevention and Control Guidance remains vital. This includes all staff in hospital wearing a surgical face mask when not in personal protective equipment or in a part of the facility that is COVID-secure, and visitors and outpatients wearing a form of face covering. Guidance is set out here.

Accurate and timely information is also critical, not only to track and respond to outbreaks but also to support wider surveillance efforts on overall Covid infection levels across the country. Daily reported data that are now available on Tableau enable organisations at local and regional levels to understand their own performance and take action. Data can be accessed by NHS Trusts here.

These data are helpful in enabling you to identify both **outbreaks** (as defined in the annex) and **clusters** (commonly referring to the detection of unexpected, potentially linked cases) of healthcare associated COVID-19 infections.

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[3] https://www.nihr.ac.uk/covid-studies/study-detail.htm?entryId=284460

Using these data, the expectation at a **local** level is that healthcare associated COVID-19 infection rates should be analysed and reviewed on a daily basis to check for case numbers and particularly to note trends. This review should be led by an executive director.

Where cases are identified, actions should be taken in line with the flowcharts detailing standard procedures for managing outbreaks at a local level, which were circulated as annexes to the 9 June letter. The local Director of Infection Prevention and Control is responsible for overseeing the response to any outbreak in hospitals with appropriate oversight from NHS regional and national teams.

As part of this, we are now asking all organisations to do root cause analyses (RCAs) for every probable healthcare associated COVID-19 inpatient infection i.e. patients diagnosed more than 7 days after admission. In doing this, it will be important that the organisation continues to reference the existing Serious Incident Framework to underpin the next level of investigation, if required to do so.

At an **ICS/STP level**, all organisations providing NHS services in the area, including social enterprises and primary care, should meet as a minimum on a weekly basis to discuss your local infection status. These discussions should allow for the sharing of information and best practice across organisations to enable local improvements and engage peer support.

At a **regional level**, further response is required when organisations have remained as 'outliers' for over 7 days. An outlier is defined statistically according to the average numbers of cases aggregated over the preceding 4 weeks. You should undertake a full review of all actions implemented locally and mobilise a **regional IPC support offer** into the organisation.

Thank you once again for all the work you are doing to tackle this issue. As a service we have shown that when we all determinedly focus on infection prevention and control, we can make rapid and effective progress. We need to repeat that success here, at a fast pace.

With best wishes

Ruth May
Chief Nursing Officer for England

Steve Powis
National Medical Director

Prerana Issar
Chief People Officer

Pauline Philip
National Director for Urgent and Emergency Care

Annex – Definitions of terms

- An **untoward incident** in terms of probable healthcare associated COVID-19 is a single inpatient who develops COVID-19 more than 7 days after hospital admission.
- The term **outbreak** is strictly defined in [PHE guidance](#) as two or more cases in a single setting (for example, in a single ward or having shared a location) that have become symptomatic or detected on screening on or after day eight of hospital admission.
- The term **cluster** is used commonly when referring to the detection of unexpected, potentially linked cases. PHE notes that some cases and clusters of communicable disease may not require a formal outbreak to be declared. It is important that such cases are appropriately recorded and managed for audit purposes and to support surveillance and any future outbreak management.
- **High prevalence**: Testing will also be expected in those organisations that are identified as outliers in relation to numbers of cases of inpatients diagnosed with COVID-19 more than 7 days after admission. This definition is based on above-average number of cases aggregated over the preceding 4 weeks.

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Rag Status	
	Work required
	Work underway
	Complete

No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
1	Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis we recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly.	Review / Risk assess BAME staff on frontline	KN	29.05.20		A risk assessment has been developed based on national guidance and templates. All BAME staff have received an individual risk assessment to complete [22 May 2020]. Risks identified will be discussed with their line manager in first instance to ascertain further precautions where necessary. Advice from Head of D&I available too. Advice being monitored via NHS Employers. Update 25.06.20 BAME Work to continue and actions picked up through HR and Senior Command Team meetings
2	The national Nightingale team will work with Regions and host trusts to develop and assure regional proposals for the potential ongoing availability and function of the Nightingale Hospitals.	Work with Nightingale Team to understand the proposed use and level of patient movements expected	KP	29.05.20		Position at End of May - Nightingales now in hibernation, Ambulance not now required on national team unless reactivated. Reports received from all Ambulance Trusts current position.

3	All NHS local systems and organisations working with regional colleagues fully to step up non-Covid19 urgent services as soon as possible over the next six weeks,	Potential impact to EOC,999, 111 and PTS	JB,NH, MB	05.06.20		**PTS update** 126 vacancies advertised to backfill the PTSHD Induction courses planned from June Backfill complete by end of October 2020 June starters – 36 confirmed 27 vehicles required (16 stretcher/11 sitter) – backfill HD requirements Impact on PTS operating model due to reconfiguration of services Acute/Community to create 'clean and dirty' areas for Covid. Minimal evidence available of concrete proposals on how NHS will ramp up Letter sent to Accountable Officers of CCG's, Acute and Community Trusts re their plans. Plans still being worked through with an update expected early June. We have observed minimal out-patient activity start up, however the preference is to continue where possible with telephone/video appointments. **EOC/111 Update** EOC and 111 are continuing to maximise resourcing in all

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No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
						control rooms to meet patient needs. This includes non-clinical and clinical staff. Sickness has reduced and is being managed. The Covid Response Service (CRS) that has been taking covid related calls Nationally for the last 2 months is due to stand down. these calls are due to come to WMAS from around 8 June. This is to utilise the additional call taking staff funded (150 plus 117) centrally.
4	In addition, you should now work across local systems and with your regional teams over the next 10 days to make judgements on whether you have further capacity for at least some routine non-urgent elective care.	Review current Trust position	MB/MD	09.05.20		PTS SOM (Senior Operations Manager) meeting with commissioners/Acutes to ascertain plans to reinstate out patients and electives. Plans still being worked through – notification early June. We currently have sufficient resource to undertake the activity and social distancing.

No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
5	'lock in' beneficial changes that we've collectively brought about in recent weeks.	Review Trusts current position and actions taken	ACM	29.05.20		
6	Annex Strengthen 111 capacity and sustain appropriate ambulance services 'hear and treat' and 'see and treat' models. Increase the availability of booked appointments and open up new secondary care dispositions (SDEC, hot specialty clinic, frailty services) that allow patients to bypass the emergency department altogether where clinically appropriate.	Maintain and consider further enhancing 111 provision ie staffing levels etc	JB	13.06.20		111 recruitment has continued and strengthened staffing levels in 111 and EOC. GP Connect is now available in some practices m that will enable direct GP appointment bookings as a viable alternative to ED SCC, CSD and CAS continue to support clinical decision making to enable reduced ED conveyance.
7	Provide local support to the new national NHS communications campaign encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.	Murray and Jeremy agree on communications strategy and how will support the communications campaign for 999 and 111	MM/JB	29.05.20		Nationally this message continues to be pushed, including on the front end of 111 calls.

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No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
8	Ensure that urgent and time-critical surgery and non-surgical procedures can be provided at pre-Covid19 levels of capacity.	Consider impact on PTS services	MB	13.06.20		Recruitment on going to backfill PTSHD staff and vehicles 36 new starters in June and 24 in July – awaiting sign off of VAR for outstanding backfill vacancies Impact of reconfiguration of services at Acute/Community hospitals Updated 24.06.20: VAR forms to be raised at EMB
9	All NHS acute and community hospitals should ensure all admitted patients are assessed daily for discharge, against each of the Reasons to Reside; and that every patient who does not need to be in a hospital bed is included in a complete and timely Hospital Discharge List, to enable the community Discharge Service to achieve safe and appropriate same day discharge.	Further consider of impact on PTS services	MB	13.06.20		Currently discharge activity is 20% below (pre Covid) Ensure discharge teams continue to adopt national guidance and ensure only patients that require PTS transport are conveyed. Potential conflict of contractual KPI's and COVID KPI's – discharge %
10	Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease.	Consider impact on E&U service	MD/NH	13.06.20		Resourcing Monitoring for EU as the focus is to ensure we have enough resourcing to match the demand. Currently with the help of the university students we are able to keep up with the patient demand requirements, this is

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No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
						due to lockdown and the extra resources we have available to respond. 20/05/20 MD to write to the acute on the requirements.
11	Hospitals to prioritise capacity for stroke services for admission to hyperacute and acute stroke units, for stroke thrombolysis and for mechanical thrombectomy.	Understand what this means for E&U service	MD/NH	13.06.20		Resourcing Monitoring for EU as the focus is to ensure we have enough resourcing to match the demand. Currently with the help of the university students we are able to keep up with the patient demand requirements, this is due to lockdown and the extra resources we have available to respond. 20/05/20 NH MD to write to the actus on the requirements.
12	Establish all-age open access crisis services and helplines and promote them locally working with partners such as local authorities, voluntary and community sector and 111 services.	Consider if work required within 111 and or DOS	JB	29.06.20		DOS confirmed as updated with all services that have come online along with some alignments with the latest version of NHS Pathways
No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
13	Providers and commissioners must maintain good vaccine uptake and coverage of immunisations. It is also likely	Review and horizon scan ahead of 20/21 flu vaccination program	KN	29.06.20		Flu vaccine order placed – expected delivery mid-September – This is being monitored by EC to see if it can be brought forward. Flu

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	that the Autumn/Winter flu immunisation programme will be substantially expanded this year, subject to DHSC decision shortly.					Board first meeting for 2020 Flu Campaign set for 8 June 2020. Review of last year's Lessons Learnt meeting set for 29 May 2020. Updated 24.06.20: work to be continued through Flu program
14	In response to Covid19, general practice has moved from carrying out c.90% of consultations with patients as face-to-face appointments to managing more than 85% of consultations remotely. 95% of practices now having video consultation capability live and the remaining few percent in the process of implementation or procurement of a solution. GP Practices should continue to triage patient contacts and to use online consultation so that patients can be directed to the most appropriate member of the practice team straight away, demand can be prioritised based on clinical need and greater convenience for patients can be maintained.	Review Trusts position on remote consultations and understand the potential benefits to the organisation	CC	29.06.20		There are three different opportunities which relate to video consultations in E&U Ops 1) CSD 2) Consult from scene back to EOC for advanced assessment advice 3) Consult from scene to alternative provider

111 will focus on video call-backs via video.

There is a live pilot for OPEL taking place in Bham - ongoing (specific to BSOL / UHB)

There is opportunity to do a PTS provided video consult room – within a PTS vehicle, providing all comms/video connection and equipment and assistance to the patient. Or simply a PTS person with the tablet to setup the call for the patient in their home. This is |

						project which will be discussed with providers. Update 24.06.20: Executive Director of Strategic and Digital to continue this work through IT workstreams
15	All NHS secondary care providers now have access to video consultation technology to deliver some clinical care without the need for in-person contact. As far as practicable, video or telephone appointments should be offered by default for all outpatient activity without a procedure, and unless there are clinical or patient choice reasons to change to replace with in-person contact. Trusts should use remote appointments - including video consultations - as a default to triage their elective backlog. They should implement a 'patient initiated follow up' approach for suitable appointments - providing patients the means of self-accessing services if required.	As point 14 Review Trusts position on remote consultations and understand the potential benefits to the organisation	CC	29.06.20		As above Good adoption of video conferencing outside of Operational delivery in all areas of the Trust. Specific business planning focus for WMAS on the impact within PTS business if Acute Trusts implement fully this recommendation. Update 24.06.20: Executive Director of Strategic and Digital to continue this work through IT workstreams
16	As part of the 'dial before you walk' proposal develop the ability to triage calls from patients who think they require a visit to ED	In order to understand what this actually looks like and to get a feel for the number of calls this could generate Regional, WMAS are proposing a trial at one or two Acute Trusts in the Black Country. A	JB	26.05.20		The ability to undertake this work exists now. No process or requirement has yet been agreed though locally. Once it is understood how this will work an impact analysis can be undertaken to ensure

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| | | clear understanding on what dial before you walk actually looks like must be provided from NHSE before this can start. | | | | sufficient staffing is in place to deal with these additional calls.

Looks like a National stance to this will be adopted following successful trials in other areas of the country.
The ability to triage calls exists now. |

Initials Key

Initial	Name
ACM	Anthony Marsh
CC	Craig Cooke
NH	Nathan Hudson
MB	Michelle Brotherton
KN	Kim Nurse
KP	Keith Prior
JB	Jeremy Brown
MD	Mark Docherty
MM	Murray MacGregor

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Working safely during COVID-19 in Ambulance Service non-clinical areas: Action Plan V2

Action Plan in response to AACE "Working safely during COVID-19 in Ambulance Service non-clinical areas: Guidance for employers and employees in NHS Ambulance Trusts published on 18 June 2020

Rag Status	
	Work required
	Work underway
	Complete

Who should go to work			
Objective: That everyone should work from home, unless they cannot work from home.			
Steps that will usually be needed	Further Information/ Evidence	Action owner	Rag Rating
Staff should work from home if at all possible. Consider who is needed to be on-site; for example: • Workers in roles critical for business and operational continuity, safe facility management, or regulatory requirements and which cannot be performed remotely. • Workers in critical roles which might be performed remotely, but who are unable to work remotely due to home circumstances or the unavailability of safe enabling equipment.	Implemented	All	
Planning for the minimum number of people needed on site to operate safely and effectively.	Implemented	All	
Monitoring the wellbeing of people who are working from home and helping them stay connected to the rest of the workforce, especially if the majority of their colleagues are on-site.	Implemented and ongoing	All	
Keeping in touch with off-site workers on their working arrangements including their welfare, mental and physical health and personal security.	Implemented and ongoing	All	
Providing equipment for people to work at home safely and effectively, for example, remote access to work systems.	Implemented and ongoing	All	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Protecting people who are at higher risk

Objective: To protect clinically vulnerable and clinically extremely vulnerable individuals.

- Clinically extremely vulnerable individuals (see definition in Appendix) have been strongly advised not to work outside the home.

- Clinically vulnerable individuals, who are at higher risk of severe illness (for example, people with some pre-existing conditions, see definition in Appendix), have been asked to take extra care in observing social distancing and should be helped to work from home, either in their current role or in an alternative role.

- If clinically vulnerable (but not extremely clinically vulnerable) individuals cannot work from home, they should be offered the option of the safest available on-site roles, enabling them to stay 2m away from others. If they have to spend time within 2m of others, you should carefully assess whether this involves an acceptable level of risk. As for any workplace risk you must take into account specific duties to those with protected characteristics, including, for example, expectant mothers who are, as always, entitled to suspension on full pay if suitable roles cannot be found. Particular attention should also be paid to people who live with clinically extremely vulnerable individuals.

Steps that will usually be needed	Further Information/ Evidence	Action owner	Rag Rating
Providing support for workers around mental health and wellbeing. This could include advice or telephone support.	Implemented and ongoing	All	
See current guidance for advice on who is in the clinically extremely vulnerable and clinically vulnerable groups.	Implemented and ongoing	All	

People who need to self-isolate

Objective: To make sure individuals who are advised to stay at home under existing government guidance do not physically come to work. This includes individuals who have symptoms of COVID-19 as well as those who live in a household with someone who has symptoms.

Steps that will usually be needed	Further Information/ Evidence	Action owner	Rag Rating
Enabling workers to work from home while self-isolating if appropriate.	Implemented and ongoing	All	
See current guidance for employees and employers relating to statutory sick pay due to COVID-19.	Implemented	All	
See current guidance for people who have symptoms and those who live with others who have symptoms.	Implemented	All	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Equality in the workplace

Objective: To treat everyone in your workplace equally.
•   In applying this guidance, employers should be mindful of the particular needs of different groups of workers or individuals.

•   It is breaking the law to discriminate, directly or indirectly, against anyone because of a protected characteristic such as age, sex or disability.

•   Employers also have particular responsibilities towards disabled staff and those who are new or expectant mothers.

•   There has been a disproportionate impact of the virus on NHS workers from black and minority ethnic (BAME) backgrounds. The risk assessment of those colleagues needs especially sensitive engagement given the systemic issues in every NHS organisation identified by the Workforce Race Equality Standard (WRES)

Steps that will usually be needed	Further Information/ Evidence	Action owner	Rag Rating
Understanding and taking into account the particular circumstances of those with different protected characteristics.	BAME work underway, risk assessment live and individual risk assessments being undertaken	KN	
Involving and communicating appropriately with staff whose protected characteristics might either expose them to a different degree of risk, or might make any steps you are thinking about inappropriate or challenging for them.	BAME work underway, risk assessment live and individual risk assessments being undertaken	KN	
Considering whether you need to put in place any particular measures or adjustments to take account of your duties under the equalities legislation.	BAME work underway, risk assessment live and individual risk assessments being undertaken	KN	
Making reasonable adjustments to avoid disabled workers being put at a disadvantage, and assessing the health and safety risks for new or expectant mothers	BAME work underway, risk assessment live and individual risk assessments being undertaken	KN	
Making sure that the steps you take do not have an unjustifiable negative impact on some groups compared to others, for example, those with caring responsibilities or those with religious commitments.	BAME work underway, risk assessment live and individual risk assessments being undertaken	KN	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Social distancing at work			
Objective: To maintain 2m social distancing wherever possible, including while arriving at and departing from work, while in work and when travelling between sites.			
Steps that will usually be needed	**Further Information/ Evidence**	**Action owner**	**Rag Rating**
You **must** maintain social distancing in the workplace wherever possible.	Guidance issued to all staff on the importance on social distancing	All	
Where the social distancing guidelines cannot be followed in full in relation to a particular activity, organisations should consider whether that activity needs to continue in order to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between their staff. Mitigating actions include: • Further increasing the frequency of hand washing and surface cleaning. • Keeping the activity time involved as short as possible - whenever possible below 15 minutes. • Using screens or barriers to separate people from each other. • Using back-to-back or side-to-side working (rather than face-to-face) whenever possible. • Where reasonably practicable, and service delivery allows, reducing the number of people each person has contact with by using 'fixed teams or partnering, or alignment to team working patterns' (so each person works with only a few others). • Social distancing applies to all parts of an organisation, not just the place where people spend most of their time, but also entrances and exits, break rooms, canteens and similar settings. These are often the most challenging areas to maintain social distancing.	Action undertaken including • Signage • Screens • One way systems • Desk spacing • Home working • Isolation offices • Additional outdoor seating • Repurpose space for rest areas	All	
Wearing a face mask, where it is not possible to maintain 2m social distancing.	Guidance issued on a recommended basis which will be reviewed if infection rate changes	All	

Coming to work and leaving work

Objective: To maintain social distancing wherever possible, on arrival and departure and to ensure handwashing upon arrival.

Steps to be considered where Reasonably practicable	Further Information/ Evidence	Action owner	Rag Rating
Staggering arrival and departure times at work to reduce crowding into and out of the workplace, taking account of the impact on those with protected characteristics.	Implemented and ongoing	ALL	
Providing additional parking or facilities such as bike- racks to help people walk, run, or cycle to work where possible.	Site Managers	NH,MB	
Limiting passengers in corporate vehicles, for example, work minibuses. This could include leaving seats empty.	To maintain social distancing wherever possible between individuals when in vehicles including during training. All staff will have been through a safety checkpoint prior to 'booking on' the vehicle for their shift. There are fixed student numbers and names per vehicle. Each staff member has a limited time confined within the cab area. Vehicles are well-ventilated and all individuals sit. Cleaning of equipment and the cab is done following each change of driver/student.	PT	
Reducing congestion, for example, by having more entry points to the workplace.	Implemented and Ongoing	AP,JB,MB,NH, SJW	
Providing more storage for workers for clothes and bags.	Opportunities taken where available to implement	All	
Using markings and introducing one-way flow at entry and exit points	Test at a site for each area: AP to sort MP, JB 111, NH a hub, MB a PTS site MP Complete, work underway on other sites where possible	All	
Providing additional hand hygiene facilities e.g. handwashing facilities or hand sanitiser stations	Test at a site for each area: AP to sort MP, JB 111, NH a hub, MB a PTS site MP Complete, Academy and NP work underway and guidance available for Hhubs	All	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Moving around buildings and work areas

Objective: To maintain social distancing wherever possible while people travel through the workplace.

Steps to be considered where reasonably practicable	Further Information/ Evidence	Action owner	Rag Rating
Reducing movement by discouraging non-essential trips within buildings and sites, for example, restricting access to some areas, encouraging use of radios or telephones, where permitted, and cleaning them between use.	Implemented, guidance provided, continual review	All	
Restricting access between different areas of a building or site.	Implemented, guidance provided, continual review	All	
Reducing job and location rotation, particularly where this involved moving between different staff and groups	Implemented, guidance provided, continual review	All	
Introducing more one-way flow through buildings	Implemented where appropriate, guidance provided, continual review	All	
Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts and encouraging use of stairs wherever possible.	N/A	All	
Making sure that people with disabilities are able to access lifts.	Implemented	All	
Regulating use of high traffic areas including corridors, lifts turnstiles and walkways to maintain social distancing	Implemented, guidance provided, continual review	All	

General office areas/ Control rooms

Objective: To maintain social distancing between individuals when they are at their workstations.

Steps for consideration where reasonably practicable	Further Information/ Evidence	Action owner	Rag Rating
For people who work in one place, workstations should allow them to maintain social distancing wherever possible. • People should not congregate, gather or have group discussions unless essential for operational functions,	Corporate staff working from home. All control room arrangements implemented	JB	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

and in such circumstances social distancing should be maintained. • If it is not possible to keep workstations 2m apart then organisations should consider whether that activity needs to continue for the organisation to operate and if so, take all mitigating actions possible to reduce the risk of transmission (see section 3.0 Social distancing at work). • Consideration should be given to restricting access to essential staff only in key areas e.g. control rooms			
Managing occupancy levels to enable social distancing: • Review layouts and processes to allow people to work further apart from each other (ideally 2m, but if not as far apart as practicable) • Where it is not possible to move workstations further apart: • Arrange people/desks to work side by side or facing away from each other rather than face to face • Use screens to separate people from each other	Corporate staff working from home. All control room arrangements implemented	JB	
Using floor tape or paint on uncarpeted flooring to mark areas to help workers keep to a 2m distance	Implemented	All	
Avoid use of hot desks and spaces. Where not possible (such as in control centres or training facilities), clean workstations between different occupants including shared equipment	Corporate staff working from home	All	
In Control Centres • Align staff to teams where possible and/or consider reducing relief working across rotas • Clean workstation area at the beginning and end of shift and after a break period • Use messaging facilities where possible (and if not, maintain social distancing of 2m where practical) • Ensure entry points are designated as safety checkpoints as above and one way flows are established where possible	All control room arrangements implemented	JB	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

• Restrict access for staff to only those working in the control centre, and where possible, avoid working in "dual roles" (for example in an operational and control room rotational role) • Increase cleaning frequencies particularly in relation to contact points such as door handles, etc. • **Wear a face mask where other measures are not able to be taken to maintain the 2m social distancing. However, this should be seen as the final option when all other mitigations have been fully considered and are not able to be maintained.**			

Meeting rooms and areas

Objective: To reduce transmission due to face-to-face meetings and maintain social distancing in meetings.

Steps to be considered where reasonably practicable	Further Information/ Evidence	Action owner	Rag Rating
Using remote working tools to avoid in-person meetings.	Implemented	All	
Only absolutely necessary participants should attend meetings and should maintain 2m separation throughout.	Implemented	All	
Avoiding transmission during meetings, for example, avoiding sharing notepads/ paper, pens and other objects	Implemented	All	
Providing hand sanitiser in meeting rooms	Implemented	All	
Holding meetings outdoors or in well-ventilated rooms whenever possible	Implemented	All	
For areas where regular meetings take place, using floor signage to help people maintain social distancing.	Implemented	All	
Ensure worksurfaces and equipment are wipes down following meetings.	Implemented	All	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

West Midlands Ambulance Service
University NHS Foundation Trust

Training Centres			
Objective: To reduce transmission due to face-to-face meetings and maintain social distancing in training centres			
Steps to be considered where reasonably practical	Further Information/ Evidence	Action owner	Rag Rating
Consider virtual learning platforms and remote working tools.	Opportunities under review	PT	
Consider staggering practical assessment/ skill station access to limit the numbers of students in the area	Implemented	PT	
Group work should be undertaken in line with social distancing principles, with considerations for working side by side instead of face to face	Implemented	PT	
Avoiding transmission during training sessions, for example, avoiding sharing pens and other objects.	Implemented	PT	
Providing hand sanitiser, wipes and tissues in training rooms.	Implemented	PT	
Ensure worksurfaces and equipment are wiped down following training sessions.	Implemented	PT	
Wear a face mask when social distancing is not possible e.g. for practical scenarios when participants cannot maintain 2m distance	Implemented	PT	

Common areas- including crew rooms and break areas			
Objective: To maintain social distancing while using common areas.			
Steps to be considered where reasonably practical	Further Information/ Evidence	Action owner	Rag Rating
Working collaboratively with landlords and other tenants in multi-tenant sites/buildings to ensure consistency across common areas, for example, receptions and staircases.	Implemented where appropriate	All	
Staggering break times to reduce pressure on break rooms or canteens	Under continual review	All	
Using safe outside areas for breaks.	Implemented	All	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Creating additional space by using other parts of the workplace or building that have been freed up by remote working	Implemented where appropriate	All	
Consider installing screens to protect staff in public facing receptions or similar areas	Implemented where appropriate	All	
Encouraging workers to bring their own food, to prevent the need to go out to get food/ drink.	Implemented where appropriate	All	
Encouraging staff to remain on-site and, when not possible, maintaining social distancing while off-site	Implemented where appropriate	All	
Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions.	Implemented where appropriate	All	
Ensure people tidy away and clean any equipment, crockery and cutlery after use.	Implemented where appropriate	All	
Regulating use of locker rooms, changing areas and other facility areas to reduce concurrent usage.	Implemented where appropriate	All	
Encouraging storage of personal items and clothing in personal storage spaces, for example, lockers and during shifts.	Implemented where appropriate	All	
Wearing a face mask, where it is not possible to maintain 2m social distancing.	Guidance issued on a recommended basis which will be reviewed if infection rates change	All	

Social distancing in vehicles
Objective: To maintain social distancing wherever possible between individuals when in vehicles including during training.

- Ambulance personnel may not always be able to maintain the recommended 2m social distance whilst at work. Daily duties will require staff to travel in Trust vehicles whereby 2 staff members may be present in the cab area of the ambulance. It is understood that it is not practicable to create additional space in, or partition, the vehicle cab and this is therefore not recommended.
- Consideration should be given to staff sitting within separate areas within the vehicle e.g. cab/ saloon of ambulance, however it is acknowledged this will not always be practical.
- Wear a face mask in vehicles with multiple staff, and where it is not practical or possible to separate the staff.
- **Wearing a face mask in these circumstances can be sessional use** i.e. don a fluid resistant surgical mask at the beginning of the journey and keep this on until the end of the job, unless required to change or upgrade level of mask due to the nature of the incident.

Steps to be considered where reasonably practicable	Further Information/ Evidence	Action owner	Rag Rating
All staff should have been through a safety checkpoint prior to 'booking on' the vehicle for their shift.	Implemented	NH, MB, SW	

Steps to be considered where reasonably practical	Further Information/ Evidence	Action owner	Rag Rating
Devise mitigating measures where workers have no alternative but to work within 2m to minimise the risk of transmission, including: • Further increasing the frequency of hand washing and surface cleaning • Limit unnecessary time in confined cab areas • Ensure vehicles are well-ventilated to increase the flow of air, for example, by opening a window • Sitting side-by-side not being face-to-face • Limit non-essential people in Trust vehicles	Implemented	NH, MB, SW	
Where reasonably practical consider reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others)	Under continual review	NH, MB, SW	
Ensure regular cleaning of vehicles, in particular, between different users.	Implemented		

Accidents, security and other incidents Objective: To prioritise safety during incidents.			
Steps to be considered where reasonably practical	Further Information/ Evidence	Action owner	Rag Rating
In an emergency, for example, an accident, fire or break-in, in the workplace or outside / enroute to work, people do not have to stay 2m apart if it would be unsafe.	Implemented	NH,SW	
People involved in the provision of assistance to others should don PPE if they have it available and pay particular attention to sanitation measures immediately afterwards including washing hands.	Implemented	NH,SW	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

![West Midlands Ambulance Service University NHS Foundation Trust logo]

Managing Contracts

Objective: To minimise the number of unnecessary visits to offices

Steps that will usually be needed	Further Information/ Evidence	Action owner	Rag Rating
Encouraging visits via remote connection/working where this is an option.	Implemented where appropriate	All	
Where site visits are required, site guidance on social distancing and hygiene should be explained to visitors on or before arrival.	Implemented where appropriate	All	
Limiting the number of visitors at any one time	Implemented where appropriate	All	
Limiting visitor times to a specific time window and restricting access to required visitors only	Implemented where appropriate	All	
Determining if schedules for essential services and contractor visits can be revised to reduce interaction and overlap between people, for example, carrying out services at night	Implemented where appropriate	All	
Maintaining a record of all visitors, if this is practical.	Implemented where appropriate	All	
Revising visitor arrangements to ensure social distancing and hygiene, for example, where someone physically signs in with the same pen in receptions.	Implemented where appropriate	All	

Providing and explaining available guidance

Objective: To make sure people understand what they need to do to maintain safety.

Steps that will usually b needed	Further Information/ Evidence	Action owner	Rag Rating
Providing clear guidance on social distancing and hygiene to people on arrival, for example, signage or visual aids and before arrival, for example, by phone, on the website or by email.	Implemented	All	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Establishing host responsibilities relating to COVID-19 and providing any necessary training for people who act as hosts for visitors.	Implemented	All	
Reviewing entry and exit routes for visitors and contractors to minimise contact with other people.	Implemented	All	
Coordinating and working collaboratively with landlords and other tenants in multi-tenant sites, for example, shared working spaces	N/A	N/A	

Keeping the workplace clean

Objective: To keep the workplace clean and prevent transmission by touching contaminated surfaces.

Steps that will usually be needed	Further Information/ Evidence	Action owner	Rag Rating
Frequent cleaning of work areas and equipment between uses, using your usual cleaning products.	Implemented	All	
Frequent cleaning of objects and surfaces that are touched regularly, such as door handles and keyboards, and making sure there are adequate disposal arrangements.	Implemented	All	
Clearing workspaces and removing waste and belongings from the work area at the end of a shift	Implemented	All	
Limiting or restricting use of high-touch items and equipment, for example, printers or whiteboards.	Implemented	All	
If you are cleaning after a known or suspected case of COVID-19 then you should refer to the specific guidance	Implemented	All	

Hygiene – handwashing, sanitation facilities and toilets

Objective: To help everyone keep good hygiene through the working day

Steps to be considered where reasonably practical	Further Information/ Evidence	Action owner	Rag Rating
Using signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, avoid touching your face and to cough or sneeze into	Implemented	All	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Steps that will usually be needed	Further Information/ Evidence	Action owner	Rag Rating
a tissue which is binned safely, or into your arm if a tissue is not available			
Providing regular reminders, posters in prominent places and signage to maintain personal hygiene standards.	Implemented	All	
Providing hand sanitiser in multiple locations in addition to washrooms.	Implemented	All	
Setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible.	Implemented	All	
Enhancing cleaning for busy areas	Implemented	All	
Providing more waste facilities and more frequent rubbish collection.	Implemented	All	
Where possible, providing paper towels as an alternative to hand dryers in handwashing facilities.	Implemented	All	

Changing rooms and showers Objective: To minimise the risk of transmission in changing rooms and showers.			
Steps that will usually be needed	Further Information/ Evidence	Action owner	Rag Rating
Where shower and changing facilities are required, setting clear use and cleaning guidance for showers, lockers and changing rooms to ensure they are kept clean and clear of personal items and that social distancing is achieved as much as possible	Implemented	All	
Introducing enhanced cleaning of all facilities regularly during the day and at the end of the day.	Implemented	All	

Handling goods, merchandise and other materials, and onsite vehicles Objective: To reduce transmission through contact with objects that come into the workplace and vehicles at the worksite.			
Steps that will usually be needed	Further Information/ Evidence	Action owner	Rag Rating
Cleaning procedures for goods and merchandise entering the site.	Under continual review	EC	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Cleaning procedures for vehicles.	Implemented	All	
Introducing greater handwashing and handwashing facilities for workers handling goods and merchandise and providing hand sanitiser access where this is not practical.	Implemented	All	
Regular cleaning of vehicles that workers may take home.	Implemented	All	
Restricting non-business deliveries, for example, personal deliveries to staff.	Implemented	All	

Shift patterns and working groups

Objective: To change the way work is organised to create distinct groups and reduce the number of contacts each employee has.

Steps to be considered where reasonably practical	Further Information/ Evidence	Action owner	Rag Rating
Where possible, where staff are split into teams or shift groups, fixing these teams or shift groups so that where contact is unavoidable, this happens between the same people.	Implemented where appropriate HART operates in teams. Relief monitored to ensure same staff on teams as much as possible. Air Ops are attempting to roster crews together on aircraft as much as possible including pilots. CCPS on desks in EOC being based there not rotationally for 4-6 weeks at a time.	NH,JB,SW	
Identifying areas where people directly pass things to each other, for example office supplies, and finding ways to remove direct contact, such as using drop-off points or transfer zones.	Implemented where appropriate No requirement for staff to do so in Sp Ops but messaging reinforced	NH,JB,SW	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Work- related travel Cars, accommodation and visits

Objective: To avoid unnecessary work travel and keep people safe when they do need to travel between locations.

Steps to be considered where reasonably practical	Further Information/ Evidence	Action owner	Rag Rating
Minimising non-essential travel – consider remote options first	Sp Ops have double crewed cars at airbases and night merit, need to wipe down reinforced and HART Training team using 2 crew carriers to space staff out further in transit.	All	
Minimising the number of people travelling together in any one vehicle, using fixed travel partners, increasing ventilation when possible and avoiding sitting face-to-face.	Sp Ops have double crewed cars at airbases and night merit, need to wipe down reinforced and HART Training team using 2 crew carriers to space staff out further in transit.	All	
Cleaning shared vehicles between shifts or on handover.	Sp Ops have double crewed cars at airbases and night merit, need to wipe down reinforced and HART Training team using 2 crew carriers to space staff out further in transit.	All	
Staff should minimise unnecessary journeys and make appropriate and safe transport arrangements.	CCPS on EOC desks non rotational for 4-6 weeks. Managers reinforced messaging.	All	
Where workers are required to stay away from their home, centrally logging the stay and making sure any overnight accommodation meets social distancing guidelines.	N/A for Sp Ops	All	

Communications and Training: Returning to Work

Objective: To make sure all workers understand COVID-19 related safety procedures.

Steps to be considered where reasonably practical	Further Information/ Evidence	Action owner	Rag Rating
Providing clear, consistent and regular communication to improve understanding and consistency of ways of working.	Implemented where appropriate	All	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Engaging with workers and worker representatives through existing communication routes to explain and agree any changes in working arrangements.	Implemented	All	
Developing communication and training materials for workers prior to returning to site, especially around new procedures for arrival at work	For all to consider	All	

Ongoing communications and signage Objective: To make sure all workers are kept up to date with how safety measures are being implemented or updated.			
Steps to be considered where reasonably practical	Further Information/ Evidence	Action owner	Rag Rating
Ongoing engagement with workers (including through trades unions or employee representative groups) to monitor and understand any unforeseen impacts of changes to working environments.	Implemented and Ongoing	All	
Awareness and focus on the importance of mental health at times of uncertainty. The government has published guidance on the mental health and wellbeing aspects of coronavirus (COVID-19).	Implemented and Ongoing	All	
Using simple, clear messaging to explain guidelines using images and clear language, with consideration of groups for which English may not be their first language	Implemented and Ongoing	All	
Using visual communications, for example, whiteboards or signage, to explain changes to schedules, breakdowns or materials shortages to reduce the need for face-to-face communications.	Implemented and Ongoing	All	
Communicating approaches and operational procedures to suppliers, customers or trade bodies to help their adoption and to share experience.	Implemented and Ongoing	All	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Inbound and outbound goods/ supplies, including paper records			
Objective: To maintain social distancing and avoid surface transmission when handling paper records, post and parcels			
Steps to be considered where reasonably practical	Further Information/ Evidence	Action owner	Rag Rating
Revising pick-up and drop-off collection points, procedures, signage and markings. Incorporating non-contact deliveries wherever possible	Single point can be set up at each HUB/Site, local managers need to make arrangements for this. **Constraint** This will not work with some items like drugs and items that require signatures (important documents sent in the internal post)	EC	
Where reasonably practical consider reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others)	I have reduced the amount of staff in the office area, some staff work from home on alternative days, delivery drivers are single. **Constraint** The Wearhouse / drugs team is small and this would dramatically reduce the ability of the team to function, the team were possible, observe the 2m requirements	EC	
Where possible and safe, having single workers load or unload vehicles	This is possible on small loads **Constraint** Larger loads are two person requirements due either repetitive moves, or the weight of the items	EC	
There is no requirement to quarantine paper records or wear gloves when handling	Implemented	EC	
Staff who are processing paper patient care records should avoid touching their face and regularly wash hands or use hand sanitiser	Team do not directly handle patient records, these items are bagged by the admin teams before collection.	EC	

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

Considering methods to reduce frequency of deliveries, for example by ordering larger quantities less often	Team is currently delivering 7 days a week (2 days OT), we could return back to 5 days per week or the team could be increased to take into account the 7 day working. **Constraint** DoH push essential stock(PPE) to the Trust 7 days a week instruction is to keep stores open 7 days, the stock that is pushed to us is in small amounts and requires multiple deliveries each day to support the Trust requirements.	EC	(green)
In supplies warehouses consider using markings and introducing one-way flow systems to prevent congestion	Markings have already been introduced, including distances makings and safe zone on entry to the sight. **Constraint** Due to the nature of the department we cant move stock in and out through a one way system, we only have one roller shutter door We only have one pedestrian entry door, making everyone go through the office will increase the risk to office staff and disrupt the normal day working	EC	(green)
Providing handwashing facilities or hand sanitiser where not possible, at entry and exit points	Already in place following IPC requirement two years ago.	EC	(green)

Rag Status	
(red)	Work required
(amber)	Work underway
(green)	Complete

Working Safely During COVID-19 in Ambulance Service Non-Clinical areas: Action Plan

NHS

Publications approval reference: 001559

To:
Chairs and CEOs of NHS Trusts / Foundation Trusts
CCG Accountable Officers
GP Practices, General Dental Practices, Community Pharmacists, Primary Care
Optometrists

cc:
Directors of Workforce
Primary Care Network Leads
ICS/STP Chairs
Regional Directors

24 June 2020

Dear colleague

Risk assessments for at-risk staff groups

As employers, we each have a legal duty to protect the health, safety and welfare of
our own staff. Completing risk assessments for at-risk members of staff is a vital
component of this. Thank you to the many of you who have completed risk
assessments and continue to provide support for your at-risk staff during this
challenging period.

Some staff, however, are reporting that they are yet to have their risk assessment
completed.

All employers need to make significant progress in **deploying risk assessments
within the next two weeks** and complete them – **at least for all staff in at-risk
groups – within four weeks**.

We are asking organisations to **publish the following metrics from their staff
reviews**, until fully compliant:

- Number of staff risk-assessed and percentage of whole workforce.
- Number of black, Asian and minority ethnic (BAME) staff risk assessments
  completed, and percentage of total risk assessments completed and of whole
  workforce.
- Percentage of staff risk-assessed by staff group.
- Additional mitigation over and above the individual risk assessments in
  settings where infection rates are highest.

NHS

This information should be made available to all staff either via the intranet, all-staff briefings, or similar. We also ask that these data become part of your Board Assurance Framework (or equivalent in a primary care context) and receive board-level scrutiny and ownership. For primary care providers, this would be a senior partner or the business owner as the employer with overall responsibility for their workforce.

Primary care

All primary care organisations remain legally responsible for securing appropriate occupational health (OH) assessments (including staff risk assessments) for their employees. Access to OH services based on the national occupational health specification published in 2016 has been commissioned by NHS England & NHS Improvement and may be via a local NHS trust OH department or an independent OH provider. We ask commissioners, primary care networks and practices to work together to:

- ensure local primary care staff know how to access support from their OH provider

- review OH service providers' current capacity and access to it

- share available OH capacity, or commission more to complement existing OH services via this Dynamic Purchasing Solution, if additional capacity or access outside normal working hours is needed

CCGs are asked to assure that this is happening comprehensively and speedily in their areas.

Support on risk assessments

After asking local NHS employers in April to begin risk assessing staff at potentially increased risk, the Faculty of Occupational Medicine published a risk reduction framework outlining risk factors in light of available scientific evidence. NHS Employers issued updated guidance in May, signposting useful materials. The NHS England/Improvement website contains practical tools and case studies on deploying risk assessments in primary and secondary care. Human Resource Directors (HRDs) have access to the HRD repository. Organisations may continue to use customised tools developed locally with their BAME networks.

In addition, we have launched educational webinars for HRDs on risk assessments, and dedicated help: nhsi.ournhspeopleleaders@nhs.net

We recognise the sensitive nature of conversations around individual health and wellbeing. But these conversations must take account of the urgency with which we have to ensure our colleagues' safety. Risk assessments should not be viewed in

isolation – satisfactory deployment brings organisation-wide benefits including less absenteeism and sickness, fosters a safety-first culture, and helps ensure trust and engagement with staff. We know trusts and CCGs are working actively with Regional Directors and they will follow up with you including to share best practice.

Thank you again for your continued commitment to staff safety and wellbeing.

Best wishes

Prerana Issar
NHS Chief People Officer
NHS England and NHS Improvement

Dr Nikki Kanani MBE
Medical Director for Primary Care
NHS England and NHS Improvement

Amanda Pritchard
Chief Operating Officer
NHS England and NHS Improvement

Annex: Strategies for deploying individual risk assessments

Examples of good practice in individual risk assessment deployment include:

- Understanding the role of workplace assessment alongside individual risk assessments
- Creating a strategic risk stratification of the workforce – to target those at increased vulnerability first
- Working across the ICS/STP and with PCNs to manage any impact on staffing levels to meet anticipated demand and maintain services
- Clear direction that this is an organisational priority by the leadership team, including CEO ownership and making it a standing item at board meetings (or equivalent in other settings)
- Consistent messaging through all channels on the availability of risk assessments
- Co-production with local BAME networks
- All staff briefings, online training, and support sessions for line managers in deploying high quality risk assessments
- Creating a crib sheet for line managers on having conversations on risk assessments
- Ensuring OH services are adequately resourced to provide appropriate levels of support and that line managers know how to access this in all settings
- Using online and/or smartphone-enabled risk assessments to achieve better adoption
- Co-locating risk assessment meetings with staff facilities (eg staff rooms) or COVID-19 testing sites
- Setting dedicated days in the week for risk assessments
- Creating trained risk assessment helpers within organisations.

WMAS COVID-19 Lessons Learnt 1: Action Plan

Action Plan in response to COVID-19 to date

Rag Status	
	Work required
	Work underway
	Complete

Command and Control

No	Category / Comment	Actions	Action owner	Rag Status
1	Utilising extra resource once it was apparent the massive surge in calls did not happen.	Senior Command Team regularly review the resourcing of the incident	ACM	
2	Some in house unrest at top level, I put this down to pressure, this then asks the question was that recognised at all by others at the same level or above, or soon enough to prevent it?	CEO and DCAO reviewed the cell structure and assigned extra resource quickly.	CC	
3	On occasion, very senior team drifted from strategic approach to hands on, this may have been seen by themselves as helping, but at times it felt as though they either were unsure of their own role or wanted to manage the grass roots	Senior Command Team to review and be aware of impact on others.	All	
4	NILOs asked to be the "critical friend" during the process. Difficult to fulfil the request with limited feedback from Strategic meetings.	Incident Director to review information sharing and consider in future incidents and within revised plans	CC	
5	Early mission statement for Covid19 cell was unclear with no aims and objectives even though the document of mission statement existed (11/03/2020).	Senior Command Team and Incident Director to review early on in future incidents.	All	

Structure

No	Category / Comment	Actions	Action owner	Rag Status
6	Command Team were stretched and relied on Officers going above and beyond daily.	CEO and DCAO reviewed the staffing requirements in the cell early on and individuals were brought into support.	CC	

	More robust shift patterns and support for Command in the Covid cell would have been beneficial in early days. Lean Management structures leave no room for manoeuvre and quickly burn out staff who have no option but to work excessive hours. This is particularly so as Covid arrived as the flooding lessened leaving Commanders and NILO's fatigued with leave cancelled and excessive hours put in.	Senior Command Team and Incident Director to acknowledge and plan for early in the incident response.	All	
8	Early support in the cell was TIC's and all NILO's. This led to having to catch up to rapidly changing process's most shifts which slowed the battle rhythm down in the room every change of shift. (notable change 15032020.	Incident Director to consider in future incidents and within revised plans	CC	
9	No clear divide in responsibilities and roles between Covid-19 incident room and transportation cell in SCC initially. This led to the SCC calling themselves Covid-19 Duty Commander and confusion as to who owned each risk and responsibility. This should again be exercised beforehand. This reduced over time and familiarity with the new process.	Incident Director to consider in future incidents and within revised plans	CC	
10	Senior command team meeting remotely sooner.	CEO / Senior Command Team	ACM	
11	Trust needs to remember that apart from the crisis, several functions still must be done as usual. it is important to understand that the only way of doing two jobs is to work smarter, longer, but in this case, it is both and a protracted event has its own implications.	CEO / Executive Directors	All	
12	Logist training for all potential Logist; this would then give consistency and an understanding of how a log should be completed. Also, when an incident is running all Logist need to be briefed and trained in the "actual" way the response is unfolding to ensure each Logist is doing the same thing.	Resilience and Specialist Operations Director • Formal review of Loggists and further training to be provided	SJW	
13	Build in a 1hr handover on shift pattern for Commander and NILO. (in Covid Cell).	Shift change times altered in the cell to reflect the comment and allow adequate handover period.	SJW	
14	Carry out a command team review, looking at increasing the number of key officers, TIC's/NILO. At times (flooding and Covid-19) the command team were stretched between attending TCG's, covering on-call, and providing an operational response.	CEO	ACM	
15	Settle into an early battle rhythm. This would have provided structure during the uncertainly. Shift patterns, working roles etc.	Incident Director to consider in future incidents and within revised plans	All	
16	Plan for which Officers/staff are going to staff any incident room which is put in place and ensure they are exercised and tested on a regular basis. This can be part of the update in the pandemic plan	Senior Command Team and Incident Director to acknowledge and plan for early in the incident response.	All	

No	Category / Comment	Actions	Action owner	Rag Status
	review, using officers that become available through the pandemic mobilisation process of "non- essential" officer.			
17	Early stages there was a heavy workload and at time difficult to complete tasks at certain deadlines e.g. 10am and 16.00 report. Use Logist or other staff to fill in some reports.	Incident Director to consider in future incidents and within revised plans	CC	
18	With the demands of multiple TCG's across the region and conflicting times with other TCG calls and actual shifts in the cell consideration for a wider net to be cast amongst possibly SOM's etc to dial in and back brief from these TCG calls instead of NILO's.	Incident Director to consider in future incidents and within revised plans	CC	

Infrastructure / Logistic Support				
No	Category / Comment	Actions	Action owner	Rag Status
19	Logging in electronic format clunky and not suitable.	Resilience and Specialist Operations Director to review the detail of the issue. • Rob Stevens tasked 8/6/20 with looking into feedback and presenting options paper 6/52. Issues identified and work to be undertaken	SJW	
20	Standardise the file name format to ensure file saving is accurate and easily checked for errors/ Missing files in OneDrive or any other storage. Share that information with all in working in the room to ensure consistency. (Incident Log in the Covid Cell)	NILOS • As per action above, Rob Stevens tasked to resolve.	SJW	
21	No thermometer at PTS hubs to check staff.	Thermometers available within NEOC. As part of working safely action plan temperature stations to be considered on operational bases.	MB	
22	Understanding of level of PPE by the control room required for area's doing AGP's	Complete and notices shared	JB	
23	Sharing PPE (goggles) at beginning.	Resolved with personal issue	CC	
24	Monitoring the consumables took a while to bed in on Hubs.	SOM's	NH	
25	Distributed personal issue of Goggles & Visors earlier.	IPC Lead / Pandemic Plan	All	

26	Distributed PPE to Taxi Providers earlier.	Followed national guidance and PHE. WMAS undertook own risk assessment and issues PPE to taxi providers and patients.	MB	
27	Consideration of how to support corporate teams working from home to ensure they have an ergonomically appropriate workstation at home, with the correct IT equipment, chair etc if a more longer-term arrangement.	Executive Management Board. Individual risk assessments being conducted	ACM	
28	Main stores were adequate 3 years ago, but the Trust has grown and we have had to put stock out on other sites in the day to day working as we were unable to hold centrally, the Covid element has then caused us added pressure, we have been fortunate that we have had Kidderminster to fall back on and the weather has been good so we have been able to pick and take deliveries outside, if either of these elements changed, especially in the early days, we would have had a huge problem!	Executive Director of Strategic & Digital Integration reviewed and to be considered as part of future estates plans	CC	
29	The new stores need to be centrally located, close to good road network and be large enough that it can flex, without this being taken into consideration and putting stores away from a central point, the danger is that the staff will move away and we would lose the expertise that we currently have.	Executive Director of Strategic & Digital Integration reviewed and to be considered as part of future estates plans	CC	
30	Social distancing on station.	In line with COVID Secure Non clinical areas work implemented	All	
31	Easy to use and searchable logging in an electronic format should be utilised Trust wide.	Resilience and Specialist Ops Director • Rob Stevens to incorporate into action 19 and 20 resolution 8/6/20 issues identified and work to be undertaken	SJW	
32	Given the last 12 months, is there a need for a full time ICC?	Not considered necessary but will be kept under review	ACM	
33	Layout of the room, whilst the room is predominantly a meeting room if the long term aim is in similar situations to utilise this room then some suggestions to make the room better would be to replace the overhead projector and screen with a TV large screen with a direct link into a PC, the bank of screens x 6 on the one wall replace with larger screens that have the ability to display multiple images be that News or computer screens as currently screens are too small, the software to enable multi views across multi a screens would bed to be investigated by IT and potential invest in this. Set up the mouse	Incident Director / Head of IT Rich Monkton has reviewed the screen layout in the room with James Williams. Split screen software added to projector. Option for TV screens (6 screen panel) provided to CC.	CC/PC	

	which drives the TV wall in a position that you can see the mouse pointer on the screens and not strain to try and see where the mouse is simple solution use of wireless mouse and keyboard.		
34	Placement of an Airwave 999 system (ICCS?) in the command cell to give the option if required to have a "ICD" type operator in the room this is more for response to other incidents in the future.

Additional hard-wired internet connections in the room to allow laptop connectivity for Commander & NILO's laptops instead of having to connect via corporate Wi-Fi, current room configuration does not allow this as all "live" ports are in use.

Add AIRBOX Mosaic software PC in the room. | Incident Director / Head of IT

Jeremy Brown advises that there are no ICCS positions to release from EOC. Desk radio offered and declined. No further action planned (complete).

Supplier contacted for quotation for additional data points in CR2. Implementation via IT Service Desk.

Airbox software added to projector laptop (complete) | CC/PC |
35	Stock control methods and practice need planning and exercising before the next wave of covid-19 or other pandemics.	Incident Director / Head of Purchasing and Contracts consideration given for future	CC
36	Have someone to do "running around" hub stock checks. This has been left to the duty TIC or station OM and has at times meant delays in getting information back to the ICC, particularly if busy due to operational demand.	Consideration given	CC
37	Re-think of stock control system (Nationally) as a whole process to match retailers. They are not spending anywhere near the hours on stock control. How many of the daily reports are related to stock control.	National direction, feedback to be provided	CC
38	Access to GRS/ ORBIT and other relevant databases for "CovidICCMailbox" unable to access some documents due to generic email account.	Orbit access is available. Users access GRS via personal logins.	PC
39	Homeworking equipment including RAPS was given to back office staff first, leaving no stock left for call taking staff who needed to self-isolate, NEOC staff.	Staff in isolation who are WFH have all got IT equipment. There was a delay as we waited for more equipment to arrive.	MB
40	Manager access with new HD rotas as aligned to A&E Hubs	The HD rota's were aligned to E&U Hubs, therefore some PTS managers did not have access. Managers now have access and are able to move staff around the system	MB/NVH
41	Confusing Rotas and staff movement. Trying to look for resources for HDPTS and our own PTS.	As above	MB

WMAS COVID-19 Debrief 1: Action Plan

No	Category / Comment	Actions	Action owner	Rag Status
42	Limited guidance re. recording on GRS. E.g. in early weeks, some Supervisors cancelled planned A/L for staff on 14 days isolation to avoid double abstraction. This should not have happened.	Consideration given for action cards and further suport	KN	
43	COVID absences spreadsheet on Orbit implemented too late.	The offer for reporting was made available at the beginning, will assist in any further requirements from the start	NVH	
44	PTS/A&E CAD not linked, therefore still a manual process to move jobs between CADS	Review with Cleric how we integrate the two CAD's and whether it is feasible.	MB/JB	

No	Category / Comment	Actions	Action owner	Rag Status
45	Send corporate staff based at MP home sooner.	Incident Director / Executive Management Board	ACM	
46	Earlier direction regarding home working for corporate functions.	To be kept under review	ACM	
47	BAME staff engagement sooner.	Executive Director of Workforce and Organisational Development to ensure	KN	
48	Vacancies already being carried in team which limited ability to upscale workstreams without additional hours and overtime.	Departmental leads / EMB to consider	KN	
49	HR advice was slow – this improved with action cards.	Executive Director of Workforce and Organisational Development noted feedback	KN	
50	No guidance or co-ordination at Trust level re. utilisation of civilian volunteers from SamApp etc.	Incident Director considered	CC	
51	Swabbing for PTS should have happened earlier.	Incident Director to consider in future incidents and within revised plans	MB	
52	Consult with front line staff when writing guidance to check it is interpreted as predicted.	Incident Director to consider in future incidents and within revised plans	MD	
53	Comms is key, Government have a 17:00 hrs briefing from one of the top team every day to the public, the Trust could adopt a similar approach as a webinar approach (no camera) the director in Covid could have done an update if not every day 3/4 times per week and anyone could log on to listen in if they wished (x2).	Regular webinars are now taking place and will evolve moving forward	MM	
54	We informed the world that we had stock at main stores and at every HUB/PTS site, other NHS Trusts said what they had in stores only,	Incident Director to consider in future incidents and within revised plans	CC	

WMAS COVID-19 Debrief 1: Action Plan

we shot ourselves in the foot by opening up our ability to gather information, therefore we were required to pass that stock on. It's important that we are open and honest, however we should have established what was required in the report before responding, this should have been done by testing all the parties and how they were going to respond, if all were saying what they had everywhere then that would have been the benchmark, but I don't think that is the case, all stocks on wards for instance, are classed as stock used/out, we on the other hand are counting our stock on HUBS / PTS locations, but not at HQ's, EOC's and 111!	(green)

Decision Making / Communications			
No	**Category / Comment**	**Actions**	**Action owner**	**Rag Status**
55	Consult with HART on donning and doffing of PPE before issuing guidance. HART was already HCID trained and are used to controlled doffing of PPE to reduce risk to wearer.	Consideration given	SW/KM	(green)
56	Communication between senior command decisions and corporate heads of department.	Having regular conference calls with teams	ACM	(green)
57	Clear communication. Staff were getting confused around the changes in policies. I believe this will always happen. However, some local policies were changed numerous times in 24 hours.	Incident Director considered and constant review of documentation is undertaken	CC	(green)
58	Talking to staff – memos do not always get read but we all too busy to do so - staff will feel neglected. -Difficulty passing all changing information to staff and ensuring that they had read and understood the changes	Webinars and videos undertaken by SOMs on sites	NH	(green)
59	Action Cards issued too late.	Executive Director of Workforce and Organisational Development noted feedback	KN	(green)

WMAS COVID-19 Debrief 1: Action Plan

Briefing Note for Senior Command Team Meeting 26/06/2020

Subject: Outdoor shelter for additional social distancing on A&E Hubs

Introduction

There is a requirement to provide additional social distancing space on A&E Operational Hubs due to Covid-19 and also because the hubs are much more crowded than their initial design brief when original constructed.

There are not huge external areas on hubs and parking is at a premium too, so the request was to scope out the implementation of covered areas where outside benches could be placed to staff to a break. Typically the construction would be galvanised steel frame with a polycarbonate roof for shelter. There would be no sides to the structures, although if a current building is used to create a lean-too, this will provide a wall side as such.

Solution

Having assessed 15 operational hubs, only 1 site cannot accommodate any form of shelter – Donnington. The remaining locations can typically accommodate a 4meter x 5xmeter frame structure. Various locations need different ground works to accommodate a surface, moving other small structures and dealing with rainwater runoff.

Below is an example of the structure

Costs

It has been difficult to get this project costed, many companies haven't been doing site visits and companies partially open or clearing backlog work. The task requires making of galvanised metal structures (bespoke) and then polycarbonate roofing panels to size.   Each structure is unique for the site too.

Attached is breakdown and notes about each site proposed

WMAS engaged CMS Contractors to undertaking quoting for several sites to gain a costing estimate for the overall project, based on availability and proven ability to provide solutions in this difficult operating period.

Total costs of Structures installs (17 sites in total) = £186,120

Estimate for Ground works across all sites (17 sites) = £44,669

Total estimated cost for 17 sites = £230, 789 (inc vat)

Recommendation

The costs to implement this work at 17 sites is £230,789 (inc vat).   Each solution is limited by the areas available on each property and provides some additional space undercover but not waterproof space (eg rain / windy day will create protection).

There will be a need to control what the space is for, to avoid these becoming larger smoking areas, which is what the majority of cycle store covered areas are used for on hubs.

The final issue with this task for estates is the procurement route. Essentially this is tendered level of cost, which requires a specification to be drawn up for each site and then put out to competitive tender for a period of 30days.   Estimated 6weeks to make frames and 8weeks to complete the task. So likely 4-5months if the process of tender is followed.

SITE REF	ADDRESS	POSTCODE	Description	Size	Type	Cost	Inc VAT	
HOLLYMOOR HUB	HOLLYMOOR POINT, RUBERY, BIRMINGHAM	B31 5HE	Narrow piece between fence and front parking	8meters x 2.5meters	Standalone	9000	10800	1
ERDINGTON HUB	OPUS ASPECT, CHESTER ROAD, BIRMINGHAM	B24 0QY	Narrow piece at the back of the building	10meters x 3meters	Lean-too	12000	14400	2
LICHFIELD HUB	EASTERN PARK, EASTERN AVENUE, STAFFORDSHIRE	WS13 7SY	Outside of boardary fence - small area - changes to fence	3.5meters x 4meters	Standalone	10000	12000	3
WILLENHALL HUB	ELECTRIUM POINT, ASHMORE LAKE WAY, WILLENHALL	WV12 4LF	Move cycle store to grass area and place shetler	5meters x 4meters	Standalone	8200	9840	4
SANDWELL HUB	HARGATE LANE, WEST BROMWICH	B71 1PH	Rear of building on grass - make hardstanding	5meters x 4meters	Standalone	9700	11640	5
COVENTRY HUB	IBSTOCK ROAD, COVENTRY	CV6 6JR	A the rear most corner	5meters x 4meters	Standalone	9700	11640	6
WARWICK HUB	EDGEHILL DRIVE, TOURNAMENT FIELDS, WARWICK	CV34 6LG	Narrow piece down sode of builing some chnages to fences	4meters x 2meters	Lean-too	8700	10440	7
DUDLEY HUB	BURTON ROAD, DUDLEY	DY1 3BZ	Very small area - triangle - probably not viable	4meters x 4meters	Standalone	6000	7200	8
TOLLGATE UNIT 2 EOC	TOLLGATE DRIVE, TOLLGATE INDUSTRIAL ESTATE, STAFFORD	ST16 3HS	A the rear most corner	5meters x 4meters	Standalone	9700	11640	9
SHREWSBURY HUB	MERCIAN CLOSE, LONGDEN ROAD, SHREWSBURY	SY3 9EA	in Gravel carpark area	5meters x 4meters	Standalone	9700	11640	10
DONNINGTON HUB	WREKIN DRIVE, DONNINGTON, TELFORD	TF2 8EA	No opportunties			0	0	11
WORCESTER HUB	SPETCHLEY ROAD, WORCESTER	WR5 2NL	Smalll area front corner nr pub boundry	4meter x 4meters	Standalone	7500	9000	12
BROMSGROVE HUB	BARNSLEY HALL DRIVE, BROMSGROVE	B61 0EX	Front exit garage to the left	4meters x 5meters	Standalone	9700	11640	13
HEREFORD HUB	ROSS ROAD, GRAFTON, HEREFORD	HR2 8BH	Extended patio location	4meters x 5meters	Standalone	8200	9840	14
STOKE HUB	ETRURIA VALLEY BUSINESS PARK, FORGE LANE, STOKE ON TRENT	ST1 5NP	move cycle stores and place in that location	4meter x 5meters	Standalone	12000	14400	15
MILLENNIUM POINT HQ	UNIT 9, WATERFRONT BUSINESS PARK, WATERFRONT WAY, BRIERLEY HILL	DY5 1LX	Two of around the EOC mess room and Fire Exit	2 separate shelters	Lean-too	15000	18000	16
NAVIGATION POINT (111)	UNIT 6, WATERFRONT BUSINESS PARK, WATERFRONT WAY, BRIERLEY HILL	DY5 1LX	In an open area - trading carparking for shelter	4meters x 5meters	Standalone	10000	12000	17

Sub Total	186,120
Ground Works	44,669
Total	230,789

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 12   MONTH: JULY 2020   PAPER NUMBER: 10

	2020/21 Winter Plan
Sponsoring Director	Craig Cooke – Executive Director for Strategic Operations and Digital Integration
Author(s)/Presenter	Craig Cooke – Executive Director for Strategic Operations and Digital Integration Nick Henry – Head of Operational Information & Planning
Purpose	The Winter Plan is the Trust document that gives the strategic plan for the coming winter and the arrangements in place
Previously Considered by	Senior Commander Meeting, OMT and EMB
Report Approved By	Craig Cooke – Executive Director for Strategic Operations and Digital Integration

Executive Summary

This Winter Plan sets out the Strategic overview of the arrangements for the Trust for the coming Winter Period for 2020/21.

The Trust has many years of experience of developing its robust planning arrangements for the Winter period, with this year having additional arrangements for the global COVID-19 pandemic. This year's plan has been constructed with lessons learnt feedback from last winter, flooding and the first phase of COVID-19 experience.

This paper comes to Trust Board for approval

Related Trust Objectives/ National Standards	Achieve Quality and Excellence, Accurately assess patient need and direct resources appropriately, Establish market position as an emergency health care provider and work in partnership. Also to achieve National AQI's
Risk and Assurance	This Winter Plan is to enable the Trust to manage the expected risks of increased demand and provide the safest service to the citizens and staff within the region
Legal implications/ regulatory requirements	Winter Plans are requested by NHSE/I for regional and national assurance for all NHS Trusts

Financial Implications	There are financial implications to delivering this plan that have previously been consider by EMB to enable the plan to be completed
Workforce & Training Implications	The necessary recruitment and training have previously been approved by EMB
Communications Issues	N/A
Diversity & Inclusivity Implications	Given the recruitment of additional staff from within the organisation and externally, these implications are already considered through opportunities within the recruitment process. This plan is inclusive to all citizens, patients and staff within the Trusts regional arrangements
Quality Impact Assessment	N/A
Data Quality	The information required for this plan are provided by the Trust BIU team and the BIU are internally and externally audited to ensure data quality

Action required

This report comes to Trust Board for approval as part of the Trust's formal signoff process for Winter Planning

2020/21

Winter Plan

Version	1.6
Ratified by	
Date ratified	
Author	Head of Operational Information & Planning
Intended audience	WMAS Staff NHS England/ Improvement Area Team Ambulance CCG Commissioning Lead
Related Plans	WMAS Major Incident Plan WMAS Adverse Weather Plan WMAS Process for patient handover and turnaround at Acute Trust's Mutual Aid Plan Resourcing Escalatory Action Plan (REAP) Surge Demand Management Plan Pandemic Influenza Plan

Trust us to care.

Version Control

Version	Date of issue	Updated by	Change log
1.0	12/06/2020	N Henry	First Draft for 2020/21
1.1	23/06/2020	N Henry	Charts updated and minor amendments
1.2	26/06/2020	N Henry	Updates from lead areas
1.3	29/06/2020	N Henry	Further area updates and sequence flow
1.4	02/07/2020	N Henry	Updated from Senior Commanders
1.5	06/07/2020	N Henry	Final update Senior Commanders
1.6	14/07/2020	N Henry	Agreed at EMB, charts updated

Disclaimer

This plan may require dynamic management during operational delivery due to the nature of the work undertaken, which can result in last minute changes. The author will inform colleagues of any required changes and log all changes accordingly. This plan and any associated documents must not be circulated beyond the plans distribution list.

The Map below shows the geographical areas of the West Midlands Region. The Trust provides all the Emergency Ambulance Service provision and currently provides Patient Transport Services in 2 of the sub areas.

Distribution

External

NHS E/I

Commissioning CCG

Local A&E Delivery Boards

Internal

Anthony Marsh	Chief Executive Officer
Craig Cooke	Deputy Chief Ambulance Officer
Alison Walker	Medical Director
Linda Millinchamp	Director of Finance
Mark Docherty	Director of Clinical Commissioning and Strategic Development/Executive Nurse
Kim Nurse	Director of Workforce and Organisational Development
Murray MacGregor	Communications Director
Nathan Hudson	Assistant Chief Officer (Emergency Operations)
Steve Wheaton	Assistant Chief Officer (Specialist Operations)
Michelle Brotherton	Assistant Chief Officer (Commercial Services)
Jeremy Brown	Assistant Chief Officer (Integrated Urgent Care)
Nick Henry	Assistant Chief Officer (Information & Planning)
Andy Proctor	Assistant Chief Officer (Compliance)
Keith Prior	Assistant Chief Officer (NARU)
Tony Page	Head of Fleet, Estates & Logistics
Operational Management	Region Wide
EOC Management	Region Wide
EOC Duty Managers	Region Wide
Incident Command Desk	EOC MP
On Call Teams	Teams 1 to 4
Strategic Capacity Commander	Regional Capacity Cell
EP Team	Emergency Preparedness Managers

Table of Contents

1.0 Background to WMAS

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) is located in the heart of England; it serves a population of over 5.6 million people, who live in the areas of Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire and the Birmingham, Solihull, Coventry and the Black Country conurbation. This covers a region of 5000 square miles of which 80% is rural landscape and well known for some of the most remote and beautiful countryside in the country that includes the Welsh Marches on the Shropshire / Welsh borders and the Staffordshire Moorlands.

The West Midlands is an area of contrasts and diversity. It includes the second largest urban area in the country, covering Birmingham, Solihull and the Black Country where in the region of 45% of the population live. Birmingham is England's second largest city and the main population centre in the West Midlands, second only to the capital in terms of its ethnic diversity. It also sees an annual influx of people of all age groups who attend particular events such as nightlife; Christmas markets; football matches; marches; cricket; live shows at the Birmingham Arena, NEC or travelling to and from Birmingham International airport.

The Trust has a strong set of underpinning structures to ensure the very best services are provided to the patients and public which we serve, whilst ensure continuous improvement and efficiency is enabled for long term sustainably.

WMAS is a high performing urgent and emergency ambulance service that has a significant track record of delivering successful services over many years. The Service is also experienced in managing significantly sustained incidents (such as pandemic flu) and continuous high demand periods (such as heatwave and severe winter weather) and has successfully led the response to such incidents.

The winter of 2019/2020 was a mild winter with health economies having lower levels of norovirus, the key factors coming out of winter were significant flooding in February and the impact of the global pandemic COVID-19 that created a Level 4 NHS critical Incident status. WMAS were able to achieve all National Ambulance quality standards for the year, despite very high demands and significant hospital delays. The learning from 2019/20 a have been utilised to further inform and improve this plan.

1.1 WMAS Firmographics

- Established in July 2006 merging with Staffordshire in October 2007

- 5.6 million population (Circa 10.5% of the English population)

- Over 5,000 square miles, 80% rural

- Circa 4,000 *999* calls per day

- Over 570,000 emergency journeys annually

- NHS 111 provider for Arden, Birmingham, Black Country & West Mercia

- Approaching 3700 average *111* calls per day

- £350 million budget

- Emergency Fleet of over 515 vehicles including:

    - 514 Emergency Ambulances

    - 15 4x4 Wheel Drive Double Crew Emergency Ambulances

    - 22 Rapid Response Ambulance Cars

    - 4 x Helicopters

    - Specialist Vehicles including:

        Polaris Ranger 6x6 Off Road Ambulance

        Mass Casualty Vehicles

        Mobile Command Vehicle

        Major Incident Vehicles

- Over 7500 Staff and 1,000 Volunteers

- 857 defibrillators per million population

1.2 Infographics

- Only Ambulance Trust with Outstanding CQC rating

- No Vacancies, including Paramedic (nationally there are 2,500 Paramedic vacancies)

- Only ambulance service to have all front-line ambulances that have a Paramedic on board (highest skill mix in the country) therefore 100% of patients are assessed by a registered healthcare professional

- Newest fleet in the country, no vehicles more than 5 years old

- Only Outstanding Ambulance Trust in segmentation 1 of the Single Oversight Framework

- Low Bank Staff use (<1%)

- Over 300 more Student Paramedics will begin training this year

- Achieved the mandated flu targets in 2018/19 and 2019/20 achieving over 80%

- Lowest level of staff sickness in the country (3.38%)

- Highest achievement of PDR completion and mandatory refresher training (97% and 97% complete 2019/20)

- 2020/21 Operational 1-day Mandatory Training will complete at the end of November 2020

- Second lowest conveyance rate in the country with our paramedics only conveying patients to ED that require ongoing assessment and treatment with 100% roll-out of the electronic patient record (EPR)

- Over 96% of all incidents recorded on the EPR

- Very high performing in terms of response times – highest performing ambulance service in the country

- High level of preparedness for the eventuality of a Marauding Terror Attack (MTA) or other terrorist activity, enhanced equipment on all vehicles

- Financial Key Metrics (EBITDA, CIPs, Capital, Cash) target achieved and exceeded for 2019/20

- Operational 24/7 Tactical Incident Commander on duty to provide senior experienced management to significant incidents

- Fully embedded Strategic Capacity Cell available 24/7 to support hospitals and operational resources to improve support to patients

2.0 Introduction

The winter/festive period is an extremely busy time for WMAS and presents significant challenges in terms of increased 999 and 111 activity, year on year. In reviewing the 2019/20 winter period, the increased pressure period began in October through to December, with significant flooding in February that dovetailed directly into the COVID-19 global pandemic. In reviewing the early winter months profile, it demonstrates that the Trust experiences an average increase in incidents of 7% and peaks at 20% through the period compared to the rest of year average. The later months of winter saw 3 counties having declared Major Incidents due to the flooding and the Trust responded accordingly to resource with a Senior Command structure and the appropriate support infrastructure to ensure delivery of a safe ambulance service to the public.

Other factors such as increased sickness, significant handover delays at many acute hospitals and reduced services in the wider health economy, will further affect our ability to respond to patients quickly.

The primary focus of this Winter Plan is to review and outline the service's plans and preparation in readiness to provide sufficient resources, in all areas of the Trust, to achieve safe services for the delivery of patient care and maintain performance over the Winter, this year having the added potential complications of a COVID-19 second wave, that further poses a possible significant risk for patients, staff, the Trust and health community partners.

The impact on service delivery from COVID-19 saw significantly increased abstractions due to staff isolation, sickness and shielding, with a current unknown impact from the new Government Test & Trace.

During the normal planning for the period, the Trust will experience payday weekends, school holidays, various festive events, Christmas & New Year parties, any adverse weather conditions and increased congestion on the roads. In addition, it is well documented that the overall NHS system becomes challenged during this period with high demand which is often sustained and creates considerable capacity pressures. This year there are national expectations from NHSE/I that the health systems will use the experiences of 'working differently' during the COVID-19 lockdown period, to improve how patients access emergency, urgent and primary care services using technology or different accesses to services like Emergency Department / Urgent Treatment Centres via 'think 111'. The Trust is in the initial conversations to pilot new ways of working through 111 and further work is required to move this forward.

This Winter Plan has been developed to cover the arrangements for the Trust and so encapsulates all Sustainability and Transformation Partnerships (STP's) that operate within the WMAS regional boundaries.

A separate and more detailed operational plan will be published to ensure the Festive period (pre-Christmas, Christmas, New Year and post New Year) is managed safely and effectively, this will be known as the Festive Plan (FP), and will contain very detailed operational resourcing plans.

2.1 Strategic Planning

The Trust has developed its strategic plan with early investment for robust plans to be in place to ensure that during the Winter/Festive period, that it has the maximum number of available staff to better manage the increases in call volumes and the ability to respond to patients at the busiest period of the year. This to include recruitment of circa 295 new operational staff so that their training is complete, to ensure they are fully operational for the festive period, reduced abstractions for the festive period, timely fleet replacement programme in place to enable an increase in fleet for the busiest months and increased emergency call takers have been recruited in the year to ensure the staff have good experience before the winter period and plans are in place to ensure that these staffing levels are maintained.

All additional staffing and resource will be available and ready to be deployed into frontline operations ahead of the festive period. The annual training of operational staff (mandatory training) will also be complete by the end of November. Therefore, the Trust will have the maximum workforce available to frontline duties for the Festive period to help all of our patients as promptly as possible.

The purpose of this plan is to maximise resourcing to meet high demand. The Emergency Operations Centre (EOC), each of the 9 Operational Sectors, Emergency Preparedness, Fleet, Logistics, 111 and Business Continuity support are all reviewed and explicitly addressed in plans. The Trust has

undertaken lessons learnt exercises for last winter, flooding and the first phase of COVID-19. All documented and presented to the Board of Directors.

Plans illustrate how those same risks will be mitigated during the period, including those actions that have been taken to address any potential gaps. All departments must provide their team staff working hours and how they will support operations and/or the control rooms over the winter period. Officers with blue light cars will be asked to provide additional operational support.

All Trust Business Continuity Plans (BCP) are up to date and have been tested.

In order to maximise patient safety over the critical festive period there will be no non-urgent / non-mission critical meetings in Headquarters between Monday 14th December and Wednesday 6th January inclusive.

All operational effort is to be focused on responding to patients and this includes all union reps, clinical managers, etc. from 14th December 2020 -13th January 2021.

In addition to the strategic planning for winter and the agreed operational plans for winter, the CEO has delegated authority from the Board of Directors to implement further operational options to increase capability, as the winter demands prevail and to take all necessary action to protect staff and the public.

A number of contingency options for additional resourcing will be developed prior to the winter to support unforeseen circumstances. One that has already been agreed due to COVID-19 is for a High Dependency tier to be available in E&U operations until the end of March 2021.

2.2 Winter Demand

There is typically a 4.5% demand increase year on year, although through the winter period the Trust experiences a typically 6% growth for the months November and December, compared to the mean average of non-winter months and can also see spikes of 20% at times. The below graph shows the expected increase in demand to assist in the planning of resources.

Incident vs Forecast by Month
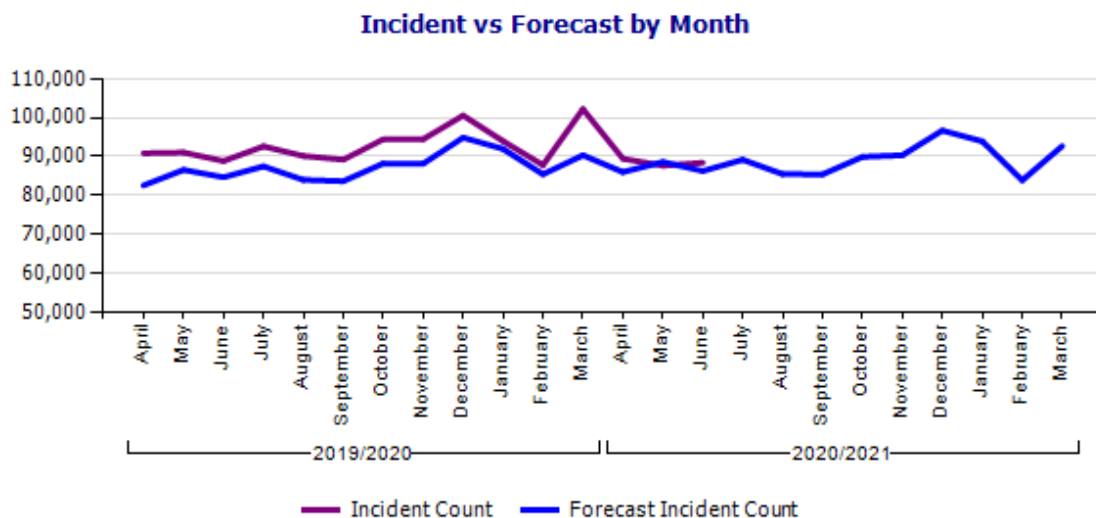
Demand is also affected by the timing of the Bank Holidays during this coming festive period in relation to the weekends and when NHS services are available. For 2020/21 the Christmas period falls over a weekend with Friday (Christmas Day) and Saturday (Boxing Day), giving a period of days post the actual Festive dates with an additional Bank Holiday on Monday 28th December for services to be accessed by patients. This four-day period will have additional impact on the 999 and 111 services for this extended holiday period with reduced primary care services.

Historically when Christmas Day falls directly into a weekend does provide a differing pattern to the activity impacted by the health services availability of primary care given the prolonged weekend and weather conditions.

This year has the potential of higher risks due to the unknown impacts of COVID-19 that could have wider effects on all health and social communities within the region. Planning have been made to assume that COVID-19 will affect WMAS service delivery due to a vaccine not being available.

2.3 Resilience and Specialist Operations

The winter months present some specific challenges for the Trust in relation to Resilience and Specialist Operations.

The potential for operational challenges encountered through inclement weather often increase throughout the winter period. Such occurrences are covered through the enactment of the Trusts "Adverse Weather Plan" Local and Regional forward and real-time forecasting is maintained by the Resilience Department with close links with the "Met Office" and the Environment Agency to allow sufficient time for any actions required.

Winter also has the potential for increased cases of sessional flu outbreak. The Trust commenced its robust sessional flu campaign in May 2020, to ensure appropriate planning is in place to reduce any potential impact on seasonal outbreaks are managed appropriately.

Although more prevalent in the weeks preceding the festive period, many areas across the region would normally have a significant rise in footfall through major towns and cities leading to "crowded place" scenarios. These scenarios are potential subjects for the increased possibility of terrorist attacks given the change in tactics seen across the globe in recent years. The Trust has a significant capability both in terms of planning, response and links with local agencies in such matters.

All gatherings this year have a potential to having a different management approach by the event providers due to the current COVID-19 pandemic.

3.0 Commissioning

WMAS is commissioned by 20 CCGs across the West Midlands, with Sandwell and West Birmingham CCG being the Lead Commissioner.

3.1 Lead Commissioners

The Lead CCG Commissioner can be contacted for a variety of reasons such as

- Act as a communication point between WMAS and CCGs
- Highlight specific issues that need Commissioner input
- Keep appraised of issues that are ongoing

WMAS have a named Commissioning Executive Director who will be the point of contact for all commissioning matters, specifically:

- Additional winter resources
- Attendance at 15 A&E Delivery Boards
- Lead for the STP's
- Alerting to additional system resilience requirements for 999 & 111
- Escalating system pressures relevant to CCG's (e.g. Ambulance Turnaround delays)

3.2 Potential Risks

- Commissioners are looking to WMAS to support delivery of the local healthcare system
- High demand on 999 or 111 services (significant growth due to sudden severe adverse weather or increased illness in patients)
- High levels of COVID-19, sessional flu, associated illness or isolation abstractions
- Hospital Turnaround delays at Emergency Departments is a likely key risk which will impact the operational delivery of the Emergency Service
- System risks are managed via A&E Delivery Boards, Chief Executives of providers, and Local Authority representation
- Substantial incident or disease outbreak

The following should be focused on to assist in managing the identified risks and workload:

- Increased cover on Bank holidays, weekends and other key dates
- Sustained low level of conveyance to hospital
- Reduced handover times and reducing excessive long delays
- Continued use of the Clinical Support Desk
- Use of Clinical Advisor Service
- Use of alternative Pathways of patient care

3.3 111

The Trust has quickly built a reputation for delivering a stable 111 service for the geographical area that it is now the provider, Birmingham, Black Country, Shropshire, Hereford, Worcestershire, Coventry and Warwickshire. Vocare are the provider for the county of Staffordshire. Given the robust delivery from the Trust, it is vital that Vocare are able to also provide a fully enabled service to answer calls promptly and have the resources to manage their CAS requirements accordingly, to not impact the 999 service in the county.

A significant training programme has ensured that the Trust is already well placed to deal with winter in 111. This is currently being further enhanced by the dual training of call taking staff from both 999 and 111 to be conversant in both functions.

The Clinical elements of 111 have also seen significant investment where the clinical model of providing the right clinical skills to meet the needs of patients is finally at the planned establishment. The function has clinicians from a wide range of back grounds including, GP's, Advanced Nurse Practitioners, Advanced Paramedic Practitioners, Nurses, Paramedics, Dental Nurses, Mental Health Nurses and Pharmacists. The Trust is in the early stages of a project with NHSE/I to introduce 'Think 111' as a service to assist patients to be referred to a service with a time window for being seen.

4.0 Command and Control

The Trust has a strong track record in delivering effective services through a command structure. This consists of a) Executive Director of On-Call 24/7 (CEO or Deputy Chief Ambulance Officer), b) the Strategic (Gold) Commander team who provide 24/7, 365-day strategic leadership and management through an on-call provision, c) a Duty Director (Gold) provide a live working Strategic on-duty Commander at Headquarters every weekend. At times of extreme demand these arrangements will be expanded further to meet the needs of the organisation. The on-call system also provides Tactical level management for the geographical areas and functional operational department.

In the winter period (2020/21) the Trust will provide a) an Executive Director of On-Call 24/7 (CEO or Deputy Chief Ambulance Officer), b) an On-Call Strategic (Gold) Commander 24/7, c) a Duty Director on site at Headquarters at weekends d) an additional Duty Director working Monday to Friday on twilight shifts. This role has been proven through the last few winters to be very beneficial to have this senior leadership on site (dealing with matters live and supporting staff. This will be completed within a formalised rota from 4th November through until at least the end of February half term 2021, with an option to extend until the end of March dependant on pressures.

There are 9 sectors within the Operational arena of WMAS:

Sectors		
Coventry & Warwickshire	Herefordshire & Worcestershire	Stafford & Lichfield
Dudley	Hollymoor	Stoke
Erdington	Shropshire	Willenhall & Sandwell

Sectors are led by a Senior Operations Managers (SOM's) that have a combination of Hub/s and Community Ambulance Stations where staff book on and off duty. The SOM leads the Hub/s and larger Hubs have an Assistant Senior Operations Manager (ASOM's) for support; each hub has a team of Operations Managers (OM's) who work 24/7 and are responsible for the day-to-day welfare of staff. In addition, they respond and manage serious incidents.

To ensure resilience for the management team there are staff, who fully trained, who can act up to appropriate management roles if required, should substantive managers be abstracted for any reason.

The SOM's planning arrangements will be integrated within the Festive Plan (FP) that will be published on the 27th November 2020, for submission to commissioners as required.

4.1 Operational Strategic Overview

There is an On-Call Conference call every Monday and Friday at 0900hrs which is attended by the senior managers and the on-call team, chaired by the On Call Strategic Commander. These meetings can be increased to daily, should the need arise.

The operational Tactical level On Call team are collectively managed by one Strategic Commander to improve communications for On Call purposes. All other departments/specialities are managed by their respective Strategic Commander. All ensuring that lessons learnt are shared to continually improve command and control.

There are weekly Senior Manager Team (SMT) meetings that review the control room and operational cover, pressures experienced/ expected and mitigation of risks, also chaired by the Director for each area.

4.2 Officers Booking 'On' and 'Off' Duty

All Officers MUST book on duty with EOC via ARP and MUST inform EOC when moving location or returning home. Officers must be prepared to respond to incidents if they are the nearest vehicle to a 999 call.

4.3 Duty Director/Strategic Commander

Given the experience of the last few winters and COVID-19 management, the Trust has implemented an arrangement to provide an additional trained and experienced Duty Director, based at Trust Headquarters working 7 days to support 999, 111 and PTS. This position is primarily looking at live operational issues and taking senior decisions to resolve problems within the WMAS operation or escalating matters which other providers need to take urgent and robust action, in-order to ensure WMAS operations are not compromised.

This function is undertaken by Assistant Chief Ambulance Officer's (ACAO), giving extended weekday shifts and weekend coverage. The function is based at Millennium Point EOC and works typically a twilight shift. This is further enhanced during the Festive 2 week, to include an additional day shift cover.

This will ensure that the risk to patients is minimized in periods of high demand or situations where WMAS resource is being affected by other providers (such as Hospital Turnaround delays). The arrangements will be continually reviewed for effectiveness in the winter period and adapted as required.

4.4 Operational Tactical Incident Commander

The Trust has an on duty, live operational Tactical Commander level role to enhance the management cover that is provided by the 24/7 Operations Managers and the On-Call provision that the Trust has had in supporting larger scale incidents. During the winter period there is the ability to restrict operational tasking to better support the organisation. Implementing this was proven to work well through winter and COVID-19 first peak. This will be managed directly by the Strategic Command team.

4.5 Tactical Cell (Silver Cell)

Tactical Cell is based at Trust HQ and will be utilised to support the region in Command and Control situation, as required. The cell will function under the direction of the Strategic Commander and provide resilience to the region.

4.6 Additional Manager Cover

All managers with a blue lighted car will make themselves available throughout the winter period by booking on with the EOC, when on duty at all times.

The Trust has agreed a number of key dates where it requires all operationally qualified managers who are not delivering frontline services or priority training, to make themselves operationally available to EOC, either through booking on with their blue lighted car or arranging to work as part of an additional Ambulance crew. Those dates are as follows:

December 2020:

Weekend of 11th, 12th, 13th, 14th

Weekend of 18th, 19th,20th, 21st

Boxing Day and following days 26th, 27th, 28th

New Year's Eve 31st

January 2020:

New Year's Day and following days 1st, 2nd, 3rd,4th ,5th

6th, 7th, 8th, 9th, 10th,11th

There is a requirement for all operationally trained staff to be available to respond to patients through this period. Given that there will be reduced meetings over the dates stated above, this will increase availability of regional staff to patients.

4.7 Key Operational Requirements

A number of key principles have been agreed as an operational team to ensure focus and consistency is applied in the winter months. This will help all managers to apply a consistent approach and provide some priorities also:

- Ensure all incident types are allocated without delay
- Reduce downtime to the minimum and ensure hospital turnaround is tightly managed and escalated
- Maintain low sickness levels through robust and effective and timely management of all sickness
- Ensure an effective Flu Vaccination plan is being delivered
- Production of Festive Plan period rosters in October to ensure any identified resourcing issues can be addressed early
- Maximise ambulance resource to ensure strong cover is in place for peak periods such as weekends, Mondays and key dates
- Continued focus on delivering a Paramedic on every ambulance
- Plan ahead for all staff coming from training in readiness for the festive period

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- VPO cover to be maximized and recruitment plan is a priority
- Operational Manager posts will be backfilled at all times for Annual Leave etc
- There is no planned use of external VAS support
- Mandatory training 1-day complete by the end of November 2020

5.0 Activity / Contract / Resourcing Forecasts
5.1 Activity vs Contract

The chart below depicts the assigned incident count against the contracted incident count.

Assigned Incident vs Contract Incidents
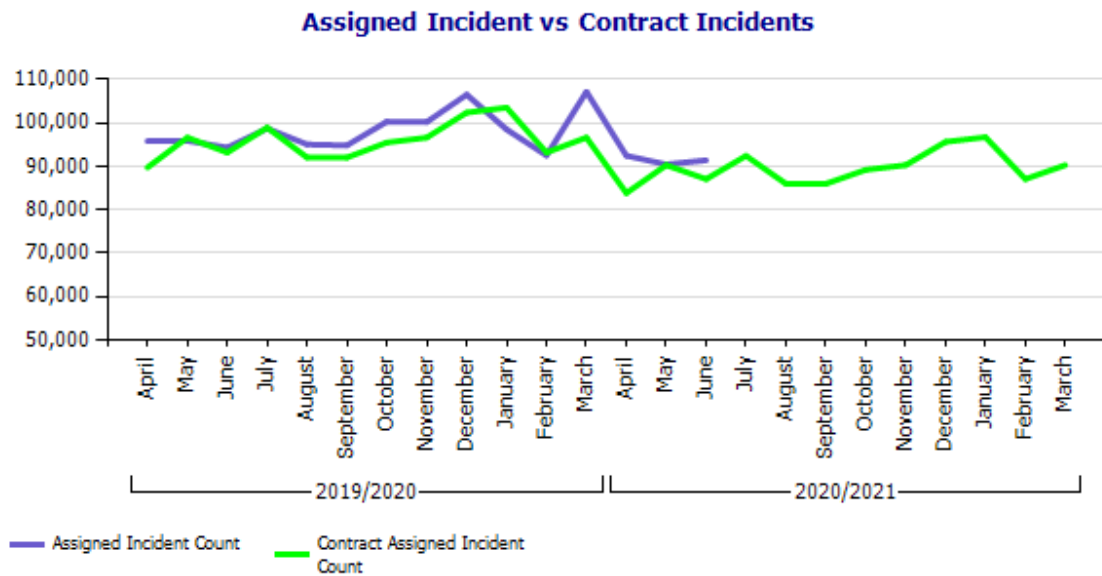
5.2 Resource Hours Comparison

The below chart shows the number of ambulance hours for the last 4 financial years compared to this years forecasted requirement, noticeably there has been a sizable increase to in DCAs to manage COVID-19 from April. From August to October are core rotas currently and Festive cover will not be completed until October

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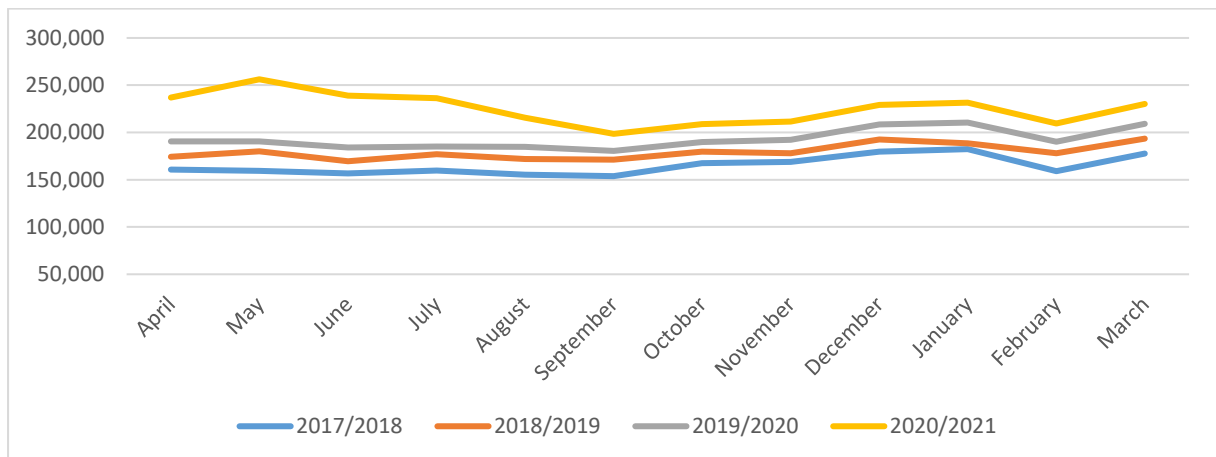
6.0 Operational Sector Readiness

The Trust is covered by 9 Sectors:

- Coventry and Warwickshire
- Erdington
- Hollymoor
- Willenhall and Sandwell
- Shropshire
- Dudley
- Herefordshire and Worcestershire
- Stoke
- Stafford and Lichfield

This plan covers the essentials in ensuring that all sectors are in a state of readiness to cope with the demands placed on service delivery for the winter period. This will include additional hours of VPO's, OM's and HALO's throughout the period.

The Winter, Christmas and New Year period traditionally and historically has presented operational delivery challenges to the Trust, with a sustained period of increased demand concentrated in both urban and rural areas.

It is therefore prudent that during anticipated period of increased demand that we harness our available resource capacity to maximum effect:

• Maximised WMAS staff outputs to forecasted workloads (patient facing & VPO)

• Maximised fleet/workshops availability

• Ensure sites are in a state of winter preparedness stock (shovels, Grit etc)

Abstractions rate across all sectors will be kept to a minimum to maximize available ambulances to enable us to respond to the demands placed upon the Trust.

6.1 Hospital Turnaround

The 15-minute clinical handover and 30-minute turnaround will be enforced through the period to ensure crew availability for response. This will be managed through by the HALOs, OMs, ASOM's, SOM's and Tactical on Call out of hours with support from the 24/7 Strategic Capacity Cell.

6.2 Fleet/Vehicle supplies for vehicles

Supplies:

- Snow socks for all vehicles have been checked with orders placed for missing items

- De-icier stocks have been checked for all sites and orders placed as required

- Fuel delivery arrangements have been confirmed with the Fleet Department and all fuel cards are current. Where applicable Fuel bunkers have sufficient stocks to manage the festive period Bank Holiday break

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Ambulances:

Each Hub has a specialist 4x4 ambulance capability with trained staff, these ambulances will be deployed 24/7 operationally to the appropriate areas when poor weather is forecast, in addition to supporting the overall Ambulance Fleet to meet peak outputs.

7.0 Strategic Capacity Cell

The Strategic Capacity Cell (SCC) was introduced in Winter 2108/19, creating the strategic overview of the whole system and focus on reducing hospital turnaround times, providing robust high-level escalation for Hospital turnaround delays, reducing on scene times by sourcing Alternative Care Pathways for operational resources and reduce total task times.

Further to this it has a vital functionality to manage ambulance activity into Acute Hospitals more effectively with Intelligent Conveyance to create an even spread of activity and contribute to reducing 4 and 12hour breaches in Emergency Departments, ensuring patient safety and wellbeing.

Strategic Capacity Cell is located at the WMAS HQ in Emergency Operations Centre where it has access to a comprehensive range of live information feeds giving a real time region wide overview of:

- Acute Trust bed status information/ capacity informatics
- Emergency and urgent ambulance activity
- Predicted/ forecasted demand for both hospital and ambulance e.g. 999 emergency activities and Health care referrals where a clinician is making a transport request
- Outstanding workload/ conveyancing details real time
- Discharge visibility both booked ready and booked but not ready
- Real time HALO intelligence around visible pressure in ED's

The SCC is managed by the Strategic Capacity Commander.

7.1 Strategic Capacity Manager

The Strategic Capacity Manager (SCM) role is staffed by a dedicated team of experienced Tactical Commanders, providing 24/7 cover. The Strategic Capacity Managers provide Tactical level leadership to manage the strategic overview position with regards hospital turnaround and escalation between WMAS and the acute hospital management teams.

In conjunction with the Duty WMAS Strategic Commander, the SCM provides escalatory intelligence and support to the WMAS On-Call Tactical teams and EOC Duty Managers across both Emergency Operation Centres. The SCM are the local contact for the Acute Trust's with regards to the management of hospital escalation and mitigation of hospital turnaround delay, in response to operational demand and increased EMS Level(s).

Included in the structure within the SCC is the Ambulance Hospital Liaison Officer (AHLO) who support the SCM in the early stages of escalation and this allows the SCM to maintain the strategic overview. If there is a requirement to increase the capacity of the SCC team when increased pressure is in the system, then this will be managed by the Trust On-Call Strategic Commander.

The Trust has developed an improved logging tool to enable accurate recording of the Hospital Delays, any patients being held outside of ED's and Escalation actions being undertaken for daily reporting to the whole health system.

The Duty SCM will operate in conjunction with the Ambulance Hospital Liaison Officer (AHLO), Hospital Ambulance Liaison Officers (HALOs) and Hospital Turnaround Desk Supervisors (HTDesk). The HTDesk will coordinate all escalation, intelligent conveying and requests for diversion/deflection of activity across the region and beyond. SCM Commanders will also provide key strategic support and tactical advice within the Strategic Capacity Cell.

During normal operation, the SCM will attend conference calls in regard to escalation of Acute, during peak times local operational management will assist in joining these calls where there is high level escalation or when multiple Acute's are escalating and call may overlap.

7.2 Clinical Advisor and Assessment (CAA) Hub

The Clinical Advisor and Assessment (CAA) Hub is be staffed 24/7 by experienced paramedics working in the SCC. The team work proactively 24/7 to address issues of rising local pressure and reactively to manage situations as they arise across the system. The team provide:

- 24/7 cover to enable a consistent service to all crews. The "clinician to clinician" conversations take place to facilitate any requirements for patient support for crews who will require guidance on location for conveyance dependent on the local situation at EDs
- receive inbound calls from crews seeking advice before conveyance
- make outbound calls to crews before conveyance takes place from scene for appropriate patients, based on information available from the electronic patient record (EPR) updated by crews on scene with patients
- have access to patient records to support crews on scene with decision regarding conveyance
- utilise functionality from the regional Clinical Assessment Service (CAS) and be able to book GP appointments where this is available and appropriate as an alternative to patient conveyance
- be supported with local DoS and area team details to provide alternative solutions to ED conveyance where safe and appropriate to do so

7.3 WMAS Trigger for the RCMT Escalation Management System (EMS)

The Regional Capacity Management Team (RCMT) administers the West Midlands region-wide "Escalation Management System" (EMS). EMS is essentially a web-based viewer that displays the levels of pressure being declared by partner agencies against a defined set of triggers for each of the 4 levels.

These levels consist of defined triggers that cover front door information, plus areas such as elective surgery, medical outliers and use of planned additional capacity – effectively focusing on the complete patient pathway.

For the Acute's, these levels are based around ambulance waiting times, bed capacity and 4hr breaches. WMAS in reality base our declared EMS levels allied to our current REAP Status.

Each trigger is weighted so Acute's simply input all the relevant data into the reporting matrix and the system calculates the most appropriate EMS Level, which will ensure that the EMS level declared is wholly reflective of the overall pressures being seen within each Acute. The information is only useful

and accurate at the time the level is declared – and organisations are only required to update their declared levels before 0930hrs every morning and before 1500hrs in the afternoon.

It was identified that having the RCMT as part of the SCC team on site would be of great advantage during the winter and this continues to be reviewed with commissioners.

7.4 Officer Deployment to Acute Sites

Hospital Ambulance Liaison Officers (HALO) are commissioned by individual CCG's – which must be clearly defined and financially accounted for in each sector. HALO's have an assigned acute hospital that they work within.

HALO's are line-managed by the Senior Operations Manager in the local sector, however during their hours of duty are required to book on with the Hospital Desk or AHLO, who will provide tasking, guidance and direction based on the overall picture of operational pressures. HALO rosters are held on GRS, collated centrally by the HTDesk and can be viewed by all Tactical Commanders.

There is some early intelligence which suggest hospital turnarounds maybe more problematic than experienced in the previous winter. The Trust will work with commissioners and local A&E delivery Boards to understand what resource is required to reduce the number of patients waiting in handover delays. Some sites may require additional HALO resource to assist the hospitals, which will require additional commissioning.

In providing these arrangements it is the Trust's expectation that the national directive on ambulance handover is fully complied with by all Acute Trusts as per the 'Addressing Ambulance Handover Delays' letter November 2017 jointly signed by NHSE and NHSI.

7.5 Lost Hospital Hours – Turnaround

The below chart depicts the number of hours that WMAS loose when an ambulance takes longer than 30 minutes to turnaround at hospital. The first chart represents these in total lost hours; the second represents the number of 12-hour shifts that are lost. These charts clearly demonstrate the need for robust management of hospital turnaround and the impact it has on WMAS's ability to respond to sick patients in the community. The Red columns are winter months.

Hours lost through Hospital Turnaround Delays
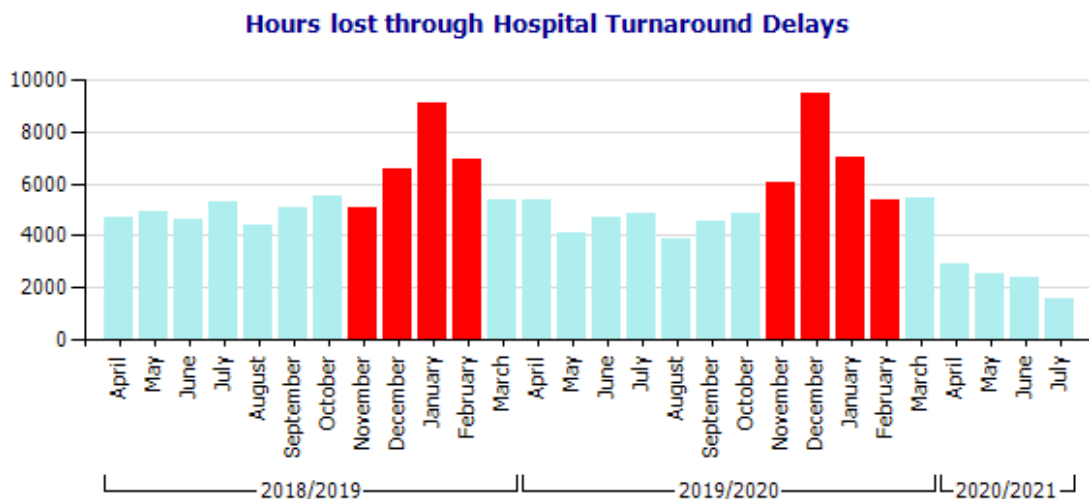
12 Hr Shifts lost through Hospital Turnaround.
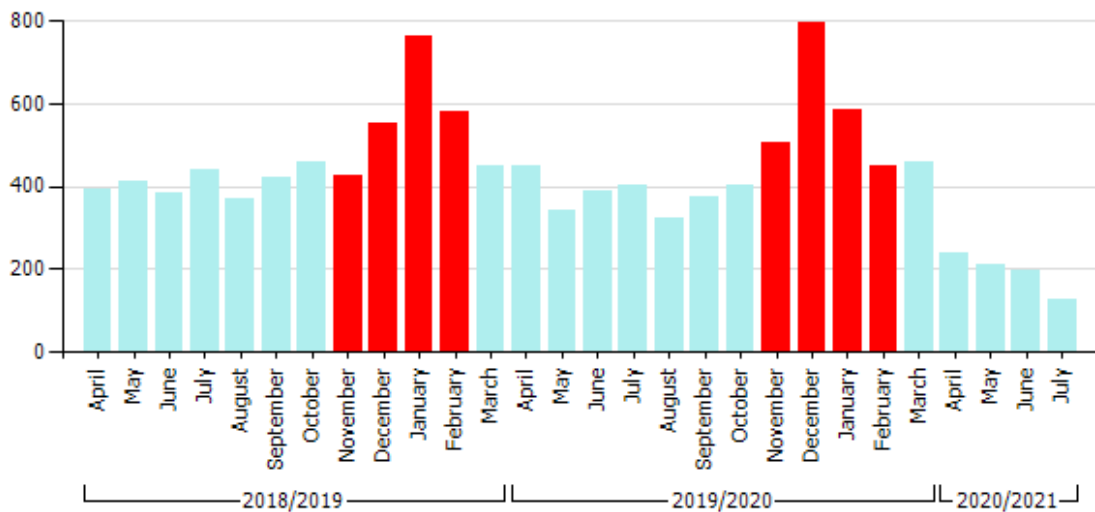
8.0 Emergency Operations Centre (EOC)

8.1 Duty Manager

A Duty Manager will be present at both Tollgate and Millennium Point EOC for each and every shift taking responsibility for the day to day running of the duty EOC team, which includes the increased capacity of call takers above last year. Additional support and management will be supplied by an EOC Commander during normal working hours across both EOC's and the EOC Tactical on call during the out of hour's periods.

The EOC Commander and the Duty Manager constantly review the live Surge Level of the organisation based on the 999 demand, patients waiting and available ambulance resources, escalating the level when required for appropriate additional actions at each level.

8.2 EOC Tactical Cover

EOC Tactical arrangements are in place and cover increased in order to provide additional support that includes weekend and late cover during periods of high activity and pressure.

8.3 Dispatch

Every effort is made to ensure that dispatch teams are fully staffed and that any additional requirements, such as TMIU controllers are identified and sought in advance.

8.4 Incident Command Desk (ICD) Arrangements

An ICD supervisor will be on duty on each and every shift providing 24/7 cover to manage and deploy resources to any large scale or specialist incidents in line with current ICD protocols. This is a regional desk where specialist incidents are managed by the ICD from any location within the areas covered by WMAS. In addition, each of the dispatch teams have identified and trained a dispatcher that is capable of providing additional support or cover should the need arise.

8.5 Call Taking

During each shift call taking at both MP and Tollgate EOC's will be managed by a call taking supervisor and a call taking supervisor assistant. They will provide support and line management responsibilities for the call taking function. The recruitment of Call Taking staff has been maintained to ensure that the team are able to meet the high demand period, this has seen the number of 2 min BT delays reduce to very low levels and the Trust having the best call answering performance in the country. Through very strong recruitment during spring and summer the EOC is well place to manage any increases in demand the winter is likely to present. In addition to strong recruitment the integration with 111 is fully underway and by the time winter is upon us 75% of the total 111 workforce will also be trained in 999 call taking, providing a fully resilient model.

The number of staff on duty at any one time is varied in order to provide the right level of cover to meet call demand. A separate staffing assumption has been made regarding Christmas and NYE and will be contained within the Festive plan. Protocols changes and staff notices will be kept to an absolute minimum during the winter period so that the dispatch and call assessor teams are not distracted by adhoc changes.

8.6 The Clinical Support Desk Team, (CSD) incorporating the Clinical Hub

The Clinical Support Desk Teams are located within both EOC's and provide 24 /7 cover it is manned by 33 experienced Clinicians. The staffing of the team varies throughout the hours of operation to match the activity presented. The Clinical Support team have primary roles;

- The triaging of lower category calls (Category 4 & 5 calls) where an ambulance response is not required, utilising alternate pathways primarily via the Directory of services (DOS), additional to this at busy periods CSD will carry out a welfare check for all other categories of calls which may have a delay in response, this may result in the clinician down grading the call if the response is deemed inappropriate.

- Identify alternative treatment routes available for the patient outside of hospital, utilising the DOS.

- To update the patient's own GP with information or a case note

- Make a referral to a community-based service

- Get advice while on scene with a patient with complex needs, utilising the clinical website and other databases available to the team.

- CSD provide support for the EOC team, primarily for call assessors, who may benefit from clinical knowledge during complex 999 triage.

- Offer additional triage to category 3 patients in the event that a response cannot be identified in a timely manner.

8.7 Directory of Service Leads (DOS Leads)

The NHS Directory of Services (DoS) has a key part in managing patient flow throughout the health economy. During the winter period, there is increased demand for the Area DoS Leads to support local commissioners and providers by capturing winter initiatives and ensuring referral pathways are in place for key providers such as WMAS, NHS111 and Acute Trusts. Winter is also a time when utmost accuracy is required for existing services, pathways and technical links. The DoS leads will provide DoS and operational support to both EOCs, NHS111 and Operations on key dates as required.

The Trust has further developed the Electronic Patient Record (EPR) to make the DoS available to staff on the handheld device, providing easier access to services that are available. This will go-live in autumn 2019.

9.0 Community First Responder Schemes (CFR)

Key to supporting the communities of the West Midlands region are the Community First Responder's (CFR). CFR's contribute towards patient care for Cat1 and Cat2 calls, operating within the vicinity of where they live, (5 miles or 10 minutes). They are contacted if they are booked on duty with EOC. Their utilisation is reliant upon dispatching from both EOC's and are monitored by the local Community Response Managers.

9.1 Communicating with CFR's

Community Response Managers inform CFR schemes when there is a predicted increase in demand, such as winter and the weekends leading up to the Christmas & New Year and request the schemes to book on duty. This is with the clear focus that it is in addition to their usual targeted hours per month.

10.0 Commercial Services

Regional Coverage

WMAS holds 7 Non-Emergency Patient Transport Services (NEPTS) contracts across the West Midlands region and Cheshire.

Accounting for 65% of the regional NEPTS services, the service encompasses routine Patient Transport Services, Renal Dialysis, Mental Health, and High Dependency Services.

Activity Patient transport activity is in excess of 1 million journeys per annum and is serviced by a workforce of over 1100 staff, 390 vehicles and 4 control centres providing 24/7/365 service provision.

Due to the social distancing for COVID-19, this has had a massive impact on the number of patients that can travel together. This has seen the requirement for additional planning and journeys to meet the needs of patients.

During winter periods, activity generally remains constant within NEPTS and does not suffer from increased activity or significant variances; notwithstanding this, pressure upon timely

discharges do present as winter pressures and exhibit across the wider health economy. However, there is an increased focus on discharges and WMAS will again this year focus on ensuring all discharges are collected and transported quickly for all hospitals we hold the contract. Patients will be ideally collected within an hour and definitely within 2 hours, to achieve this it is essential that the hospitals are planning correctly. The discharges will be completed as a priority to enable the hospital to keep the flow at the front door and assist with capacity.

In forecasting terms, activity is planned for one to two days in advance of the operating day and responds to the actual activity known and presented; the planning takes into account patient mobilities and vehicle variant requirements. Based upon this, staffing and vehicle allocations are flexed from the full and part-time employed staff pool, as well as bank staff and overtime allocation. Annual leave is managed and controlled during this period to ensure that adequate staff availability is maintained.

To service 'On the Day' activity, such as late notice bookings, discharges and transfers (usually 10-15% of overall activity), additional and unplanned crews are designated in order to service the demand as presented; the unplanned crews are increased during the winter periods in order to meet the growing winter pressure for timely and prompt discharges.

Each contract has a Senior Operations manager who is overall responsible for the operational delivery which is supported by a designated operations manager and supervisors.

The contracts are as follows:

- Pan Birmingham
- Coventry & Warwickshire
- Sandwell & West Birmingham
- Dudley & Wolverhampton
- Walsall
- Black Country Partnership
- Cheshire

There are four control rooms across the region at the following locations:

Frankley – covers Birmingham and Black Country

Coventry – covers Coventry & Warwickshire

Tollgate – covers all contracts and Out of Hours

Warrington – covers Cheshire

As part of plans for managing winter pressures NEPTS will:

- Continue to work with Commissioners and Acute Trusts aim to ensure discharges are arranged earlier in the day. Timely discharges will contribute to patient flow and support "keeping the front door clear"
- Provide additional Regional discharge crews between – 1400 and 0000 (Mon- Fri)

In order to ensure adequate staffing levels for the winter period and to service the presented activity and maintain a normal service provision, annual leave is managed within control levels;

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Bank staff are utilised as required, and overtime offered. No vacancies will be planned operationally with additional staffing provided to meet demand.

A 24/7/365 NEPTS Tactical on call team operates, to deal with issues on both an in hours and out of hour's basis. This will be enhanced by having a daily late duty Tactical Commander located in Trust HQ EOC to ensure clear focus is maintained across the region on discharges and working directly with each of the contract managers at the sites.

'Snow Socks' are carried on all NEPTS in order to ensure continuity of service during adverse weather conditions.

NEPTS will assist the Emergency and Urgent Services with resources as requested and required throughout the winter period, subject to operational availability. In the event of a Major Incident, NEPTS will provide support as outlined in the WMAS Major Incident Plan

11.0 Fleet, Estates, Logistics and Regional Make Ready Recruitment

Double Crewed Ambulances (DCA) 514 and Rapid Response Vehicle (RRV) 22 are the new fleet stock for 2020/21. All vehicles will be less than 5 years old which will allow the operational teams and fleet teams to focus solely on the daily delivery of frontline operations.

11.1 Fleet Replacement Programme

Deliveries of new DCA's started in June 2020 and complete by end of November 2020 when 118 ambulance will have been replaced. The planned replacement at this time of year does give the Trust the ability to flex increase the fleet profile higher if required, based on the demand profile. This giving greater resilience should this be required.

11.2 Fleet Opening Hours Daily

Vehicle availability and cover during the winter months, Christmas and New Year period is paramount. Opening hours of the workshops and mechanic availability both in and out of hours through on-call can be viewed in the charts below. These times may change as the Trust moves closer to the holiday/festive periods and will be reflected in the separate operational holiday/festive plan for this period

During periods of adverse weather, mechanics availability for evenings and weekends will be scaled up as appropriate, i.e. early starts and late finishes.

There are further cover arrangements with Terrafix through the festive period to provided extended cover from the base contract to ensure that any vehicle downtime due to Terrafix mobile data issues, can be resolved as soon as possible.

11.3 Work Plan at Service Delivery/Operations

Work Plan at Service Delivery/Operations Management Team Meetings will take place; to include fleet availability and workshops cover.

As well as having internal cover (cover supplied by WMAS workshop staff) additional cover has been arranged with our recovery agents, Mansfield Group. A Mansfield Group mechanic will be made available to attend WMAS sites or vehicles broken down with repairable defects, on a nightly or weekend basis, as and when required, throughout the winter months.

Vehicle recovery will be available through our vehicle recovery agents, Mansfield recovery, 24/7 (as normal) inclusive of the Christmas / New Year festive period.

11.4 Fuel Stocks

During the winter period, all Trust fuel bunkers at each hub will have increased deliveries to ensure better resilience given the increase in demand and reduce the impact should inclement weather impact roads networks/ infrastructure.

11.5 Logistics and Estates

The Logistics Manager will remain focused on VPO recruitment, VPO training and process control. This regional function will also manage the stocking of new vehicles as they arrive within the Trust, working closely with the fleet department.

In line with normal Trust winter arrangements, the regionally controlled winter ambulance load list will be rolled into the Make Ready process at each hub in October to ensure each Emergency vehicle has an ice scrapper, de-icer, a snow shovel and snow socks load on every RRV and Ambulance vehicle, with adequate spares held on each hub. Hubs will ensure that adequate stock of protective windscreen covers, ice scrapers and de-icer is in place on hubs and CAS sites as required.

The Trust has in place a contract to grit the Operational Hubs and EOC sites. This is provided by an external contractor who monitor temperatures daily and set thresholds to grit based upon Met Office information (daily). A report is circulated each day showing which sites will be gritted that night. The contractor then visits the highlighted sites that evening and spreads grit around the carpark and walkway areas. This provision occurs every day when the threshold is met. This service is managed and facilitated by the estates department, any problems are reported through the Estates Help Desk. In addition, the Trust provides a small stock of grit to supplement certain areas (smaller locations).

To ensure that operational stock levels do not come under pressure additional provisions are made available for:

a) Ambulance specific drugs
b) Ambulance specific medical supplies
c) Additional fleet department stock which includes tyres and key mechanical parts

11.6 Uniform

There are sufficient plans in place to ensure that Trust uniform for appropriate staff is in sufficient stock at the Trust Logistics Centre and arrangements are in place for all new staff joining the Trust for the winter will have their uniform in good time. The Trust has some PPE additional stocks at local hubs to ensure this can be replaced in quick order.

12.0 Mass Vaccination Plan (Seasonal Influenza)

WMAS has implemented a managed programme for 100% of all eligible staff to participate in the Frontline Staff Flu Mass Vaccination Programme. The WMAS Influenza Mass Vaccination Plan 2020/21 will detail the programme in full. In 2019/2020 the Trust flu vaccination programme achieved 80.62% of its patient facing staff being vaccinated and it is planned for this to be surpassed this winter.

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season- a much higher incidence than expected in the general population.

Influenza is also a highly transmissible infection. The patient population found in hospital is much more vulnerable to severe effects. Healthcare workers may transmit illness to patients even if they are mildly infected.

Influenza is a serious health threat, especially for vulnerable populations like older adults and people living with and caring for frail, disabled and/or aging persons, including those who work in long term care.

Health Care Professionals who are not vaccinated against influenza may:

• become infected with influenza through contact with infected patients

• become infected with influenza through contact with other infected professionals

• spread influenza to patients and other Heat Care Professionals.

Potential exists for WMAS frontline staff to carry the virus and unknowingly infect patients and colleagues – causing illness or even death. Without the vaccine, staff are more likely to infect each other as well as patients, families, and their colleagues. The vaccine will prevent increased pressures on the workforce through sickness and absence.

The Trust will train Paramedics to administer the Flu Vaccine to eligible staff at their base Hub locations. There is a significant programme in place to deliver Flu Vaccine to sites and maintain the cold storage chain. All staff will be approached positively to encourage the uptake of Flu Vaccine administration, with an incentive scheme in place to further promote the uptake of vaccine for at least 80% of the eligible workforce before December 31. In locations which aren't served by Paramedic staff the Trust have this year has twinned sites following the success of swabbing and serology testing through COVID-19 peaks in the spring of 2020.

The Trust has live monitoring of the global impact of COVID-19 and Flu infection with this a focus on what happens in Australia as they head into their winter period. Any learning that can be factored into WMAS planning will be constantly reviewed by the Trust leads, locally and nationally.

12.1 COVID-19

The Trust has maintained a COVID-19 Incident Room since the start of the Level 4 NHS critical Incident, led by a Director to ensure appropriate leadership.

During the first wave, the Trust made provision for additional services to support the organisation with the following services:

- PPE
- COVID-19 Ambulance Case Transport Response Service
- Swabbing and Serology services to support staff
- Nightingale Hospital management support structure

These provisions will remain available, with the appropriate staff who are fully trained to complete these functions should they be required.

13.0 Resourcing Escalation Action Plan (REAP)

This National document gives clear escalation with associated actions that should be considered and taken. The REAP level is reviewed twice each week by the Strategic Commanders.

The Trusts escalation REAP level is captured live on report screens across the Trust and status reports, this to ensure that organisation as a whole understand the Trust escalation.

14.0 Mutual Aid

WMAS has a Mutual Aid Plan that gives clear actions that are required when the plan is enacted.

The decision to request or supply mutual aid will be the result of either a national conference call between all the United Kingdom Ambulance Services or a direct "Strategic (Gold) to Strategic (Gold)" call and will be due to one of the individual ambulance services being in a position where it is unable to provide a safe service to the public in that area. This may be due to a declared Major Incident but may also be due to other pressures existing in that area at that time.

15.0 National Ambulance Coordination Centre (NACC)

The NACC is hosted by the Trust at Headquarters and as part of the resilience planning for a Major or significant incident.

Last winter and through the first phase of COVID-19, the NACC commanders have played a vital role in coordinating intelligence, information and escalation for the UK ambulance sector for NHS England/ Improvement. Due to the team's success, this provision will again be commissioned to for winter 2020/21.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 13   **MONTH: JULY 2020**   **PAPER NUMBER:**   11

Title	**Operational Workforce Planning**
Sponsoring Director	Chief Executive Officer
Author(s)/Presenter	Linda Millinchamp, Executive Director of Finance and Kim Nurse, Executive Director of Workforce and Organisational Development
Purpose	To request consideration to increase the establishment within the operational workforce and to approve the necessary financial arrangements.
Previously Considered by	Executive Management Board, May 2020, June 2020 and July 2020 Board of Directors - May 2020
Report Approved By	Prof. Anthony Marsh

Executive Summary

This paper provides details of the considerations taken to identify, evaluate, and address the operational workforce requirements ahead of anticipated substantial winter pressures on operational capacity.

The paper outlines the workforce measures that were put into place to maintain operational performance levels during the current level 4 COVID19 pandemic period.

The paper further considers the operational forecast activity from June 2020 through to March 2021, against the backdrop of the potential for a second COVID19 infection spike and the onset of the annual influenza period. The paper further identifies an increasing workforce capacity gap due to a number of factors, such as:

- The impact of the decision to 'pause' the attendance of student Paramedics at University, applying to both directly employed staff and current full-time University students
- The return of the Years 2 and 3 University Students to their full-time courses
- 'Annual Leave not taken' which will be taken in addition to current leave later in this year (and next as this leave can be taken across 2 years). This issue covers leave not taken from the 2019/20 Financial Year, and leave not taken so far this new year
- Covid related sickness, both shorter term and the longer-term issue of those 'shielding' at home
- Accelerated programme to complete Mandatory Training before the winter festive period
- Hospital Handover delays

Each of the measures recommended have been costed as contained in the summary financial section in this paper.

Related Trust Objectives/ National Standards	Strategic objectives 1 and 4
Risk and Assurance	None noted.
Legal implications/ regulatory requirements	All actions are compliant with the Equality Act 2010.
Financial Implications	Each of the measures recommended in this Paper have been fully costed and summarised in the paper.

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Workforce and Training Implications	All workforce actions contained in this report comply with employment law and Trust priorities.
Communications Issues	There are no specific communications issues to be actioned from this report.
Equality and Inclusivity Implications	All actions taken within this report are compliant with the Equality Act 2010 and the priorities stated by the Trust.
Quality Impact Assessment	There is no requirement for a QIA connected with any of the actions taken within this report.
Data Quality	Data is extracted from the NHS ESR system

Action required
The Board of Directors are requested to
1. Discuss the content of the paper seeking clarification where necessary
2. Approve the commitment to the additional expenditure to increase the number of operational staff within the Emergency and Urgent Directorate, in accordance with the revised workforce plan and as detailed in the report submitted.
3. Approve the Risk Assessment, including all mitigation actions identified [within the Paper and/or during the meeting]

West Midlands Ambulance Service University NHS FT

Operational Workforce Planning – Report to the Board of Directors July 2020

Background

At the meeting of the Board of Directors in May 2020 a paper was presented by the Senior Operational Managers outlining concerns over the potential problems facing the operational workforce during the current level 4 national incident. The paper identified issues which would certainly, or which could affect the numbers of staff available for operational duties from early June to the end of the Financial Year. Work has been ongoing since the Board Meeting to review the Trust's Workforce Plan to ensure that any staffing shortfalls are identified and recommendations for action costed.

Key Issues identified

The issues identified in the paper to the Board of Directors can be split into a number of themes:

- The impact of the decision to 'pause' the attendance of student Paramedics at University, applying to both directly employed staff and current full-time University students
- The return of the Years 2 and 3 University Students to their full-time courses
- 'Annual Leave not taken' which will be taken in addition to current leave later in this year (and next as this leave can be taken across 2 years). This issue covers leave not taken from the 2019/20 Financial Year, and leave not taken so far this new year
- Covid related sickness, both shorter term and the longer-term issue of those 'shielding' at home
- Accelerated programme to complete Mandatory Training before the winter festive period
- Hospital Handover delays
- Potential activity pressures in the autumn/winter period

Recommended Plan

The Directors of Workforce and OD, Finance, Emergency Services Operations Delivery and Strategic & Digital Integration have met together with Workforce and Finance colleagues over several days to review all of the options in order to put in place a workable plan which addresses the key issues above, and which is achievable from a workforce and training perspective and which could be financially sustainable within the current financial regime.

The resultant plan, as attached, reflects the following actions:

- An additional cohort of 45 Student Paramedics to be added in September 2020
- A re-phasing of students returning/commencing their University placements
- An additional cohort of 48 AAP students to be added in late July 2020 with their 5 month training programme phased in intervals to meet gaps in operational staff availability

- An additional cohort of up to 20 Graduate Paramedics to commence in October 2020
- 100wte staff currently 'shielded' are deducted from staff available up to e/August 2020
- All years 2 and 3 Students return to University commencing July 2020

The plan compares the resultant numbers of staff available each month across 2020/21 with the 2,925wte 'normalised' number of staff that would be available to operations for the given/budgeted establishment of 3,057wte after allowing for the normal level of abstractions for University placement of 132wte. The plan shows that there would be no shortfall of staff availability in any month other than in September, and in the winter months there would be additional staff available to help address winter and short-term sickness pressures. Should these pressures threaten to overwhelm available resources, additional short-term action to bring back the students at University would need to be taken along the lines of the current COVID response.

A separate funding arrangement already exists for Handover Delays which supports additional overtime costs. This additional income is reflected in the current 'Block' arrangement. The additional Annual Leave requirements will similarly be addressed via overtime with the costs met from the additional leave provision made in the 2019/20 accounts.

Mandatory Training is part of the 'normal' abstraction of staff, but Operations and Training will try to complete as much of the accelerated programme as possible while operational resources remain high up to the end of July.

Workforce and Training Implications/Recommended Actions

To address the shortfall in available operational staff to respond during the winter pressure period, from early September 2020 through to March 2021, the following workforce actions are recommended:

i. Accelerate the recruitment of student paramedics and include an additional training cohort over and above those already in the plan, of 45 places for delivery in September 2020
ii. Establish a new modular 48 place AAP apprenticeship programme to commence mid/late July 2020. The modular format will enable these new resources to be made available to operations during September to October and January and February, during forecast operational peak winter activity. Given the short timeframe available for recruitment, 48 wte will be a maximum number that can be achieved on the course.
iii. Extend the recruitment for Graduate Paramedics with an aim to recruit a total of 110 new starters. These NQ Paramedics would commence in October, and following emergency driving training and clinical familiarisation, commence with operations in December 2020.
iv. A plan to return to university a total of 102 WMAS final year paramedic students to complete their theoretical studies between June and August, so that they would be able to support operational practice from September 2020 has not proved viable as not all Universities can re-open before September. 28 students

will be able to return and complete their course before September, 40 by the end of September and 34 by end of October.

v. Commence 143 WMAS student paramedics at our partner universities, in three cohorts, from September 2020 to convert their L4 to L5 Paramedic programme

vi. Commence 104 WMAS student paramedics at our partner universities, in three cohorts, from November 2020, to convert their L4 to L5 Paramedic programme

vii. Commence 104 WMAS student paramedics at our partner universities, in three cohorts, from February 2021 to convert their L4 to L5 Paramedic programme

All of the above is in addition to recruiting a total of 258 student paramedics in this financial year April 2020 to March 2021 and progressing these through an AAP apprenticeship pathway through to graduation and registration with the HCPC as a Newly Qualified Paramedic.

Financial Implications

Given that the Trust is already 190wte over-established on average across the year - 225wte across the 8 months August 2020 to March 2021 (and that excludes the University Yrs 2&3 students), the plan reflects a combined cost of **£9.88m** across 2020/21 to proceed. This is against a backdrop of a Block Contract arrangement and continuing low operational activity. It should also be recognised that the 3,057wte budget is built on an activity increase of 2% for the year which in itself was not signed off by the Commissioners, and actual activity remains below that budgeted level. Costs of other additional staff requested of 6wte Fleet Mechanics at **£0.19m** in 2020/21(£0.25m full year cost) and 6wte Distribution Staff at **£0.15m** in 2020 (£0.20m full year cost) are in addition to the £9.88m. A proposal to increase the number of VPOs by 39wte at a cost of **£1m** in 2020/21 (£1.17m full year cost) will be included in the workforce planning if sufficient funding is received.

There is also a contingency proposal to employ an additional 144wte PTS staff at a cost of **£5.28m** full year cost to support E&U Operations, however this proposal can only proceed if additional funding is received to fund it as there is currently no practical way to support both plans financially. Under the main plan above, any staff above the PTS establishment could move into the new AAP posts to bring their numbers down to budget and PTS staff who are not being used in their 'normal' contract roles would continue to assist E&U until PTS work resumes. This could well support the remaining shortfalls for September.

The only current **external source of additional funding** is the COVID-19 Revenue Cost stream which has to be claimed against on a monthly basis. Whilst it is likely that such costs will continue be reimbursed, there is no timeframe specified for how long this support will be available. The Trust is already claiming significant additional COVID related costs for 111 staffing. If the plan is implemented, the Trust will be left with staffing levels 249wte above establishment at 31 March 2021 which would not be fully addressed by attrition until the following year end. The Trust could explore the option to second some of these additional staff to other Ambulance Trusts, to PCNs, or to non-Ambulance Trusts in the West Midlands to cover the additional costs.

Internal Funding will be available via the Student and Apprenticeship Levies at £0.46m for 2020/21. Adjustments to other training plans eg Safeguarding Level 3 could contribute an additional £2.5m.

Additional Work may be regionally/centrally commissioned to support a potentially significant increase in demand for acute in-patient care over the winter period. A bid of £3m/month for E&U and £0.6m/month for PTS over a 3 month period has been submitted to the E&U Commissioners. This includes support to the Nightingale Hospital.

Summary of Financial Implications

Additional costs which relate to COVID support can currently be claimed to 31 July via the Interim Finance Regime and this is expected to continue to 30 September at least, therefore, costs and funding sources need to be considered for the 6 month period October 2020 to March 2021.

Staff Group	6 month Cost
	£m
E&U staff above establishment (225wte average over 6 mths)	5.0
Fleet staff	0.2
Distribution staff	0.1
Mitigations Cost	
Additional AAP Course – Maximum cost if all places filled	1.1
Additional Graduates - Maximum cost if all numbers recruited	0.4
Total Costs excluding PTS costs	6.8

Funding Sources	6 month Income
	£m
Student and Apprenticeship **Levy**	0.5
Training Plans	2.5
Additional Work/Winter funding – assume 40% certainty	3.6
Total Funding excluding PTS and VPO costs	6.6

Risk Mitigation Plan

The total financial risk outside the control of the Trust is **£3.6m** unconfirmed additional funding.

The proposed actions to meet this risk are:

- Do not increase the Graduate intake for the 20 wte additional posts starting October
  Saving £0.4m in 2020-21
  Impact – Operational numbers reduced but still above 'normal' operational levels

- Do not employ the second tranche of 45wte Graduates from October
  Saving £1m in 2020-21
  Impact – Operational numbers reduced and February would be marginally below 'normal' operational levels
- Allocate Contingency Reserve to meet the shortfall in income
  Reserve £1m
  Impact – The Trust would have no ability to meet unexpected financial pressures across the remainder of the Financial Year
- Full review of all Trust costs to stop all but absolutely necessary expenditure in the short term in order to meet the remaining financial gap of **£1.2m**

Recommendation

Given the tight timeframe available for putting any Plan into action, in order to ensure the best level of continuity of operational staff availability from August 2020 it is recommended that the revised Workforce Plan be adopted. In reaching this decision, the Board of Directors will need to recognise and accept the risk of a shortfall in funding to meet the Plan costs if no further activity/winter funding is secured, and agree to the Risk Mitigation Plan actions being put in place. The Chief Executive and Directors will take any and all necessary action to ensure the Trust breaks even by the end of the financial year as required.

E&U Services - 2018-19 Monitoring Timeline

As at: 13/05/2020			ACTUAL STAFF IN POST											
Planned Timeline	Establishment April 20	Staff in Post 01 April 20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
ECP	24.00	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42
Paramedic	1,961.00	1,353.70	1,350.64	1,342.24	1,333.88	1,355.58	1,347.14	1,394.75	1,386.07	1,377.44	1,390.87	1,408.21	1,421.44	1,412.59
Newly Qual Paramedic	0.00	659.64	671.64	667.27	662.93	628.62	624.54	609.49	650.53	646.31	763.11	786.13	815.00	845.67
Student Paramedic level 3	1,007.00	311.00	289.00	286.68	284.39	282.11	279.84	381.60	378.59	375.60	229.64	255.77	197.70	160.07
Student Paramedic level 2	0.00	86.60	95.60	140.66	139.39	182.12	301.54	195.05	234.37	232.39	230.43	146.48	145.16	162.85
Student Paramedic level 1	0.00	281.00	310.00	317.19	315.34	332.49	209.54	298.40	255.67	254.22	252.79	251.36	249.94	229.54
Technician	0.00	359.65	356.70	355.21	353.72	352.24	350.77	349.30	347.84	346.38	344.93	343.49	342.05	340.62
Trainee Tech	0.00	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92
ECA	65.00	25.72	25.60	25.43	25.25	25.09	24.92	24.75	24.58	24.42	24.25	24.09	23.93	23.77
AAP	0.00	0.00	0.00	0.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
ACTUAL STAFF IN POST	3,057.00	3,116.65	3,138.52											
Forecast (Rolling)			3,128.26	3,174.02	3,178.24	3,221.59	3,201.62	3,316.68	3,340.99	3,320.10	3,299.35	3,278.87	3,258.57	3,238.45
University Student Final Yr (Bank Staff) Headcount		131	134	134	134	134								
University Student 2nd Yr (Bank Staff) Headcount		0	176	176	176	176								
Planned Net Attrition		-241.45	-19.39	-19.50	-19.78	-19.65	-19.97	-19.94	-20.69	-20.89	-20.75	-20.49	-20.30	-20.11
Leavers from WMAS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Internal leavers from Frontline			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Internal returners to Frontline			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actual Net Attrition from Frontline			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
									Average Staff in Post YTD+mthly forecast:					3,247.25
Paramedic Skill Mix	65%	65%	65%	64%	63%	62%	62%	61%	61%	61%	66%	67%	69%	70%
Skill Mix (exc Students Paramedics)	97%	83%	83%	83%	83%	83%	82%	83%	83%	83%	84%	84%	85%	85%

As at: 28/05/2020			RECRUITMENT PLAN/TRAINING PLAN											
Total planned recruitment	2020/21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
PTS to AAP	24			24									
Qualified Paramedic	0												
Graduate Paramedic	90						45	45					
Student Paramedic	259	31	55		63		90						
Monthly Recruitment	353	31	55	24	63	0	135	45	0	0	0	0	0

As at: 28/05/2020		OPERATIONAL FOLLOWING RECRUITMENT											
Actual Operational date for Recruitment cohorts	**Revised 2020/21**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**
PTS to AAP								24					
Qualified Paramedic													
Graduate Paramedic			0						45	0	0	0	0
Student Paramedic					19		31	55	63	0	90	0	0
Recruitment moved to operational		**0**	**0**	**0**	**19**	**0**	**31**	**79**	**108**	**0**	**90**	**0**	**0**

As at: 28/05/2020	OPERATIONAL STAFF IN TRAINING												
Not available to operations - students in training	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	
PTS to AAP			24	24	24	24							
Graduate Paramedic						45	90	45	0	0			
Student Paramedic Paused and Returned				28	68	74	34	56		114	98	40	2mths in, 4mths out 256
Student Paramedic new						143	143	104	104	143	247	208	2mths in, 2mths back, 2mths in 376 364
Student Paramedic level 1 (at the Academy)	50	105	105	168	149	208	153	153	90	90	0	0	351
	50	**105**	**105**	**196**	**217**	**470**	**420**	**358**	**194**	**347**	**345**	**248**	

		ACTUAL											
Staff & students available to operations		**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**
ECP		16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42
Paramedic		1,350.64	1,342.24	1,333.88	1,355.58	1,347.14	1,394.75	1,386.07	1,377.44	1,390.87	1,408.21	1,421.44	1,412.59
Newly Qual Paramedic		671.64	667.27	662.93	628.62	624.54	564.49	560.53	601.31	763.11	786.13	815.00	845.67
Technician		356.70	355.21	353.72	352.24	350.77	349.30	347.84	346.38	344.93	343.49	342.05	340.62
Student Paramedic level 3		289.00	286.68	284.39	282.11	279.84	164.60	201.59	215.60	125.64	-1.23	-147.30	-87.93
Student Paramedic level 2		95.60	140.66	139.39	182.12	301.54	195.05	234.37	232.39	230.43	146.48	145.16	162.85
Student Paramedic level 1		260.00	212.19	210.34	164.49	60.54	90.40	102.67	101.22	162.79	161.36	249.94	229.54
Trainee Tech		22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92
ECA		25.60	25.43	25.25	25.09	24.92	24.75	24.58	24.42	24.25	24.09	23.93	23.77
AAP		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24.00	24.00	24.00	24.00
OPERATIONAL STAFF AVAILABLE		**3,088.52**	**3,069.02**	**3,049.24**	**3,029.59**	**3,028.62**	**2,822.68**	**2,920.99**	**2,962.10**	**3,105.35**	**2,931.87**	**2,913.57**	**2,990.45**
Operational Establishment based on 'normalised' uni abstractions		2,925.00	2,925.00	2,925.00	2,925.00	2,925.00	2,925.00	2,925.00	2,925.00	2,925.00	2,925.00	2,925.00	2,925.00
Operational Variance		163.52	144.02	124.24	104.59	103.62	-102.32	-4.01	37.10	180.35	6.87	-11.43	65.45
University Student (Bank Staff) Headcount		310.00	310.00	310.00	310.00								
Covid shielding		-100.00	-100.00	-100.00	-100.00	-100.00							
Sub Total		373.52	354.02	334.24	314.59	3.62	-102.32	-4.01	37.10	180.35	6.87	-11.43	65.45

Other Commitments

Mandatatory Training (2 days)													
SORT Training (2 days) - per week -hrs													

Shielding in some form after June so assume add 2mths

Recommended Mitigations

New AAP Course

...rt E/July, Acad. Aug,Nov,Dec,March,April	Band 3						*Training*	48.00	48.00	*Training*	*Training*	48.00	48.00	*Training*
£1,614,873 FYC; £1,076,582 for 8mths														

Additional Graduates

Start Oct, avail Dec onwards	Band 5							*Training*	*Training*	20.00	20.00	20.00	20.00	Up to
£879,626 FYC; £439,813 for 6 mths														

Mitigated Availability		373.52	354.02	334.24	314.59	3.62	-54.32	43.99	37.10	200.35	74.87	56.57	85.45

Total Additional Cost of Establishment

Av nos > 3057 budget - 190wte - £8.36m
 THIS EXCLS THE UNI YR 2&3 STUDENTS

Add Mitigations

Total Cost 2020/21   £9.88m across 12 mths 2020/21

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

Printed on: 23/07/2020

GENERAL RISK ASSESSMENT

Assessment number:		Date of assessment:	**30.06.2020**	Review date:	
Risk assessment title:	Winter 2020 Operational Workforce Capacity				

Reason for assessment

Initial	X	Other reason (State):
Review		
Post incident		
Post reporting (E.g. IRF)		

Background

The Trust develops an annual Operational Workforce Plan to establish the forecast workforce capacity requirements to meet operational contract and patient demand. This plan was approved by the Trust Board and established the budgeted establishment for the emergency and operational service at 3,057wte for the financial year April 2020 to March 2021.

In March 2020, the Government issued notification that the UK was entering a Pandemic [as stated by the World Health Organisation] due to a Coronavirus referred to as COVID-19 and the Country would enter a "lockdown" from 23 March 2020 until further notice. The daily pressures on healthcare increased substantially. To address this need, the Trust secured temporary additional staff from the Trusts partner universities enabling c500 new staff to join the front line service. In addition, a further 300+ control room assistances were engaged. The existing workforce provided additional overtime shifts to provide resources to meet peak demand and respond to our patients.

The existing workforce plan was build prior to the pandemic and therefore has now been reviewed due to the following risks:
- The Trusts Student Paramedics were returned to duty in March 2020 to aid the capacity requirements but are now required to be abstracted to return to academic study and complete their paramedic programme.
- Current operational staff have been working throughout the period and are expected to request abstraction to spend personal time with their families.
- The additional resources secured from the university students will be lost as they return to their university studies.

All of the above abstractions place additional pressure on operational capacity as the Trust heads into the Winter period.

Further pressures identified below add to the ongoing operational workforce risks, including:
- Winter periods within healthcare which traditionally increase patient demand levels substantially
- The potential for a second wave of the COVID-19 impacting of the health of patients and our staff.
- The Flu season that will make initial detection of the Coronavirus difficult to identify as symptoms of flu and COVID-19 appear similar in the early stages.
- Reduced capacity due to social distancing at Emergency Departments, may lead to increasing handover delays on hospital sites and therefore result in the non-availability of clinical crews to attend further incidences.

With the expected risk of increasing demand levels, at a time of reduced workforce capacity to meet service needs, which it is anticipated would lead to detrimental patient outcomes, the Trust needs to take appropriate actions, wherever necessary, to mitigate the capacity risk. However, mitigating actions come with a potential financial risk.

Summary of task / hazard (Describe the hazard / activity giving cause to the hazard)

Insufficient workforce to respond effectively to both seasonal increases in demand levels over the Winter 2020 period whilst continually addressing COVID19 infections in the region.

Risks associated with the task / hazard
(Describe how harm may / will occur from the task / hazard. Include possible outcomes / consequences of the risks becoming realised)

Without sufficient workforce capacity, of sufficient professional competence and registration [HCPC], patient response times will be longer. This would breach the Trusts operational contract with Commissioners and has the potential to create a detrimental outcome to patients contacting the service for assistance at times of healthcare distress.

It would place increase pressure on the current workforce, which has the potential to increase stress and absence levels, further reducing capacity levels.

Increase the likelihood of patients either not seeking a service for their healthcare needs, or resorting to using personal/private means to transport themselves to hospitals to seek the help they require – placing a higher demand on stretched Emergency Departments during the winter period.

Additional financial pressure attributed to securing additional resources which may not be necessary if a second wave of COVID-19 does not materialise, if the Flu virus does not exasperate the COVID-19 virus and the Winter months are milder than in previous years resulting in a reduction in the usually expected patient demand levels.

Risk groups (Those most likely or especially at risk – consider including details of how they are at risk)

Operation emergency staff	x	Visitors		Other *(State)*:
Non-emergency services (E.g. PTS)		Service users	x	
Control centre staff	x	Other emergency services		
Air Ambulance		Lone workers		
Administration staff	x	Young persons		

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

First Responders (E.g. CFR / MFR)		New / expectant mothers	
Other ambulance services		Public	x
Other healthcare staff	x	Contractors	
		New/inexperienced staff	x

Existing controls *(precautions in place)*

Where there are more staff in employment that contract funding initially provides, and where demand does not increase to meet these additional costs, it is expected that staff can be reallocated to other parts of the healthcare system – e.g. neighbouring Ambulance Trusts, Emergency Departments or Primary Care Services, all of which are reporting insufficient staffing levels.

Reduce the number of new staff, , that are recruited in the next financial year. Either to replace attrition and/or growth.

Risk rating (Risk rating with existing controls / precautions in place) – Refer to WMAS risk matrix

Consequence score of incident (actual and potential)

(5) Catastrophic		(4) Major	x	(3) Moderate		(2) Minor		(1) Insignificant	
Detail reasons for giving this score									

Likelihood score of incident

(5) Almost certain		(4) Likely	x	(3) Possible		(2) Unlikely		(1) Rare	x
Detail reasons for giving this score									

Risk rating score

Risk rating score (To attain risk rating multiply scores of consequence and likelihood)	12	Colour coded rating	

Are the current controls adequate?	**Yes**		**No**	

Treatment controls required / to be considered

Treatment	By whom	By when	Effectiveness if achieved (Optional)
1. To increase the workforce capacity by recruiting up to 48 additional staff to train as Associate Ambulance Practitioners [AAP] .	Director of Workforce and Organisational Development	July.2020	Substantial
2. To attract and recruit up to an additional 20 Graduate Paramedics that will increase the current recruitment plan to 110.		Sept.2020	Substantial
3. Retain the present over-established operational workforce levels of 190wte over plan.		July 2020	Substantial
4. To encourage Year 1 and Year 2 Student Paramedics [Direct Entry University students] in collaboration with their respective universities, to remain on the Trusts "Bank" undertaking VPO/PTS and ECA roles on an ad-hoc shift basis to address peaks in demand.		Sept.2020	Substantial
5. Accelerate the recruitment of student paramedics and include an additional training cohort over and above those already in the plan, of 45 places for delivery in September 2020		Sept.2020	Substantial

Risk rating *(Risk rating with additional controls / precautions)* **– Refer to WMAS risk matrix**

Consequence score of incident (actual and potential)

(5) Catastrophic		(4) Major		(3) Moderate	x	(2) Minor		(1) Insignificant	
Detail reasons for giving this score									

Likelihood score of incident

(5) Almost certain		(4) Likely		(3) Possible	x	(2) Unlikely		(1) Rare	
Detail reasons for giving this score									

Risk rating score

Risk rating score (To attain risk rating multiply scores of consequence and likelihood)	9	Colour coded rating		Potential risk reduction	6

Overall recommendations

To approve the workforce increases as outlined in the Board Report, and to approve the financial associated risk of £6m

Persons competing assessment

Name	Role	Signature (Where not recorded electronically)	Method of involvement		
			Personal	E-mail	Telephone
Kim Nurse	Executive Director of Workforce and Organisational Development		x		

Reviewed by	Comments	Date
Executive Director of Finance	Given the tight timeframe available for putting any Plan into action, in order to ensure the best level of continuity of operational staff availability from August 2020 it is recommended that the revised Workforce Plan be adopted. In reaching this decision, the Board of Directors will need to recognise and accept the risk of a shortfall in funding to meet the Plan costs if no further activity/winter funding is secured, and this risk should be highlighted to the E&U Commissioners and the Regional Leads.	July 2020
Executive Management Board	The EMB Directors have endorsed this risk assessment and mitigating factors and have provided their full support.	July 2020

Risk ownership

Risk owner	Executive Director of Workforce and Organisational Development
Risk sponsor	Anthony Marsh, Chief Executive Officer

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 14   MONTH: JULY 2020 PAPER NUMBER: 12

NATIONAL AMBULANCE SERVICE IMPROVEMENT FACULTY/ QUALITY IMPROVEMENT WITHIN THE TRUST	
Sponsoring Director	Anthony Marsh, Chief Executive Officer
Author(s)/Presenter	Andy Proctor, Quality Improvement and Compliance Director
Purpose	To consider the report
Previously Considered by	Not previously considered
Executive Summary The report provides an update on Quality Improvement within the Trust and the national engagement with Quality Improvement initiatives the Trust is currently engaged with during the ongoing Pandemic. This includes the work the Trust is undertaking in the development and engagement with the National Ambulance Improvement and Innovation Faculty.	
Related Trust Objectives/ National Standards	Trust Objectives 1,2,3 and 4
Risk and Assurance	Assurance This report provides assurance the Trust is continuously looking to improve and the work being undertaken to support Quality Improvement.
Legal implications/ regulatory requirements	Health and Social Care Act 2008 (Regulated Activities) - Regulations 2010 Care Quality Commission (Registration) Regulations 2009
Financial Planning	There are no financial implications.
Workforce Implications	There are no workforce implications
Communications Issues	There are no communication implications
Diversity & Inclusivity Implications	This report takes into consideration the nine protected characteristics a number are affected by this proposal. The proposal ensures nobody is unfairly discriminated because of any characteristics that may apply to them.

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

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 14   MONTH: JULY 2020 PAPER NUMBER: 12

Quality Impact Assessment	A Quality Impact Assessment is not believed to be required for this paper
Data Quality	Provided by author

Action required
That members read and discuss this paper.

Quality Improvement Update

Since the last update 6 months ago to Board quality improvement has continued to progress within the organisation despite Brexit, winter, flooding, and COVID-19.

Feedback, staff engagement and lessons learnt exercises

Throughout the number of challenges, the organisation has faced opportunities to improve and learn have continually been developed and undertaken. This includes:

2019/2020 Winter Lessons learnt Exercise

Through Microsoft Teams questionnaire was published for all commanders, managers and supervisors involved in winter to participate in a lessons learnt exercise to understand what improvements could be made and quality improvement opportunities were identified during winter 2019/2020

Action Plan: A 21-point action plan held by the Senior Command Team which had weekly oversight of the action plan where it was reviewed, completed and archived at Senior Command Team Meeting on Monday 22 June 2020 and presented and accepted at EMB on Tuesday 30 June 2020. The action plan is now closed however will be reviewed in preparation for winter 2020/2021.

COVID-19 Lessons learnt Exercises

During the early stages of COVID-19 two engagement exercises were undertaken which were:

- A Trust wide staff engagement exercise lead by HR and Workforce
  The supporting action plan had 28 Actions.

- A Commander/managers/supervisor lessons learnt exercise lead by the Emergency Preparedness Team.
  The supporting action plan had 59 Actions.

Following these exercises the two action plans were developed and reported to the Senior Command Team on a weekly basis where they were reviewed, completed, and finally archived at Senior Command Team Meeting on Monday 22 June 2020 and presented and accepted at EMB on Tuesday 30 June 2020.

These action plans are now closed however will be revisited and logged throughout the ongoing Pandemic.

COVID-19 Action plans in response to National Guidance

Second Phase NHS Response Document Response and Action Plan

Following the release of the Second Phase NHS Response Document released on the 29 April 2020 the Trust developed a 16-point action plan held by the Senior Command Team. The action was updated and reviewed on a weekly basis. The complete action plan was finally archived at the Senior Command Team Meeting on Wednesday 24 June 2020 and presented and accepted at EMB on Tuesday 30 June 2020 and the 3 ongoing actions will be reported through the Senior Command Team weekly meetings.

Working Safely During COVID-19 in Ambulance Service Non-Clinical Areas

Following the development and final publication of the Working Safely During COVID-19 in Ambulance Service Non-Clinical Areas the Trust developed an action plan to ensure all actions were captured and action owners highlighted to ensure we keep our staff and patients safe and reduce the spread of the virus.

Action Plan: The 122 point action plan was reported to the Senior Command Team on a weekly basis where it was reviewed, and finally archived at Senior Command Team Meeting on Monday 22 June 2020 and presented and accepted at EMB on Tuesday 30 June 2020.

There were 6 actions that are ongoing and these will regularly be reported through the Senior Command Team throughout the ongoing Pandemic.

Following the development of these engagement and lessons learnt exercises the Trust was approached by NHSE&I to share our best practice regionally. As such NHSE&I wish to undertake further work to support other organisations with our examples and are looking at how they could support us in future engagement and lessons learnt exercises.

National Developments

National Ambulance Improvement and Innovation Faculty

The Trust has been instrumental in cocreating the National Ambulance Improvement and Innovation Faculty with NHS Horizons. Following the signing of the MoU which went to Board in January 2020 the faculty progression has been on hold due to COVID-19.

Model Ambulance

The trust continues to support the development and data submissions to NHS Improvement.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 15   MONTH: July 2020   PAPER NUMBER: 13

Serious Incidents – June 2020	
Sponsoring Director	Executive Director of Nursing & Clinical Commissioning
Author(s)/Presenter	Simon Taylor, Head of Patient Safety
Purpose	The purpose of this report is to provide an update on the Trust's Serious Incidents (SI).
Previously Considered by	Each Serious Incident has been scrutinised by the Learning Review Group, with a review/update of the outstanding learning and recommendations of all SIs.
Report Approved By	Mark Docherty, Executive Director of Nursing & Clinical Commissioning

Executive Summary

The purpose of this report is to provide the Board with an update on progress with the Trust's Serious Incidents as part of being open and transparent.

From 1 April 2020 to 30th June 2020 West Midlands Ambulance Service NHS Foundation Trust (the Trust) has registered 23 cases as Serious Incidents.

- There are currently 34 serious incidents open on STEIS.
- Twelve SI's are currently over the time frame. 1 is due to an ongoing police investigation. 1 is due to staff sickness. The others are due to redeployment and work volume.
- The staff redeployed due to COVID-19 are now back in their substantive posts.
- The Investigating Officer on Long Term sickness has returned to work and is on a phased return.
- Additional Officers are assisting with skill specific SI investigations.

There have been no "Never Events" reported by the Trust.

Related Trust Objectives/ National Standards	The report supports the achievement of Trust Strategic Objectives.
Risk and Assurance	Provides assurance that the Trust is compliant with CQC Key fundamental standards relevant to Safety and analysis and learning.
Legal implications/ regulatory requirements	None in the context of the report in isolation.
Financial Implications	None in the context of the report in isolation.

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

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 15   MONTH: July 2020 PAPER NUMBER: 13

Workforce Implications	None other than the specifics already accepted within the actions required.
Communications Issues	The contents of this report will not be published in its entirety.
Diversity & Inclusivity Implications	None in the context of the report in isolation.
Quality Impact Assessment	Not required for this report
Data Quality	Data checked by Corporate and Clinical Directorate, and the Learning Review Group.
Action required	

The Board is asked to review, discuss and clarify any points to assist with learning.

SUMMARY OF SERIOUS INCIDENTS

June 2020

In broad terms a Serious Incident (SI) is an event in health care where the potential for learning is so great or the consequences to patients, families, carers, staff or the Trust is so significant, that they warrant investigation using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact an organisations ability to deliver care.

Since 1st April 2020 to 30th June 2020 West Midlands Ambulance Service NHS Foundation Trust (the Trust) has registered 23 cases as Serious Incidents.

It is a requirement of the Trust to register any incident as a Serious Incident within 48 hours of identification. The investigation needs to be completed, which includes comprehensive review at the Learning Review Group, and request closure within 60 working days from registering on the Strategic Executive Information System (STEIS).

Never Events

Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. The types of incident defined as Never Events are listed in the Never Events list 2018.Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event. From the 2018 list the following Never Events are potentially applicable to the Trust:

- Administration of medication by the wrong route - oral/enteral medication or feed/flush by any parenteral route
- Transfusion or transplantation of ABO - incompatible blood components or organs
- Undetected oesophageal intubation – This has been temporarily removed as a Never Event

Number of Never Events reported by the Trust - 0

West Midlands Ambulance Service NHS
NHS Foundation Trust

Summary of Serious Incidents.

No	Ref	Incident Description	Theme	Level of Harm	DoC initiated	STEIS status	Date incident identified	Date incident registered	Date due for closure	Date closure requested
1	2020/ 6451	111 Covid-19 cardiac arrest	Call handling	Severe	Yes	Open	4.04.20	4.04.20	2.07.20	
2	2020/ 6452	Discharge head injury patient	Clinical care	Severe	Yes	Open	4.04.20	4.04.20	2.07.20	
3	2020/ 6766	O2 cylinder explosion	Equipment	Severe	Yes	Open	13.04.20	14.04.20	9.07.20	19.06.20
4	2020/ 8154	Discharged pt, cardiac arrest	Discharge	Severe	Yes	Open	1.05.20	1.05.20	28.07.20	
5	2020/ 8732	Discharged COVID pt, cardiac arrest	Discharge	Severe	Yes	Open	5.05.20	1.05.20	5.08.20	
6	2020/ 8736	111 Ambulance not dispatched	Call handling	Severe	Yes	Open	9.05.20	12.05.20	5.08.20	
7	2020/ 8751	ROSC with DNAR	Clinical care	Severe	Yes	Open	7.05.20	12.05.20	5.08.20	
8	2020/ 9115	Press articles - multiple discharges	Discharge	Severe	Yes	Open	13.05.20	18.05.20	11.08.20	
9	2020/ 9135	Failure to treat MI patient	Clinical care	Severe	Yes	Open	15.05.20	18.05.20	11.08.20	
10	2020/ 9670	Unconscious patient discharged at scene	Clinical care	Severe	No	Open	26.05.20	26.05.20	18.08.20	
11	2020/ 9709	EOC - Error in ambulance dispatch	Delay	Minor	Yes	Open	26.05.20	27.05.20	19.08.20	
12	2020/ 10012	Discharge of ischaemic leg	Discharge	Severe	Yes	Open	1.06.20	1.06.20	24.08.20	
13	2020/ 10304	Discharge of a chest pain	Discharge	Severe	Yes	Open	30.5.20	04.06.20	27.08.20	
14	2020/ 10319	Discharge of a Headache	Discharge	Severe	Yes	Open	30.5.20	04.06.20	27.08.20	
15	2020/ 10655	Management of Breech	Clinical care	Moderate	Yes	Open	05.6.20	09.06.20	02.09.20	

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16	2020/ 10664	Safeguarding Physical Abuse	Safeguarding	Minor	Yes	Open	08.06.20	09.06.20	02.09.20	
17	2020/ 10680	PTS-Cheshire Leg Injury Deceased	RTC	Severe	Yes	Open	08.06.20	09.06.20	02.09.20	
18	2020/ 10708	Delay in resuscitation	Clinical care	Severe	Yes	Open	08.06.20	10.06.20	03.09.20	
19	2020/ 10847	Discharge of 51 yom with SOB	Discharge	Severe	Yes	Open	30.5.20	11.06.20	04.09.20	
20	2020/ 11298	Maternity-Placental Abruption	Clinical care	Severe	No	Open	17.06.20	17.06.20	10.09.20	
21	2020/ 11458	Failure to manage airway	Clinical care	Severe	Yes	Open	19.06.20	19.06.20	14.09.20	
22	2020/ 11658	EOC - Address not entered correctly	Delay	Catastrophic	Yes	Open	23.06.20	23.06.20	16.09.20	
23	2020/ 12002	Failure to treat peri-arrest patient	Clinical care	Catastrophic	No	Open	29.06.20	29.06.20	22.09.22	

- There are currently 34 serious incidents open on STEIS.
- Twelve SI's are currently over the time frame. 1 is due to an ongoing police investigation. 1 is due to staff sickness. The others are due to redeployment and work volume.
- The staff redeployed due to COVID-19 are now back in their substantive posts.
- The Investigating Officer on Long Term sickness has returned to work and is on a phased return.
- Additional Officers are assisting with skill specific SI investigations.

Theme

Theme	Explanation
Delay	Where an ambulance resource has not attended scene within the national standards and patient harm may have occurred as a result.
Discharge	Where a patient has been discharged on scene by WMAS clinicians and has come to harm following this. Such as suffering a cardiac arrest, or a delay has occurred in the patient receiving definitive treatment. Following clinical review of the discharge this raises significant concern over the appropriateness of that decision.

Clinical Care	Where following review clinical care of the patient falls outside National and local clinical guidelines and/or best practice and this has potentially caused significant harm to the patient.
RTC	Where a Trust vehicle has been involved in a serious injury or fatal RTC where at the time there is a suggestion of blameworthy.
Safeguarding	A case where either a safeguarding concern is not managed appropriately by the Trust or there is a safeguarding concern raised against an employee that directly links to their employment with the Trust.
UOI	An Unrecognised Oesophageal Intubation
Call handling	The management of the call has resulted in a delay in responding to the patient causing significant harm. Such as the call failing audit and a higher category should have been achieved which may have resulted in a quicker response.
Slip/trip/fall	A patient has an unexpected event where upon they come to the ground or other lower level with or without loss of consciousness potentially causing significant harm.
Medication	The administration of a medication may have resulted in significant harm to a patient.
Manual Handling	During the course of patient transfer, the patient comes to harm.
Equipment	Where the use of equipment, whether faulty or otherwise, causes significant harm to a patient.

Serious incident by theme

Serious incident by theme

OFFICIAL - Business data that is not intended for public consumption. However, this can be shared with external partners, as required.
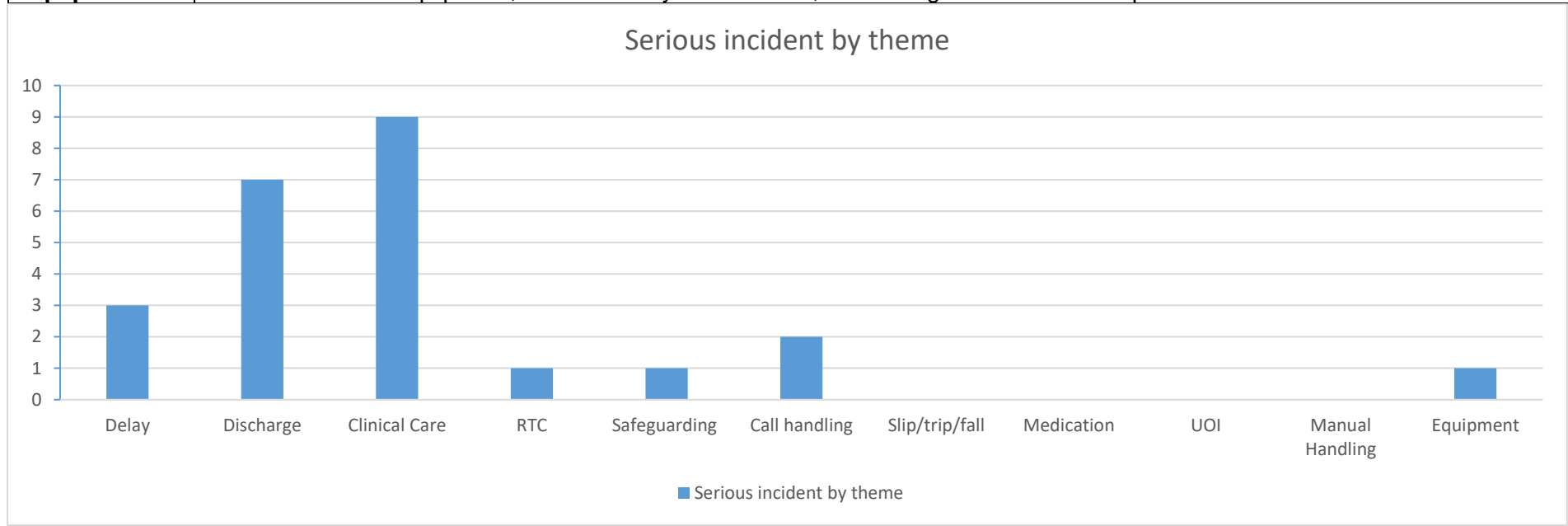
Harm
The level of harm is confirmed post investigation once all the facts are known, this is then agreed at the Learning Review Group.

NPSA - Definitions of levels of Harm	
Type of Harm	**Descriptor**
No harm	Impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care. Impact not prevented – any patient safety incident that ran to completion, but no harm occurred to people receiving NHS-funded care.
Low	Any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving NHS-funded care.
Moderate	Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.
Severe	Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care.
Death	Any patient safety incident that directly resulted in the death of one or more persons receiving NHS-funded care.

Source of Incident Identification

Duty of Candour	Duty of Candour
NHS to NHS	A concern raised by another professional within the NHS
Coroner	A Coroner's inquest into the death of a patient
Complaint	A formal or Informal complaint raised by a member of the public
WMAS 54	An approved form for reporting incidents and near misses
Claim	A request seeking financial compensation
Joint Complaint	Complaint against more than one organisation
Learning from Deaths	Care concern identified as part of the Trusts Learning from Deaths process

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 16   MONTH: July 2020   PAPER NUMBER: 14

Learning from Deaths – Quarter 1 2020/21	
Sponsoring Director	Mark Docherty, Director of Clinical and Commissioning.
Author(s)/Presenter	Steve Jeffries, Patient Safety Officer.
Purpose	The purpose of this report is to present quarterly data and analysis that has resulted from the "Learning from Deaths Framework" as stipulated by the National Quality Board. There is also a requirement to publish a quarterly dashboard that reports data on deaths, including data on preventable deaths and reports on actions to learn and improve.
Previously Considered by	The quarterly LFD report has previously been considered and/or actioned by the Learning Review Group & Quality Governance Committee. The report submitted to the Board of Directors is a redacted version of the LRG report.
Report Approved By	The quarterly report was previously presented / approved at: - The Learning Review Group meeting. - The Quality Governance Committee.
Executive Summary	
The National Quality Board guidance, which applies to Ambulance Service NHS Trusts and Foundation Trusts, requires the Board to receive quarterly information on deaths. This is achieved through a paper which specifies, in relation to the Learning from Deaths (LFD) agenda: the number of deaths, the number of case reviews (Structured Judgement Reviews (SJRs), the number of case reviews that have required further investigations, the number of investigations where the trust may have contributed towards the death (serious incidents), the cumulative total of these figures and vitally any subsequent learning, themes and actions that have occurred.
Related Trust Objectives/ National Standards	The report supports the achievement of Trust Strategic Objectives and complies with the Trusts NHS contract and quality account reporting.
Risk and Assurance	Provides assurance that the Trust is compliant with Care Quality Commission (CQC) key fundamental standards relevant to safety and analysis and learning.
Legal implications/ regulatory requirements	To maintain compliance with both regulations and the conditions of licence and registration from the Regulators.
Financial Implications	None in the context of this report, although the implications for NHS Resolution (NHSR) and NHS Litigation (NHSLA) premiums are included in the Trust's financial planning.
Workforce Implications	None in the context of this report.
Communications Issues	The contents of this report have been redacted so no patient identifiable or staff identifiable information is present.
Diversity & Inclusivity Implications	None in the context of this report.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 16   MONTH: July 2020   PAPER NUMBER: 14

Quality Impact Assessment	Not required for this report.
Data Quality	Data checked by the Clinical Directorate and the Learning Review Group. All source data is digitally stored in the Clinical Directorate drive.
Action required	
• The Board is asked to review, discuss and then consider any points to assist with learning.	

WMAS Learning from Deaths (LFD) – Quarter One Report
April 1st 2020 – June 30th 2020

Contents

Introduction

Learning from the deaths of people who die whilst in our care can help improve the quality of the care provided to our patients and their families and identify where we could do more.

For many patients who die whilst in our care; death is an inevitable outcome and they experience excellent care from the ambulance service leading up to their death. However, some patients experience poor quality care or poor service provision resulting from multiple contributory factors, which often include poor leadership and system-wide failures. Our staff work tirelessly under increasing pressures to deliver safe, high-quality healthcare. When mistakes happen providers, working with partner organisations, need to do more to understand the causes. The purpose of reviews and investigations into deaths, where problems in care might have contributed, is to learn and therefore prevent recurrence. Reviews and investigations are only useful for learning purposes if their findings are shared and acted upon.

This report is intended to highlight and share the cases that have been reviewed and the lessons learnt, in addition to complying with the National Quality Boards National Guidance for Ambulance Trusts on Learning from Deaths; which can be found at: https://www.england.nhs.uk/publication/guidance-for-ambulance-trusts-learning-from-deaths/.

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations made will be reported separately and therefore will not be contained within this LFD Report.

Learning from Death (LFD) Inclusion Criteria

The Trust reviews all patient care episodes where death occurred whilst under our care. The care episode commences from the time our staff answer the telephone call, from either the patient or their representative, to the time WMAS transfer the patient's care to another healthcare provider or the patient is deceased. Additionally, the care episode will continue for a further 24 hours if a "non-transport" option occurs and during that subsequent re-contact the patient is deceased.

The Trust will also review the care provided to the deceased patient in the following circumstances:

- Where bereaved families, carers, or staff, have raised a significant concern about the quality of care provision.
- Where a concern has been raised with the Trust through whatever means e.g. concerns raised by audit work, concerns raised by the Care Quality Commission or another regulator.
- Where learning will inform the Trusts existing or planned improvement work.
- Where the Trust has a requirement to report the death as part of a national mortality review or investigation programme.

LFD Definitions & Explanations

- A "*Structured Judgement Review (SJR)*" is a standardised case record review methodology that has been developed by Royal College of Physicians' and then adapted for use within the ambulance service. Structured judgment reviews predominately use information which has been documented on the Computer Aided Dispatch (CAD) and/or the Electronic Patient Record (EPR). A SJR is routinely undertaken and is therefore not principally instigated as result of any known concerns about the provided care. This is because it primarily aims to provide a judgement on the care provided and following this whether any learning is possible or areas of good practice can be shared. The process for a SJR principally requires two specific actions to occur:
  1) The reviewer to make explicit judgement comments about the care quality the patient has received. This is applied, where relevant, to the 4 phases of ambulance care and the overall care (See table 1).
  2) The reviewer, with due regard to the explicit judgment comments made, to apply care quality scoring. This is applied, where relevant, to the 4 phases of ambulance care and the overall care (See table 2).

Table 1 – Ambulance Care Phases

Care Phase	Phase Descriptors	Phase Detail
1	Initial management and/or pre-scene	Appropriateness of initial call handling and categorisation; response time, appropriateness of vehicle and staff dispatched
2	On scene	Clinical care quality
3	Transfer and handover	Clinical care quality
4	End of life care	Appropriateness of clinical care and where appropriate handover location and timeliness
Overall Care Score	An aggregate consensus score based on the completed care phase 1 to 4	

Table 2 – Phase Care Scores

Care Scores	Care Score Descriptors
1	Very poor care
2	Poor care
3	Adequate care
4	Good care
5	Excellent care

- "*No Further Investigation*" means that following the SJR no care concerns have been identified nor does the case fall into any national mortality or investigation programmes.

- "*Further Investigation*" means that following the SJR further action was required however no inference should be made in relation to the quality of patient care at this point. This is because the actions may include a mandated requirement to report the death or a requirement for further information.

- "*Further investigations where a problem in care was identified which was considered, on the balance of probability, to have contributed to the patient's death*" means that the threshold for a serious incident investigation has been met. A "serious incident" is an event in health care where the potential for learning is so great or the consequences to patients, families, carers, staff or the Trust is so significant, that they warrant investigation using additional resources to mount a comprehensive response. Where the LFD process identifies a serious incident any subsequent learning and recommendations identified are reported through the serious incident reporting process.

- For the purposes of case record review inclusion and reporting learning disabilities is defined as:
  "*A significant reduced ability to understand new or complex information, to learn skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood*"

- For the purposes of case record review inclusion and reporting severe mental illness is defined as:
  "*All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death, or who had been discharged within 6 months prior to their death; all patients who were an in-patient in a mental health unit, or who had been discharged within the last month; all patients who were under a crisis resolution and home treatment team (or equivalent) at the time of death*".

- For the purposes of case record review inclusion and reporting a paediatric is defined as:
  "Death of a patient under 18 years of age, including early neonatal death"

- For the purposes of case record review inclusion and reporting a maternal death is defined as:
  "A death of a woman during or up to one year after the end of pregnancy".

- For the purposes of case record review inclusion and reporting a stillbirth & late fetal loss is defined as:
  "All births delivered from the 22nd week showing no signs of life"

- For the purposes of case record review inclusion and reporting a safeguarding concern is defined as:
  "A concern can be defined as ambulance staff making two or more safeguarding referrals for the deceased within the last 12 months".

- For the purposes of case record review inclusion and reporting a death in custody is defined as:
  'Death of a patient in police and prison suites, youth offender institutions, immigration removal centres and patients where Section 135 and 136 of the Mental Health Act have been used".

National LFD Quantitative Reporting Requirements – Quarter 1 2020-2021
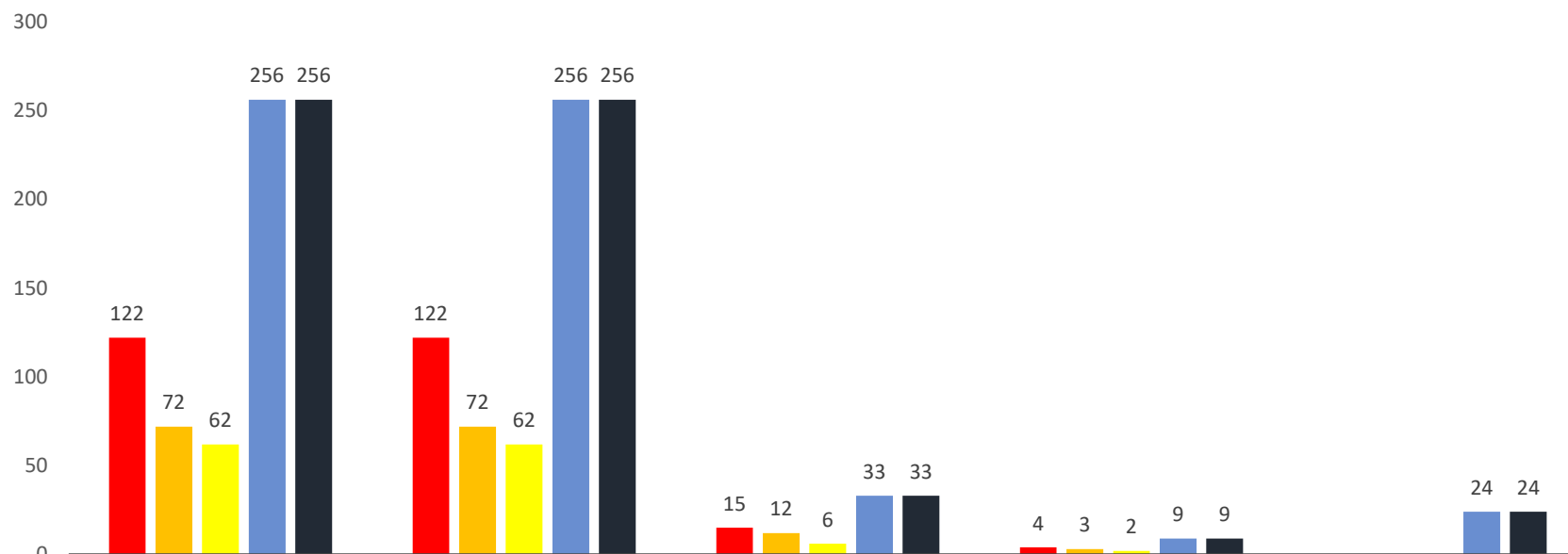
	LFD Deaths	LFD Deaths Where A Structured Judgement Review Was Completed	LFD Deaths Where Further Investigation Was Indicated	LFD Investigations Where A Problem In Care Was Identified Which Was Considered, On The Balance Of Probability, To Have Contributed To The Patient's Death	Number Of Completed Investigations (Monthly Totals Not Required)
April	122	122	15	4	
May	72	72	12	3	
June	62	62	6	2	
Quarter 1 Total	256	256	33	9	24
Total In Current Financial Year	256	256	33	9	24

West Midlands Ambulance Service
University NHS Foundation Trust

WMAS LFD Quantitative Reporting Requirements – Quarter 1 2020-2021

The Number & Phase of WMAS Care In Which The Reportable Death Occurred

	Cardiac Arrest Pre-Clinician Arrival	Cardiac Arrest Witnessed By A Clinician	Cardiac Arrest Within 24 Hours of "non-coveyance" Where Recontact Subsequently Occurred
April	41	68	13
May	26	36	10
June	25	29	8
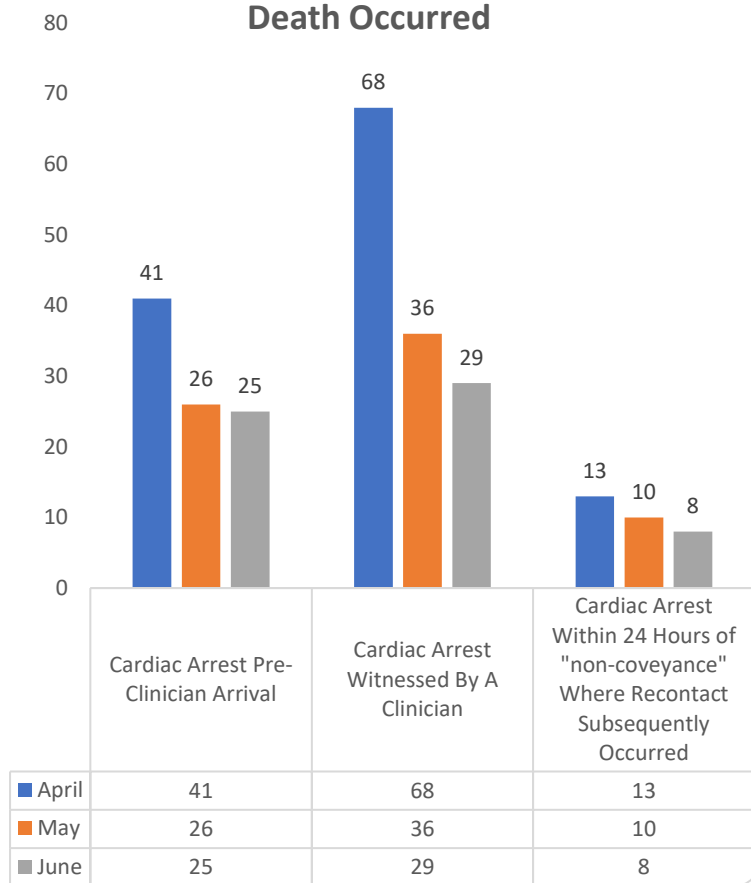
Deaths Falling Within A National Mortality Review Or Investigation Programme

	Learning Disability (Patients > 4 Years Old)	Severe Mental Illness	Paediatric (Patients <18 Years Old)	Maternal Death	Stillbirth & Late Fetal Loss	Safeguarding Concerns	Death In Custody
April	2	0	0	0	1	0	0
May	2	0	0	0	0	0	0
June	0	0	0	0	1	0	0
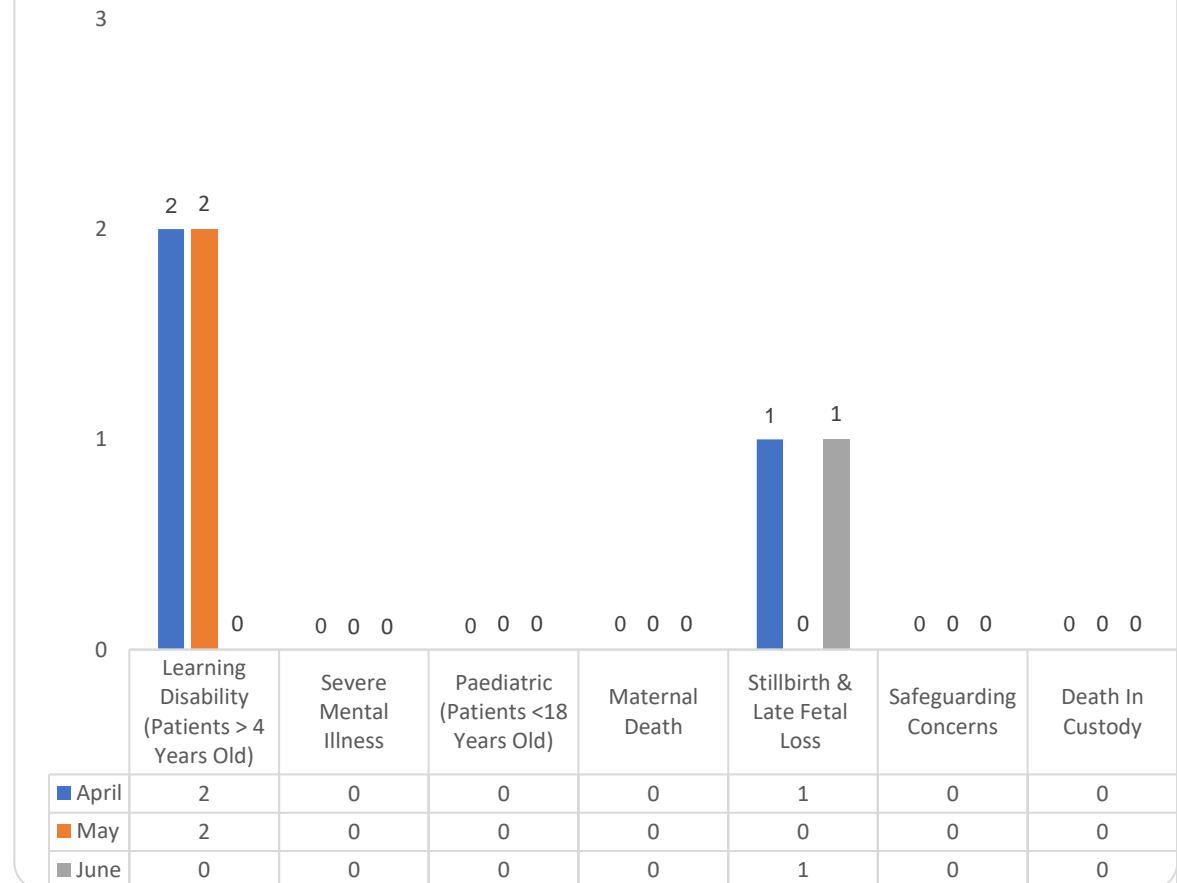
2020/2021 Learning, Themes and Actions: Theme Number 1 – Clinical Documentation			
Learning		**Actions**	
Case record reviews have identified:			
1.1	Secondary survey observations are not being taken over a time frame proportionate to the length of time spent on scene and/or to establish trends of abnormalities / normalities.	- 1.1a	Observation documentation guidance has been published in the weekly briefing - **Action Complete (See LFD Evidence Folder 1.1a).**
		- 1.1b	Clinicians are reminded of clinical documentation responsibilities through clinical supervision shifts - **Action Complete and Ongoing (See LFD Evidence Folder 1.1b).**
		- 1.1c	The themes and trends identified through LFD are now delivered by the Patient Safety Officer to the AAP and Graduate Induction courses conducted at the National Academy - **Action Complete and Ongoing (See LFD Evidence Folder 1.1c).**
1.2	The trauma desk is being contacted by clinicians for "decisions" regarding termination of resuscitation in a patient who remains in the cardiac rhythm of pulseless electrical activity. This is in line with JRCALC "Termination of Resuscitation" guidelines however its adoption within WMAS is not consistent and no WMAS guidance has been published.	- 1.2a	A workstream supporting on scene termination of resuscitation is currently being led by the Trust's Lead Paramedic - **Action Pending (See LFD Evidence Folder 1.2a)**
Positive learning which has resulted from learning from deaths:			

Positive learning which has resulted from learning from deaths:

- Case record reviews have evidenced that there are more examples of care within the "excellent" & "good" category than any other.
- Patient Safety Officer clinical case reviews have established that documentation does not always reflect the appropriate care and treatment that was provided by the clinicians.
- Patient clinical records (redacted) demonstrating a mixture of standards are being used during the Patient Safety Officer delivered sessions at the National Academy in order to support learning and understanding.
- The discharge form now appears to be been integrated into WMAS clinical practice.

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations are reported separately.

2020/2021 Learning, Themes and Actions: Theme Number 2 – Education			
Learning		**Actions**	
Case record reviews have identified:			
2.1	Insufficient explanation/documentation of the discussion surrounding refusal to attend hospital that supports the patients' informed decision to refuse. This applies generally but also specifically to patients who are concerned about hospital acquired COVID 19.	- 2.1a	Information related to informed consent and COVID 19 has been published in the Weekly Briefing - **Action Complete (See LFD Evidence Folder 2.1a).**
		- 2.1b	The themes and trends identified through LFD are now delivered by the Patient Safety Officer to the AAP and Graduate Induction courses conducted at the National Academy - **Action Complete and Ongoing (See LFD Evidence Folder 2.1b).**
		- 2.1c	The Trust's Education and Training CTM Lead has been informed of the LFD learning in order to support the delivery of the CTM Mandatory Update 2021/2022 and reaffirm current messages delivered during the 2020/2021 Clinical Supervision Shift - **Action Complete and Ongoing (See LFD Evidence Folder 2.1c).**
2.2	The appearance of a cultural reluctance to adopt the appointment of a team leader and utilise the cardiac arrest check list during a cardiac arrest.	- 2.2a	A workstream reviewing the cardiac arrest check list has been completed and a new version has been introduced - **Action Complete (See LFD Evidence Folder 2.2a).**
		- 2.2b	The appointment and documentation of a resuscitation team leader and the cardiac check list has been included in the Day 1 2020 Mandatory Update - **Action Complete (See LFD Evidence Folder 2.2b).**
		- 2.2c	The themes and trends identified through LFD are now delivered by the Patient Safety Officer to the AAP and Graduate Induction courses conducted at the National Academy - **Action Complete and Ongoing (See LFD Evidence Folder 2.2c).**
Positive learning which has resulted from learning from deaths:			
• Case record reviews have evidenced that the care plans provided to patients frequently achieve a score of "excellent" or "good" care.			

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations are reported separately.

2020/2021 Learning, Themes and Actions: Theme Number 3 – On scene care and/or discharge		
Learning		**Actions**
Case record reviews have identified:		
3.1	Clinicians, on occasions, are still prioritising the need to see a DNACPR even when a medical history is indicative of an "End of Life" (EoL) condition.	- 3.1a	A workstream supporting "End of Life" decision making is currently in place led by the Head of Clinical Practice – Mental Health - **Action Pending (See LFD Evidence Folder 3.1a).**
		- 3.1b	The Trust's Education and Training CTM Lead has been informed of the LFD learning in order to inform CTMs and also support the delivery of the CTM Mandatory Update 2021/2022 - **Action Complete (See LFD Evidence Folder 3.1b).**
3.2	The use of anticipatory medications in patients who are EoL is increasing however there are still opportunities to further support their use.	- 3.2a	A workstream supporting "End of Life" decision making is currently in place led by the Head of Clinical Practice – Mental Health - **Action Pending (See LFD Evidence Folder 3.2a).**
		- 3.2b	Information related to anticipatory medication has been published in the weekly briefing - **Action Complete (See LFD Evidence Folder 3.2b).**
		- 3.2c	Support related to anticipatory medication has been included within the 2020-2021 clinical supervisions shift - **Action Complete (See LFD Evidence Folder 3.2c).**
Positive learning which has resulted from learning from deaths:		

Positive learning which has resulted from learning from deaths:
- Case record reviews have evidenced that there has been an increased use of anticipatory medications within the last 12 months.
- Case record reviews have evidenced that the care provided to patients, who have reached the end of their life, regularly achieves a score of "excellent" care.
- The targeted deployment of Critical Care Practitioners to patients with specific medical or trauma requirements enhances clinical leadership, crew resource management and clinical documentation.

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations are reported separately.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 17   MONTH   JULY 2020   PAPER NUMBER   15

Title	Revised Governance and Hub/Board Link
Sponsoring Director	The Chairman
Purpose	To present a revised governance Structure and Terms of Reference for Board Committees; and also to present a revised Hub/Board Link for review and approval
Previously Considered by	Board Briefing Session June 2020 EMB July 2020
Report approved by:	The Chairman

Since taking up the role of Chairman on 1 April 2020 there have been discussions with colleagues on amongst other things the governance of the Trust. The attached report is based on those discussions. As the Board are aware in being appointed Chairman of the Board of Directors, under Regulations I am also Chairman of the Council of Governors and a paper proposing revisions to its Membership and Governance, will be presented to the Council of Governors at its meeting later today. Those proposals for the Council of Governors that require a change to the Constitution are set out in the recommendations below.

In so far as the Board of Directors are concerned I have codified a clear Terms of Reference for the Board of Directors which brings together matters reserved to the Board and also those matters required under the Code of Governance or best practice.

The main changes to the Board Committee structure is that it is proposed that the Resources Committee is abolished and that two committees are established in its place:
- A Finance and Performance Committee
- A People Committee

The draft Terms of Reference for the Board and its Committees are attached for review.

It is important that we do review our governance at all levels including the Council of Governors in the light of various changes taking place within the NHS nationally and regionally with the move to Integrated Care Systems which requires the Trust at the director level to work more closely with our partners in the region. It is therefore timely to look at the role and purpose of the Council of Governors. The current Foundation Trust Model was based on regulations dating back to 2003. As such it is right to review our governance to ensure that it remains appropriate and continues to contribute to maintaining and improving the Quality of Care in the NHS.

In addition, going forward funding is going to inevitably get ever tighter, given the costs of meeting the Pandemic emergency, and as such we must all look at ways in which we can be more efficient and effective. It is important that we continually find efficiencies so that funding for front line services are maintained. This report also proposes efficiencies in governor election costs without impairing the integrity of the process to enable the savings that accrue to be redirected to patient care.

The proposed changes to the Council of Governors will require appropriate changes to the Constitution and the Board and the Council are requested to authorise the Trust Secretary, in consultation with the Chairman and Chief Executive to make the required changes to give effect to the recommendations.

As part of its Assurance Framework, the Board are also requested to review and if appropriate approve the attached Hub/Board Link and Board responsibilities document.

Related Trust Objectives/ National Standards	The Board has the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. In formulating its strategy the Board should seek the views of the Council of Governors who in turn should engage with its stakeholders namely the public , staff and key partners. This paper clarifies the role of the Board and its committees in undertaking the above duties. It also aims to refine the role of the Council of Governors in carrying out its statutory role.
Risk and Assurance	The Trust are required to remain compliant with its licence and CQC registration and a strong governance model is crucial to retaining our Licence and Registration.
Legal implications/regulatory requirements	Legal advice has not been sought in relation to any matters within this report.
Financial implications	Any financial considerations have been budgeted. If the changes to the membership of Council of Governors as proposed are agreed and then the election costs without postal voting and using online voting only would be £9,200 for two elections every three year, instead of £16,400 if we continue to allow postal voting also, if we maintain the current process where we hold

	an annual election every year the cost of the election process if we use only on line balloting will be £13,800 over a three year period, instead of £24,600 over the same period if we continue to allow postal voting as well as online voting.
Workforce & Training Implications	Council of Governors has representation from the Workforce and the Board of Directors provide leadership for the Trust. Workforce are invited to attend meetings of the Board of Directors and its committees. The introduction of a People Committee will further strengthen this area in terms of governance. .
Communications Issues	The salient matters considered at meetings of the Board of Directors and the Council of Governors are disseminated if appropriate within the Trust through the Weekly Brief. Members of the public and the press are welcome to attend public Board and Council meetings. The meeting dates and the papers for the public meeting are available on the Trust website.
Equality and Diversity Implications	Equity, Diversity and Inclusivity have been considered in the development of this report, especially in relation to the regular report. The Trusts duties under the Public Sector Equality Duty will be included within the Terms of Reference for the Board and its Committees.
Quality Impact Assessment	Not applicable in relation to the content of this report
Data Quality	The documents referred to in this report are held by the Trust Secretary.

Recommendation:

a. Directors are requested to review the contents of the report and approve the Governance structure as set out in Appendix 2 (page 22)

b. Approve the Terms of Reference for attached as appendices to this report:
   - The Board of Directors
   - A Finance & Performance Committee

Page **3** of **5**

- A People Committee
- Quality Governance Committee
- Audit Committee
- Remuneration and Nominations Committee
- Trustee Committee
- Executive Management Board

c. That subject to the approval of the Council of Governors, endorse the following proposed changes to membership of the Council of Governors and other matters and authorise the Trust Secretary to make appropriate changes to the Constitution in consultation with the Chairman and Chief Executive to give effect to the following provisions:

   i. Reduce the number of Appointed Governor positions by deleting the following seats:
      - Emergency Services Representative (As the engagement will continue at Management and Operational area level)
      - NHS Provider (As engagement will continue through the STP and development of the Integrated Care System)
      - Universities representative (The NED vacancy when advertised will seek a person from the University sector given that that we are a University Ambulance NHS Foundation Trust)
      - The Youth Governor (As engagement will still take place at the operational level with schools and colleges and St John Ambulance)

   ii. Reduce the number of Emergency and Urgent Operational Staff Governors to one so that it is consistent with other staff Governor groups and remove the requirement for it to be a Paramedic.

   iii. Reduce the number of Public Elected Governors from three to two per electoral area.

   iv. To note that the above proposals if approved by the Trust will reduce the number of Governors from 26 to 16.

   v. Governors will continue to serve for a period of no greater than three years up to a maximum of nine years and that elections be held on the basis of two elections in every three year cycle.

   vi. To agree to the use of online voting only, which is already allowed for within the Constitution.

> d. To review and approve the attached Board/Hub Link and director responsibilities and authorise the Chairman and Chief Executive to make any amendments as a result of the changes to the Trust Committee structure.

Introduction

This document has been produced for the purpose of placing our governance structure in one document to provide a reference document and also a document that can be reviewed as appropriate.

Governance in the context of this report is the system by which the Trust is directed and controlled. The Board of Directors is responsible for overseeing the governance of the Trust. This includes setting the Trust's Strategic Objectives and providing the leadership to put those Objectives into effect. The Governance Framework enables the Board of Directors to supervise the management of the Trust. It is to be distinguished from the day to day operational management of the Trust by full-time executives.

Governance is primarily conducted and orchestrated through the leadership and functions of the Board. It is however the business and concern of everyone in the organisation. For the Board to undertake its duties effectively, (and for the Trust to provide the best services to patients) it requires the structure, people and process of governance to be integrated into the fabric of the organisation and, that any "Ward to Board" risks and issues are well-articulated and escalated via an easily navigated path. A key job of the Board is to seek assurance that risks to its strategic objectives are known and that there are clear plans in place to mitigate, eliminate or manage those risks. The Board is the key place where all the aspects of governance (clinical, financial, workforce, staffing, information, research etc.) come together.

This document sets out a governance model that is based around five key themes:

1) Strategy - The strategic direction of the organisation has to be owned and agreed by the board as a whole and that formulating strategy is therefore a whole-board activity. As we look forward the future delivery of healthcare, the impact of robotics, of artificial intelligence, and of genomics are going to be immense. The role of artificial intelligence, home-based clinical informatics and the 'internet of things' in particular will bring huge changes and huge opportunities for us in WMAS. Couple these technological changes with the evolving role of paramedics in the delivery of healthcare away from their traditional role in 999 services and we have really exciting opportunities ahead of us, and WMAS can lead with these opportunities rather than be led by others. Therefore as a board it needs to position itself to be able to dedicate significant protected time to thinking these issues through, and how we build our new strategic direction. This will require better focus in terms of meetings of the Board and the structure of its governance also better engagement with stakeholders.

2) Streamlining - The time spent in Board and Committee meetings needs to have better focus so that it can be more productive with our time. The frequency of committees and sub-committees within WMAS is generally acceptable, but some meetings do seem to last much longer and that in terms of time management should never as a rule last longer than 3 hours. After 3 hours the meeting loses its identity and also focus it is also doubtful that it is productive due to lack of concentration. This paper therefore sets out a protocol governing Board and Committee procedure.

3) Structure of Committees - In terms of developing a more streamlined approach to the governance of the Trust as previously stated, it is appropriate for the Board to annually review its Committees and governance. Generally the Committees structure in existence is still

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appropriate. However directors have in the past suggested that the Resources Committee has so much within its Terms of Reference that it is unable to provide detailed focus on the key issues. To this end and given the publication of the interim NHS People Plan it is timely to consider splitting the Resources Committee into a Finance & Performance Committee and a People Committee. This would allow the drawing up of much clearer Terms of Reference and provide better focus.

4) Succession (and resilience) - as the Covid emergency has shown we have some exceptionally talented people in WMAS. Which provides us with an opportunity develop our 'talent pipeline' so that ideally we have at least one credible candidate in-house for every senior job that becomes available. This could be a key role for the newly established people committee) to give some thought to how we can strengthen our talent planning across the organisation and how non-executives could add value in this area.

5) Stakeholder engagement – WMAS has a reasonable track record in engaging with key stakeholders; this will be a good base to respond to the changing health care system and structure. In this changing landscape we will need to develop even stronger relationships with the NHS (especially trusts and ICS/STPs), with key partners in the third sector, with Local Authorities, with academic providers, and to develop strategic alliances where these can help in our objective to remain a world leading provider.

The Regulatory Framework

The Governance framework of a Foundation Trust is set out in Schedule 7 to the NHS Act 2006 as amended. It sets out an obligation to have:

- A Membership
- A Council of Governors
- A Board of Directors
- Specific directors on the Board
- Committees required under regulation

In terms of regulation there two main regulators that hold NHS Foundation Trusts to account for the quality of care they deliver and how they are run.
- The Care Quality Commission is the independent regulator of health and social care services, they register, inspect and monitor providers of health services including NHS Foundation Trusts, and enforce action where necessary
- NHS England/ Improvement (NHSE/I) is responsible for overseeing providers of NHS funded care acting as both an economic regulator and supporting providers to meet standards set by the CQC.

Membership and the Council of Governors

The Council of Governors as a whole (not individually) is responsible for representing the interests of the Members (both public and staff constituency) in the governance of the Trust. The statutory function of the Council of Governors is to hold the Non-Executive directors collectively to account for the performance of the board of directors in meeting the conditions of its licence and to represent the interests of the Members of the Trust as a whole and the interests of the public.

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To hold to account is to receive an account or explanation and a justification for actions taken or not taken. To test the account through questioning and to form a judgement and to feed back. Being able to demonstrate the effectiveness of a local chain of accountability from the public and the membership through the Governors to the Board of Directors is important in demonstrating the value of the Foundation Trust model. To hold to account does not require a management relationship, so while Governors appoint non-executive directors and can in appropriate circumstances remove them from office; and are responsible for holding them to account; there is no management relationship.

For Governors the outcome that they should be seeking from holding the Non-Executive Directors to account is assurance about the performance of the Board in terms of meeting its licence conditions and the stewardship of the Trust. Specifically they will be looking for assurance, confidence backed by sufficient evidence, that the Board is setting strategy, controlling the Trust, establishing the right culture and delivering accountability. The Board/Hub Link document attached forms part of that assurance framework.

An important factor in making the interaction between Governors and Directors positive is a common understanding and acceptance of the roles and responsibilities of each party. A positive relationship can be promoted by being clear about the respective roles of each body and then agreeing ground rules on how the relationship will work, including how disagreements will be resolved. Governors will need the right level of information and support to carry out their role effectively, but just as importantly will need time and space to question, challenge and reflect on and debate what they have heard so that they are able to form a conclusion and feed back to the Board.

Governors are a key community link for the Trust. They carry out a vitally important role ensuring that the Trust gains the views of the people it serves. By keeping in touch with local people and communities, they are responsible for feeding back to the Trust, via the Council of Governors, the views and ideas of members.

The Governors also lead on developing the membership in their constituency and also communicating with their local members and the public on issues from the Council of Governors and the Trust. The Governors also advise the Trust on what information service users and carers need and the best way to involve the public in service developments.

The Council of Governors is also now responsible under statute for monitoring that the Trust will conduct its business in a way that reflects its purpose.

The Council of Governors help plan and steer the direction of the Trust. This includes working with the Board of Directors to set priorities for improvements and changes. In this role, governors act as 'critical' friends. 'Critical' friends support, challenge and ask questions in a positive way, and give immediate support and help when necessary.

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Over and above certain minimum requirements set out below there can be as many governors as an individual Foundation Trust sees fit provided there are more public governors than all other governors put together. However, NHS Improvement's Code of Governance does emphasise that the Council of Governors should not be so large that it becomes unwieldy. Governors can serve a term of three years on the Council of Governors and can then seek re-election or reappointment.

It is important though that we ensure that our Council of Governors remain focussed on its role and that it remains fit for purpose. Today we present proposals to reduce the size of the Council of Governors so that it can remain focussed on its statutory roles. It is also important that for engagement to be meaningful with key stakeholders it takes place at the operational and managerial level rather than through the Council of Governors.

The Council of Governors currently has the following statutory roles. These roles cannot be delegated and can only be exercised at meetings of the Council of Governors:

- Appointing, removing and deciding the terms of office of the chairman and other NEDs and approving the appointment of a new Chief Executive.

- Appointing and removing the auditor

- Receiving the annual accounts, auditor's report and annual report at a general meeting

- expressing a view on Board of Directors' forward plans for the Trust

- Approve "significant transactions"

- Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution

- Decide whether the Trust's non NHS work would significantly interfere with its principal purpose which is to provide goods and service in England, or performing its other functions.

- Approve amendments to the Trust's constitution.

Governors Cannot :

- veto or over-rule decisions made by the Board of Directors

- involve themselves in the day-to-day running of the Trust, setting budgets, staff pay or other operational matters. These responsibilities lie with the Board of Directors.

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- inspect the Trust's services, although we do invite Governors to experience front line services to enable them to have a good understanding of the service.

- raise complaints on behalf of individuals.

- represent the interests of single pressure groups or political parties. They are required to represent a broad range of interests in their constituency.

Unlike directors, governors are not paid and are not ultimately responsible for the performance of the Trust. The Board of Directors remain ultimately responsible for the Trust's operations and performance.

The West Midlands Ambulance Service University NHS Foundation Trust currently has a Council of Governors consisting of 26 seats, with the following membership and this is set out in the Constitution, so any changes will require a variation to the Constitution:

15 Governors representing the public constituency. This is 3 Governors representing 5 electoral areas across the region.

5 Governors representing the Staff Constituency. This is made up of the following classes within the Staff Constituency:
- 2 Governors for the Emergency and Urgent Operational Staff (of which one must be a Paramedic),
- 1 governor representing the Emergency Operations Centre,
- 1 governor representing the Non-Emergency Operational Staff,
- 1 governor representing the Support Staff.

The Trust also invite the following organisations to appoint a Governor to the Council of Governors:

- A representative from a local authority
- An Emergency Service representative
- An NHS Provider
- A Youth representative
- A Representative from Community First Responders Regional Forum.
- Universities Representative

Under regulations the Foundation Trust is required as a minimum to have a Council of Governors consisting of the following (for the avoidance of doubt there is no regulation in relation to the number of Governors as long as we reflect the basic membership requirements. The only guidance is that the Council numbers should be "manageable"):

- The Governors representing the public constituency must be in the majority.
- The Trust must have a minimum of at least three staff governors
- The Trust is required to appoint at least one governor who will represent a local authority in its area.

Otherwise the Trust is at liberty to structure its Council of Governors as it sees fit.

I am conscious of the changing governance in the region and nationally and the requirement for the Trust to work more closely with our partners in the region at the managerial and operational level. The Trust has recently appointed a Strategy and Engagement Director and this will be part of his remit. As part of the Integrated Care System, NHS organisations, in partnership with local councils and others, must take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

In addition, going forward funding is going to be ever tighter.

It is in the light of the above that I am now proposing the following changes to the Council of Governors:

Appointed Governors.

The area covered by the West Midlands Ambulance Service spans across a number of electoral areas and boroughs and therefore within its operating boundaries it works alongside multiple local authority electoral areas, NHS healthcare providers, educational establishments and emergency services on a daily basis. The Trust also has to work with key stakeholders regularly for strategic planning and it is evidenced within the quality account. It is questionable whether the governor appointed representatives from NHS providers, Universities and emergency service when each individual organisation has its own key functions and strategic objectives, can be truly representative of the sector across the Region.

We are therefore proposing that we:

Reduce the number of Appointed positions by deleting the following seats on the Council of Governors as their term of office expires (Appointed Governors, like elected Governors only serve for three years and then their reappointment is reviewed):

o   Emergency Services Representative (As the engagement will continue at operational area level) - term of office ends 31st December 2021
o   NHS Provider (As engagement will continue through the STP and development of the Integrated Care System) – term of office ends 31st December 2021
o   Universities representative (The NED vacancy when advertised will seek a person from the University sector given that that we are a University Ambulance NHS Foundation Trust) – term of office will end 31st March 2021
o   The Youth Governor (As engagement will still take place at the operational level with schools and colleges and St John Ambulance) – term of office ends 31st December 2021.

Staff Elected Governors

The organisation is only required to have three staff governors, currently the service has five, it is now proposed that one of the two Emergency and Urgent Operational staff seats is deleted with that one person being at any level such as Technician, Paramedic and ECA, to fall in line with the other staff Governor groups.

This will come into effect immediately when the term of office ends on 31st December 2021.

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Public Governors

It is proposed that the public elected governors are reduced from three Governors to two Governors per electoral area. This would be implemented with immediate effect and that no elections are held this year to fill the pending vacancies.

The council would still meet the requirement that publicly elected Governors are in the majority.

Review of Elections

As we are all aware the NHS in particular is up against some real challenges especially when finances are involved. It is proposed to reduce the number of election in a three year period from three to two elections in a three year period. Currently the cost of each election, before VAT is approximately £8,200, over a three year period that is a cost of £24,600. If the Trust moved to two elections every three years the costs would be £16,400. As stated above this cost is before VAT and currently includes print and postal costs, which are also under review by moving to online voting only, which is allowed for under the current election rules.

Move to online voting only

As part of its review of spending the Trust has looked at ways of achieving efficiencies. The Council of Governors are being asked to receive the recommendation of moving to online voting only for all governor elections.

The Trust has consulted its election agents and they have confirmed that a significant saving could be made by moving to solely online voting.

At present nominations can only be made electronically, however, voting for a preferred candidate is by either postal or online. The Trust could make a saving of approximately 44% of the total yearly election costs, which roughly equates to £3,600 each year, by removing the printing and postal costs incurred through postal votes.

One of the Trusts 'green' objectives is to be paperless by December 2020 and therefore to adopt online voting would fall in line with this trust wide objective.

The Board of Directors

The primary responsibility of the Board of Directors of the West Midlands Ambulance Service NHS Foundation Trust (The Trust) is to provide governance and stewardship to the Trust in accordance with UK laws and regulations. It is established pursuant to the NHS Act 2006 as amended by the Health and Social Care Act 2012 and regulations implementing the Act. (The following is also relevant to all Board Committees and where appropriate the word Board be removed and the name of the Committee inserted).

The proposed Terms of Reference for the Board of Directors are attached as
Appendix 1

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The role of the Board of Directors and its Committees, is largely supervisory and strategic, and it has a number of key functions (How it receives and monitors assurance is included in brackets):

- to set strategic direction, define objectives and agree plans for the Trust (EMB and the Board Briefing meeting)
- to ensure that the Trust has adequate and effective governance and risk management systems in place (Audit Committee)
- to regularly monitor the high level and strategic risks to achieving its Strategic Objectives (The Assurance Framework)
- to monitor performance and ensure corrective action (A proposed Finance & Performance Committee)
- to ensure financial stewardship (A proposed Finance & Performance Committee)
- to ensure high standards of corporate and clinical governance and personal behaviour (Audit Committee and Quality Governance Committee)
- to appoint, appraise and remunerate executives (Through the Remuneration and Nominations Committee)
- to ensure dialogue with external bodies and the local community. (The Council of Governors, The EMB and the Board of Directors)
- To monitor and drive the implementation of equity and inclusivity in the operation of services and employment opportunities within the Trust. (Through the proposed People Committee)

The Board of Directors is also responsible for establishing the values and standards of conduct for the Trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, including the Nolan Principles and most importantly align those values with the NHS Constitution.

The members of the Board of Directors are obliged to act in the best interest of the organisation and the interests of patients; and uphold their fiduciary responsibilities and general duty of care. This involves not disclosing confidential information, avoiding real and perceived conflicts of interest, and favouring the interests of the organisation over the interests of others and themselves.

The board shall act honestly and in good faith in a manner that is in the best interest of the organisation. It will also subscribe to the following core values of the NHS as set out in the NHS Constitution which are:

- Respect and dignity - We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

- Commitment to quality of care - We earn the Trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

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- Compassion - We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

- Improving lives - We strive to improve health and well-being and people's experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

- Working together for patients - We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

- Everyone counts - We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

Board Composition

The number of members of the board of directors, the minimum required membership and also the period of office of the Chair and Non-Executive directors, as well as the process of appointment to the Board of Directors are set out in the Trust's Constitution.

The size of the board is a matter for the Trust and this is also set out in the constitution. However, the size of the board should provide for diverse views and opinions among directors whilst enabling the participation of each director in a substantive manner. A balance is required between the board being too small to enable diverse views and opinions and too large to prevent each director being able to participate.

In terms of appointments to the Board in a foundation trust, the Membership elects governors and the governors serve collectively as members of the Council of Governors. The Chair and Non-Executive directors are then appointed by the Council of Governors, and the Chief Executive is then appointed by the Non-Executive directors, which is subject to the approval of the Council of Governors, and the executive directors are then appointed by the Non-Executive directors and the Chief Executive as the Remuneration and Nominations Committee.

Board Member Duties and Responsibilities

Directors are in a position of Trust and as such they owe certain duties to the Trust. Their primary duty is to the success of the Trust and it is in the best interests of the Trust that directors must have this in mind in their decision making. There is a general duty of the Board of Directors to exercise its judgment in promoting the success of the foundation trust so as to maximise the benefits for the members of the Trust as a whole and for the public. The Regulator's Code of Governance emphasises that the role of the Board of Directors is to provide entrepreneurial leadership of the Trust within a

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framework of prudent and effective controls, which enables risk to be assessed and managed.

As a unitary board it is one team where every board member round the table has an equal say and that executives are encouraged to probe and question each other and are involved in decision making just as much as the non-executive directors. As a general rule the role of non-execs generally in the organisation is to "stick your nose in but keep your fingers out". This means that Non Executive Directors should act as constructive, critical friends - with an emphasis on the constructive and friends bit. It is crucial that the Board of Directors at all times acts as a unitary board which is a concept where the Board of Directors – both Non-Executives and Executives – have agreed by taking the position of director to share the same liability:

All directors therefore have responsibility to constructively challenge the decisions of the Board and help develop proposals on priorities, risk, mitigation, values, standards and strategy and are collectively responsible for the exercise of the powers and the performance of the Trust.

  a. All directors have a responsibility to challenge constructively the information and proposals made to the Board.
  b. All directors have collective responsibility for taking actions which legally bind the Trust.
  c. All members of the Board, as a unitary board are responsible for every decision of the board regardless of their individual skill or status. Non-Executive directors and executive directors alike share the same degree of accountability.
  d. The Non Executive Director must at all times avoid becoming involved in the day to day administration or management of the Trust.
  e. There are serious consequences of non-compliance. There is a Statutory duty of Candour owed by the Trust. The Board should make sure that there are systems in place to ensure all staff, regardless of seniority or permanency know about the organisations responsibilities.
  f. The conduct of meetings should be in a spirit of openness and transparency:
  o 'Open' means
    Enabling concerns and complaints to be raised freely without fear and also questions being asked and then answered.
  o 'Transparent' means
    Allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.

The key duties of each member of the Board that are set out in the Health and Social Care Act 2012 include a duty on the individual member of the Board to:

  • act within powers set out in the constitution and other governance documents such as the Standing Financial Instructions;
  • promote the success of the Trust for the benefit of the population it serves through its Membership, especially in the following areas:
    o The likely consequences of any decision on the long term sustainability of the Trust
    o The interests of the employees of the Trust
    o To foster the Trusts business relationships with partners
    o To consider the impact of the Trusts operations on the community we serve and the environment.
    o To maintain a reputation for high standards' of business conduct.
    o exercise independent judgment in decision making;

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- exercise reasonable care, skill and diligence, this standard is increased for directors who may possess a higher standard of knowledge, skill or experience;
- avoid conflicts of interest with the interests of the Trust and to declare any conflict of interest that exists or arises;
- not benefit from third parties by reason of being a director or his doing anything as a director of the Trust;
- maintain knowledge and understanding of the organisation's business to properly discharge their duties;

The Trust provides indemnity cover for directors and the Constitution specifically provides for such cover for actions taken honestly and in good faith, but not for reckless or criminal action.

There are a number of other duties, although not required in law, that require Board appointments such as a NED with recent and relevant financial experience to serve on the Audit Committee; given that we are an NHS body a NED with clinical experience to serve on the Quality Governance Committee.

It is important for the success of the Board that all directors should be able to allocate sufficient time to the Trust to discharge their responsibilities effectively. This in particular applies to Non Executive Directors.

Non-Executive directors in particular should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management and governance are robust and implemented.

To ensure that directors and NEDs have the appropriate knowledge of the organisation to enable appropriate level of challenge each Non Executive Director is linked to an operational Hub and will report through the "Day in the Life…."process. This will form part of the annual appraisal and that NEDs will be expected to carry out at least three visits a year to a Hub and at least one to the central support functions.

The revised Hub/Board Link and director responsibilities are included in the papers for this meeting.

Board Process and Procedure

There is an annual schedule of business which is a dynamic document and is developed and maintained by the Chairman and CEO in consultation with the Trust Secretary. The Trust's business is conducted by employees and an executive team led by the Chief Executive Officer (CEO) with oversight from the Board.

Meetings of the Board are either ordinary which are scheduled as part of the Annual Cycle of Business or are extraordinary meetings which are convened for specific and discrete matters reserved to the Board of Directors.

The Board will also meet informally for Briefing Sessions or Strategy Development sessions, these sessions are not decision-making meetings but enable a more detailed discussion on matters of strategic importance. It can also allow a presentation or deep dive into a specific matter as agreed by the Chairman and Chief Executive. Given the nature of the Trust's key business of patient care at least one Briefing Session a year will consist of a Basic Life Support skills update for all directors, the day will finish with an invited keynote speaker. The invite of the key note speaker will be determined by the Chairman in consultation with members of the Board.

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The time spent in Board and Committee meetings needs to have better focus so that it can be more productive with our time. The frequency of committees and sub-committees within WMAS is generally acceptable, but some meetings do seem to last much longer and that in terms of time management should never as a rule last longer than 3 hours

The agenda for ordinary meetings will follow a standard format and this will include:

1. Welcome and Chairman's matters
2. Apologies and declarations of any conflict of interest in matters on the agenda for that meeting
3. Minutes of previous meetings
4. A patient or staff story (the emphasis should be on any learning that is required)
5. Chief Executives Update
6. Executive Finance and Performance Reports
7. Executive People Reports
8. Executive Quality Reports
9. Report of the Committee Chairs and Minutes of Committees

The presumption will always be that matters are considered in public rather than in private and matters will be considered in private by exception. The test will continue to be whether the Trust would be able to refuse to release the information as part of a Freedom of Information request such as commercial information or the affairs of an individual or firm. The determination of whether a matter is to be considered in private is at the sole discretion of the Chief Executive in consultation with the Chairman.

In terms of preparing for Board meetings to ensure that that the executive hold a collective position on strategic matters the agenda and papers will normally be submitted to EMB at least two weeks prior to the Board meeting. No papers will be submitted unless they have been reviewed at a meeting of the EMB. All papers must be finalised and distributed at least five days prior to the meeting of the Board. Late papers will be accepted in exceptional circumstances only and will only remain on the agenda for the Board meeting at the express permission of the Chair in consultation with the CEO.

The production of high quality, concise papers (with appendices - if really necessary) is crucial for effective decisionmaking, and these should be produced and circulated on time, and read in advance of the meeting by all board. Reports should have the standard coversheet, the template is attached as Appendix 10, to this report and should be concise and to the point as a general rule no report should be more than six pages in length including the coversheet and the appropriate control boxes have been completed. All proposals must be within the financial plan agreed by the Board and contribute to the successful outcome of the Trust strategic plan

At meetings of the Board there should be a presumption that papers have been read and that the relevant director should provide a brief introduction and clarify what decisions are required, in particular highlight any new or increased risks.

Both Chair and CEO have roles to ensure that executive directors contribute fully to the culture of a unitary board.

The Chairman (Main Accountabilities)

- Provide leadership of the Board, inculcating a sense of individual and collective responsibility on the part of all Directors, through personal example and practice.
- Manage the business of the Board and set its agenda, taking full account of the issues and the concerns of Board members. Ensure that agendas strike the right balance between patient safety and quality, performance, governance and strategic issues

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- Ensure that members of the Board receive accurate, timely and clear information in particular about the Trust's performance, to enable the Board to take sound decisions, monitor effectively and provide advice to promote the success of the Trust
- Keep under review, with the Board, the general progress and long term development of the Trust
- Convene regular meetings with the Non-Executive directors and the CEO without the other executive directors being present for the purpose of allowing the CEO to provide NEDs with detailed briefings for the purpose of enabling constructive challenge at Board meetings.
- Ensure effective communication with Governors and other stakeholders and the community in general and ensure that members of the Board develop and maintain an understanding of the views of Governors and key stakeholders
- Manage Board meetings to ensure that sufficient time is allowed for discussion of complex or contentious issues, where appropriate arranging for informal meetings beforehand to enable thorough preparation for Board discussion
- Promote the highest standards of corporate governance, identifying and encouraging the adoption of best practice from both the public and private sectors
- Ensure that the Board is able to discharge its duties and comply with the requirements of statutory/regulatory bodies that affect the functioning and responsibilities of the Board, including NHS Improvement and the Care Quality Commission, in particular the duty of the Chair under the Fit and Proper Persons Regulations.
- Build an effective and complementary Board, initiating change and planning succession and Board appointments; leading the process for the appointment and development of Chief Executive and Executive Directors; and working with and facilitating the appropriate Board of Directors and the Council of Governors panels as appropriate.
- Consider and address the development needs of individual Non-Executive Directors, and the Board as a whole, to maintain the necessary depth and breadth of knowledge and skills, and enhance the effectiveness of the Board as a team. Ensure that a process is in place for the planned development of the Board
- Lead the Board in the on-going monitoring, and evaluation, of the performance of the Chief Executive
- Establish a close partnership with the Chief Executive, providing support and advice while respecting executive responsibility and accountability.
- Establish effective working relations and open lines of communication with other Board and Executive members and in particular the Deputy Chair and with Governors
- In line with the NHS Healthy Board document ensure that alongside board performance evaluation, board members undergo at least an annual appraisal of their individual contribution and performance.
- Encourage active engagement by members of the Board
- Uphold the highest standards of integrity and probity
- Develop and maintain an ethos of and commitment to corporate and collective responsibility on the part of all Board members
- Promote effective relationships and open communication, both inside and outside the Boardroom, between Non-Executive Directors, Executive Directors, the Executive and with Governors
- Ensure clear structure for the effective running of Board committees.
- Provide coherent leadership for the Trust, including representing the Trust and understanding the views of key stakeholders.
- Chair the Council of Governors, applying the principles set out in this role profile to ensure the effective functioning of the Council, and seeking synergy of purpose between the Board and the Council

- Taking into account the views of the Board of Directors, work with the Council of Governors in the process for appointment of Non-Executive Directors.

Division of responsibility between the Board and Management

The Chief Executive Officer (CEO) is responsible, in accordance with the directions of the Board, for the implementation of the business plan and general day-to-day management and conduct of the affairs of the organisation, through the Executive team. The CEO is the board's link to the administration of the Trust. The CEO is accountable to the board as a whole and all communications on behalf of the board are through the CEO. The CEO ultimately is responsible for exercising all powers delegated by the board. The Board is able to measure organisational success and to effectively scrutinise performance in meeting the Trust's agreed strategic objectives and to hold management to account through, amongst other things, the Board Assurance Framework (BAF). The BAF therefore enables the Board to monitor and drive overall improvement.

The CEO is a statutory member of the Board and is designated as the Accounting Officer for the Foundation Trust in accordance with the National Health Service Act 2006 and NHS Foundation Trust Accounting Officer Memorandum.

The Act specifies that the accounting officer has a duty to prepare the accounts in accordance with the Act. In addition the accounting officer has the **personal** duty of signing the NHS foundation trust's accounts. It is an important principle that, regardless of the source of the funding, the accounting officer is responsible to Parliament for the resources under their control.

The following can not be understated as the essence of the accounting officer's role is a personal responsibility for:

- the propriety and regularity of the public finances for which he or she is answerable
- the keeping of proper accounts
- prudent and economical administration in line with the principles set out in Managing public money
- the avoidance of waste and extravagance
- the efficient and effective use of all the resources in their charge.

Within the context of the above, the Board shall:

- o delegate authority to the CEO to conduct the implementation of Board decisions and the operation of the Board;
- o with the exception of matters reserved to the Board of Directors as set out in Standing Financial Instructions, authorise the CEO to delegate authority, implement policy, establish procedures, make all decisions, take all actions, establish all practices, and direct all activities for the board;
- o direct the CEO to achieve results consistent with the strategic plan, corporate performance indicators and performance monitoring processes established by the board or the national performance targets;
- o direct the CEO to provide regular reports on organisational succession planning;
- o ensure that only decisions of the board acting as a single body are binding upon the CEO; and
- o authorise the CEO to enter into employment agreements with staff, setting out terms and conditions of employment, and salary and benefits which fall below Very Senior Management (VSM) levels or an Agenda for Change salary that exceeds VSM levels

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The Chair and Chief Executive have complementary roles in board leadership and the essence of the two roles are:

- The chair leads the board and ensures the effectiveness of the board
- The chair also chairs the Council of Governors.
- The Chief Executive Officer leads the executive and the organisation.

The above must be viewed within the context of the Code of Conduct for Board Members, which along with the NHSE/I publication "Managing Conflicts of Interest in the NHS - Guidance for staff and organisations" which has been adopted by the Board as Policy, sets the values and conduct expected of those in public office.

Trust Governance Structure and Terms of Reference for the Board of Directors and its Committees:

The proposed Committee and Governance structure is attached as Appendix 2 and the main changes recommended are:

- Split the Resources Committee into a (Finance &) Performance Committee and a People Committee.

- Reduce Governor commitments and abolish Panels but retain the Remuneration and Nominations Panel.

It therefore proposed that the following Committees of the Board will exist:

A Finance & Performance Committee – Meetings to be Chaired to be determined. Executive support by the Director of Strategic & Digital Integration & Director of Finance. The Terms of Reference are attached as **Appendix 3**

A People Committee – Meetings to be Chaired by to be determined. Executive support by the People Director. The Terms of Reference are attached as **Appendix 4**

Quality Governance Committee – Meetings to be Chaired by Jacynth Ivey. Executive support provided by the Director of Nursing and the Medical Director **Appendix 5**

Audit Committee – Meetings continue to be Chaired by Wendy Farrington Chadd. Executive support provided by the Director of Finance and Head of Audit. **Appendix 6**

Remuneration and Nominations Committee – Meetings to be Chaired by the Chairman of the Board. Executive support provided by the People Director and the Chief Executive Officer **Appendix 7**

Trustee Committee - Meetings continue to be Chaired by the Chairman. Executive support provided by the Director of Finance. **Appendix 8**

Executive Management Board – Meetings to be Chaired by the Chief Executive Officer **Appendix 9**

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Terms of Reference for the Board of Directors

1	Role and Purpose

The Board of Directors of the West Midlands Ambulance Service University NHS Foundation Trust (The Trust) is established pursuant to the NHS Act 2006 as amended by the Health and Social Care Act 2012 and regulations implementing the Act. In accordance with its Constitution, the Trust has a Board of Directors, (which comprises both Executive Directors, one of whom is the Chief Executive and Non-Executive Directors, one of whom is the Chairman). As set out in Annex 7 of the Constitution, the Trust has Standing Orders for the Practice and Procedure of the Board of Directors. For the avoidance of doubt, those Standing Orders take precedence over these Terms of Reference, which do not form part of the Trust's Constitution.

The role of the Board of Directors is to monitor the performance of the Trust and ensure that the Executive Directors manage the Trust within the resources available in such a way as to:

    a) ensure the safety of patients and the delivery of a high quality of care
    b) protect the health and safety of Trust employees and all others to whom the Trust owes a duty of care
    c) make effective and efficient use of Trust resources
    d) promote the prevention and control of Healthcare Associated Infection
    e) comply with all relevant regulatory, legal and code of conduct requirements
    f) maintain high standards of ethical behaviour, corporate governance and personal conduct in the business of the Trust
    g) maintain the high reputation of the Trust both with reference to local stakeholders and the wider community.

The Board of Directors has the following key functions:
  a) to set strategic direction, define objectives and agree plans for the Trust
  b) to monitor performance and ensure corrective action
  c) to ensure financial stewardship
  d) to ensure high standards of corporate and clinical governance and personal behaviour
  e) to appoint, appraise and remunerate executives
  f) to ensure dialogue with external bodies and the local community.
  g) to Monitor and drive the implementation of diversity and inclusivity in the operation of services and employment opportunities with the Trust.
  h) ensure that the Trust has adequate and effective governance and risk management systems in place and to regularly monitor the high level and strategic risks to achieving its Strategic Objectives (The Board Assurance Framework)
  i) review and approve the Trust's Annual Report and Accounts, including the Trust's Quality Report;
  j) ensure ongoing compliance with the Care Quality Commission's Fundamental Standards for all regulated activities across all registered locations;
  k) to receive and consider high level reports on matters material to the Trust detailing, in particular, information and action with respect to:
      i. human resource matters
     ii. operational performance
    iii. patient experience, clinical quality and safety, including infection
    iv. prevention and control
     v. financial performance
    vi. the identification and management of risk
   vii. matters pertaining to the reputation of the Trust;

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        viii.   strategic development

l) to promote teaching, training, research and innovation in healthcare to a degree commensurate with the Trust's status as a University Ambulance NHS Foundation Trust;
m) to promote and develop appropriate partnerships with other organisations in accordance with the Trust's values and strategic direction;
n) engage as appropriate with the Trust's membership and the Council of Governors;
o) to receive reports from its committees

2	Membership

The composition and membership of the Board of Directors of the Board of Directors is set out in the Constitution of the Foundation Trust to ensure that at all times the number of Non-Executive Directors (excluding the Chair) equals or exceeds the number of Executive Directors and the Board of Directors is to comprise:
- a non-executive Chair; and,
- up to six other Non-Executive Directors; and
- up to six Executive Directors.

One of the Executive Directors shall be the Chief Executive.
The Chief Executive shall be the Accounting Officer.
One of the Executive Directors shall be the Finance Director.
One of the Executive Directors is to be a Registered Medical Practitioner or a Registered Dentist (within the meaning of the Dentists Act 1984).
One of the Executive Directors is to be a Registered Nurse or a Registered Midwife.

The Non-Executive and Executive Directors listed above each hold a vote and also the following Executive Board Members hold a vote:
- Director of Workforce and Organisational Development
- Director of Strategic & Digital Integration

In addition to the Board members listed above, the following Directors shall attend Board meetings as contributing Directors (non voting):
- Strategy & Engagement Director
- Communications Director

Other senior members of staff may be requested to attend meetings by invitation of the Chair.

3	Accountability

The Board is accountable in a number of ways:

The Chairman and Non executive Directors are accountable to the Council of Governors and the wider community for the performance of the Trust.

The Chief Executive is also the Accounting Officer for the Trust and is accountable ultimately to the Public Accounts Committee of the House of Commons.

The Foundation Trust must be compliant with the Terms of its Licence and also its CQC Registration.

The Trust is required to appoint Auditors and produce an annual report and accounts.

4	Review arrangements

These terms of reference will be reviewed on an annual basis. The Chairman will ensure terms of reference are amended in light of any major changes in legislation and Trust governance arrangements/requirements.

5	Working methodology

There is an annual schedule of business which is a dynamic document and is developed and maintained by the Chairman and CEO in consultation with the Trust Secretary. The Trust's business is conducted by employees and an executive team led by the Chief Executive Officer (CEO) with oversight from the Board.

Meetings of the Board are either ordinary which are scheduled as part of the Annual Cycle of Business or are extraordinary meetings which are convened for specific and specific matters reserved to the Board of Directors at the sole discretion of the Chairman.

The Board of Directors also meet informally for Briefing Sessions, these sessions are not decision-making meetings but enable a more detailed discussion on matters of strategic importance. It can also allow a presentation or deep dive into a specific matter as agreed by the Chairman and Chief Executive. Given the nature of the Trust's key business of patient care at least one Briefing Session a year will consist of a Basic Life Support skills update for all directors.

The agenda for ordinary meetings will follow a standard format:
- Welcome and Chairman's matters
- Apologies and declarations of any conflict of interest in matters on the agenda for that meeting
- Minutes of previous meetings
- A patient or staff story (the emphasis should be on any learning that is required)
- Chief Executives Update
- Executive Finance Report
- Executive Performance Reports
- Executive People Reports
- Executive Quality Reports
- Reports of the Committee Chairs

The presumption will always be that matters are considered in public rather than in private and matters will only be considered in private by exception. The determination of whether a matter is to be considered in private is at the sole discretion of the Chief Executive in consultation with the Chairman and then subject to Board resolution.

All papers will normally be submitted to EMB at least two weeks prior to the Board meeting for review. No papers will normally be submitted to a meeting of the Board of Directors unless they have been reviewed at a meeting of the EMB. All papers for meetings must be finalised and distributed at least five days prior to the meeting of the Board. Late papers will normally only be accepted in exceptional circumstances and will only remain on the agenda for the Board meeting at the express permission of the Chair in consultation with the CEO.

The production of high quality, concise papers (with appendices - if really necessary) is crucial for effective decisionmaking, and these should be produced and circulated on time, and read in advance of the meeting by all board members.

Reports should:
- have the standard coversheet

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- be concise and to the point as a general rule no report should be more than six pages in length including the coversheet
- have the appropriate control boxes completed.
- be cross referenced to the financial plan agreed by the Board
- contribute to the successful outcome of the Trust strategic plan

As a general rule the business of the meeting should be concluded within no more than 3 hours.

For procedural details see the Standing Orders for the practice and procedure of the Board of Directors (Annex 7 of the Constitution).

6	Duties and interrelationships

The general duty of the Board of Directors and of each Director individually is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust and as a whole for the public.

In event of any ambiguity or concern regarding the duties or role of the Board this will be determined by reference to Regulations, or the Constitution of the Foundation Trust. The Chairman, in consultation with the Chief Executive will have sole discretion in terms of determining any matter in relation to the duties or role of the Board or its interrelationship with the Council of Governors or its partners in the Healthcare economy.

7	Delegated authority

The Board Committee structure is attached:

The Board has established the following Committees:

- Remuneration and Nominations Committee
- Audit Committee
- Quality Governance Committee
- People Committee
- Finance & Performance Committee
- Trustee Committee (As the Trustee for the General Charitable Funds held by the Trust)

An Executive Management Team chaired by the Chief Executive and consisting of the Executive Directors and other senior managers has also been established.

The Chief Executive Officer (CEO) is responsible, in accordance with the directions of the Board, for the implementation of the business plan and general day-to-day management and conduct of the affairs of the organisation, through the Executive Team. The CEO is the board's link to the administration of the Trust. The CEO is accountable to the board as a whole and all communications on behalf of the board is through the CEO. The CEO ultimately is responsible for exercising all powers delegated by the board.

8	Key input documents

- The Constitution
- Standing Financial Instructions
- Trust Strategies and Plans
- Risk Register and Board Assurance Framework

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- Financial Plans and Budgets
- Appropriate Business Cases
- SIRO Report

9	Inward reporting arrangements

See Committee structure attached.

The Chairs of the following Committees will provide the Board with a short summary highlighting key issues and assurances after each meeting:

Remuneration and Nominations Committee
Audit Committee
Quality Governance Committee
People Committee
Finance & Performance Committee

The Chair of the Executive Management Team will provide the Board with a short summary highlighting key issues and assurances after each meeting and where appropriate under Standing Financial Instructions and the Scheme of Delegation to seek Board ratification where required.

The Chairman will report on the salient matters considered by the Council of Governors and where appropriate seek the endorsement of the Board where that power is not held by the Council of Governors.

TRUST COMMITTEE STRUCTURE - PROPOSED

Report of the Chief Executive | **Board of Directors** | Report of the Chairman | **Council of Governors**

Director and Governor Development, and Constitution Panel

Chair: Prof. Ian Cumming

2 x Meetings a year

Remuneration, Terms of Service and Nominations Panel

Ad hoc as required

Executive Management Board

Lead Executive Director- Chief Executive Officer

Normally Meets twice a month 20 meetings?

Trustee Committee

Chairman - Professor Ian Cumming

Lead Executive Director- Director of Finance

Normally meets twice a year

People Committee

Chairman-

Lead Executive Director- Director of Workforce and Organisational Development

Remuneration and Nominations Committee

Chairman – Professor Ian Cumming

Lead Executive Director- Director of Workforce and Organisational Development

Normally meets at the call of the Chairman 11 times in 19/20

Audit Committee (or Audit and Finance Committee)

Chair- Wendy Farrington Chadd

Lead Executive Director- Director of Finance

Met five times in 19/20

Finance & Performance Committee (or Performance Committee)

Chair-

Lead Executive Director- Director of Finance & Director of Strategic & Digital Integration

The Resources Committee met 10 times in in 19/20

Quality Governance Committee

Chair- Jacynth Ivey

Lead Executive Director of Nursing and Clinical Commissioning /Medical Director

7 meetings in 19/20

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Finance and Performance Committee   **Appendix 3**

1	Role and Purpose

The Finance and Performance Committee (the Committee) is constituted as a standing committee of the Board of Directors. The Committee is a Non-Executive Committee and has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Board.

The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

The Committee is responsible for providing information and making recommendations to the Board of Directors on financial and operational performance issues and for providing assurance that these are being managed.

2	Membership

At least two Non Executive Directors of which one will be the Chairman appointed by the Board.

Director of Finance
Director of Strategic Operations and Digital Integration
Strategy & Engagement Director

Quorum

Pursuant to paragraph 4.18 of the Standing Orders of the Board of Directors of the Constitution no business shall be transacted at a meeting unless at least one-third of the whole number of the Directors is present, including at least one Executive Director, one Non-Executive Director. For the avoidance of doubt an "acting Director" as defined in the Constitution shall count towards the quorum.

All Board members outside the core membership have an open invitation to attend any meeting if he/she wishes to do so.

3	Accountability

The Committee is accountable solely to the Board of Directors.

4	Review arrangements

These terms of reference will be reviewed on an annual basis. The Chair will ensure terms of reference are amended in light of any major changes in legislation and Trust governance arrangements/requirements.

5	Working methodology

The Committee will have an annual schedule of business which is a dynamic document and is developed and maintained by the Chairman and Lead Director with reference to the schedule of business of the Board of Directors. The Trust's business is always conducted by employees and an executive team led by the Chief Executive Officer (CEO) with oversight from the Board.

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Meetings of the Committee are either ordinary which are scheduled as part of the Annual Cycle of Business or are extraordinary meetings which are convened for specific matters at the sole discretion of the Chairman.

All papers will normally be submitted for review by the Chairman and lead Director at least two weeks prior to the Committee meeting. All papers for meetings must be finalised and distributed at least five days prior to the meeting of the Committee. Late papers will normally only be accepted in exceptional circumstances and will only remain on the agenda for the Committee meeting at the express permission of the Chairman in consultation with the lead director.

The production of high quality, concise papers (with appendices - if really necessary) is crucial for effective decisionmaking, and these should be produced and circulated on time, and read in advance of the meeting by all board members.

Reports should:
- have the standard coversheet
- be concise and to the point as a general rule no report should be more than six pages in length including the coversheet
- have the appropriate control boxes completed.
- be cross referenced to the financial plan agreed by the Board
- contribute to the successful outcome of the Trust strategic plan

As a general rule the business of the meeting should be concluded within no more than 3 hours.

For procedural details see the Standing Orders for the practice and procedure of the Board of Directors and for the avoidance of doubt the Standing Orders of the Board of Directors do apply to its Committees (Annex 7 of the Constitution). (Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained within the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.)

Administratively the Finance and Performance Committee will be supported by the Director of Finance as the nominated lead Executive Director. The Committee will be supported administratively by the PA to the Director of Finance whose duties in this respect will include:

- Agreement of the agenda with the Chairman of the Committee and Director of Finance, Director of Strategic Operations and Digital Integration and the Strategy & Engagement Director
- collation and distribution of papers at least five working days before each meeting.
- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Providing support to the Chairman and members as required

6	Duties and interrelationships

The specific responsibilities of the Committee are to:

- Review the integrated performance of the Trust
- Provide overview and scrutiny in any other areas of financial and operational performance referred to the Performance and Finance Committee by the Board.

- Monitor the effectiveness of the Trust's financial and operational performance reporting systems ensuring that the Board is assured of continued compliance through its annual reporting, reporting by exception where required.
- To provide the Board of Directors with assurance that major capital investment schemes are in line with the Trust's overall agreed strategy
- Review the Trust's performance against its annual financial plan and budgets.
- Review the Trust's operational performance against its annual plan and to monitor any necessary corrective planning and action.
- Monitor the performance of the Trust's physical estate and non-clinical services.
- Provide overview and scrutiny to the development of the medium and long term financial models (MTFM and LTFM)
- Ensure the MTFM and LTFM is designed, developed, delivered, managed and monitored appropriately
- Ensure that appropriate clinical advice and involvement in the MTFM and LTFM is provided
- Review the in-year delivery of annual efficiency savings programmes
- Assure the Trust's maintenance of compliance with NHSI
- Review the performance indicators relevant to the remit of the Committee
- Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee or the Board as appropriate
- Undertake any other responsibilities as delegated by the Board of Directors. Accountability and Reporting arrangements

The Committee shall be directly accountable to the Board of Directors and shall refer to the Board any issues of concern it has with regard to any lack of assurance in respect of any financial or operational aspect.

The Chair of the Committee shall prepare a summary report to the Board detailing items discussed, actions agreed and issues to be referred to the Board. The Chair of the Committee is also required to inform the Board on any exceptions to the annual work plan or strategy. The Chair will report any specific issues on the risk register to the Audit Committee.

The minutes of the Committee meetings shall be formally recorded and the approved minutes submitted to the next meeting of the Board following the production of the minutes.

The Terms of Reference of the committee shall be reviewed at least annually by the Committee and approved by the Trust Board.

7	Delegated authority

None

8	Key input documents

- The Constitution
- Standing Financial Instructions
- Trust Strategies and Plans
- Risk Register and Board Assurance Framework
- Financial Plans and Budgets
- Appropriate Business Cases

9	Inward reporting arrangements

The Finance and Performance Committee has no established sub-committees but it will receive information and assurances from the Trust's internal performance review processes and meetings.

The People Committee Terms of Reference   **Appendix 4**

1	Role and Purpose

The People Committee ('the Committee') is formally established as a Committee of the Board of Directors of West Midlands Ambulance Service University NHS Foundation Trust. Its constitution and terms of reference are subject to amendment by the Board.

The Committee derives its power from the Board and has no executive powers, other than those specifically delegated in these terms of reference.

The Committee will adhere to and be cognisant of the Trust values at all times.

The purpose of the Committee is to provide assurance to the Board on the quality and impact of people, workforce and organisational development strategies and the effectiveness of people management in the Trust. This includes but is not limited to recruitment and retention, training, appraisals, employee health and wellbeing, learning and development, employee engagement, reward and recognition, organisational development, leadership, workforce development, workforce spend and workforce planning and employee culture, diversity and inclusion.

The Committee will assure the Board of the achievement of the objectives set out in the NHS People Plan and the Trust's People Plan and ensures alignment of work with the STP/ICS Workforce Strategy.

The Committee may set up subgroups aligned to key areas of its activity as it deems appropriate.

The committee will promote local level responsibility and accountability.

2	Membership

The Committee shall consist of the following members:
o   Non- Executive Director x 2
o   Executive Director of Workforce and Organisational Development
o   Executive Director of Nursing & Clinical Services
o   Director of Finance
o   Operations Representative
o   Non-Emergency Services Representative
o   Head of Human Resources
o   Head of Organisational Development
o   Head of Education and Training
o   Head of Workforce Planning and Analytics
o   Head of Equality and Diversity
o   Workforce Manager: Health and Wellbeing lead.
o   Trade Unions Representatives x 3 for Unison, Unite and GMB

One of the Non-Executive Directors shall act as Committee Chair. In their absence, one of the other Non-Executive Directors present shall be nominated and appointed as acting Chair for the meeting.

The following shall be required to attend all meetings of the Committee:

Freedom to Speak up Guardian

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Other members/attendees may be co-opted or requested to attend as considered appropriate.

The quorum necessary for the transaction of business shall be 3 members, of which one Non-Executive Directors and one Executive Director must be present. Deputies will not count towards the quorum

3	Accountability

The Committee will provide a report to the Board of Directors in support of its work on promoting good management and assurance processes. The report shall include matters requiring escalation and key risks (as applicable) after each meeting of the Committee.

The approved Minutes of the Committee meeting will be submitted to the next appropriate meeting of the Board of Directors.

4	Review arrangements

The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Board of Directors.

5	Working methodology

The Committee will have an annual schedule of business which is a dynamic document and is developed and maintained by the Chairman and Lead Director with reference to the schedule of business of the Board of Directors. The Trust's business is always conducted by employees and an executive team led by the Chief Executive Officer (CEO) with oversight from the Board.

Meetings of the Committee are either ordinary which are scheduled as part of the Annual Cycle of Business or are extraordinary meetings which are convened for specific matters at the sole discretion of the Chairman.

All papers will normally be submitted for review by the Chairman and lead Director at least two weeks prior to the Committee meeting. All papers for meetings must be finalised and distributed at least five days prior to the meeting of the Committee. Late papers will normally only be accepted in exceptional circumstances and will only remain on the agenda for the Committee meeting at the express permission of the Chairman in consultation with the lead director.

The production of high quality, concise papers (with appendices - if really necessary) is crucial for effective decisionmaking, and these should be produced and circulated on time, and read in advance of the meeting by all board members.

Reports should:
•   have the standard coversheet
•   be concise and to the point as a general rule no report should be more than six pages in length including the coversheet
•   have the appropriate control boxes completed.
•   be cross referenced to the financial plan agreed by the Board
•   contribute to the successful outcome of the Trust strategic plan
For procedural details see the Standing Orders for the practice and procedure of the
Board of Directors and for the avoidance of doubt the Standing Orders of the Board of Directors do apply to its Committees (Annex 7 of the Constitution). (Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained within the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be

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read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.)

Meetings will normally be held on the following basis:

> • Meetings will be held bi-monthly (every two months).
> • Items for the agenda should be sent to the Committee Secretary a minimum of 7 days prior to the meeting. Urgent items may be raised under 'any other business'.
> • The agenda will be issued by email to the Committee members and attendees, one week prior to the meeting date, together with the action schedule and other associated papers.

A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

The Committee shall be supported by the PA to the Director of Workforce and Organisational Development whose duties in this respect will include:

In consultation with the Committee Chair and Executive Director of Workforce and Organisational Development develop and maintain the reporting schedule to the Committee.

Collation of papers and drafting of the agenda for agreement by the Chair of the Committee.

Taking the minutes and keeping a record of matters arising and issues to be carried forward.

Advising the group of scheduled agenda items.

Agreeing the action schedule with the Chair and ensuring circulation.

Maintaining a record of attendance.

6	Duties and interrelationships

The specific responsibilities of the Committee are to:

Review national workforce guidance and strategies, for example the NHS People Plan, and their applicability to the Trust,

Consider and recommend to the Board, the Trust's overarching People Plan and associated activity/implementation plan(s) to support Trust forward strategy.

Obtain assurance and monitor delivery of the People Plan through the associated activity/implementation plan.

Consider and recommend to the Board the key people and workforce performance metrics and targets for the Trust.

Receive regular reports to gain assurance that these targets are being achieved and to request and receive exception reports where this is not the case.

Review and provide assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee, seeking where necessary further action/assurance.

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Review workforce related risks identified on the Corporate Risk Register and seek assurance in relation to risk mitigation and future activity/plans.

Review workforce related elements of the Performance Scorecard and provide assurance on the adequacy of the Trust's performance against operational workforce metrics.

Conduct reviews and analysis of strategic people and workforce issues at national and local level and, if required, agree the Trust's response.

Review workforce performance and metrics at intervals to be decided by the Committee.

Provide assurance to the Audit Committee that that arrangements are in place to allow staff to raise in confidence concerns about possible improprieties in financial, clinical or safety matters, and that those processes allow any such concerns to be investigated proportionately and independently.

Seek assurance on the adequacy and effectiveness of staff communication and levels of staff engagement

Seek assurance on any additional matter referred to the Committee from the Board.

7	Delegated authority

The Committee is authorised by the Board to investigate any activity within its terms of reference.

The Committee is accountable to the Board and any changes to these terms of reference must be approved by the Board of Directors.

The Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

The Committee is authorised by the Board to obtain outside legal or other specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board

8	Key input documents

- The Constitution
- Standing Financial Instructions
- NHS People Plan
- People Plan
- STP/ICS Workforce Strategy
- Risk Register and Board Assurance Framework
- Financial Plans and Budgets
- Appropriate Business Cases
- Equality, Diversity & Inclusion Strategies and annual implementation plans

9	Inward reporting arrangements

A briefing from those Groups reporting up to the People Committee detailing items for escalation and key risks (as applicable) will be received by the Committee along with exception reports as agreed.

•   Equality, Diversity and Inclusion Steering Group

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Terms of Reference of the Quality Governance Committee

Contents	
1	Role and purpose
2	Membership
3	Accountability
4	Review arrangements
5	Working methodology
6	Duties and interrelationships
7	Delegated authority
8	Key input documents
9	Inward reporting arrangements

1	**Role and purpose**

The Committee is constituted as a standing committee of the Trust's Board of Directors ('the Board') and its constitution & terms are as set out below, subject to amendment at future Board meetings. The Committee supports the Board in shaping the culture, setting the direction and holding to account. It is required to comply with all extant standing orders and standing financial instructions and has no delegated powers other than those embodied in these Terms of Reference. Hence the term Chair will apply to the Chair of the Committee, and members is to be read as a member of the Committee.

The Committee is authorised to investigate all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities and all staff are required to cooperate with any request for information required by the Committee.

The Committee has primary responsibility for monitoring and reviewing quality and clinical aspects of performance and development plans together with associated risks and controls, corporate governance and quality/clinical assurance to the Board. For these aspects, the Committee shall ensure that appropriate standards are set and compliance with them monitored on a timely basis, for all areas that fall within the duties of the Committee.

The Lord Darzi review (2008) defined quality in the NHS in terms of three core areas:

- Patient Safety
- Clinical Effectiveness
- The Experience of the Patient

The Terms of reference will reflect this definition in terms of the powers and duty of this committee.

The Committee will help develop proposals or priorities, business continuity and sustainability, risk mitigation, values and standards, and contribute to the development of strategy. The Committee will also ensure that relevant KPIs, strategic and operational milestones and timescales, are identified and monitored for achievement and effectiveness.

The Committee may allocate work streams, where appropriate, based on a 'task and finish' principle. The Committee may, where appropriate, through the Medical Director, obtain external expert advice as required to provide assurance to the Board.

The Chair will provide, as a scheduled item of business, written feedback for discussion at each public meeting of the Board on an 'assurance, exception & escalation' basis for all business scheduled for the most recent meeting of the Committee. The feedback report will be supported by approved minutes of meetings of the Committee.

2	Membership

The Committee shall comprise at least two non-executive directors and at least one should have clinical experience plus executives as listed below:
- Executive Medical Director
- Executive Director of Nursing & Clinical Commissioning
- Executive Director of Strategic Operations & Digital Integration
- Executive Director of Workforce and Organisational Development
- Quality Improvement and Compliance Director
- Trust Secretary / Governance Director

The Chief Executive should attend meetings of the Committee at least once a year otherwise at his sole discretion or when invited by the Chair of the Committee.

Staff Side representatives will also be invited to attend.

Fully briefed deputies of sufficient seniority, understanding and authority to participate fully in the meeting are to attend in circumstances where non-attendance is unavoidable. Other members of staff may be expected to attend meetings where areas of performance, risk or strategy are their responsibility.

A quorum will be one non-executive member, plus one executive member this being the Executive Director of Nursing & Clinical Commissioning & Service Development or the Executive Medical Director. The Chair may not hold the Chairmanship of the Audit Committee at the same time.

3	Accountability

The Committee is directly accountable to the Board and will promote the values of WMAS, support a positive culture, and adopt behaviours that exemplify the corporate culture, ensuring that constructive challenge is made as appropriate.

4	**Review arrangements**

These Terms of Reference will be reviewed by the Committee on an annual basis. The Trust Chair will ensure all committee terms of reference are amended in light of any major changes in committee or Trust governance arrangements/requirements. The Committee will self-assess its performance in accordance with Board approved protocols, including an annual performance report to the Board.

5	**Working methodology**

A minimum of 5 meetings will be held each year, with additional meetings where necessary for the due discharge of the remit of the Committee. The timing of monthly meetings will be as necessary to ensure the timely discharge of business by the Board and additional meetings may be arranged with the agreement of the Chair or on the instruction of the Board.

The Chair is responsible for the setting of the meeting agenda, the effective running of the Committee, sound leadership, ensuring that the Committee works effectively and takes full account of important issues facing WMAS, ensuring compliance with Trust approved strategies and procedures.

The PA to the Executive Director of Nursing & Clinical Commissioning and Executive Medical Director will be the secretary to the Committee and will provide administrative support and advice. Duties will include agreement of agenda's and required attendees with the Chair, together with the collation and timely distribution of associated documentation (7 days in advance) for the meeting, the taking of minutes and the recording of action plans of matters arising and maintenance of annual/forward cycles of business. The minutes will be circulated within 10 working days after the meeting.

Papers may only be tabled on an exceptional basis, and with the agreement of the Chair. The business and input materials for each meeting will be planned and structured to facilitate the completion of scheduled business in a time span not exceeding three hours. For each scheduled item of business, a planned time allowance will be agreed with the Chair.

The Committee will scrutinise the performance of the executive in meeting agreed goals and objectives, satisfy itself on the integrity of clinical, quality and other information provided, satisfy itself that clinical and quality performance aspects of business cases and change plans, controls and systems of risk management and mitigation are sound and applied with due diligence.

The Committee will ensure adequate information is provided on a timely basis, with any areas of concern highlighted, and appropriate remedial/development plans provided in a suitable format to monitor the reporting of progress, performance and service sustainability.

The Chair will ensure that any sensitive, contentious, exceptional or urgent items are escalated to the CEO and Trust Chair immediately following the meeting.

6	**Duties and interrelationships**

The objectives and principal duties of the Committee are as specified below.

In event of any ambiguity or concern regarding the role of the Committee, its sustainability or relevance in light of any changing circumstance/anticipated/ emerging issue or of its

interrelationship with any other committee or working group of the Trust, this should be referred to the next Board meeting for clarification and resolution.

To receive and review the recommendations from Executive Management Board (EMB) and recommend to the Board approval of all clinical and quality related strategies (Clinical, Quality and Stakeholder Engagement), and to regularly monitor achievement of the associated strategic priority objectives and milestones.

To receive and regularly review recommendations on all contractual and regulatory compliance in respect of clinically and quality governance standards and duties.

To receive and review the recommendations in relation to compliance with all relevant information governance legislation and guidance including Caldicott Guidelines and SIRO report Data Protection Act with respect to the use of clinical data and patient identifiable information.

To receive and review the recommendations of EMB in relation to the Trust's Quality Account before submission to the Board.

Annual review of the Committees' Terms of Reference and effectiveness, with a performance report to the Board.

Approve the Terms of Reference of Reporting Groups and review annually and assess effectiveness.

Regularly review EMB business reports of key issues and assurances referred by, or within the remit of, the Committee.

Monitor performance against the Quality Account and annual priority objectives ensuring a continual drive for quality improvement.

At the sole discretion of the Committee's Chair, to review the recommendations of any relevant external or internal reports and monitor effective and timely implementation of associated action plans.

To receive and regularly review recommendations on the performance against relevant quality and clinical KPI's and seek assurance that adverse variances are acted upon to meet all defined standards and targets.

To receive and regularly review recommendations on the adequacy of, and performance against, workforce quality governance measures, and monitor the effectiveness of action plans to address adverse variances.

Receive and review the report from the Learning Review Group and make appropriate recommendations to the Board in relation to Quality.

Receive and review incident themes and complaint themes and trends from the results of patient surveys, PALS, Staff Surveys and seek assurance from the Executive Director of Nursing & Clinical Commissioning that appropriate action is being taken to address any risks to quality.

Seek assurance from the Executive Director of Nursing & Clinical Commissioning that appropriate processes are in place that safeguard adults and children.

Within the remit of the Committee, and as deemed appropriate by the Committee, make recommendations to the EMB and Audit Committee for topics/issues to be considered for

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inclusion in the annual internal audit programme also Clinical Audit Programme and the Research and Development programme.

To receive and monitor at least quarterly the annual clinical audit programme and R&D programme.

Review and receive assurance from the EMB on the rigour of CIP and material service change Quality Impact Assessments, making appropriate recommendations, and escalate any concerns to the Board

Receive regular and annual reports and recommendations from approved working groups and monitor their effectiveness in delivering compliance and quality improvement.

Ensure through its Health, Safety, Risk & Environment Group the effective prevention and control of Healthcare Associated Infection (HCAI) for the organisation.

To monitor areas of risk management relating to patient safety so that it can assure the Board that risk is being managed according to organisational policies and procedures. The Committee is responsible for the escalation of significant Quality and Safety risks from the Risk Register to the Board and has specific responsibility for the management of the Trusts Clinical risk register.

To receive and review the recommendations from EMB on any material changes in the profile of resource related risks which relate to the strategic objectives included in the BAF.

To agree the Terms of Reference and Annual work programme for the Health, Safety, Risk & Environment Group and receive appropriate recommendations from the Group.

7	Delegated authority

Currently there is no delegated authority for this Committee

8	Key input documents

- Clinical, Quality, Engagement, Security,
- Quality Account including Annual Reports
- Strategic and Annual Plans and relevant supporting priority objectives and KPIs
- Monthly Integrated performance report (IPR) - relevant elements
- CIP and service change Quality Impact Assessments
- Relevant risk register extracts (12+ risks)
- CQUIN
- Risk Management Strategy
- Clinical Audit Programme
- Research & Development Programme

9	Inward reporting arrangements

- Health, Safety, Risk & Environment Group
- Learning Review Group
- Executive Management Board for progress on items within the remit of the Committee
- Other ad hoc Task & Finish work streams/groups

Terms of reference of the Audit Committee

Contents	
1	Role and purpose
2	Membership
3	Accountability
4	Review arrangements
5	Working methodology
6	Duties and interrelationships
7	Delegated authority
8	Key input documents
9	Inward reporting arrangements

Appendices	
A	Objectives and principal duties
B	Schedule of business

1	**Role and purpose**

The NHS Act 2006 (Schedule 7) (As amended) requires the Board of Directors to have in place a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate

This Committee is therefore constituted as a standing committee of the Trust's Board of Directors ('the Board') pursuant to Schedule 7 of the NHS Act 2006. The Committees constitution and terms are as set out below, subject to amendment at future Board meetings. The Committee supports the Board in shaping the culture, setting the direction and holding to account. It is required to comply with all extant standing orders and standing financial instructions and has no delegated powers other than those embodied in these Terms of Reference. Hence the term Chair will apply to the Chair of the Committee, and members is to be read as a member of the Committee.

The Committee is authorised to investigate all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities and all staff are required to cooperate with any request for information required by the Committee.

The Committee has primary responsibility for monitoring and reviewing the system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives. For these aspects, the Committee shall ensure that appropriate standards are set and compliance with them monitored on a timely basis, for all areas that fall within the duties of the Committee.

The Chair will provide, as a scheduled item of business, written feedback for discussion at each public meeting of the Board of Directors on an 'assurance, exception and escalation' basis for all business scheduled for the most recent meeting of the Committee. The feedback report will be supported by approved minutes of meetings of the Committee.

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2	**Membership**

The Committee shall comprise at least three non-executive directors, excluding the Trust Chair, and at least one of whom will have recent and relevant financial experience.

Other attendees should include the Director of Finance or nominated deputy, Internal Audit representation, External Audit representation, Local Counter Fraud representation. Other members of staff may be required to attend meetings where their area of responsibility is under consideration. The Chair and CEO to attend by invitation of the Committee, and that the CEO attend annually to present the Annual Governance Statement.

A quorum will be two non-executive members. The Chair may not hold the Chairmanship of the Resources or Quality Governance Committee at the same time.
Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.

Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.

3	**Accountability**

The Committee is directly accountable to the Board and will promote the values of WMAS, support a positive culture and adopt behaviours that exemplify the corporate culture, ensuring that constructive challenge is made as appropriate.

4	**Review arrangements**

These Terms of Reference will be reviewed by the Committee on an annual basis. The Trust Chair will ensure all terms of reference are amended in light of any major changes in committee or Trust governance arrangements/requirements.

The Committee will self-assess its performance in accordance with Board approved protocols, including an annual performance report to the Board.

5	**Working methodology**

Meetings of the Committee will be held at least on a quarterly basis, with additional meetings where necessary for the due discharge of the remit of the Committee. The timing of meetings will be as necessary to ensure the timely discharge of business by the Board. Additional meetings may be arranged with the agreement of the Chair or on the instruction of the Board. In addition, the External Auditor or Head of Internal Audit may request a meeting if they consider necessary.

The Chair is responsible for the setting of the meeting agenda, the effective running of the Committee, sound leadership, ensuring that the Committee works effectively and takes full

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account of important issues facing the organisation, ensuring compliance with Board approved strategies and procedures.

The PA to the Director of Finance will be the secretary to the Committee and will provide administrative support and advice. Duties will include agreement of agenda and required attendees with the Chair, together with the collation and timely distribution of associated documentation (7 days in advance) for the meeting, the drafting of minutes (which must be circulated to members of the Committee within 10 working days of the meeting) and the recording of action plans of matters arising and maintenance of annual/forward schedules of business.

Papers may only be tabled on an exceptional basis, and with the agreement of the Chair. The business and input materials for each meeting will be planned and structured to facilitate the completion of scheduled business in a time span not exceeding three hours. For each scheduled item of business a planned time allowance will be agreed with the Chair.

The Committee may allocate work streams, where appropriate, based on a 'task and finish' principle and, where appropriate, through the Director of Finance, obtain external expert advice as required to provide assurance to the Board.

The Committee will scrutinise and satisfy itself that the system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), is sound, applied with due diligence and supports the achievement of the organisation's objectives.

The Committee will ensure adequate information is provided on a timely basis, with any areas of concern highlighted, and appropriate remedial/development plans provided in a suitable format to monitor the reporting of progress, performance and service sustainability.

The Chair will ensure that any sensitive, contentious, exceptional or urgent items are escalated to the CEO and Trust Chairman immediately following the meeting.

6	Duties and interrelationships

The objectives and principal duties of the Committee are as follows:

1) Review the adequacy and effectiveness of all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
2) Review the adequacy and effectiveness of the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification
3) Monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance
4) Review the annual report, quality account, and financial statements before submission to the Board and Council of Governors
5) Review the Scheme of Delegation and matters reserved to the Board
6) Examine the circumstances of any significant departure from the requirements the Standing Financial Instructions, the Constitution, Codes of Conduct and standards of business conduct and determine whether the departure is a failing an overruling or a suspension
7) Review the register of sealing, in particular the values of any contract or agreement

8) Annual review of the Committee's Terms of Reference and effectiveness, with a performance report to the Board

9) Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

10) Review the adequacy and effectiveness of the underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

11) Approve the content of the Information Governance Toolkit

12) Review the adequacy and effectiveness of the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service

13) Seek to ensure that there is an effective internal audit function that meets appropriate professionally recognised standards and provides appropriate independent assurance to this Committee, the Chief Executive and the Board

14) Approve the internal audit strategy and programme

15) Consider the findings of internal audit investigations and management responses and the implications and then monitor progress on the implementation of recommendations

16) Oversee the market testing exercise for the appointment of an external auditor as appropriate and based on the outcome make a recommendation to the Council of Governors with respect to the appointment of the auditor

17) Make recommendations to the Council of Governors in respect of the appointment or reappointment and removal of an external auditors and related fees as applicable (if the recommendation of this committee is not adopted by the Council of Governors this shall be included in the annual report, along with the reasons that the recommendation was not adopted

18) Discuss with the external auditor before the audit commences, the nature and scope of the audit

19) Receive the work and findings of the external auditors and consider the implications and the management responses to their work

20) Satisfy itself on the assurance that can be gained from the clinical audit function

21) Satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work

22) Ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board

23) Review on behalf of the Board the operation of and any proposed changes to the Standing Financial Instructions, the Constitution, Codes of Conduct and standards of business conduct; including the maintenance of registers

24) Examine any other matter referred to this Committee by the Chief Executive, Committee or Board and to initiate an investigation as determined by this Committee.

25) Approve appropriate policies and strategies

26) Prior to the commencement of the year, review the draft BAF and the proposed significant risks to the delivery of strategic objectives and advise the Board of any omissions or updates in content or format required before final Board approval

27) Request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control

28) Receive regular reports from Pillar Committee Chairs upon the key risks to the delivery of organisational objectives and priorities and any identified gaps in internal control and governance processes

In event of any ambiguity or concern regarding the role of the Committee, its sustainability or relevance in light of any changing circumstance/anticipated/ emerging issue or of its interrelationship with any other committee or working group of the Trust, this should be referred to the next Board meeting for clarification and resolution.

7	Delegated authority

Currently, there is no delegated authority for this Committee.

8	Key input documents

- Trust Financial Statements and Annual Report
- Annual Quality Account
- Annual Governance Statement
- Internal Audit Statement
- External Audit Annual Report
- Risk Register
- Board Assurance Framework
- Internal Audit Strategy and Operational Plan
- External Audit Plan
- Internal Audit and External Audit Reports

9	Inward reporting arrangements

- Executive Management Board for progress on items within the remit of the Committee.
- Reports by other Pillar Committee chairs

The Terms of Reference of the Remuneration and Nominations Committee

Contents	
1	Role and purpose
2	Membership
3	Accountability
4	Review arrangements
5	Working methodology
6	Duties and interrelationships
7	Delegated authority
8	Key input documents
9	Inward reporting arrangements

Appendices	
A	Objectives and principal duties
B	Schedule of Business

1	**Role and purpose**

The NHS Act 2006 (Schedule 7) (As amended) requires the Board of Directors to have in place:
- A committee consisting of the chair, the Chief Executive and the other non-executive directors to appoint or remove the executive directors.
- A committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the executive directors

This Committee is therefore constituted as a standing committee of the Trust's Board of Directors ('the Board') pursuant to Schedule 7 of the NHS Act 2006. The Committees constitution and terms are as set out below, subject to amendment at future Board meetings. The Committee supports the Board in shaping the culture, setting the direction and holding to account. It is required to comply with all extant standing orders and standing financial instructions and has no delegated powers other than those embodied in these Terms of Reference. Hence the term Chair will apply to the Chair of the Committee, and members is to be read as a member of the Committee.

The Committee is authorised to investigate all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities and all staff are required to cooperate with any request for information required by the committee.

The Committee has authority for agreeing the policy in accordance with regulation in relation to:
- setting remuneration for all executive directors and senior managers including pension rights and any compensation payments
- determining the terms of the appoint or removal of the executive directors.
- reviewing and maintaining a Board level and senior management succession plan having regard to the NHS Workforce Equality Standard or other obligation or agreed best practice.
- providing appropriate governance in the event of redundancy or mutually agreed resignation scheme (MARS).

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- agree the annual objectives for the Chief Executive Officer and review performance against these each year.
- reviewing the skills matrix of the Board and also reviewing annually the CQC fundamental standards obligations relating to the Fit and Proper Person requirements for directors of the Trust and others that are performing the functions of, or functions equivalent or similar to the functions of a director

2	Membership

The Committee shall be Chaired by the Chair / Deputy Chair of the Board of Directors with the Non-Executive Directors of the Board of Directors as members, unless the Committee is determining the appointment or removal of the executive directors (other than the Chief Executive) in which case the Chief Executive will sit as a voting member of the Committee.

The Chief Executive Officer or nominated deputy will normally be required to attend as appropriate. The Director of Workforce and Organisational Development may be requested to be in attendance to provide professional advice.

The Chair of the Committee will determine the exact attendance at each meeting, to be notified to individuals and members in advance.

A quorum will be three non-executive members, one of whom will be the Chair or Deputy Chair of the Board.

3	Accountability

The Committee is directly accountable to the Board and will promote the values of WMAS, support a positive culture and adopt behaviours that exemplify the corporate culture, ensuring that constructive challenge is made as appropriate.

The minutes of the Committee shall be formally recorded and circulated to the Trust Chair and all Non-Executive Directors, the Chief Executive and the Director of Workforce and Organisational Development.

The Chair of the Committee will present to the Board of Directors a short summary highlighting any key issues from the most recent meeting of the Committee whilst being mindful of the sensitive nature of some of the committee's discussions.

The Chair of the Committee shall draw to the attention of the Board of Directors any issues that require disclosure to the full Board, or require executive action.

The Trust's Annual Report shall include a statement by the Committee on the Trust's remuneration policy for directors.

4	Review arrangements

These Terms of Reference will be reviewed by the Committee on an annual basis, but can only be amended by resolution of the Board. The Trust Chair will ensure all terms of reference are amended in light of any major changes in committee or Trust governance arrangements/requirements. The Committee will self-assess its performance in accordance with WMAS Board approved protocols, including an annual performance report to the Board.

5	Working methodology

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Meetings of the Committee shall be held as necessary but not less than twice a year and at such other times as the Chair shall determine.

The meetings of the Committee will be convened by the Chair to determine matters that fall within these Terms of Reference.

The Chairman is responsible for the setting of the meeting agenda, the effective running of the Committee, sound leadership, ensuring that the Committee works effectively and takes full account of relevant issues facing the organisation, ensuring compliance with Board approved strategies and procedures. The Trust Secretary will be the secretary to the Committee and will provide administrative support. Duties will include agreement of agenda's and required attendees with the Chairman, together with the collation and timely distribution of associated documentation (7 days in advance) for the meeting, the taking of minutes and the recording of action plans of matters arising and maintenance of annual/forward cycles of business. Papers may only be tabled on an exceptional basis, and with the agreement of the Chairman.

The Committee will ensure adequate information is provided on a timely basis, with any areas of concern highlighted, and appropriate remedial/development plans provided in a suitable format to monitor the reporting of progress, performance and service sustainability.
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Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained within the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.

6	Duties and interrelationships

The duties of the Committee are:

1) Regularly review the structure, size, and composition of the Board of Directors, including skills, knowledge, experience and diversity to ensure sufficient capacity and capability to lead the organisation
2) Obtain external legal, remuneration or other independent professional advice if considered necessary.
3) Undertake an annual review of the Committees' Terms of Reference and effectiveness, and report to the Board
4) For the purpose of providing appropriate governance to approve any proposed redundancy or mutually agreed resignation scheme (MARS)
5) Consider, determine and then monitor succession planning for the members of the Board and also senior management positions within the Trust taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future (and where appropriate make recommendations to the Council of Governors in relation to the NED membership of the Board.)
6) Review the Fit and Proper Person Test Annual Assurance Statement
7) When a vacancy is identified that is within the remit of this Committee, evaluate the balance of skills knowledge and experience on the Board , and its diversity having regard to the NHS Workforce Standard in relation to Board membership; or any other obligation or guidance issued from time to time; and in the light of that evaluation prepare a description of the role and capabilities required for the particular appointment using either open advertising or the use of a recruitment consultant to facilitate the search for a suitable candidate from a wide range of backgrounds and consider candidates on merit against objective criteria

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8) When making an appointment the Committee must adhere to the Trusts policy in respect of selection procedures and in particular in respect of equality and diversity i.e. to ensure that any member forming part of a selection panel must have received appropriate training in respect of equality and diversity.

9) When necessary, identify and appoint a candidate for approval by the Council of Governors to fill the position of Chief Executive

10) Establish and keep under review a remuneration policy in respect of Board directors

11) In accordance with relevant laws and regulations and also Trust policies decide and keep under review the terms and conditions of the Trust's executive directors and Chief Executive Officer; and other directors as determined by the Chief Executive and Chair including:

- Salary, including any performance related pay or bonus
- Provisions for other benefits including pensions and cars.
- Allowances
- Payable expenses
- Compensation payments

12) When brought to its attention, to consider any matter relating to the continuance in office of any Board Executive Director , including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law, their service contract, and in compliance with the Trust's own redundancy policy

13) Approve the annual objectives of the Chief Executive prior to the commencement of the year

14) Receive a report from the Chair of the Committee on the mid and end of year review of performance in meeting the objectives, prior to determination of the CEO remuneration package for that year

15) Advise the Board of any new or material changes in the profile of risks which relate to the remit of this committee

In event of any ambiguity or concern regarding the role of the Committee, its sustainability or relevance in light of any changing circumstance/anticipated/ emerging issue or of its interrelationship with any other committee or working group of WMAS, this should be referred to the next Board meeting for clarification and resolution.

7	Delegated authority

To determine and agree the Trust's strategy in relation to the remuneration, allowances and terms of service of the Chief Executive Officer and with the Chief Executive Officer the Committee will determine the remuneration, allowances and terms of service of the Executive Directors and any other senior managers that the Chair and Chief Executive shall determine.

The Committee shall agree on behalf of the Board individual remuneration, allowances and terms of service arrangements for the Chief Executive and Executive Directors.

The Committee shall also agree on behalf of the Board arrangements for the termination of employment and other contractual terms giving due regard to employment law and Treasury Guidance in determining remuneration packages.

8	Key input documents

- Change Management Agreement
- Disciplinary Policy and Procedure
- Equal Opportunity Policy
- Trust Charter of Expectations

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- Board director and senior manager succession policy
- Monitors Code of Governance
- The Trust's Constitution

9	Inward reporting arrangements

- The Committee has no sub-committee responsibilities.

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Terms of Reference for the Trustee Committee

Contents	
1	Role and purpose
2	Membership
3	Accountability
4	Review arrangements
5	Working methodology
6	Duties and interrelationships
7	Delegated authority
8	Key input documents
9	Inward reporting arrangements

Appendices	
A	Objectives and principal duties
B	Schedule of business

1	Role and purpose

The Committee is constituted as a standing committee of the Trust's Board of Directors ('the Board') and its constitution and terms are as set out below, subject to amendment at future Board meetings. The Committee supports the Board in shaping the culture, setting the direction and holding to account. The Committee is required to comply with all extant standing orders and standing financial instructions & has no delegated powers other than those embodied in these Terms of Reference. Hence the term Chair will apply to the Chair of the Committee, and members is to be read as a member of the Committee

The Committee supports the Board in the management of West Midlands Ambulance Service NHS Foundation Trust's charitable funds. These funds are held on trust – a trust is created when funds are accepted by a trustee to be held and used for the benefit of a beneficiary. In the case of WMAS these funds are managed by corporate trustees – i.e. the NHS corporate body and therefore the Trust's Board acts on behalf of the corporate trustee in the administration of the charitable funds. These Terms of Reference therefore set down how the corporate trustee undertakes that administration through the operation of the Corporate Trustee Committee. Trustees have a duty to ensure compliance, a duty of prudence, and a duty of care – which are detailed below.

The funds covered here are designated charitable in line with the Charities Acts 1993 and 2006. The funds exist to provide public benefit, are for defined charitable purposes in line with the 2006 Act, and are used solely to further the objectives of the funds.

The charity is registered with the Charity Commission under the name: West Midlands Ambulance Service NHS Trust General Charity, registration number 1058359. The charity is not responsible for the administration of any subsidiary charities.

The committee is required to comply with all extant WMAS standing orders and standing financial instructions and has no delegated powers other than those embodied in these Terms of Reference.

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The Committee is authorised to investigate all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities and all staff are required to cooperate with any request for information required by the committee.

The Committee is authorised to:
- Investigate any activity within its Terms of Reference
- To seek any information it requires from any employee, and all employees are directed to co-operate with any request made by the Committee
- Obtain outside legal or other independent professional advice
- Secure the attendance/participation of outsiders with relevant experience and expertise.

The approved minutes of the Committee will formally be submitted to the Board and the Audit Committee for information.

2	Membership

Membership is restricted to the 'directing body' of the West Midlands Ambulance Service NHS Foundation Trust – i.e., the Board of Directors

Where required legal and financial advice will be made available on an 'in attendance' basis.

A Staff elected Governor will be invited to attend the meeting as an observer.

A quorum will be at least four members of WMAS NHSFT Board – to include the Chairman, the Chief Executive, and the Director of Finance.

3	Accountability

The Trust board as corporate trustee is accountable to the Charity Commission for its actions and decisions.

4	Review arrangements

These terms of reference will be reviewed by the Committee on an annual basis. The Trust Chairman will ensure all terms of reference are amended in light of any major changes in committee or Trust governance arrangements/requirements. The Committee will self-assess its performance in accordance with WMAS Board approved protocols, including an annual performance report to the Board.

5	Working methodology

Meetings of the Committee shall be held as necessary, but not less than twice a year, and will be convened by the Chair to address and determine matters that fall within these Terms of Reference.

Ad-hoc meetings may be called at the discretion of the Chair and in accordance with Standing Orders and Standing Financial Instructions of the Trust as they apply to formally established Committees. As such, members of this Committee may requisition a meeting in writing in line with Standing Orders, Section 3.

The Chair is responsible for the setting of the meeting agenda, the effective running of the Committee, sound leadership, ensuring that the Committee works effectively and takes full

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account of important issues facing the organisation, ensuring compliance with Board approved strategies and procedures.

The Committee will be supported administratively by the Trust Secretary who will:-

- Agree the agenda with the Chair (and attendees) and collate papers
- Ensure minutes are taken and keep a record of matters arising and issues to be carried forward
- Liaise with the Director of Finance and team to ensure that all supporting papers are produced and distributed one week in advance of meetings.

The business and input materials for each meeting will be planned and structured to facilitate the completion of scheduled business in a time span not exceeding three hours. For each scheduled item of business a planned time allowance will be agreed with the Chair.

6	Duties and interrelationships

The principal duties of the Committee are:

1) Ensure that funds within the Trust's registered charity are managed in accordance with relevant legislation, regulations and specific trust deeds where applicable.
2) Ensure that donations and investment income or losses are attributed to individual funds appropriately.
3) Ensure the sources of income and the terms on which donations are received are acceptable to the Trustees (and to consider how to manage terms which are not considered acceptable).
4) Review the annual accounts relating to charitable funds.
5) Annual review of the Committees' Terms of Reference and effectiveness, with a performance report to the Board
6) Ensure that any donation made to the charity by a third party falls to the trusteeship of the board and is accounted for separately from West Midlands Ambulance Service NHS Foundation Trust's exchequer funds.
7) Ensure that individual fund objectives and spending plans are in keeping with the objectives, spending criteria and priorities set by donors
8) Obtain spending proposals for all individual funds and approve if and when appropriate (The Chief Executive or Director of Finance in consultation with a Staff Governor can agree requests of less than £1,000. All other requests should be agreed by a majority of the trustees.
9) Ensure that all funds are correctly allocated as restricted, unrestricted or designated, and accounted for accordingly.
10) Recommend an investment advisor to the Trustees following appropriate tendering procedures and regularly monitor and review their performance.
11) Establish, monitor, and manage an investment policy for charitable funds, and ensuing that sufficient funds are kept readily available to meet planned requirements.
12) Ensure that West Midlands Ambulance Service NHS Foundation Trust's Standing Financial Instructions and the Scheme of Delegation are appropriately interpreted and applied to charitable funds.
13) Ensure (through the Director of Finance) that there is an appropriate system of control over charitable income and expenditure, and that there are robust governance arrangements in place.
14) Receive and discuss all audit reports on charitable funds and recommend action to the Trustees.

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15) Respond to requests from the Board of Trustees for review or investigation on matters relating to charitable funds.

16) In event of any ambiguity or concern regarding the role of the Committee, its sustainability or relevance in light of any changing circumstance/anticipated/ emerging issue or of its interrelationship with any other committee or working group of WMAS, this should be referred to the next Board meeting for clarification and resolution.

7	Delegated authority

To ensure, on behalf of the Board of Directors, that funds within the Trusts registered charity are appropriately managed in accordance with relevant legislation, regulations and specific trust deeds where applicable.

8	Key input documents

- Income and expenditure reports
- Performance of funds
- Annual accounts
- Investment proposals

9	Inward reporting arrangements

- The Committee has no sub-committee responsibilities.

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Terms of Reference for the Executive Management Board

Contents	
1	Role and Purpose
2	Membership
3	Accountability
4	Review arrangements
5	Working methodology
6	Duties and interrelationships
7	Delegated authority
8	Key input documents
9	Inward reporting arrangements

Appendices	
A	Principal duties of the Executive Management Board
B	Schedule of business

1	Role and Purpose

The Executive Management Board (EMB) is constituted by West Midlands Ambulance Service NHS Foundation Trust (WMAS) Board of Directors (BoD), subject to amendment at future BoD meetings. It supports the BoD in shaping the culture, setting the direction and holding to account. EMB is required to comply with all extant WMAS standing orders and standing financial instructions and has no delegated powers other than those embodied in these Terms of Reference. Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained within the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.

EMB is authorised to investigate all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities and all staff are required to cooperate with any request for information it requires.

As the executive arm of the BoD, it is responsible for the management of WMAS NHS FT and is the senior executive decision making body of the organisation.

The Chair of EMB will provide, as a scheduled item of business, written feedback for discussion at each ordinary meeting of the BoD on an 'assurance, exception and escalation' basis for all business enacted at the most recent EMB meetings.

2	Membership

EMB shall comprise:
- The Chief Executive Officer (Chair),
- Director of Finance,
- Medical Director,
- Director of Nursing & Clinical Commissioning
- Director of Workforce and Organisational Development,

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- Director of Strategic Operations & Digital Integration
- Communications Director
- Strategy & Engagement Director
- Trust Secretary
- Quality Improvement & Compliance Director

The proposed attendance of any other person must be notified to and agreed with the Chair of EMB in advance of the meeting. If the Chair is unable to attend a meeting, then a substitute Chair will be nominated by the CEO for that meeting only.

Fully briefed deputies of sufficient seniority, understanding and authority to participate fully in the meeting may be required to attend in circumstances where non-attendance is unavoidable. Other members of staff may be requested to attend meetings.

A quorum will be four members.

3	Accountability

EMB is accountable to the WMAS Board of Directors. It will support the BoD in promoting the values of WMAS, support a positive culture throughout WMAS and adopt behaviours that exemplify the corporate culture, ensuring that constructive challenge is made as appropriate. EMB will develop proposals or priorities, business continuity and sustainability, risk mitigation, values and standards and lead the development of strategy. It will also ensure that relevant KPIs, milestones and timescales are developed as necessary and monitored for achievement and delivery.

4	Review arrangements

These terms of reference will be reviewed by EMB on an annual basis. The EMB Chair will ensure terms of reference are amended in light of any major changes in committee or Trust governance arrangements/requirements.   EMB will self-assess its performance in accordance with WMAS BoD established protocols, including an annual performance report to the BoD.

5	Working methodology

The Chair of EMB is responsible for the setting of the meeting agenda, the effective running of EMB, sound leadership, ensuring that EMB works effectively and takes full account of key issues facing WMAS, ensuring timely delivery of BoD approved strategies, plans, policies and procedures.

The PA to the Chief Executive will be the secretary to EMB and will provide administrative support and advice. Duties will include agreement of agenda and required attendees with the Chair, together with the collation and timely distribution of associated documentation (5 days in advance) for the meeting, the taking of minutes by the Chief Executive's secretariat and the recording of action plans of matters arising (ordinarily available to EMB members within three working days following each meeting) and maintenance of annual/forward cycles of business. Papers may only be tabled on an exceptional basis, and with the agreement of the Chair.

EMB meetings will be held not less than once per month, with additional meetings where necessary for the due discharge of its remit.

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The timing of meetings will be as necessary to ensure the timely discharge of business by the WMAS BoD. Additional meetings may be arranged with the agreement of the Chair or on the instruction of the BoD.

EMB will direct, manage and hold to account the executive, in meeting agreed goals and objectives, satisfy itself on the integrity of financial, clinical and other information provided, satisfy itself that financial, clinical and quality performance, business cases and change plans, controls and systems of risk management and mitigation are sound and applied with due diligence.

It will ensure adequate information is provided on a timely basis, with any areas of concern highlighted, and appropriate remedial/development plans provided in a suitable format to monitor the reporting of progress, performance and service sustainability.

The Chair of EMB will ensure that any sensitive, contentious, exceptional or urgent items are escalated as appropriate immediately following the meeting.

The business and input materials for each meeting will be planned and structured to facilitate the completion of scheduled business in a time span not exceeding three hours. For each scheduled item of business a planned time allowance will be agreed in advance with the Chair of EMB.

6	Duties and interrelationships

The principal duties of EMB are as follows:

1) Maintain the Regulators conditions of licence and Registration as an NHS Healthcare Provider.
2) Ensure adherence to legislation and appropriate guidance relevant to the business of the Trust including Health & Safety, Equality, Information Governance including the SIRO and Caldicott obligations, Employment, Road Safety, medicines management etc.
3) Ensure that actions required to embed the Clinical and Quality strategies are successfully completed
4) Ensure that Care Provision of the West Midlands Ambulance Service NHS Foundation Trust is safe and compliant with the requirements of Care Quality Commission (CQC), Home Office, Medicines and Healthcare Regulatory Authority (MHRA) Guidance and current National and International Clinical Standards and any other relevant regulations, guidance and standards.
5) Advise the Trust on matters relating to the specification, procurement and use of clinical equipment for the West Midlands Ambulance Service NHS Foundation Trust
6) Ensure through the Professional Standards Group that an annual clinical audit programme and R&D programme is in place that they are completed to plan, that learning is identified and ownership of subsequent actions have been accepted and monitored to completion.
7) To receive, review and agree the annual internal Audit plan for submission to the Audit Committee
8) Ensure through the Professional Standards Group that immediate care schemes are compliant with the requirements of Quality Governance as outlined in the CQC Essential Standards of Quality and Safety
9) Maintain Trust performance (operational, clinical & financial) against nationally set targets & locally agreed indicators
10) To make key decisions to improve patient care, safety and operational responses.
11) To gain assurance through OMT the Trust's Business Continuity Plans are compliant.
12) Deliver the objectives set out in the Trust strategic and business plans.

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13) Ensure delivery against Board of Directors approved Capital and Revenue financial plans including the delivery of a Quality Impact assessed and also Equality Impact Assessed (EIA) Cost Improvement Programme (CIP).

14) Ensure risks are managed in accordance with the Risk Management Strategy to include:

15) Monitoring of 12 high and above risks and escalation of significant risks to the Board of Directors

16) Maintenance and updating of the Board Assurance Framework to ensure that it is contemporaneous

17) Any new risks or regrading to risks to the organisation

18) Review of any incidents or claims that could pose any adverse reputational risk, and/or significant unplanned costs.

19) Develop and endorse Trust strategies and plans prior to Board approval

20) Approving relevant policies on behalf of the Board

21) Agree 'significant' (as defined in the Constitution) business cases prior to sharing with Resource Committee for escalation to the Board of Directors

22) Review & approve, as appropriate, all other business cases in accordance with the Trust's Standing Financial Instructions (SFIs).

23) Organise and oversee periodic reviews of the Trust's overarching statements relating to vision and strategic objectives.

24) To facilitate a programme of engagement with West Midlands Sustainability Transformation Plans (STPs), other providers, and stakeholders as appropriate including (but not restricted to) CCGs, local authorities, other emergency services, charities and educational establishments.

25) Identify business development opportunities and ensure that these are explored to establish their relevance and fit with the Trust's overarching strategy. In particular, the Trust's third strategic objective "To establish its market position as an emergency healthcare provider."

26) To construct the Board's Strategy and Development sessions, ensuring that strategy agendas are compliant with Trust and regulatory requirements.

27) To receive and review appropriate analysis, assurance and option appraisal regarding strategic business development opportunities for submission to the board.

28) To review Freedom to Speak Up action plan and quarterly reports.

29) Receive progress against the Action Plan developed arising from the Staff Survey results

In event of any ambiguity or concern regarding the role of EMB, its sustainability or relevance in light of any changing circumstance/anticipated/emerging issue or of its interrelationship with any other committee or working group of WMAS, this should be referred to the next BOD meeting for clarification and resolution.

7	Delegated authority

EMB delegated authority is as set out in WMAS Standing Financial Instructions.

8	Key input documents

- Trust Strategies and Plans
- Risk Register and Board Assurance Framework
- Financial Plans and Budgets
- 2017 CQC Provider Report
- Regulators 2 Year Plan
- Appropriate Business Cases

	• SIRO Report
9	**Inward reporting arrangements**
	• Operational Management Team • Senior Efficiency Group • Professional Standards Group • Capital Control Group • Policy Group EMB will require the Chair of each sub group to provide EMB with a short summary highlighting key issues and assurances after each meeting.

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Title [to correspond with the agenda]	
Sponsoring Director	Title of Director
Author(s)/Presenter	Who is the author? Post title
Purpose	Why is the report being submitted? "If you can't explain it simply, you don't understand it well enough" (quote attributed to Albert Einstein) The clue is in the recommendation…what are you asking the Committee or Board to do.
Previously Considered by	Where has the matter been considered before submission. Give the date of submission to the previous or other committee.
Report Approved By	
Executive Summary Summarise the report, normally this part will enable the author to focus on the key issues and not the detail. Why is it coming to the Board/Committee and what is it you want the Board/Committee to do.	
Related Trust Objectives/ National Standards	Is it contributing to the Trust Objectives/or is it part a national standard that
Risk and Assurance	May be useful to refer to the Board Assurance Framework which sets out the significant risks, current mitigating actions and internal and external assurances. It may also be worth discussing the proposals or content of the Report with your relevant risk manager who will advise.
Legal implications/ regulatory requirements	To maintain compliance with both regulations and the conditions of licence and registration from the Regulators.
Financial Implications	Are there any financial implications of the proposal both in terms of ongoing revenue costs and any capital costs. If in doubt speak to your director.
Workforce & Training Implications	The workforce planning risks are included on the Trust risk register. Are there any workforce implications, can the proposal be met within existing resources?
Communications Issues	Are there any communications issues involved, does the Trust need to consult prior to agreeing the proposals? Are there any issues with regard to disseminating what has been agreed, how will people know?

Diversity & Inclusivity Implications	This section demonstrates WMAS has taken due regard to equality issues under the Equality Duty as part of its decision-making process. Due regard means we have a written record of how decisions were based on evidence and are transparent.

This means that consideration of equality issues must influence the decisions reached by public bodies – such as in how they act as employers; how they develop, evaluate and review policy; how they design, deliver and evaluate services, and how they commission and procure from others.

There are nine protected characteristics under the Equality Act and it is crucial we do not discriminate directly or indirectly, therefore does the proposal have a positive or negative affect on people who may present the following characteristics :
- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation |
| **Quality Impact Assessment** | Has a patient Quality Impact Assessment been undertaken, this may of course have been done as part of the overarching strategy. |
| **Data Quality** | Who has the background papers and where can they be found? |

Action required

Be specific, because the recommendation will form the resolution, if it is approval say so, if not then is it for noting. What is it you want the fora to agree…what do you want minuted?

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E&U and PTS Board Link - Directors List (Table 1), Non-Executive Director Designated Roles (Table 2) And Executive Directors Designated Roles (Table 3)

E&U and PTS Board Link - Directors List - Table 1

No	Site	Executive Director	Non Executive Director
	Staffordshire		
1	Stoke		
2	Stafford	Mark Docherty	Wendy Farrington Chadd
3	Lichfield		
4	**West Mercia**		
5	Worcester		
6	Bromsgrove		
7	Hereford	Kim Nurse	Caroline Wigley
8	Shrewsbury		
9	Donnington		
10	Worcester PTS		
11	Coventry & Warwickshire		
12	Coventry		
13	Warwick	Craig Cooke	Jacynth Ivey
14	Coventry PTS		
15	Warwick PTS		
16	Birmingham		
17	Erdington		
18	Hollymoor	Vivek Khashu	Narinder Kooner
19	Birmingham PTS		
20	Black Country		
21	Dudley		
22	Willenhall	Murray MacGregor	Mushtaq Khan
23	West Bromwich		
24	Black Country PTS		
25	Other sites		
11	Cheshire PTS		
12	MP – HQ & EOC	Linda Millinchamp	Tony Yeaman
13	The Academy		

Non-Executive Director Responsibilities - Table 2

Name	Chair / Deputy Chair	Other Roles	Members of	Governor link Constituency	Executive Buddy
Professor Ian Cumming	• Board of Directors • Council of Governors • Remuneration & Nominations Committee • Director & Governor Development Group • WMAS General Charity Funds • Remuneration, Terms of Service and Nominations Panel				Anthony Marsh
Mr Tony Yeaman	• Board of Directors (Deputy Chair)	• Nominated NED for Security Management • Emergency Officer NED required under the NHS England Emergency Preparedness, Resilience and Response Framework • Complaints and FTSU Auditor	• Audit Committee • Director and Governor Development Group • Charitable Funds Committee • Remuneration & Nominations Committee		
Wendy Farrington-Chadd	• Audit Committee	Senior Independent Director	• Charitable Funds Committee • Resource Committee • Remuneration & Nominations Committee		Linda Millinchamp
Ms Narinder Kaur Kooner			• Audit Committee • Charitable Funds Committee • Remuneration and Nominations Committee • Resources Committee		Murray MacGregor
Mushtaq Khan	•	Sustainability Lead – (NED)	• Audit Committee • Charitable funds Committee		Craig Cooke

Name	Chair / Deputy Chair	Other Roles	Members of	Governor link Constituency	Executive Buddy
			• Remuneration and Nominations Committee		
Ms Jacynth Ivey	• Quality Governance Committee	• Safeguarding Lead – (NED) • Learning from Deaths (NED)	• EDI Steering Group • Audit Committee • Charitable Funds Committee • Remunerations and Nominations Committee • Governor and Director Development and Constitution Panel		Dr Alison Walker Mark Docherty
Ms Caroline Wigley	• Resource Committee	• Freedom to Speak Up – (NED) • NHS Workforce Well Being Guardian	• Audit Committee • Charitable Funds Committee • Remunerations and Nominations Committee • Quality Governance Committee • Resources Committee		Kim Nurse

Directors Designated Roles – Table 3

Role	Director
Accounting Officer	Anthony Marsh Chief Executive Officer
Accountable Officer for Emergency Preparedness	Anthony Marsh Chief Executive Officer
Director of Infection Prevention and Control (DIPC)	Mark Docherty Director of Clinical Commissioning & Service Development/Executive Nurse
Caldicott Guardian	Dr Alison Walker Medical Director
Board Level Champion for maternity services. (Better Births Report)	Mark Docherty Director of Clinical Commissioning & Service Development/Executive Nurse
Senior Information Risk Owner (SIRO)	Anthony Marsh Chief Executive Officer
Prevent & Safeguarding Executive Lead	Mark Docherty Director of Clinical Commissioning & Service Development/Executive Nurse
Director for Health & Safety and Risk	Mark Docherty Director of Clinical Commissioning & Service Development/Executive Nurse
Security Management Director (SMD)	Anthony Marsh Chief Executive Officer
Controlled Drugs Accountable Officer (CDAO)	Mark Docherty Director of Clinical Commissioning & Service Development
Responsible Officer (this is part of medical revalidation)	Dr Alison Walker Medical Director
Responsible Director CQC	Andrew Procter Quality Improvement and Compliance Director (ACAO)
NHS Improvement – Relationship Manager	Andrew Procter Quality Improvement and Compliance Director (ACAO)
Registration Authority (Smart Cards)	Kim Nurse Director of Workforce and Organisational Development
Equality, Diversity & Human Rights	Anthony Marsh Chief Executive Officer
Patient Group Directives (PGDs)	Dr Alison Walker Medical Director

Role	Director
Freedom to Speak Up (Executive Director)	Mark Docherty Director of Clinical Commissioning & Service Development
Executive Nurse	Mark Docherty Director of Clinical Commissioning and Service Development
Sustainability	Craig Cooke
Learning from Deaths Responsible Executive Director	Mark Docherty Director of Clinical Commissioning & Service Development
Responsibility for Learning Disabilities and Mental Health.	Dr Alison Walker Medical Director
NHS Workforce Well Being Guardian	Kim Nurse Director of Workforce and Organisational Development

Board Assurance Framework (BAF)	
Sponsoring Director	Executive Director of Nursing and Clinical Commissioning
Author(s)/Presenter	Executive Director of Nursing and Clinical Commissioning and Head of Risk
Purpose	Following feedback from both Audit Committee and Executive Management Board several actions have been identified to add to the BAF. These changes will ensure greater clarity around threats, appetite and tolerance, suitable and sufficient engagement and challenge and a concise document where only relevant changes and action is highlighted on each update. These actions are; • BAF Risk Review agenda item to be added to each Committee where the Head of Risk will present and discuss/review each responsible risk against the Strategic Objective for decision and escalation to Board where necessary • Colour coding of "levels of assurance" based on urgency and action required • Committee review/comments and advice regarding level of threat that Board need to be aware of • Dates alongside each Gap in Assurance – when identified and how long outstanding • Review and update of Strategy to include changes to Risk Matrix and BAF to include scoring, committee review, escalation, and implementation of new process • BAF to only include updates from Committee rather than full description of Risks and Controls to ensure document is succinct and clear
Previously Considered by	The paper has been considered by the Audit Committee and Executive Management Board on 15th July 2020
Report Approved By	Audit Committee and Executive Management Board for Approval by the Board.
Executive Summary	

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 18   MONTH: JULY 2020 PAPER NUMBER: 16

The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the board's strategic objectives. It is an essential tool for boards and the effective application of board assurance arrangements to produce and maintain a BAF will help management and the board to consider collectively the process of securing assurance using a formal process that promotes good organisational governance and accountability, the specific benefits include:

- Gaining a clear and complete understanding of the risks faced by the organisation in the pursuit of its strategic objectives, the types of assurance currently obtained, and consideration as to whether they are effective and efficient;
- Identifying areas where assurance activities are not present, or are insufficient for your needs (assurance gaps);
- Identifying areas where assurance is duplicated, or is disproportionate to the risk of the activity being undertaken (i.e. there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resource);
- Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur;
- The ability to better focus existing assurance resources; and
- Providing an evidence base to assist the organisation in the preparation of its annual governance statement.

Related Trust Objectives/ National Standards	There is a national requirement for WMAS to have a Board approved Board Assurance Framework
Risk and Assurance	The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the board's strategic objectives. It is an essential tool for boards and the effective application of board assurance arrangements to produce and maintain a BAF will help management and the board to consider collectively the process of securing assurance using a formal process that promotes good organisational governance and accountability.
Legal implications/ regulatory requirements	The completion of a BAF and ensuring risks are managed appropriately is an issue of good corporate governance
Financial Implications	There are no direct financial implications for the Committee to consider, however the BAF does address organisational financial risk.

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 18   MONTH: JULY 2020 PAPER NUMBER: 16

Workforce & Training Implications	There are no direct workforce implications, however the BAF does address workforce issues.
Communications Issues	The new BAF format will need to be communicated to colleagues in the organisation.
Diversity & Inclusivity Implications	This is addressed, where appropriate in the risks identified and mitigating actions.
Quality Impact Assessment	This is addressed, where appropriate in the risks identified and mitigating actions.
Data Quality	The information in the BAF is sourced from the WMAS Risk Register

Action required

The Board is asked to;

1. Note and agree the new format of the Board Assurance Framework (BAF)
2. Agree the management of the assurance related to the BAF going forward
3. Receive assurance on the management of the risks associated with the Strategic Objectives

Introduction

The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the board's strategic objectives. It is an essential tool for boards and the effective application of board assurance arrangements to produce and maintain a BAF will help management and the board to consider collectively the process of securing assurance using a formal process that promotes good organisational governance and accountability, the specific benefits include:

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- Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur;
- The ability to better focus existing assurance resources; and
- Providing an evidence base to assist the organisation in the preparation of its annual governance statement.

This Board Assurance Framework (BAF) 2020/21 has been prepared to allow the Board of Directors to consider a refreshed BAF for implementation. It is seen as a live document that is regularly reviewed, challenged, discussed and updated. The initial draft includes the following principal strategic risks to the trust's core objectives:

1. Safety, Quality and Excellence
    a. Failure to achieve Operational Performance Standards
    b. The Trust fails to comply the Regulatory Body Standards and Quality Indicators
    c. Risk of staff suffering serious injury because of stab / ballistic weapons
    d. Pandemic Influenza
    e. Provision of FFP 1/2/3 Respirator Masks
    f. Change of process regarding PRPH
    g. Risk associated with Te4rrorist Threats
    h. Control of Contractors
    i. Failure to complete S.I's within timescales
    j. Hospital Ambulance Liaison Officers being left in charge of patients in Hospital awaiting provision of care within the Hospital Department
2. A great place to work for all
    a. Increased Staff working from Home during COVID-19
    b. COVID-Secure in the Workplace
3. Effective Planning and use of resources
    a. The Trust fails to meet its financial duties
    b. Patient activity varies at a rate that cannot be contained within the Trust's cost base
    c. The current Senior Finance team are due to retire from the Trust during the same time period

<ol type="a" start="4">

      d. Further appeal against the "Flowers" judgment not allowed or unsuccessful will result in a financial risk to the Trust.

      e. Continuity of Business in the result of a "No Deal" Brexit for the supply of services and goods

4. Innovation and Transformation

      a. Implementation of Test and Trace

      b. Risk of failure of Corporate IT or IT Telecommunications System due to Cyber Terrorism

5. Collaboration and Engagement

      a. Positive Action for BAME staff during COVID-19

For Committee and Board Consideration

The key elements in this re-design for the Board to consider are as follows:

- A simplified description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)

- A simplified way of displaying the risk rating (current residual risk and tolerable level of risk) using a revised 5x5 matrix of likelihood versus consequence:

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

- A statement of <u>risk appetite</u> and <u>tolerance</u> for each risk, to be defined by the Lead Committee on behalf of the Board:
  - Averse = aim to avoid the risk entirely;
  - Minimal = insistence on low risk options;
  - Cautious = preference for low risk options;
  - Open = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)

- Risk managed and reported at appropriate levels in the organisation:

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

- Key elements of the risk treatment strategy identified for each risk, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk:

  Green = Positive assurance: The Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity.

  Amber = Inconclusive assurance: The Committee has not received sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy.

  Red = Negative assurance: The Committee has received reliable evidence that the current risk treatment strategy is not appropriate to the nature and / or scale of the threat or opportunity.

- Sources of assurance use the three lines model:

- Relevant Key Risk Indicators(KRIs) for each strategic risk, taken from the Trust's Information Pack to provide evidential data to the Lead Committee that informs the regular re-assessment of the risk.

Implementation of this approach should then inform the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.

The Committee is asked to:

The Committee is asked to discuss and agree the new format ahead of it being presented to the Board on 22nd July 2020.

The Committee is asked to note the risks and the actions and mitigations to control

and reduce those risks.

West Midlands Ambulance Service University NHS Foundation Trust Risk Matrix

Strategic Objective 1 :Safety, Quality and Excellence **Lead Director: Mark Docherty**							
Strategic Objective	1: Safety, Quality and Excellence	**Risk Description** *What might happen if the risk materialises*	**Current Risk Score** With Controls and Assurances in Place (Consequence x Likelihood)	**Mitigated Risk Score** After Applying all Mitigating Actions (Consequence x Likelihood)	**Target Risk score** *(if deemed appropriate upon Board review)*	**Lead Committee**	Quality Governance Committee
Principal Risks		**SR-1** - Failure to achieve Operational Performance Standards	5x4=20	5x3=15	5x2 = 10	**Last Reviewed**	July 2020
		SR-3 - The Trust fails to comply the Regulatory Body Standards and Quality Indicators	5x2=10	5x2=10	n/a		
		HS-012 - Risk of staff suffering serious injury because of stab / ballistic weapons	5X3=15	5X2=10	n/a		
		EP-019 – Pandemic Influenza	4X5=20	4X5=20	4X3=12		
		IPC-005 – Provision of FFP 1/2/3 Respirator Masks	5x3=15	5x2=10	5x2=10		
		IPC-031 Risks associated with change of process regarding PRPH	4X3=12	4X2=8	4X2=8		
		IPC-030 - Risks associated with change of process regarding PRPH	4X3=12	3X3=9	3X3=9	**Review comments**	
		EP-027 – Risks associated with Terrorist Threats	5x3=15	5x10=10	5x10=10		
		ES-002 – Control of Contractors	4x3=12	4x2=8	4x2=8		
		ORG-003 – Failure to complete SI investigations within timescales	4x3=12	4x2=8	4x2=8		
		PS-027 - Hospital Ambulance Liaison Officers being left in charge of patients in Hospital awaiting provision of care within the Hospital Department	4x3=12	4x3=12	4x2=8		

Strategic Objective 2 : A great place to work for all
Lead Director: Kim Nurse

Strategic Objective	2: A great place to work for all	Risk Description *What might happen if the risk materialises*	Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood)	Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood)	Target Risk score *(if deemed appropriate upon Board review)*	Lead Committee	Workforce Development Group
Principal Risks		**WF-026 -** Increased Staff working from Home during COVID-19	4X2=8	4X1=4	4X1=4	**Last Reviewed**	
		ORG-078 - COVID-Secure in the Workplace	4X3=12	4X2=8	4X2=8	**Review comments**	

Strategic Objective 3 : Effective Planning and use of resources
Lead Director: Linda Millincamp

Strategic Objective	3: Effective planning and use of resources	Risk Description *What might happen if the risk materialises*	Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood)	Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood)	Target Risk score *(if deemed appropriate upon Board review)*	Lead Committee	Audit Committee
Principal Risk		**SR-2** The Trust fails to meet its financial duties	4X3 = 12	4X3=12	4X2=8	**Last Reviewed**	July 2020
		FI-009 - Patient activity varies at a rate that cannot be contained within the Trust's cost base	3X4=12	3X4=12	3X4=12	**Review comments**	
		FI-023 - The current Senior Finance team are due to retire from the Trust during the same time period	3X5=15	3X5=15	3X5=15		
		FI-025 - Further appeal against the "Flowers" judgment not allowed or unsuccessful will result in a financial risk to the Trust.	4X4=16	3X4=12	3X4=12		
		ORG-029 - Risk of failure of Corporate IT or IT	4X4=16	4X3=12	4X3=12		

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

Strategic Objective	4: Innovation and Transformation	Risk Description *What might happen if the risk materialises*	Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood)	Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood)	Target Risk score *(if deemed appropriate upon Board review)*	Lead Committee	Health, Safety, Risk and environment Committee
Principal Risk		**ORG-079** Implementation of Test and Trace	4X3 = 12	4X2=8	4X2=8	**Last Reviewed**	
						Review comments	

Strategic Objective 5 :Collaboration and Engagement
Lead Director: Pippa Wall

Strategic Objective	5: Collaboration and Engagement	Risk Description *What might happen if the risk materialises*	Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood)	Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood)	Target Risk score *(if deemed appropriate upon Board review)*	Lead Committee	Workforce Development Group
Principal Risk		**WF-025** - Positive Action for BAME staff during COVID-19	4X2 = 8	4X1=4	4X1=4	**Last Reviewed**	
						Review comments	

Appendices

<table>
<tr><td colspan="7" align="center">**Strategic Objective 1 :Safety, Quality and Excellence**
Lead Director: Mark Docherty</td></tr>
<tr>
<td></td>
<td>**Risk Description**
What might happen if the risk materialises</td>
<td>**Assurance**
Evidence that the controls are effectively implemented</td>
<td>**Gaps in Assurance**</td>
<td>*Mitigating Actions*</td>
<td>**Board Review – Tolerance and Appetite**</td>
<td>**Action Required (with timescale to complete)**
Gaps in Controls or Assurance</td>
</tr>
<tr>
<td>SR-1</td>
<td>Failure to achieve **Operational Performance Standards**</td>
<td>These currently reflect examples of Controls
In place to Manage the Risk. The new process will require the Head of Risk to review each control with the Risk Owner to provide the relevant evidence of the controls success i.e. review at committee, percentage of completion, figures and relevant data – this will then provide the adequate assurance that the control is working

Demand Management plan (Nov 19 v2.2)
Tactical Commander 24/7
National and Local Escalation Plans (REAP)
Resilient Annual Workforce Plan
Automated External Defibrillators (c.4,500)
Hospital Ambulance Liaison Officers (HALO)</td>
<td>In the main, these currently reflect "risks associated" but will contain where specific assurance cannot be obtained based on lack of evidence of the controls. This will then inform further action plans and decisions to be made – these will be reviewed and discussed at committee level for further escalation

Failure to provide a safe and effective service
Reputation loss
Financial penalties
Failure to act in accordance with contractual obligations
Monitor scrutiny resulting in the diversion of resources away from service delivery.</td>
<td>These highlight mitigating actions which have been identified as appropriate to reduce the risk further

Improved handover times at hospital – Through the Strategic Capacity Cell this will be monitored over 6 months (Commissioned for 12 months) Workstream to improve the on-scene times for priority patients and also more generally has commenced– Through the Strategic Capacity Cell this will be monitored over 6 months Workforce development plan in place to increase operation resource to support rising demand and planning for winter 2019/20</td>
<td>This should form part of a discussion
To include a statement of risk appetite and tolerance which can be defined by the Lead Committee on behalf of the Board. This should consider;

Averse = aim to avoid the risk entirely;
Minimal = insistence on low risk options;
Cautious = preference for low risk options
Open = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)

What can be tolerated based on risk appetite and threats to achieving objectives</td>
<td>Based on evidence submitted as part of the TIP as well as previous consideration by Committee (see prior column) any further action highlighted will be included here

EMB and Board to determine level of action required based on gaps in assurance and actions identified</td>
</tr>
<tr>
<td>SR-3</td>
<td>The Trust fails to comply the **Regulatory Body Standards** and Quality Indicators</td>
<td>Clinical Strategy 2019-2021
Quality Strategy 2019-2021
Clinical Audit Policy
Risk Management Strategy [2019-2021]
Freedom to Speak Up (Whistleblowing) Policy [2019-2021]
JRCALC Clinical Practice Guidelines
Learn Review Group – June 2020</td>
<td>Failure to deliver high quality, safe and effective clinical care due to inadequate training, staffing, equipment resulting in negative patient outcomes, loss of reputation and increased litigation
Failure to comply with the Duty of Candour
Failure to comply with Fit and Proper Persons Test of the Board members
Posts on Board of Directors not replaced in line with WRES requirements
Inadequate succession planning
Failure to achieve strategic objectives to assess, triage, respond and treat patients appropriately
Failure to deliver a safe and effective service due to changes in external service provision i.e. reconfiguration of acute services</td>
<td>None identified as Actions adequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H&S-</td>
<td>Risk of staff suffering</td>
<td>Lone working policy Conflict Resolution</td>
<td>Staff suffer a physical injury caused by assault by</td>
<td>Consideration of Provision of</td>
<td></td>
<td></td>
</tr>
</table>

| 012 | serious injury because of stab / ballistic weapons | Training (CRT)
CRT Refresher training for 2016/17 is being delivered as part of the mandator training
All vehicles equipped with MDT terminals
ARP radios provided with a tracking facility to enable EOC to locate staff
Procedure for 'Ambient listening' by EOC through ARP radios, where it is considered safety may be compromised
EOC non-formalised process in relation to procedure where 'panic alarms' are activated through ARP.
EOC question set by call takers that pertains to presenting condition (such as violence, assault and overdose).
Risk addresses are 'flagged' with EOC and on the CAD
This process is undertaken by the completion a ER54 and a form 223
Welfare support provided through - Staff Advice and Liaison Service (SALS)
Welfare support available through WMAS Occupational Health providers
Trust Local Security Management Specialist and Head of Safety and Security provide consistent monitoring of incident reports and ensure post incident actions are undertaken and adequate
Dispatch criteria for CFR's reviewed to ensure they are appropriate for the management and safety of CFR's | another person with potential for indefinite incapability to work or fatality (E.g. stab wounds, ballistic wounds)
Staff suffer mental injury caused by assault leading to indefinite incapability to work (Including Post Traumatic Stress Disorder)
Loss of operational staff / lost time
Reduction in morale leading to poor service delivery (Reduced morale may be associated with an increased sense of vulnerability)
Increase in staff refusing to attend incidents
Operational staff purchasing and wearing unauthorised and non-specified standard protective vests
potential reduction in staff reporting for duty due to fears/concerns from a terrorist activity
Violent incident becomes a matter of significant public interest
Prosecution for failing to comply with legislative requirements
Receiving legal challenge (either criminal / civil) resulting in time / cost implications

Gaps associated with procurement of PPE (Stab Vests) below

Misguided and lack of knowledge leading to negative public perception in use of protective vests
Increased risk of escalation of attacks, including terrorism where there is a greater potential for violence
Recent terrorist activities have significantly increased the risk to staff, in that none or limited information is made available in some incidents, however, it is possible that Trust staff could arrive on scene with no indication that the incidents is terrorist related and potentially indiscriminate use of weapons by individuals against members of the public could be ongoing. Trust staff maybe in certain scenarios be providing pre-hospital care and the be subject to serious risk of attack by persons/numbers unknown. Media coverage of these incidents suggests that attacks by terrorists are both random in terms of the general public, however, can be directed directly towards emergency personnel including ambulance.
Semi-permanent/fatal Injury – stab wounds, ballistic wounds
Loss of Operational Staff - inability to meet Trusts operational demands
Reduced ability to undertake operational duties / clinical procedures – CPR, Manual Handling etc
Increased risk of injury due to weight of protective vests
User discomfort – increased body temperature
Reduced awareness and acknowledgment of potential violence and risks associated (false sense of security whilst wearing vest)
I, P C issues including cross contamination, replacement vests | stab vests as personal issue (PPE) to all Operational staff
Development of a 'Memorandum of Understanding,' or similar agreement, with Police forces, providing services within the WMAS region to provide clear understanding of:
- incidents Police will attend
- incidents Police will not attend
- level / urgency of Police responses
- expectations of WMAS and Police authorities
• Recent conversations with the West Midlands Police has confirmed that there is no MOU between the police and the trust. The police view is they will attend where resources are available, life threatening situations, actual assaults on staff and not if only verbal threats. Equally they will not respond to historical threats.

Each area should consider implementing a nominated individual to liaise with their respective Police force to discuss cases of non-police attendance/refusal to attend.

Trial of body worn cameras- September 2019 – December 2019. Final report/recommendations will be added to this risk assessments.

Consideration for change of process in that, where possible, Police enter any scene with prior markers and welfare call before Ambulance Crews

Root cause analysis to be undertaken on case from 6th July 2020 | | |

EP-019	Pandemic Influenza	Trust Pandemic Flu Plan based on National Guidance Trust REAP and Surge Plan Trust Major Incident Plan Strategic Command arrangements – Daily Strategic Command Team Meetings, 7 Days a week Trust Business Continuity Arrangements The CEO remains the national strategic advisor to NHSEI and DHSC on ambulance services, resilience and now COVID-19 for the ambulance sector This Trust has put in place our full Command and Control arrangements overseen and led by the CEO, including 999/SCC/111/Duty Manager/NILO/TIC/Gold Commanders/NACC/NARU An Incident Room has been established at HQ for 16 hours a day, 7 days a week with options to extend the open hours if required. Relevant hand hygiene methods available at entry and exit to Trust sites – as well as every desk on site, gel, wipes, tissues The Trust has established an Ambulance Case Transport Response Service Hub within the Strategic Capacity Cell at Millennium Point EOC coordinating our response to patients that require testing / treatment / discharge transport of tested patients consisting of a Paramedic, Manager and the Strategic Capacity Manager overseeing this 24/7. A national arrangement for a COVID-19 surge level is in place, written by the CEO. The Trust has issued robust guidance to all its staff in relation to COVID-19 which follows PHE, NHSE and NARU guidance. The Trust has invested heavily in PPE both before and during the outbreak so far. The Trust remains in a positive position currently with PPE stocks which are monitored daily We have set up an NHS Coordination	e how harm may / will occur from the task / hazard. Include possible outcomes / consequences of the risks becoming realised) High staff sickness rate – at all levels across the Trust – higher likelihood of Operational Staff due to Patient contact Reduction in resource due to Staff isolation Patient harm resulting from reduced ability of Trust to attend lower acuity calls Significant increase of calls to 111 resulting in potential further delays Staff morale due to sudden escalation of virus Other workforce implications based on restrictions of movements – schools, transport, other workplaces etc Backlog resulting from cancellation of non-essential work, which will require addressing in recovery phase Staff confusion and apprehension regarding PPE procedures – donning, doffing, when to use, Patients where PPE is required Impact on Ambulance Service from demand from Critical Care Transfers – in some cases equipment may not be appropriate for vehicles Impact on ITU availability across Region resulting in need for flow management regarding certain categories of Patients e.g. major trauma Critical service impact – As per BCI Guidelines Potential service failure – As per BCI Guidelines Organisational reputation – As per BCI Guidelines Potential legal action against Trust – As per BCI Guidelines Reduction of stock levels nationally impacting PPE – safety glasses, 3M filters, Fluid repellent surgical masks, Staff concerns regarding use of PPE both appropriate levels and reuse Delay in update of information from external organisations Increase of incidents reported from Staff regarding management of COVID-19 cases Staff confusion regarding management of existing conditions/health issues Risk of Staff transmission of virus in high risk areas such as Academy, 999 & 111 EOC's, Training environments and Communal areas Quality of PPE delivered via NHS supply chain and appropriateness for the Ambulance sector, e.g. heavy duty aprons and fluid repellent coveralls Battery management risk for PRPH Hoods	Considerations given to further PPE and Equipment upon review, to ensure strict adherence to National Guidelines COVID Cell Ongoing SORT Risk Assessment for HART PTS VAR Form risks to be explored Track and Trace process review to include relevant actions and controls to ensure system confidence and accuracy		

The cell above EP-019 (first row) reads:

Financial and Logistic constraints – initially and ongoing costs
Limited use as bespoke issue to individuals
Are there any employment rights breaches?
Overly assertive / aggressive behaviour to patient / bystander by staff
Current uniform provision not conducive with wearing protective vests

		Centre for the West Midlands in 111 to seat up to 16 people at the direction of the "Centre" working with NHS partners that will oversee a number of COVID-19 activities such as arranging testing, transport, communication of negative test results amongst other things contained in the Coronavirus Pathway document issued by NHSE on the 20/02/2020 Additional cleaning of Hubs / EOC's / 111 in place. EPR software has been updated with COVID-19 information IP&C / PPE advice and arrangements re-issued Flow chart for EOC / 111 / Operational crews designed and issued reflecting PHE advice Additional stocks of existing PPE and IP&C items Additional VPO cover on hubs made available .	Concerns around stethoscope use and infection Concerns around impact of PPE on specific hearing equipment for Staff with hearing issues Allergic reactions to PPE and/or extensive use of hand gel Medical supplies and Medical Drugs supply Potential for high surge over several weeks following lockdown restrictions being lifted Increase in PTS workload due to services starting to return to normality and Impact on Directorate Following updated information from PHE there are concerns over the increased risk to BAME staff Clarification required on the use of PPE and Turbans SORT staff who due to cancelations over winter may become out of date with their competencies Health and Wellbeing and Student Support requested to be added by EMB			
IPC-005	Provision of FFP 1/2/3 Respirator Masks	PRPH is available on all E&U vehicles The Trust lacks sufficient stock to adequately continue to supply E&U and PTS with surgical masks however, additional stock in the form of FFP1/2/3 is available. Escalation to HSE and joint working with national ambulance IPC specialists to understand position Self-fit test instructions can be disseminated however, the Trust has no assurance on who is legally tested Surgical masks with and without visors are available for use by all staff, also plastic disposable safety glasses Robustly ensure a stock of FRSM are sourced to allow crews to respond safely. Escalate early where there is a shortfall for escalation to Trust Board – This is checked twice daily by the COVID cell	Confusion amongst staff over trust stance offering paper FFP3 masks to staff un-fit tested Patients may be issued with an FFP3, if symptomatic this may lend to expelling droplets through the filter chamber Unknown legal position with HSE Staff will don FFP3 masks with limited guidance and no fit testing process established Whilst FFP3 will not be used for AGP purposes, guidance from HSE requested to understand legal implications of utilising in place of a FRSM given national stock shortage and its effect against droplet based transmission. Fitting the respirator correctly is critically important for it to provide proper protection. Every user should be fit tested and trained in the use of the respirator. In addition to the initial fit test carried out by a trained fitter, a fit check should be carried out each time a respirator is worn. The respirator must seal tightly to the face, or air will enter from the sides. A good fit can be achieved only if the area where the respirator seals against the skin is clean shaven. Beards, long moustaches, and stubble may cause leaks around the respirator. The HSE state there should be a plan for carrying out training in the use of filtering face piece 3 (FFP3) respirators and fit testing on staff who are likely to use them Fit testing is very time consuming, and involves a hood, and nebulised sprays that are sweet or sour. Each test takes approximately 20 minutes	An identified issue in the NHS supply chain lend to insufficient stock of FRSM and therefore escalation to the use of FFP1/2/3 as an alternative If the Trust is unable to source stock and finds itself in a critical position, the Trust Board must consider distributing FFP1/2/3 to staff in place of FRSM against HSE guidance		

			Due to Mutual Aid, potential for shortage of FFP3 masks for WMAS Staff			
IPC-031	Risks associated with change of process regarding PRPH	Guidance stating disposal techniques including when disposal is required Filter management checks (airflow meter, digital safety indicators) PRPH Guidance in every pack and on every E&U vehicle All new starters receive Presentation detailing filter management and requirements Mandatory updates include Presentation detailing filter management and requirements IPC PPE Policy	Poor filter management – damaged, discoloured, poor air flow Potential National shortage of filters Staff may continue to discard after every use Duration of intended use unknown – i.e how long can PPE be worn/repeated use of filters Limited definitive guidance i.e. manufacturers state see IPC Policy Unknown infection risk of continued use – for wearer, Patient and Colleagues No alternative available currently Adverse publicity Complaints and/or Claims from Staff	Explore review of PPE/Filters each month Establish National Guidance/Stance - Public Health England (PHE) Work collaboratively with NASIPCG to determine specific Guidelines		
IPC-030	Use of Powered Respiratory Protective Equipment (PRPH)	Training delivered at The Academy for all new starters to include theory and practical Crib sheets included within all PRPH packs to give guidance on donning/cleaning/decontamination Training kits available on E&U Hubs for familiarisation on CTM Skills days IPC SharePoint site, a centralised access for all training materials Simplistic one button design to assist staff operate and function Agreement with E&U that will convey PTS highly infectious patients Guidance on cleaning and decontamination offered via MR and CN notices Dedicated Make Ready notices to build, maintain and clean equipment. No requirement for self-fit testing as per HSE regulations VPOs to receive donning/doffing training by Martin Minard on next annual refresher. Dispose of hoods when visibly dirty, grossly contaminated or damaged Dedicated clinical notices to inform crews of correct use, cleaning arrangements IPC PPE Procedure produced Procurement monitoring levels of stock and issue accordingly Assurance all staff have access to adequate filtered respiratory protection for all matters of IPC Staff requiring PRPH for patient contact must ensure the kit is donned, anyone conducting third manning duties must not have patient contact without appropriate PPE. The Trust will provide samples of available hoods to staff on an	Due to the nature and design of the equipment, it may cause public alarm i.e. responding to a suspected Coronavirus · Hoods cannot be worn with PPE helmets as airflow may be restricted · Equipment donned/doffed incorrectly however action cards are available to all staff · Delay in responding to unconscious/cardiac arrests to perform AGPs whilst level 3 PPE is donned · Equipment not quality checked and maintained as per the 28-day cycle by the VPOs · Equipment not maintained following use, i.e. Chlorine based clean, battery check. · Poor battery management leading to require DCA/OM backup · Equipment rolled out prior to face-face training, however resources available to assist and equipment chosen for simplistic design · Poor filter management – damaged, discoloured, poor air flow · Contaminated equipment is not appropriately cleaned or made ready · Risk that reusable hoods are disposed of unnecessarily · Risk of national shortage of component parts given pending epidemic and pandemic · PTS not fit tested for FFP3 and PRPH not provided, conveyance of highly infectious patients agreed by E&U · 2 x PRPH kit on every vehicle, not a third for students · Consideration is required on an individual basis for staff who have religious or personal beliefs or who wear a headdress or turban where reasonable adjustments are required	EMB have approved a short session on PRPH with The Academy to be rolled out during 2020/21 Mandatory Update, this is the first available face-face slot for training. Ensure training is delivered to all new starters, support staff through weekly brief, clinical times and IPC SharePoint site. E&T, IPC Lead Distribution to order replacement hoods and filters to ensure equipment is well maintained and fit for operational deployment Distribution Ensure engagement is made with staff members who require consideration for alternative hoods or arrangements are made on an individual basis		

		individual basis to understand if a different type of hood would wok for them. Where a different type is required personal issue hoods will be provided to those staff members. The Trust provide material for head scarves, bandana or other headdress if the staff member wishes to assist in making reasonable adjustments.			
EP-027	Risk Associated with Terrorist Threats	Pre-planning meeting with other emergencies services undertaken Where possible briefing with allocated ambulance crews/staff to include access/egress, retrieval of Patients Utilisation of Strategic, Tactical and Operational Commanders to include utilisation of HALO's at various patient receiving points Establish Effective communication pathways Pre-planned sterile routes to include access & egress, incident and hospitals Dynamic ongoing operational assessment and management of incident ARP Radio network with dedicated channels to escalate to major incident where necessary Inter communication with other emergency services, hospitals, minor injury units All staff issued with standard issue PPE and has received the required training in the use and application, including CRT training, issued with aide memoirs and major incident plan, associated cards now on EPR system Where a major incident is declared, all staff will apply major incident procedures – refer to Major Incident Plan Welfare facilities to be monitored and maintained by on scene management/officers Utilisation of HART team and on-call CRT / JESIP Training Casualty Regulation plan All known incidents regarding either Violence or Aggression will be dealt with in accordance with the Trust policy Occupational Health Support/referral Annual commander training and evaluation in place to confirm best practice and competency WMAS IED/BOMB Operational Plan WMAS BC Operational Plan Joint Operating Principles for MTA and Terrorist Siege	Potential enforcement or prosecution and legal action imposed upon the Trust Limited response function Failure in duty of care Loss of life, reduced provision of service Staff fails to apply necessary personal protective equipment (PPE) when required. Potential escalation of multi-site incidents resulting in additional equipment required to respond to major incidents Restricted access for Staff to welfare facilities WMAS Staff operating within inner cordon, potential exposure to violence and aggression, fire, projectiles, public disorder issues WMAS staff maybe exposed to increased extensive life-threatening situations, traumatic scenes, injuries and fatalities Preparedness of Allocated hospitals specialised trauma units etc to receive patients Inability of Trust to deliver continued (pre-& post) Operational effectiveness/demands Financial implications including vehicles, staff overtime, staff sickness, PPE, reputation of Trust Limited and inconsistent management of business continuity throughout the Trust due to: Limited designated responsibilities, Ineffective Policy, Control Management, Limited funding allocation, Ineffective Processes, Reduced business, Loss of life, Duty of care, Public impacted upon existing businesses impacted upon Loss of life, contraction of disease, permanent/temporary disabilities physical/psychological to staff and general public Limited evacuation procedures and unsuitable RVPs Secondary Devices CBRN incidents MTA Incidents Active Shooter Incident	Awareness Training / Marshall etc for all WMAS staff Continued Tactical Training for Operational, Tactical & Strategic Commanders Table Top Exercises to include Major Incident planning, Terrorist Incidents Ongoing reviews of Business Continuity Plans Head of Departments Ops / EOC / NEPTS/ WMAS 111 Post Incident Review with other Emergency Services, Hospitals		

ID						
		WMAS Op PLATO Plan Multi Agency Exercises and Training WMAS Major Incident Plan WMAS Mass Casualty Plan WMAS Mutual Aid Plan WMAS Surge Demand				
ES-002	Control of Contractors	Estates management team & Estates Help Desk Policy for The Safe Working of Contractors Review recently reviewed October 2016 An informal list of approved Contractors Larger scheme (over 30 Days) a CDM coordinator Larger Schemes will be developed and carried out by a project team An Approved List of Contractors Contractors provide Method statements for tasks they undertake Contractors COSHH details held on Estates Data Base Contractors provide updates od method statements and COSHH details yearly or on the renewal of contracts Contractors are register with 'Construction Line ' and /or 'CHAS' Quality and Standards Agency's Contractors operating a Permit to Work procedure Fully operational contractors framework – regular review meeting carried out - The Trust has undergone a frame work tender process for all maintenance and repair work to all the Trust properties The contract was awarded to J Tomlinsons who as part of the contract had to assure the Trust of is management and control of its work force and it contractors Asbestos Management Plan Help Desk Staff to receive Training on the use and application of Permit to Work Estates Training in Asbestos/ CDM regulation Trend report reviewed monthly for Estates Issues Framework contractor implemented to improve communication and provide suitable feedback for closure of cases Outstanding works list reviewed monthly Contractor meetings held monthly Daily update on task completion from Tomlinsons	Work carried out by contractors on a WMAS site can, if not carried out in the correct manner, have a severe effect on staff, visitors and the contractor Examples Being: - Risk associated with working at height: - Inappropriate use can result in falls which can inflict serious injury or death to contractor or a bystander Correct use of ladder which must be on good standing and secured to prevent slipping and movement Securing the area to prevent people walking in an area where item may fall on them The use of correct PPE i.e. hard hats, safety shoes, correct work clothing and goggles Not working off a ladder and the correct used and erecting of scaffold as a working platform Risk Associated with Hot Work: - Control in the use of work which involves a naked flame if not manager correctly can result in the loss of a building through fire which in turn can affect the ability to carry out its core function and result death The area of work must be safe all hazards associated with working in it to be clearly identified. It may well be a confined space or have very inflammable substances in the area The manager and Contractor should identify all know hazards and a Permit to Work issued Fire extinguisher should be available All flammable items should be remove from the area On completion of work a system of 'Fire Watch' should be implemented for up to 2 hours after the work is finished. Currently the trust does not operate a formal, approved list of contractors. Not all contractors are accredited to a quality and standards agency. Limited control of contractors is undertaken. Not all contractors produce method Statements. Contractors give limited feedback on what they are doing Not all contractors use appropriate equipment for the task undertaken Not all contractors work to a uniformed standard Estates staff need regular training to ensure they have	Clarification and process implementation regarding awareness of all work undertaken on Trust sites by all Contractors (IT, Fleet, Estates) Implementation of the Footprints system into estates – same system as IT use to record and track reports into their helpdesk which will also help track outstanding work		

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			the knowledge and understanding to ensure that standards are adhered to i.e. IEE regulation Working in confined spaces Regulation, Low Voltage Electricity Regulations			
ORG-003	Failure to complete SI investigations within timescales	Incident Reporting/ Investigation Policies and Patient Safety & Serious Incident Procedures. National NHS Serious Incident Framework and Never Events Learning Review group and reports monitoring (including compliance with timescales) Patient Safety Team oversight and management of SI Trust Committee monitoring up to and including Board of Directors Commissioner monthly meetings to monitor compliance/ progress Compliance with the 60-day timeframe now included in reports to QGC via LRG Increase in number of available RCA facilitators following completion of training course	Failure to recognise system faults and potential for repeated incident Failure to comply with Trust Policy Increased complaints and claims with reputation loss CQC review and possible improvement notice Financial loss due to initiation of contract fines	VAR currently at processing Stage for an Apprentice Current review of job role and workstreams of TUPED Staff member Director of Nursing, Quality and Clinical Commissioning to raise Staffing levels and capacity at EMB		
PS-027	Hospital Ambulance Liaison Officers being left in charge of patients in Hospital awaiting provision of care within the Hospital Department	HALOs currently working are registered Paramedics and/or Ambulance Technicians working to WMAS Policies and Procedures Individual responsibility of Clinicians to ensure effective patient handover Electronic Patient Record (EPR) to be completed including record of handover arrangements Previous operational notices issued Job descriptions and person specifications for HALO's Ad hoc availability of hospital equipment (although HALO's not trained in this equipment) On Call teams, Gold & SOM's engaged in reporting delays and supporting HAW at sites with ++ delays HALO's have access to the following at the Hospital: Access to the contents First Response Bag, Defibrillator / ECG monitoring SOC & EOC management of Hospital delays, escalation of each delay to NHSE, CCG and Hospital Directors to gain resolutions on delays HALO/Management of Patients/Handover Guide V1	Failure to adequately observe a patient Failure to safely observe / manage multiple patients Inadequate skills level of the HALO resulting in ineffective observation / management Failure to report near misses or actual incidents Inability to provide medicinal support Unavailability of clinical equipment for patient monitoring Risk in continuity of patient care and handover of care Patients remain in non-patient areas (I.e. corridors) may become cold Dignity to patient affected Hospital clinical staff not fully engaging in patient handover Volume of patients in the department at any one time HALO expectation to undertake work not within their remit due to lack of capacity of Hospital No funding to cover sickness and annual leave of HALO	Full review of HALO provision in line with contractual requirements		

	Strategic Objective 2 :A great place to work for all
	Lead Director: Kim Nurse

	Risk Description *What might happen if the risk materialises*	**Assurance** *Evidence that the controls are effectively implemented*	**Gaps in Assurance**	*Mitigating Actions*	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*
WF-026	Increased Staff working from Home during COVID-19	DSE Policy and Procedures Self-Assessment form for Staff to complete if experiencing issues – this will be forwarded to Line Manager and reviewed via Risk as per standard process HS-027 - Risks associated with the use of Display Screen Equipment Staff who have had existing supportive equipment identified through previous assessments, are able to use this equipment at home, support provided where required to transport equipment to home Staff who work from home to be paid £26 per month to assist with bills All Dept. have regular meetings via Microsoft Teams to ensure wellbeing and that any issues are raised in a timely manner Regular information in weekly briefing regarding mental health and management Access to Trust Mental Wellbeing practitioner for support for concerns regarding feeling isolated Access to free Apps and Mental Wellbeing resources on the COVID section of the intranet Dept. Heads have identified Staff who have had previous issues and identified any needs Video resources available for exercises to support appropriate posture and daily exercises Support available from Trust Physiotherapist team for advice/support via phone/skype consultations COVID Secure in the Workplace work undertaken which will identify where there are opportunities for any Staff (who may be at greater risk via working from home) to return to the workplace Regular contact with HSE to ensure adherence to guidance and relevant	Postural issues resulting in discomfort and/or injury Unsuitable workstation and equipment used Increased costs due to Staff requesting further equipment due to unsuitability of work set up at home Staff failure to report any issues and requirements in a timely manner Equipment issues – technical, failure, software problems Staff familiarity with equipment and inability to have hands on training Confidentiality issues if family members are within proximity Efficiency and productivity issues concerning tasks Increased mental health concerns as Lone Working Staff may feel isolated and not part of the "team" due to working remotely Potential financial issues regarding increased electricity, WiFi and other utility bills Social distancing issues meaning that specific assessments of the workstation cannot be completed in the home Possibility of Staff undertaking temporary working from home and office, could increase risk of infection Training and Inducting any new members to the Team	Consideration for DSE Assessments to be conducted via Microsoft Teams Existing DSE Policy (including Self-Assessment Checklist) to be reviewed in light of COVID		

		actions are appropriate TEAM Prevent can conduct consultations over the phone Weekly Brief article including guidance for working from home with links to intranet page on good practice IT have secured the Avaya app and provided headsets to all staff so their desk phones can be dialled in and out through their computers avoiding the need for them to use their personal phones for any calls and headsets assisting with posture when answering calls				
ORG-078	COVID-Secure in the Workplace	Working Safely during COVID-19 in Ambulance Service Non-Clinical Areas document Providing support for workers around mental health and wellbeing. This could include advice or telephone support. Engagement with Diversity Lead and relevant groups BAME Staff Risk Assessment highlight controls and action Where reasonably practical reducing the number of people each person has contact with by using 'fixed teams or partnering' Microsoft Teams and Zoom used for meetings – social platforms and digital integration – including daily calls between Teams "Business as Usual" key meetings online including PSG and HSRE Increased cleaning provision on site Continue to monitor vehicle and premise cleanliness at HSRE Workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19. Wearing a face covering is optional and is not required by law, including in the workplace. If Staff choose to wear one, it is important to use face coverings properly and wash your hands before putting them on and taking them off. Using back-to-back or side-to-side working (rather than face-to-face) whenever possible. Trust Pandemic Flu Plan based on National Guidance Trust REAP and Surge Plan Trust Major Incident Plan	High staff sickness rate – at all levels across the Trust – higher likelihood of Operational Staff due to Patient contact Reduction in resource due to Staff isolation Patient harm resulting from reduced ability of Trust to attend lower acuity calls Significant increase of calls to 111 resulting in potential further delays Staff morale due to sudden escalation of virus Other workforce implications based on restrictions of movements – schools, transport, other workplaces etc Backlog resulting from cancellation of non-essential work, which will require addressing in recovery phase Critical service impact – As per BCI Guidelines Potential service failure – As per BCI Guidelines Organisational reputation – As per BCI Guidelines Potential legal action against Trust – As per BCI Guidelines Delay in update of information from external organisations Staff confusion regarding management of existing conditions/health issues Risk of Staff transmission of virus in high risk areas such as Academy, 999 & 111 EOC's, Training environments and Communal area	Consideration to be given to stagger start and end times to reduce workflow and potential contact/non adherence to social distancing for support functions Staff Consideration for Training to revise and review approach to include; •Virtual learning platforms and remote working tools. •Staggering practical assessment/ skill station access to limit the numbers of students in the area •Group work should be undertaken in line with social distancing principles, with considerations for working side by side instead of face to face •Avoiding transmission during training sessions, for example, avoiding sharing pens and other objects. •Use of surgical masks when social distancing cannot be adhered too Both Operationally and in EOC's consideration to be given to implement where possible; •Working collaboratively with landlords and other tenants in multi-tenant sites/buildings to ensure consistency across common areas, for example, receptions and staircases.		

		Strategic Command arrangements – Daily Strategic Command Team Meetings, 7 Days a week Trust Business Continuity Arrangements The CEO remains the national strategic advisor to NHSEI and DHSC on ambulance services, resilience and now COVID-19 for the ambulance sector This Trust has put in place our full Command and Control arrangements overseen and led by the CEO, including 999/SCC/111/Duty Manager/NILO/TIC/Gold Commanders/NACC/NARU Clear perspex partition screens installed between workstations in EOC's for suitability (100cm wide x 60cm), screens also installed in reception areas at MP and 111 Introduction of Clinical and Symptomatic checks at entry to EOC's (999 & 111) and Academy - Department leads to ensure all screening checks and results such as symptoms and temperatures are recorded and stored for future reference Home testing now carried out for Operational Staff who are currently off with symptoms On entry to reception of Millennium Point, a walkway has been created to ensure staff have to use hand gel before entering the main building There is a further requirement to use hand gel before entering the call centre within the building at HQ Each workstation has clinical disinfectant wipes and hand gel available. Staff are encouraged to use these regularly and as a minimum clean their workstation each time they leave and return to it Spaced EOC staff as much as possible to increase personal distancing though it is accepted that at peak times this will not always be possible Any EOC staff who feel they are more vulnerable are afforded the opportunity to work in one of the quieter areas, which are only used at peak times Partition created in IT at HQ to ensure Staff adhere to social distancing and do not enter area Each Department determined clinically vulnerable/extremely vulnerable Staff members who should continue to work from home in line with Government		•Staggering break times to reduce pressure on break rooms or canteens. •Using safe outside areas for breaks. •Creating additional space by using other parts of the workplace or building that have been freed up by remote working. •Consider installing screens to protect staff in public facing receptions or similar areas. •Encouraging workers to bring their own food, to •prevent the need to go out to get food/ drink. •Encouraging staff to remain on-site and, when not possible, maintaining social distancing while off-site •Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions. •Individual capacity assessments for each Crew/Mess Room • Ensure people tidy away and clean any equipment, crockery and cutlery after use. •Regulating use of locker rooms, changing areas and other facility areas to reduce concurrent usage. •Encouraging storage of personal items and clothing in personal storage spaces, for example, lockers and during shifts. •Use of surgical masks when social distancing cannot be adhered too• Operational Staff awareness when in vehicles and responding to calls; •Limit unnecessary time in confined cab areas •Limit non-essential people in Trust vehicles •Where reasonably practicable consider reducing the number		

		Guidance Each workplace has been reviewed to determine capacity for returning Staff ensuring this still follows Government guidelines i.e. 2 metres apart, social distancing etc •Review layouts and processes to allow people to work further apart from each other. •Using floor tape or paint to mark areas to help workers keep to a 2m distance •Only where it is not possible to move workstations further apart, arranging people to work side by side or facing away from each other rather than face-to- face. •Only where it is not possible to move workstations further apart, using screens to separate people from each other. •Managing occupancy levels to enable social distancing. •Avoiding use of hot desks and spaces and, where not possible, for example, call centres or training facilities, cleaning workstations between different occupants including shared equipment Reasonable adjustments are made as required by individual Staff e.g. disability, learning needs etc Consideration whether provision for screens in other work areas is required and practicable Introduction of COVID-19 Safety Checkpoints as per Working Safely during COVID-19 in Ambulance Service Non Clinical Areas, to include relevant signage and equipment Markings and introduction of one-way flow at entry and exit points. Workplace cleanliness review meetings continue remotely to ensure early escalation of issues and matters arising		of people each person has contact with by •using 'fixed teams or partnering' (so each person works with only a few others •Use of surgical masks when social distancing cannot be adhered too Estates to review 4.1 of Working Safely during COVID-19 in Ambulance Service non-clinical areas including; •Encouraging visits via remote connection/working where this is an option. •Where site visits are required, site guidance on social distancing and hygiene should be explained to visitors on or before arrival. •Limiting the number of visitors at any one time. •Limiting visitor times to a specific time window and restricting access to required visitors only. •Determining if schedules for essential services and contractor visits can be revised to reduce interaction and overlap between people, for example, carrying out services at night. •Maintaining a record of all visitors, if this is practical. •Revising visitor arrangements to ensure social distancing and hygiene, for example, where someone physically signs in with the same pen in receptions. •Use of surgical masks when social distancing cannot be adhered too Existing ventilation to be reviewed checking whether servicing or adjustment ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels.		

| | | | | Where Teams receive and/or deliver external packages, consideration and action for the below;

Revising pick-up and drop-off collection points, procedures, signage and markings. Incorporating non-contact deliveries wherever possible

Where reasonably practicable consider reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others)

•Where possible and safe, having single workers load or unload vehicles
•There is no requirement to quarantine paper records or wear gloves when handling
•Staff who are processing paper patient care records should avoid touching their face and regularly wash hands or use hand sanitiser
•Considering methods to reduce frequency of deliveries, for example by ordering larger quantities less often.
•In supplies warehouses consider using markings and
•introducing one-way flow systems to prevent congestion Providing handwashing facilities or hand sanitiser where not possible, at entry and exit points
Use of surgical masks when social distancing cannot be adhered too | | |
|---|---|---|---|---|---|---|

Strategic Objective 3 : Effective Planning and use of resources
Lead Director: Linda Millincamp

	Risk Description *What might happen if the risk materialises*	Assurance *Evidence that the controls are effectively implemented*	Gaps in Assurance	Mitigating Actions	Board Review – Tolerance and Appetite	Action Required (with timescale to complete) *Gaps in Controls or Assurance*
SR-2	SR-2 The Trust fails to meet its financial duties	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 Standing Financial Instructions and Scheme of Delegation Policies and Procedures Audit Committee Internal Audit Plan Monitoring throughout the committee structure up to EMB and Board level Cost Improvement Programme including close monitoring (long term) Resources Committee Senior Efficiency Group Capital control group Close working with commissioners Reviewing cost base of all services More "pro-active" information provided to operations - e.g.. re overtime working Business Case process for all significant change projects External Audit Review	That patient activity rises at a rate that cannot be contained within the Trust's cost base Tariff requires year on year efficiency improvements – e.g. 17/18 and 18/19 = 2%, but 19/20 and following 3 years is 1.1%. The change in planning and commissioning of services on a national basis, particularly with reference to STPs, could destabilise the Trust's current business model. A&E Departments change top "blended approach" in 2019-20. The current Senior Finance team are due to retire from the Trust during the same time period Increase in incidents with miscellaneous coding (IMC) continue to run above the norm established by Commissioners. Further appeal against the "Flowers" judgment not allowed or unsuccessful. .	Continuing review of Trust's workforce plan, Restrictions on external agencies and senior manager overtime. Seek additional income through local partnership working Twice Yearly Efficiency Reviews Monitor achievement of the CQUIN schemes Maintain engagement with local STPs Senior Finance staff to keep up to date on all technical issues Compliance with NHSI's Use of Resources Framework Consider Succession Planning and partnership working/outsourcing Continue to monitor and implement additional controls to reduce IMC and work with Commissioners to identify additional support to prevent category 3 and 4 patients deteriorating. Risk split as "normalised" level, accepted by commissioners. Discussions with commissioners to fund additional pay costs incurred for holiday pay and to fund on an ongoing basis		
FI-009	Patient activity varies at a rate that cannot be contained within the Trust's cost base	Financial policies and procedures in place SFIs, Scheme of Delegation, Standing Orders Long term financial planning processes	n both short and long term financial pressures become apparent – on revenue budgets, on cash, on ability to pay creditors and on capital programme. Trust starts failing financial targets. In extreme cases – may have adverse clinical impact as Trust seeks to resolve issue in unplanned fashion.	Closer working between finance, commissioning, and performance, including proactive reporting Continued liaison with WM Commissioners		

		Annual cycle of budgetary control and support Resources Committee reviews Efficiency audits Reviews by internal and external audit Monthly Management Accounts Workforce Planning – Finance/HR/Ops	Risk is essentially that the response to unplanned levels of activity is high cost of (overtime and agencies) – so putting Trust in potential position of failing to cover its marginal costs. The Director of Finance needs to monitor spending decisions made at operational level more closely and more quickly.	Review of workforce plan required Agreed plan embedded in the budget. Staffing budgets should be reviewed to match expected EMB On going Quarterly workforce planning meetings link between staffing requests and activity will be closely monitored in–year EMB Contract activity monitored monthly		
FI-023	The current Senior Finance team are due to retire from the Trust during the same time period	Middle Management tier support Outsourced ledger management Professional training support	Loss of specialist expertise and knowledge and corporate memory.	Succession Planning. Consider partnership working and outsourcing. Finance Department structure updated to ensure continuity planning in place Professional training plans in place for intermediate and senior Level staff Appointment of Chief Financial Accountant		
FI-025	Further appeal against the "Flowers" judgment not allowed or unsuccessful will result in a financial risk to the Trust.	National funding required	Significant increase in unfunded pay costs.	Continually monitored by Resources Committee, EMB and Board Continued Ambulance Service national support for the appeal		
ORG-056	Continuity of Business in the result of a "No Deal" Brexit for the supply of services and goods	Trust Brexit Task and Finish Group Contracts in place with suppliers and manufacturers, covers both medicines and consumables Department of Health statement states that medicines are protected from supply chain breakdown Relevant stock to cover 2 week period ORG-044-V5 Availability of Drugs (Trust Risk Assessment) Sufficient stocks of Medical equipment and spares to cover all vehicles Procurement of essential Fleet stocks to mitigate potential shortages Increase in Bunker fuel restock to a more regular timetable, forecourt fuel cards also available to all vehicles Advice from central Government on relevant actions to be taken Alternative medicines and consumables reviewed regularly Training plans if any changes to process required	Potential Patient Safety risks – medicine, equipment, medical consumables Lack of supply of goods – medicines, equipment, consumables (medical or non-medical) Lack of supply of services Inflationary Pricing Risk against Contracts supported by the EU in relation to supply of goods and services Staff confusion and potential morale issues Potential litigation Adverse publicity	Full review of all effected Trust Department processes once a decision is announced Continue to review any statements/guidance released from relevant Organisations		

Strategic Objective 5 :Collaboration and Engagement
Lead Director: Pippa Wall

	Risk Description *What might happen if the risk materialises*	Assurance *Evidence that the controls are effectively implemented*	Gaps in Assurance	Mitigating Actions	Board Review – Tolerance and Appetite	Action Required (with timescale to complete) *Gaps in Controls or Assurance*
WF-025	Positive Action for BAME staff during COVID-19	Staff have access to Health and Wellbeing advice, Mental Health Advisors and other relevant individuals For Frontline (patient facing) staff in contact with Symptomatic/Asymptomatic patients the trust has agreed that individual dynamic risk assessments for every case allowed for all crew and the level of PPE they feel appropriate for the case Specific considerations on an individual basis for staff who have religious or personal beliefs or who wear a headdress or turban where reasonable adjustments are required are noted on Risk Assessment IPC-030 Use of Powered Respiratory Protective Hood/Equipment (PRPH) Relevant hand hygiene methods available at entry and exit to Trust sites – as well as every desk on site, gel, wipes, tissues Heads of Departments to give serious consideration to alternative methods of working such as remote working, virtual learning and utilisation of other Trust premises such as Training rooms, to ensure compliance with Government guidance of social distancing. Consideration of emerging evidence that some BAME staff groups may benefit from taking supplements / vitamins such as vitamin D Covid 19 action card factors in the specific risks to BAME staff. The risk assessment (Appendix 3) should take in to account underlying factors which could be a contributory factor to increased hospitalisation/mortality as a result of contracting Covid -19 Letter attached to the risk assessment for staff to complete, discuss with their	High staff sickness rate – at all levels across the Trust – higher likelihood of Operational Staff due to Patient contact Reduction in resource due to Staff isolation Staff morale due to sudden escalation of virus Other workforce implications based on restrictions of movements – schools, transport, other workplaces etc Organisational reputation – As per BCI Guidelines Potential legal action against Trust – As per BCI Guidelines Difficulties in maintaining social distancing whilst undertaking role, for example traveling in the front of an E&U Ambulance	Raise awareness around Incident Reporting – review and analyse incident reports received for actions and trends Awareness document for Staff on importance of reporting (notice, briefing article)		

		manager and send to the Occupational Health Provider - A final report on the risk to the BAME staff member will then be sent to the HR action. Targeted awareness raising of the risk assessment process through the ONE network Prioritising BAME staff and their families for Covid testing, where requested. Engagement with other Ambulance Trusts and NHSE/I on best practice models for BAME staff				

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

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 20   MONTH: JULY 2020   PAPER NUMBER: 17

Board of Directors Schedule of Business (And Council of Governors schedule of business)	
Sponsoring Director	Prof. Ian Cumming
Author	Governance Director & Trust Secretary
Purpose	The Board are requested to review the contents of the attached and approve the schedule of business for the year ahead.
Previously Considered by	Not Applicable
Report Approved By	The Chair of the Board of Directors

Executive Summary

The workplan of the Board is attached, also included are those development sessions that are considered appropriate for members of the Board of Directors to maintain their knowledge and skills.

The workplan of the Trust should also align with the workplans of its Committees and will require review in line with any changes in the governance structure and the Terms of Reference of the Committees.

The schedule of business is normally the responsibility of the Chair of the Board of Directors and facilitated by the Trust Secretary in consultation with EMB. It is intended, following comments made at meetings of the Board Committees that the schedule will be further reviewed to enable papers to be submitted to the Board and its Committees in a timely fashion and avoid duplication, and directors of the Trust have been requested to review the content to make sure that it is correct, relevant and timely.

Related Trust Objectives/ National Standards	All Trust Objectives
Risk and Assurance	The Code of Governance states that it is the Chair's responsibility for ensuring that directors (and governors) receive accurate and timely and clear information that is appropriate for their respective duties The Chair should ensure that the Board receives timely and considered papers, this schedule is a means of establishing specific standards in the preparation of the board papers.

	Without a robust schedule of business The Board would function inadequately without appropriate and timely information.
Legal implications/ regulatory requirements	The schedule as aimed at ensuring compliance with all regulatory requirements
Financial Implications	The schedule of business should be influenced by the Trust's financial and strategic planning and also compliance regimes to which the Trust is subject.
Workforce Implications	Workforce matters, such as the Staff Survey are included in the schedule of Business.
Communications Issues	Dates of Board of Directors meetings are advertised on the website and key partners are advised of the dates.
Diversity & Inclusivity Implications	Equality Impact Assessment complies: Equality Impact Assessment is not applicable and will be undertaken in relation to projects and programmes.
Quality Impact Assessment	Not applicable for this report
Data Quality	The schedule is influenced by the reporting and planning requirements of the Trust.

Action required

The Board of Directors are requested to review the contents of the schedules attached and if appropriate approve the schedule of business for the year ahead.

	Board Schedule of Business		Lead	27/07/20	Aug-20	30/09/20 Strategy Day	28/10/20	25/11/20 Strategy Day	Dec-20
Standing Items									
Apologies			Chair	✓			✓		
Declarations of Interest			Chair	✓			✓		
Minutes of Previous Meetings			Chair	✓			✓		
Board Action Log			Chair	✓			✓		
Chair's Report			Chair	✓			✓		
CEO report			ACM	✓			✓		
Risks arising from meetings			All	✓		✓	✓	✓	
Care Quality and Safety									
Annual reports	Patient Experience Report	Report through QGC	MD	✓					
	EDI Annual Report	Report through QGC	PB						
	Safeguarding Report	Report through QGC	MD	✓					
	Infection, Prevention and Control Report	Report through QGC	MD	✓					
	Patient Safefy, Duty of Candour and Serious Incidents Report	Report through QGC	MD	✓					
	Research and Development Report	Report through QGC	CC	✓					
	Medicinces Management Report	Report through QGC	MD						
	Accountable Officer for Controlled Drugs Report	Report through QGC	MD	✓					
	Annual staff survey report	Report through QGC	KN	✓					
	Physical and Verbal Assaults to Staff Report	Report through QGC	PH	✓					
	Better Births Annual Report	Report through QGC	MD	✓					
	Freedom to Speak Up Report		MD				✓		
Quality Impact Assessment Report (and also any Equality Impact Assessment) Relating			LJM/AW						
Governance									
Annual Governance Statement as part of the Annual Report	Confidential		LJM						
Annual Budget (including capital programme and CIP programme) - Draft			LJM						
Annual Budget (including capital programme and CIP programme) - Final			LJM						
Review Board Assurance Framework and Significant Risks			PH/CK	✓			✓		
Review of Register of Seals			PH				✓		
Review of Standing Orders and SFIs as required	Report through Audit Committee								
Reports from Commitee Chairs	Audit Committee		WFC	✓			✓		
	Annual Report of Audit Committee		WFC	✓					
	Rescources Committee		CW	✓			✓		
	Quality Governance Committee		JI	✓			✓		
	Remuneration and Nominations Committee		IC	✓			✓		
Review of Terms of Reference to Committees of the Board			PH						
Annual Review of Self Assessement of Committees of the Board and their membership			PH						
Review of Goverance structure of the Trust			PH						

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

Item		Classification	Lead						
Staff Survey Action Plan Quarterly Review		Report through QGC	KN	✓			✓		
Staff Survey Action Plan Annual Outcome Report		Report through QGC	KN						
NHS Resolution Annual Scorecard		Confidential	MD						
Update on NARU - KP to attend		Confidential	KP						
Annual Reports	Annual Report on Health and Safety, including fire safety	Report through QGC	CK/PH						
	Annual Report on procurement	Report through Audit Committee	LJM						
Serious Incidents report		Confidential	MD/ST	✓			✓		
Claims & Coroners Report		Confidential	MD/MK	✓			✓		
Trust Information Pack									
Regular performance KPI based exception reports covering:				✓			✓		
Finance including CIPS and Capital Programme			LJM	✓			✓		
Corporate Indicators			PH	✓			✓		
Clinical Indicators			MD	✓			✓		
Operational Key Perforamnce Indicators			CC	✓			✓		
Workforce Indicators			KN	✓			✓		
Strategy & Engagement									
People Strategy (review Sept 2019)			KN				✓		
Operational Strategy (review Sept 2019)			CC						
Clinical Strategy (review Sept 2019)			MD						
Quality Strategy (review Sept 2019)			MD						
Stakeholder Engagement Strategy (review Sept 2019)			PW/MM						
Commissioning Strategy (review Sept 2020)			MD						
Commercial Services Stragegy (review Sept 2020)			MB						
Operating Model			CC			✓			
HART, Academy, West Brom Estate Strategy			CC			✓			
FTSU Strategy			MD						
Risk Management Strategy			PH						
Fleet Strategy			CC						
Research Strategy			CC						
Commissioning Intentions			MD				✓		
Operating Plan (NHSI Submission)			PW						
Finance Strategy			LJM						
5 Year Strategic Plan			PW						
Regulatory, Guidance or Contractual									
Annual Audit Letter ISA 260		Confidential	Auditors						
Annual report and accounts		Confidential	LJM						
Quality Account Approval			PW/AP						
Review of Register of Interests - Directors			PH						
Data Security and Protection Toolkit (March - review, October - conf.of submission)			PH/CK				✓		
GDPR/Data Protection Officer Report			PH/CK						

Item	Lead	Role						
Learning From Deaths Report		MD/ST	✓			✓		
Workforce Race Equality Standard data report for publishing		CEO			✓	✓		
Public Sector Equality Duty Report		CEO						
Licence Conditions		PH						
Annual Meeting of Members - Agenda Approval		PH						
Board Developments								
Safeguarding and Prevent	Rob Cole	Chair						
General Data Protection Regulation (GDPR)	Chris Kerr	Chair					✓	
Directors role in Inclusion and Diversity	Pam Brown	Chair						
WRES Updates and Training	Pam Brown	Chair						
Patient Safety, Duty of Candour and Serious Incidents	Simon Taylor	Chair						
Research Development	Andy Rosser	Chair					✓	
GGI Board Development Session - Darren Grayson	Chair	Chair						
Downside Scenerio Planning	Mark Docherty/Linda Millinchamp				✓			
Miscellaneous Items								
Winter Plan		CC			✓			
Festive Plan		CC					✓	

Council of Governors Schedule of Business

The proposed schedule of business for the Council of Governors for the year ahead is tabled below. The views of Governors are requested, and we would be grateful if you could note the dates in your diaries.

The Membership and Governor Engagement Officer keeps the schedule up-to-date and any amendments will be reported to each meeting of the Council of Governors. The schedule should complement the business of the Board and its committees.

2020/21	Session Type	Salient Items of Business
27 July 2020	Council of Governors	• *Appointment of Lead Governor and Deputy Lead Governor* • *Consider the re-appointment of Non-Executive Directors*
16 September 2020	Governor Development Day	• *TBC*
18 November 2020	Council of Governors	• *Council of Governors Self-Assessment* • *KPI and Auditors* • *Consider the re-appointment of Non-Executive Directors*
January 2021	NEW Governor Induction	• *Induction*
February 2021	Council of Governors Meeting	• *Budget* • *Operational & Strategic Plan* • *Quality Account*