West Midlands Ambulance Service
University NHS Foundation Trust

AGENDA

TITLE OF MEETING: Meeting of the Board of Directors

Wednesday 28 July 2021 at 10.00 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 (Chairman)
Prof. A C Marsh*	CEO	Chief Executive Officer
Ms W Farrington Chadd*	WFC	Non Executive Director (Deputy Chair)
Ms C Beechey	CB	People Director
Mrs L Bayliss-Pratt*	LBP	Non Executive Director
Mr C Cooke*	CC	Director of Strategic Operations and Digital Integration
Mr M Docherty*	MD	Director of Nursing and Clinical Commissioning
Mr M Fessal*	MF	Non Executive Director
Mrs C Finn*	CF	Director of Finance
Mr M Khan*	MK	Non Executive Director
Mr V Khashu	VK	Strategy & Engagement Director
Mrs N Kooner*	NK	Non Executive Director
Mr M MacGregor	MM	Communications Director
Dr A. Walker*	AW	Medical Director

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

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

In attendance

Ms K Freeman	KF	Private Secretary – Office of the Chief Executive
Mr P. Higgins	PH	Governance Director & Trust Secretary
Ms R Farrington	RF	Staff Side Representative

All attendees to this meeting must be aware that access may be given to all minutes and associated documents under the Freedom of Information Act 2000.

Item No	Description	Lead	Paper No/ Comments
01	**Welcome, apologies and Chairman's matters**	Chairman	Verbal
02	**Declarations of Interest**		
	To enable declarations of any conflict of interest members may have in relation to any matters contained within the agenda for this meeting.	Chair	Verbal
03	**Any Questions from the Public relating to matters to be discussed at this Board of Directors meeting.**	Chair	Verbal
04	**Board Minutes**		
04A	To agree the Minutes of the meeting of the Board of Directors held 26 May 2021	Chair	Paper 01
04B	**Correction to the Quality Report submitted to the last meeting.** The Board are requested to note the following amendment to commentary in the Quality Report submitted to the last meeting, the report should have stated: "Of all the patients in England that waited on ambulances on that day (05 May 2021), 22% waited outside three of the hospitals run by UHB and an additional 8% waited outside two hospitals run by the Shrewsbury & Telford Hospitals NHS Trust (SaTH); 40% of all the patients being held on ambulances in one day took place outside emergency departments in the West Midlands". " Of all the time lost in England due to patients waiting on ambulances on that day (05 May 2021), 46% of the time was lost outside three of the hospitals run by UHB and an additional 11% outside two hospitals run by the Shrewsbury & Telford Hospitals NHS Trust (SaTH); 65% of all the time lost due to patients being held on ambulances in England in one day took place outside emergency departments in the West Midlands". The report was updated with the correct information after the meeting and in the spirit of transparency the Board are requested to note the amendment to the published report.	MD	Verbal
04C	Board Action Log	Chair	Paper 02
05	**Chief Executive Officers Update Reports**		
05a	To receive the report of the Chief Executive Officer.	CEO	Paper 03a

Item No	Description		Lead	Paper No/ Comments
	Action	To Receive and note the contents of the paper seeking clarification where necessary.		
05b	Clinical Validation of Category 3 & 4 Patients			
	The Trust Secretary wrote to the Board of Directors on 20 July 2021 stating that given the current demand pressures and the significant number of patients consistently waiting for help there is a requirement to revise the current operating model in order to take a different approach to meeting the needs and requirements of patients dialling 999. It was in the light of this situation that the attached paper was reviewed at an extraordinary meeting of the EMB this afternoon (20 July 2021). The EMB unanimously approved the proposals and recommended the Board to approve the establishment of a Clinical Validation team into the EOC to provide clinical validation of category 3 and 4 patients as detailed in the reports attached; so that the Trust can respond more expeditiously to those patients that do require an ambulance response. The reason for urgency in relation to this matter is to enable the appointments to the Clinical Validation Team within EOC as soon as possible if approved. Given the urgency of the situation in terms of increasing patient demand and the pressures this is placing on the service there is a need for the Board to expedite this matter urgently. Can I therefore ask that if you have any objections to the proposals which are set out in more detail within the papers submitted, then please let me know by 4pm tomorrow (21 July 2021). If we do not hear from you we will proceed to implement to proposal. Clearly this is an operational matter but it was felt essential to ensure the Board had sight of and agreed the proposed changes in how the Trust responds to calls from its patients. No objections were received so the Board of Directors are therefore now requested to approve the action taken in implementing the proposals.		CEO	Paper 03b
05c	Executive Scorecard relating to performance for the month of June 2021		CEO	Paper 03c
	Action	To receive the Executive Scorecard		
05d	Covid Update		CEO	Paper 03d
	Action			

Item No	Description		Lead	Paper No/ Comments
		To receive the monthly Covid update for the months of May 2021 and June 2021		
05e	Covid 19 – PPE Guidance from Public Health England		CEO	Paper 03e
	Action	To receive and note the contents of the Report		
05f	REAP 4/ Surge 3 evaluation Update		CEO	Paper 03f
	Action	To note the update		
06	**Report of the Director of Finance**			
06a	A financial update from the Director of Finance.		Director of Finance	Paper 04
	Action	To receive a report on the financial position of the Trust from the Director of Finance.		
07	**Quality Reports**			
07a	A report of the Director of Nursing and Medical Director including Serious Incidents Update and Learning from Deaths Report.		Director of Nursing and Clinical Commissioning & The Medical Director.	Paper 05a
	Action	To receive the report		
07b	Board Assurance Framework		Director of Nursing and Clinical Commissioning	Paper 05b
	Action	To receive and approve the Board Assurance Framework		
07c	Safeguarding Update		Director of Nursing and Clinical Commissioning & People Director	Verbal
	Action	To receive and note the update		
08	**Reports of the Director of Strategic Operation and Digital Integration**			
08a	Operational Performance Update		Director of Strategic Operations and Digital Integration	Paper 06a
	Action	To receive the report		
08b	Winter Plan		Director of Strategic Operations and Digital Integration	Paper 06b
	Action	To receive and approve the updated plan		
08c	DSPT Submission Update		Director of Strategic Operations and Digital Integration	Verbal
	Action	To receive and note the update		
08d	Business Continuity Policy			Paper 06c

Item No	Description		Lead	Paper No/ Comments
			Director of Strategic Operations and Digital Integration	
	Action	To receive and note the report		
09	**Reports of the People Director**			
09a	HWB Strategy		People Director	Paper 07a
	Action	To approve the Strategy		
09b	Trade Union Facility Time		People Director	Paper 07b
	Action	To receive and note the report		
09c	Equality, Diversity and Inclusion Strategy 2021 to 2025		People Director	Paper 07c
	Action	To approve the content		
10	**Reports of the Strategy & Engagement Director**			
10a	National Ambulance Service Improvement Faculty / Quality Improvement within the Trust		Strategy & Engagement Director	Paper 08a
	Action	To receive and note the report		
10b	Covid 19 – Lessons Identified one year on – Action Plan		Strategy & Engagement Director	Paper 08b
	Action	To receive and note the report		
11	**Review of Committees**			
	Action	To approve the content	Chair	Paper 09
12	**Board Committee Meeting Minutes**			
	Action	a) Audit Committee - To receive the Minutes of the Meeting held on the 19th May 2021. b) Quality Committee – To receive the Minutes of the Meeting held on 24th March 2021 c) People Committee - To receive the Minutes of the Meeting held on 18th March 2021	Respective Chair of Committee	Paper 10a Paper 10b Paper 10c
13	**New or Increased Risks Arising from the Meeting**			
	Action	To receive and note the risks	Chair	Verbal
14	**Board of Directors Schedule of Business**			

Item No	Description		Lead	Paper No/ Comments
	To receive the Schedule of Business and Development Sessions		Secretary	Paper 11
	Action	To review and note the Board Schedule of Business		
15	**Any Other Business** (previously notified to the Trust Secretary)		Chair	
16	**Review of Guiding Principles**		Secretary	Circulated by email for response
17	**Date and time of the next meeting:** **The next meeting will be on** **Wednesday 27th October 2021 at 09:00 hours**		Chair	

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

Minutes of the Meeting of the Board of Directors held on 26 May 2021, at 1030 hours, via Microsoft Teams

Present:

Prof I Cumming*	Chairman	Non-Executive Director (Chairman)
Prof A C Marsh*	CEO	Chief Executive Officer
Mrs W Farrington-Chadd*	WFC	Non-Executive Director (Deputy Chair) Non-Executive Director
Ms Lisa Bayliss -Pratt*	LBP	People Director
Ms Carla Beechey	CB	Non-Executive Director
Mr Mohammed Fessal*	MF	Director of Finance
Ms Claire Finn*	CF	
Mr M Khan*	MK	Non-Executive Director
Mrs N Kooner*	NK	Non-Executive Director (part of the meeting)
Mr M Docherty*	MD	Director of Nursing & Clinical Commissioning
Mr M MacGregor	MM	Communications Director
Mr C Cooke*	CC	Director of Strategic Operations & Digital Integration
Mr V Khashu	VK	Strategy & Engagement Director
Dr A Walker*	AW	Medical Director

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

In attendance:

Ms K. Freeman	KF	Private Secretary – Office of the Chief Executive
Mr K. Prior	KP	NARU Director (part of the meeting)
Mr P. Higgins	PH	Governance Director & Trust Secretary
Ms R Farrington	RF	Staff Side Representative
Ms B. Kozlowska	BK	Head of |Organisational Development (Part of the meeting)
Ms U. Ramnatsing	UR	Learning and Development Manager (Part of the meeting)

05/21/01	**Chairman's Introductions, Apologies and Announcements**	
	The Chairman opened the meeting by reporting to the Board of Directors on the salient matters considered at the recent meeting of the Council of Governors, and in particular: • Becci Bryant has stepped down from the Council of Governors, where she represented the emergency services. due to leaving the post of Chief Fire Officer in Staffordshire. The Emergency Services Governor seat has been deleted as part of the reduction in the size of the Council. The Chairman took the opportunity on behalf of the Board to thank Becci for her service and her commitment to the role of Governor.	

	• The Chairman stated that the Governors have agreed to amend the Constitution of the Trust moving to elections every three years, rather than retirement by a third. To enable this to happen the current Governors will remain in office until December 2022 when there will be elections. This is a change to the Constitution. There were no objections by members of the Board to this amendment. • The Governors had also agreed to extend Eileen Cox position as lead Governor for a further year until December 2022. The Chairman paid tribute to the support and commitment of Eileen in the role of Lead Governor, and in doing so also thanked the Council of Governors who are volunteers for their commitment and support during this unprecedented time for the Trust and the NHS. The Chairman asked the Board to approve for publication the Trust Charter of Expectations which has been previously circulated to members for review. This document provides the Board and Governors with a useful reference book. The Chairman further reported that the annual Fit and Proper Persons declarations and associated checks have now been completed and received for all appropriate Directors and Board members. The Board was asked to note that the date of the Annual Meeting of the Council of Governors and the Membership will be held on Wednesday 28th July 2021 and the draft agenda was submitted for approval. The Board approved the Agenda. Finally, the Chairman took the opportunity to report that the Remuneration and Nominations Committee have met on three occasions since the last meeting of the Board and its items of business were: • CEO end of year appraisal and consideration of the Bonus Scheme. • Approved a special payment for approval by the Treasury for a non Board employee of the Trust. • Received a report from an external consultant on the review of Executive Director Remuneration. The Board received the Chairman's update.	
05/21/02	**Declarations of Interest**	
	There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda.	

05/21/03	**Review of Registers**	
	The following Registers required under Regulations were received and noted by the Board: a. Registers of Directors Interests b. Registers of the Governors Interests	
05/21/04	**Questions from the Public**	
	There were no questions submitted.	
05/21/05	**Board Minutes**	
	To agree the Minutes of the meeting of the Board of Directors held 31 March 2021, and the Extraordinary meeting held on 28 April 2021.	
	Resolved:	
	That the submitted minutes of the ordinary meeting held on 31 March 2021, and the Extraordinary meeting held on 28 April 2021 be approved as a correct record of those meeting	
05/21/06	**Board Log**	
	The Board Log that contains the schedule of matters upon which the Board have asked for further action or information to be submitted. Matters on this log can only be deleted through resolution of the Board. (For the avoidance of doubt unless specified below all matters contained on the Board log will remain on the log until the Board resolves that the matter can be discharged). **03/21/08 Executive Scorecard:** That the Trust Secretary review the data source in relation to the Workforce Performance scorecard and advise the CEO Completed. The accuracy of the workforce figures was raised with the People Director who has liaised with the person compiling the data and both are assured of the revised figures provided and on this basis the action could be deleted from the Action Log **03/21/25 Risk Appetite Statement:** The Board agreed that a future strategy session would be arranged on risk appetite and compound risk. The Trust Secretary would add this to the forward planner. Completed. The Head of Risk will facilitate a discussion with the outcome feeding into developing the Trust Risk Management Strategy at the Board Strategy Briefing on 30 June 2021. On this basis the Board agreed to discharge this item from the Board log.	

	03/21/26 Board Assurance Framework The Director of Nursing & Clinical Commissioning was to arrange for the handover delays risk to be reviewed. The Head of Risk has reviewed the Handover Delays and this review has been reviewed at the Trusts Health Safety and Risk Group, the outcome of the review will be included in the next and ongoing iterations of the Board Assurance Framework. Given that the action requested has been undertaken the Board agreed to discharge this Continued minute and the BAF will be submitted to the next Board meeting for review. **03/21/28 Operating Plan** The Director of Strategic Operations & Digital Integration would share a table which shows the month-on-month activity. Month on month activity is presented to meetings of the Performance Committee. In addition the Trust Information Pack circulated to Board members contains detailed performance figures including the monthly contract figures. On this basis the Board agreed that the matter could be deleted from the Action Log.	
05/21/07	**Chief Executive Officer (CEO) Update**	
	A report of the Chief Executive Officer was submitted. The Chief Executive highlighted the following matters: **Commonwealth Games (CWG) Strategic Oversight Board** The purpose of the CWG Strategic Oversight Board Task & Finish Group is to plan/prepare for the CWG in 2022 in the West Midlands region. The agreed Terms of Reference for this group was attached at Appendix 2 which has been approved by the EMB as it reports into EMB. However the Board was requested to agree the Committee structure at Appendix 2a which shows the CWG Strategic Oversight Group included on the Trust Committee structure. The Board approved the revised Committee structure. **Good Governance Institute Board Self Assessment Well Led Review Action Plan** The Board 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 that commenced in the early Summer of 2019. The Board commissioned the Good Governance Institute (GGI) to carry out the external review of its self assessment. The final report from the	

	GGI was submitted for review at the meeting of the Board of Directors in June 2019 and then July 2019. The Board agreed after reviewing the report to authorise the Chairman at that time to write to the NHSE/I confirming that the Trust has completed the review, and that no material issues of governance have been found. This was a requirement of the guidance. After considering the recommendations contained in the report from the external facilitator; the Chief Executive Officer asked for an action plan to be drawn up to address the recommendations for submission to the Board of Directors. The Action Plan was reviewed by EMB at its meeting on 18 May 2021. All Actions have been completed or good progress being made. The EMB agreed to submit the Action Plan to the Board of Directors to note that the progress made and endorse the content of the Action Plan (Appendix 4)	
	Resolved:	
	a) To Receive and note the contents of the paper b) That the approval be given to the revised Governance structure which includes the Commonwealth Games Strategic Oversight Board Task & Finish Group. c) That approval be given to the contents of the NHSE/I Well Led Review Action Plan following the external review by the Good Governance Institute.	
05/21/08	**Licence Conditions – Board Declarations**	
	A report of the Chief Executive was submitted. 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.	
	Resolved	
	a) That the contents of the report be received and noted. b) That 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. c) That this Trust has not been notified as a designated Commissioner Requested Service, and therefore the Board noted that it does not need to make a self-declaration under this condition CoS7. d) That approval be given to the content of the Corporate Governance Statement submitted. e) That having sought the views of the Council of Governors, the Board of Directors confirmed that it 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.	
06/21/09	**NARU Contract Update**	
	Mr Prior gave a presentation on the work of NARU and explained that NARU manage interoperable capabilities for Ambulance Services.	
	Resolved	
	That the contents of the presentation be received and noted.	
05/21/10	**Executive Scorecard**	
	The Executive Scorecard of KPIs for the months of March and April 2021 were submitted The key indicators and trends were set out for review by the Board. The indicators covered operational performance, finance, workforce, and high-level clinical indicators. The scorecard was submitted in addition to the Trust Information Pack which contains Trust wide performance data and information and is circulated separately to the Agenda.	
	Resolved:	
	a) That the contents of the scorecard be received and noted.	
05/21/11	**Covid Update Report**	

	The WMAS Covid updates previously circulated to the members of the Board for March and April 2021 was submitted for the purposes of transparency. The information contained in the reports had been condensed and summarised from the main activities of the Senior Incident Response Management Team and key information feeds for the Operational Delivery units of the Trust.	
	Resolved	
	That the Covid briefing reports for March & April 2021 be received and noted.	
05/21/12	**Director of Finance Report**	
	The Director of Finance indicated that there was no requirement on the Trust to submit a month 1 financial report, hence a verbal report on the Trust's current financial position both revenue and capital was given. The main focus of the Finance Directorate would be on drawing up the H2 Plan based on guidance for submission to NHSE/I probably in July 2021 which required a combined system plan for ICS.	
	Resolved:	
	That the contents of the report be received and noted.	
05/21/13	**The Annual Report of the Audit Committee**	
	A report of the Director of Finance and the Chair of Audit Committee was submitted. The NHS Audit Committee Handbook requires the Audit Committee to provide an Annual Report to the Board for approval. The report submitted covers meetings of the Committee during the period 1st April 2020 to 31st March 2021. The Chairman indicated that it was normal practice in a Foundation Trust for the Chair of the Audit Committee to present the Annual Report of the Committee to the Governors at an ordinary meeting of the Council.	
	Resolved:	
	That the Annual Report of the Audit Committee be approved and that the Trust Secretary be requested to forward the Annual Report onto the next ordinary meeting of the Council of Governors for its review, and the that Chair of the Audit Committee be invited to attend and present the report.	**Secretary**

05/21/14	**Quality Update Report**	
	A report of the Director of Nursing and Medical Director including Serious Incidents Update and Learning from Deaths Report. The report was presented in the format of an integrated quality report. It was stated that the format was a developing report. The report aimed to provide a high level of assurance by way of the systems and processes in place to measure and monitor our quality assurance and provides a robust framework to support our clinical quality governance. The content of the report includes Serious Incidents Update and Learning from Deaths Report. The Medical Director indicated that patient handover delays at acutes remained a priority risk for patient safety. The issue of patient handover delays has shown a significant deterioration over the last month, and this is causing significant serious patient safety concerns. Action is being taken with individual hospitals and NHSE/I to address this problem. The WMAS Medical Director has raised this issue directly with the Regional Medical Director of NHSE/I. The additional risks as a result of COVID that have arisen, including patients being held on ambulances for prolonged periods of time also continue to rise. We continue to work to minimise the risk, but we believe that the consequence of prolonged handover delays is one of the biggest risks that our organisation (and therefore patients) faces. If the patient handover delays continue at the current level of deterioration, the Trust will potentially be experiencing over 15,000 lost hours per month by December due to handover delays; the same effect would be experienced if we took 40 Fully staffed ambulances off the road every day. To replace this level of lost hours would cost WMAS between £1.8m and £2.5m per month. The Chairman and Chief Executive agreed and indicated that that this was a system failure that must be addressed as a system. As such, the Chairman suggested that he write to the Chairs of the acutes with the highest number of breaches with the appropriate data and ask that the letter and content of the data supplied should be discussed at their Board of Directors, and that he would offer to attend the Board meeting to discuss the figures, the risks and how they intended to address the breaches. Craig Cooke pointed out this matter does not receive a high enough attention at the system Boards even though it is raised with them. He further indicated that the Trust's winter planning is predicated on the availability of fleet and staff to respond to demands. The Medical Director	

	indicated that the possibility of serious harm had been escalated to the NHSE/I. The Chairman indicated that he would write to the Chairs of the worst performing Trusts and ask for an invite to discuss this with their Board. In addition he would also send a letter to the NHSI Regional Director seeking asking for a meeting to enable this matter to be discussed and highlight the risks to patient safety if this matter is not addressed.	
	Resolved	
	a) That the report be received and Noted b) That the Chairman write to the top 5 or 6 worst performing Trusts in terms of patient handover delays and seek an invite to discuss the serious implications for patient safety unless they address patient handover delays.	**Chairman**
05/21/15	**Quality Account**	
	The Director of Nursing submitted the draft Quality Account for review and approval. Achievement of the priorities agreed for 2020/21 were reported within the document along with all other updates in respect of activities across the Trust. The new priorities for 2021/22 are also identified. It was indicated that the priorities have been reviewed by: • Quality Governance Committee • Executive Management Board • Board of Directors A previous draft had been presented to Council of Governors, Executive Management Board and External Stakeholders It was indicated that there was no national guidance for Quality Accounts this year, but the documents are still to be created and published by each Trust according to the normal schedule. Given there is no guidance, the document is presented unaudited. The Trust has discussed expectations with the national team, who confirmed that the Trust must declare that the document is unaudited before publication. This requirement has been discussed at Audit Committee who agreed that the statement included within the Account is acceptable. Within the document, all sections have been updated, with just the following updates still to be made: • Data Security and Protection Toolkit – final position to be confirmed ahead of national submission deadline in June • Statements from external stakeholders are yet to be received following circulation of the draft document and an engagement event	

	held on 19th May 2021. Any statements that are received by 8th June 2021 will be incorporated into the document before publication. The Board of Directors was requested to approve the document, providing EMB the authority to ratify the final version on 15th June once any remaining comments have been incorporated. The document must be published by 30th June 2021.	
	Resolved	
	That the recommendation of the Quality Governance Committee as now submitted be approved and that the Director of Nursing be authorised to publish the Quality Account subject to any comments to be received and that EMB be authorised to approve the final version.	
05/21/16	**Departmental Annual reports 2020/21**	
	The leads of key corporate functions have produced the following reports to cover a summary of activities and achievements during 2020/21 and an overview of priority work areas for 2021/22. The following reflects the groups and committees where each report has been reviewed and approved for presentation to the Board of Directors. 1. Controlled Drugs and Medicines Management (Agreed at PSG and QGC) 2. Infection Prevention & Control (Agreed at HSRE and QGC) 3. Maternity (Agreed at PSG and QGC) 4. Patient Experience (Agreed at PSG and QGC) 5. Safeguarding, including Prevent (Agreed at PSG and QGC) 6. Making Every Contact Count (Agreed at PSG and QGC) 7. Emergency Preparedness (Agreed at OMT and QGC) 8. Equality, Diversity & Inclusion (Agreed at D&I, and QGC) 9. Security Management (Agreed at HSRE and QGC) 10. Health & Safety (Agreed at HSRE and QGC) 11. Patient Safety (Agreed at PSG and QGC) 12. Clinical Audit and Research (Agreed at PSG and QGC) 13. Learning From Deaths (Agreed at LRG and QGC) All of the above reports had been shared with members of the Board of Directors for review prior to the meeting. Once approved at this meeting they will be published on the Trust's website, supporting the Quality Account.	
	Resolved	
	That approval be given to the Annual Reports submitted having been previously circulated to the Board of Directors for review and that the Director of Nursing be authorised to publish the Annual Reports on the Trusts website.	

05/21/17	**Board Assurance Framework**	
	A report of the Director of Director of Nursing & Clinical Commissioning was submitted that presented the Board Assurance Framework for review and approval. The Director of Nursing & Clinical Commissioning informed the Board that the BAF is discussed regularly at the EMB and sub-committees. From April the BAF will be on a SharePoint platform so everyone can contribute to it. The Director of Nursing & Clinical Commissioning explained that one risk that has not yet been reviewed but will need to be is ambulance turnaround times. This has previously been rated as '20' which required review. The Chairman agreed that the handover delays risk should be reviewed as this does remain one of the Trust's most important risks. The Director of Finance indicated that the Finance Risks needed review and also observed ownership of the risks needed review in the light of changes to the Executive Management Board. Wendy Farrington Chadd observed that the risk scores do not change even after applying mitigation, and asked whether this meant that the mitigation was not dynamic and had no effect. The Chairman indicated that Risk Management would be the focus of the next Board Briefing day in June 2021 and risk appetite and tolerance would form part of those discussions to enable the Board to focus in detail on how the Trust manages risk.	
	Resolved	
	That the Board Assurance Framework as presented be approved	
05/21/18	**Operational Performance Update**	
	The Director of Strategic Operations & Digital Integration made a verbal report during which he updated the Board on operational performance.	
	Resolved	
	That the verbal update be noted.	
05/21/19	**The Winter Plan**	
	The report of the Director for Strategic Operations and Digital Integration was submitted. Attached thereto was the Trust's 2021/22	

	Winter Plan which gives the strategic plan for the coming winter and the arrangements in place.	
	Resolved	
	That the 2021/22 Winter Plan be approved.	
05/21/20	**Physical & Verbal Assaults Update**	
	The report of the Director for Strategic Operations and Digital Integration was submitted. The report showed the number of physical and verbal assaults between April 2019 and March 2021,including Lockdown periods and incidents against Black, Asian and Minority Ethnic (BAME) Employees. The Board discussed using the data collected from the body camera project to see if the use of cameras reduced incidents against BAME employees. In addition, the CEO had asked the One Network to present to the Board in September 2021.	
	Resolved	
	That the contents of the report be noted	
05/21/21	**Gender Pay Gap**	
	A report of the People Director was submitted. Since 2017 there has been a statutory requirement for all organisations with 250 or more employees to report annually on their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings, while equal pay is about men and women being paid the same for the same work. There is a requirement to publish the data on the Trust's public-facing website by 5th October 2021 (this has been extended due to COVID). The Board discussed using role models on the Board to encourage women to apply for senior positions within the Trust.	
	Resolved:	
	a) That the content of the report be noted b) That the People Director be authorised to publish the Gender Pay Gap report on the Trusts Website by no later than 5th October 2021 and submit the document to the relevant regulator and commissioner.	

05/21/22	**Staff Survey Results**	
	A report of the People Director was submitted. Ms B. Kozlowska and Ms U. Ramnatsing attended the meeting for this item. The National Staff Survey 2020 opened in Quarter 3 on 21st September 2020. The survey ran over 10 weeks until 27th November. The final response rate achieved is 56%. Last year's final response rate was 63%. Although the response rate is lower this time, there was an increase of 349 in the number of staff taking part in the survey. This paper provides information to the Board of Directors about the 2020 staff survey results. Recommendations have been made by the Staff Survey Response Action Group based on those results. The detailed staff survey results have been shared with individual localities in the Trust. The Staff Survey Response Action Group convened on 8th March 2021 on MS Teams to analyse the results. The group took into consideration the various locality reports, RAG reports and National Benchmark reports received from ***Picker*** and made a number of recommendations contained in the report.	
	Resolved	
	That the content of the report be received and noted.	
05/21/23	**Equality Diversity System (EDS2)**	
	A report of the People Director was submitted	
	Resolved	
	a) That the staff element of EDS2 outcomes be received and noted. b) That approval be given to the publication of the EDS2 staff outcomes on the Trust's website	
05/21/24	**Operating Plan**	
	A report of the Strategy and Engagement Director was submitted. The purpose of the report was to update the Board of Directors on the current progress and position on planning for the 2021/22 financial year.	
	Resolved	

	a) That the current progress, issues and risks arising from the 2021/22 planning process be noted b) That the plan being submitted by WMAS remains as previously agreed by the board in March 2021 in terms of workforce requirements, planned activity growth and required income to deliver a balanced financial plan be noted.	
05/21/25	**CQC Action Plan Update**	
	A report of the Strategy and Engagement Director was submitted. Following the 2019 CQC inspection, whilst receiving a rating of outstanding, with four out of five trust level domains rated as outstanding, there were a number of items feedback in our report for further action. The action plan attached highlights progress against completing those actions.	
	Resolved	
	a) That the contents of the action plan and the final outstanding action be noted b) That the transitional changes to inspection by the CQC by way of briefing be noted.	
05/21/26	**Organisational Strategy**	
	A report of the Strategy and Engagement Director was submitted. The purpose of the report was to present the draft organisational strategy for the boards approval. The board was requested to note the contents of this paper and consider endorsing the attached strategy for implementation.	
	Resolved	
	a) That the content of the report be received and noted. b) That approval be given to the strategy submitted. c) That the Board receive further feedback from the relevant Health Overview and Scrutiny Committees (HOSCs) and Membership.	
05/21/27	**Board Committee Meeting Minutes**	
	Resolved:	

	That the Minutes of the Meeting of the Audit Committee held on the 16th March 2021 be received. That the Minutes of the Meeting of the Performance Committee held on 22nd January 2021 be received.	
05/21/28	**New or Increased Risks Highlighted Today**	
	Handover delays were seen as an increasing risk to patient safety and the Board recognized that it was a system wide issue, actions had been agreed to mitigate the risk. Financial Planning and Workforce Planning remained a high risk in the current climate and the changes to the Governance of the regional planning system.	
05/21/29	**Board of Directors Schedule of Business**	
	The Schedule was as submitted.	
	Resolved:	
	That the Board Schedule of Business be received and noted.	
05/21/30	**Date and time of the next meeting** Wednesday 28 July 2021 – 09:00 hours	
	There being no other business for this meeting the Chairman brought proceedings to a close and thanked members for their attendance. In doing so he stated that the meeting had been lengthy and asked directors to give consideration to meetings of the Board and how proceedings could be reviewed and enhanced so that the Board meetings remained focused.	

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Paper 02

Board Action Log

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
05/21/13	**The Annual Report of the Audit Committee** That the Annual Report of the Audit Committee be approved and that the Trust Secretary be requested to forward the Annual Report onto the next ordinary meeting of the Council of Governors for its review, and the that Chair of the Audit Committee be invited to attend and present the report.	**PH**	**n/a**	Included on the Agenda of the CoG for the meeting in July 2021
05/21/14 b)	**Quality Update Report** That the Chairman write to the top 5 or 6 worst performing Trusts in terms of patient handover delays and seek an invite to discuss the serious implications for patient safety unless they address patient handover delays.	**Chairman**	**n/a**	The Chairman and CEO will update the Board at the meeting.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 05 MONTH: July 2021 PAPER NUMBER: 03a

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. National Institute for Health Research – Trim Study
4. Hospital Handover Delays
5. Estates Return Information Collection (ERIC) Submission
6. CEO Meetings – 17 May to 16 July 2021

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

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 05 MONTH: July 2021 PAPER NUMBER: 03a

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

Action required

The Board of Directors is asked to:

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

1. Non-Emergency Patient Transport Services– Key Performance Indicators

Appendix 1 shows the Non-Emergency Patient Transport (PTS) performance against the agreed Key Performance Indicators (KPIs) for April - June 2021 for each Contract. I am pleased to report all targets are being achieved each month.

2. Over 2-minute 999 Call Answering Update

Call answering performance has been very strong, but this will deteriorate in July. The Trust continues to report the lowest 2-minute call answering delays in the country.

Trust	April	May	June	Year To Date
WMAS	13	3	18	34
	26	190	654	870
	99	290	1016	1405
	14	693	1856	2563
	39	86	612	737
	92	238	1014	1344
	360	286	693	1339
	158	374	1159	1691
	49	220	359	628
	678	3023	5070	8771

3. National Institute for Health Research – TRiM Study

This is a study with Swansea University - What triage model is safest and most effective for the management of 999 callers with suspected COVID-19? A linked outcome study. This is ongoing and the work started in October 2020. The study is 50% complete.

4. Hospital Handover Delays

Appendix 2 shows the latest position with hospital handover delays. The Trust has been pushing hard to try and improve the dreadful level of handover delays currently being experienced in some areas across the region. By doing so, we will improve the safety and wellbeing of our patients as well as for staff. The Trust is working closely with NHS partners to find solutions that will really make a difference.

5. ERIC Submission

The Trust submitted its return by the deadline of 08:00 hours on 1 July 2021. The output from the ERIC submission will come to the EMB when published for benchmarking purposes. The ERIC comprises information relating to the costs of providing and maintaining estate and utilities.

6. Chief Executive Officer Meetings – 17 May to 16 July 2021

Staff

- Eileen Cox
- Senior Command Team
- Hollymoor Hub
- All Staff Briefing
- NEDs Meeting
- Operational Managers SMT

National Meetings

- Tracy Nicholls, College of Paramedics
- NHS England / NHS Improvement Directors for Emergency & Elective Care Meeting
- NHS England / NHS Improvement 999 Ambulance Cell
- NHS England / NHS Improvement EEC Directorate SMT
- NHS England / NHS Improvement UEC Recovery Oversight Group
- Craig Harman, St John Ambulance
- Martin Flaherty & Daren Mochrie, Association of Ambulance Chief Executives
- Ciaran Sundstrem, NHS England
- NHS England / NHS Improvement – SW Summer Plan
- NHS England / NHS Improvement C3/4 Pilot – Bi-Weekly All Trust Meeting
- NHS England / NHS Improvement CEO Advisory Group
- ECPAG
- NHS England / NHS Improvement UEC Recovery Steering Group
- NHS England / NHS Improvement – SWAST G7 Plan
- Claire Land /Helen Vine, CQC
- NHS England / NHS Improvement Joint Ambulance Improvement Programme Board
- NHS England / NHS Improvement Hospital Handover Delays Review Meeting
- Minister State for Health – Ambulance Deep Dive
- NHS England / NHS Improvement Ambulance Transformation Forum
- Association of Ambulance Chief Executives – Ambulance Chief Executives Group
- NHS England / NHS Improvement – ADS Project Board
- JESIP Interoperability Board

- NARU Steering Group
- Association of Ambulance Chief Executives – Board Meeting
- Association of Ambulance Chief Executives Council Meeting
- NHS England / NHS Improvement EEC Check In

Regional Meetings

- Hanna Sebright & Roger Pemberton, MAA Charity
- University of Wolverhampton – Opening of the Marches Centre of Excellence
- Karen Bradley MP
- Dale Bywater, Regional Director – Midlands
- Shropshire MPs

Professor Anthony C. Marsh
Chief Executive Officer
July 2021

Non-Emergency Patient Transport Services

2021-22 Performance

West Midlands Ambulance Service
University NHS Foundation Trust

Cheshire, Warrington & The Wirral	KPI	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
EPS Arrival														
% Arriving within 60 minutes prior.	90%	93.47%	93.94%	93.73%										93.78%
% Arriving on time	Info	94.19%	94.65%	94.66%										94.69%
Planned Arrival														
% Arriving within 60 minutes prior & 15 mins after appt	90%	94.38%	93.95%	93.50%										93.97%
% Arriving on time	Info	95.29%	95.29%	94.86%										95.24%
EPS Departure														
% Collected within 60 minutes	85%	98.50%	98.35%	98.13%										98.34%
% Collected within 90 minutes	90%	99.63%	99.53%	99.48%										99.54%
Planned Departure														
% Collected within 60 minutes	80%	93.52%	94.87%	93.00%										93.72%
% Collected within 90 minutes	90%	97.23%	97.81%	96.91%										97.25%
Unplanned Departure														
% Collected within 60 minutes	75%	90.08%	89.07%	89.60%										89.65%
% Collected within 90 minutes	85%	96.69%	96.70%	96.37%										96.63%
EPS Time on Vehicle														
On vehicle is <60 minutes.	85%	96.96%	95.54%	94.74%										96.64%
Planned Time on Vehicle														
On vehicle is <60 minutes.	80%	94.14%	93.69%	92.66%										94.82%
UnPlanned Time on Vehicle														
On vehicle is <60 minutes.	80%	93.58%	90.78%	91.95%										93.18%

Sandwell and West Birmingham	KPI	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
Inward Journeys - All Activity														
60 minutes before and 15 minutes late	info	70.0%	70.1%	61.1%										54.3%
Too Early + KPI Window (With Exemptions)	90%	97.00%	98.00%	97.00%										97.10%
Outward Journeys - Planned (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	75%	**85.10%**	**87.60%**	86.60%										**86.60%**
collection < 90mins (of scheduled / ready time)	95%	95.00%	95.10%	95.20%										95.00%
collection < 60mins (of scheduled / ready time)	60%	71.30%	66.90%	63.00%										67.50%
collection < 120mins (of scheduled / ready time)	95%	99.10%	96.60%	95.00%										96.40%
Transfers														
collection < 90mins (of scheduled / ready time)	75%	100.00%	100.00%	85.70%										100.00%
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%	100.00%	na										100.00%
Within 10 miles of destination < 60 mins	90%	91.00%	91.30%	90.50%										91.40%
Within 11-20 miles of destination < 90 mins	90%	92.00%	92.90%	91.70%										92.70%

Wolverhampton & Dudley	KPI	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
Inward Journeys - All Activity														
60 minutes before and 15 minutes late	info	76.4%	75.3%	80.4%										78.3%
Too Early + KPI Window (With Exemptions)	90%	98.00%	97.00%	96.00%										97.00%
Outward Journeys - Planned (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	75%	**94.10%**	**94.40%**	93.70%										**91.40%**
collection < 90mins (of scheduled / ready time)	95%	98.00%	97.50%	96.90%										97.90%
Outward Journeys - On Day (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	60%	83.00%	81.00%	76.50%										97.60%
collection < 120mins (of scheduled / ready time)	95%	99.20%	97.80%	97.40%										98.50%
Transfers														
collection < 90mins (of scheduled / ready time)	75%	87.20%	81.00%	79.50%										89.50%
collection < 120mins (of scheduled / ready time)	95%	95.70%	97.80%	95.00%										95.50%
Home Visits														
< 30 mins before outward collection time	90%	100.00%	100.00%	100.00%										100.00%
< 30 mins after inward collection time	90%	100.00%	100.00%	100.00%										100.00%
Within 10 miles of destination < 60 mins	90%	99.70%	97.40%	97.00%										97.60%
Within 11-20 miles of destination < 90 mins	90%	99.30%	99.10%	98.90%										99.40%

Walsall PTS	KPI	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
Inwards: Outpatients														
< 60 mins before & 15mins after appointment time	info	90.1%	90.0%	90.1%										90.1%
Too Early + KPI Window (With Exemptions)	90%	91.00%	90.20%	90.20%										90.10%
Outwards: Outpatients														
Patients collected < 60 mins after agreed pick-up time	75%	78.40%	78.20%	75.90%										77.90%
Patients collected < 90 mins after agreed pick-up time	90%	96.50%	95.90%	95.40%										95.90%
Discharges: (Inc. Transfers & After Treatment)														
Discharged < 60 mins	60%	68.40%	63.50%	60.00%										62.00%
Discharged < 120 mins	80%	98.20%	93.60%	90.70%										94.20%
Time Spent On Vehicle														
Planned mileage < 10 miles and < than 60 mins	90%	92.80%	91.40%	93.10%										92.80%

Black Country Partnership (BCP) PTS	KPI	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
Inwards: Planned (all categories)														
< 15mins after appointment time	95%	100.0%	100.0%	100.0%										100.0%
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%
Planned mileage < 10 miles, < 60 mins on vehicle	100%	100.0%	100.0%	100.0%										100.0%

Non-Emergency Patient Transport Services

2021-22 Performance

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

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

Pan Birmingham PTS	KPI	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
Inwards: Planned														
Not Late for Appointment (includes too early)	90%	92.30%	90.40%	91.50%										91.60%
Inwards: On-Day (GP Urgents)														
< 120mins of agreed collection time	90%	-	-	-										-
Outwards: Planned														
Collection < 60mins of scheduled/ready time	90%	94.60%	94.20%	93.70%										94.40%
Outwards: On-Day														
< 120mins of agreed collection time	90%	98.20%	96.10%	91.30%										97.20%
Outwards: On-Day (Quick Response)														
< 60mins of agreed collection time (Eds & Assess. Areas)	95%	95.20%	95.10%	95.30%										95.20%
Time Spent On Vehicle														
< 60mins within a distance of 15 miles	95%	95.30%	95.80%	95.00%										95.10%
Renal Dialysis Performance - For Info Only														
Inwards: Planned														
Not Late for Appointment (includes too early)	90%	91.60%	92.00%	95.80%										91.70%
Outwards: Planned														
Collection < 60mins of scheduled/ready time	90%	95.80%	95.20%	94.70%										95.50%
Time Spent On Vehicle														
< 60mins within a distance of 15 miles	95%	98.50%	98.30%	98.40%										98.40%

NHS
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WMAS Main Hospitals

Over 1 Hour Handover Delays

For the Period From 01/04/2020 To 30/06/2021

Report Ref: 957, Report run at: 01/07/2021 07:15:16

Please note that this report does not relate to any Additional Incident Fee reports and is not to be used for such purposes

Logic used to collate information within this report

Metric	Handover (Time at Hosp to Time Handover - if no handover time, time clear used)	**Cohort Times**	Excluded
Date Range Base	Date of arrival at hospital	**Negative/Unknown times**	Excluded
Receiving Hospitals	WMAS main acutes	**Resource Types Utilised**	All
Receiving Departments	All departments	**Misc Exclusions**	Handover delays <= 1
Case Type	All types (excl training & test)	**Misc Inclusions**	n/a
Case Location	WMAS Region & OOA	**Source Of Data**	Cube (Ops)

	2020/2021													2021/2022			
Hospital	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Apr	May	Jun	Total
Birmingham Childrens	5	2		2	2	6	3	2	6	5		5	38	2	1	9	12
Russells Hall	13	2	3		18	60	109	147	140	541	63	55	1,151	50	166	192	408
Good Hope	18	26	25	32	65	80	263	218	222	230	25	60	1,264	91	229	381	701
Heartlands	15	30	26	99	220	295	399	451	557	463	207	216	2,978	173	282	578	1,033
Solihull	1												1				
New Cross	5	1	4	16	4	13	58	191	459	570	41	53	1,415	54	117	246	417
City (Birmingham)	4		4	4	5	10	31	22	34	148	12	6	280	13	5	37	55
Sandwell	9	3	2	1	9	2	11	12	19	257	81	82	488	55	28	53	136
New Queen Elizabeth Hosp	33	19	44	43	46	105	135	263	367	443	100	99	1,697	159	230	347	736
Walsall Manor	3	2	2	1	5	30	73	50	23	29	2	2	222	15	1	9	25
Hereford County	5		5	4	8	19	19	20	38	22	1	6	147	9	6	27	42
Princess Royal	2	3	4	7	4	53	51	70	132	253	118	53	750	61	117	164	342
Royal Shrewsbury	1	5	29	63	93	152	179	181	237	153	148	124	1,365	185	239	406	830
Alexandra					1		7	3	13	34	4	4	66	2	17	38	57
Worcestershire Royal	9	5	32	16	35	71	60	65	365	171	177	110	1,116	103	266	418	787
George Elliot	1	1			3	5	5	1	22	5		2	45	2	1	1	4
St Cross	1	1	1		1								4				
Uni Hospital Cov & War	25	12	10	13	3	77	129	114	153	340	115	22	1,013	48	75	176	299
Warwick		1	1	10	7	4	12	4	32	32	11	11	125	40	33	51	124
Burton	6	2			16	57	39	47	145	15	1	39	367	15	36	17	68
County Hospital (Stafford)	1	1		2	2		20	5	6	5	3	1	46	2	9	16	27
Royal Stoke Univ Hosp	20	14	73	99	104	120	203	413	312	139	40	64	1,601	53	150	199	402
	177	130	265	412	651	1,159	1,806	2,279	3,282	3,855	1,149	1,014	16,179	1,132	2,008	3,365	6,505

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO EMB

AGENDA ITEM: MONTH: PAPER NUMBER:

Category 3 & 4 Validation	
Sponsoring Director	Craig Cooke – Director Strategic Operation and Digital Integration
Author(s)/Presenter	Jeremy Brown Integrated Emergency and Urgent Care Director
Purpose	The purposes of this paper is to request approval to implement a Clinical Validation team into the EOC. This Team of clinicians will utilise an enhanced triage system to utilise alternative pathways for patients and avoid the requirement for an ambulance response.
Previously Considered by	The Senior Command team that consists of the Chief Executive and Assistants Chief Officers support the requirement for the clinical validation team.
Report Approved By	Craig Cooke - Director Strategic Operation and Digital Integration

Executive Summary

Given the current demand pressures and the significant number of patients consistently waiting for help there is a requirement to revise the current operating model in order to take a different approach to meeting the needs and requirements of patients dialling 999. Its long been an opinion that a proportion of the Category 3 and 4 calls that present to the ambulance service are not true emergency calls and should have been dealt with through primary care. The current levels of demand suggest that there are a large number of calls (Category 3 and 4) that do not need an ambulance response but, through a variety of reasons such as a patient's inability to get a GP appointment, requirements to contact 111 before ED attendance, delays in clinical contact in 111, patients are resorting to 999 as an alternative.

This is resulting in delays to patients that do need an emergency response and will be creating inefficiencies and increased occurrences of patient safety breaches.

Additionally, there is an increasing myriad of alternative services being provided within Health and Social Care providers to deal with patients on a same day / urgent basis. Some of these are SDEC arrangements and others are more discrete. The access and opening times vary and require a good understanding of navigation to achieve the right outcome for patients. WMAS wish to fully exploit these options for patients through referral at point of contact with 999 and prevent more ED conveyances.

Clinical validation of category 3 and 4 patients with the aim of reducing the number of patients requiring an ambulance response is required.

Initially the proposal is to undertake this as a 6-month pilot to evaluate the effectiveness and ongoing requirements.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO EMB

AGENDA ITEM: MONTH: PAPER NUMBER:

Related Trust Objectives/ National Standards	Is it contributing to the Trust Objectives/or is it part a national standard that
Risk and Assurance	This proposal supports the Trusts strategic objectives 1, 2 and 3 and 4 A risk assessment has been undertaken specifically around the clinical validation proposal that supports the requirements when viewed alongside existing risks.
Legal implications/ regulatory requirements	To maintain compliance with both regulations and the conditions of licence and registration from the Regulators.
Financial Implications	There is a financial requirement to increase 85 band 6 paramedics to band 7 (not additional head count overall). If this initiative is successful then there is a potential cost saving benefit in requiring less operational staff.
Workforce & Training Implications	If Band 7 is not offered the requirement to recruit additional staff will not be achieved. It will mean that there is a reduction in paramedic staff working within operations however if 500 incidents are managed through alternative pathways this will offer significant operational benefits. There is a requirement to undertake PaCCs training which is a day course and additional CAD training.
Communications Issues	Consultation with TU collegues has been undertaken and there is support for this proposal. Communication to the wider trust and to external stakeholders is also required. Expectations of what the role is must be made clear to all staff.
Diversity & Inclusivity Implications	The role is open to all paramedic staff and could actually be favourable for development opportunities for staff who do not wish to progress into management roles. All appointments will be made in line with the Trusts recruitment and selection policy enabling equal opportunity for all.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO EMB

AGENDA ITEM: MONTH: PAPER NUMBER:

Quality Impact Assessment	This will have a direct improvement in patient care.
Data Quality	The SOP for the function is also attached to the paper.

Action required

EMB are asked to support the proposal to implement the Clinical Validation Team within EOC and to authorise the recruitment team to start the process and appoint the staff.

Appendices to Support Clinical Validation of Category 3 and Category 4 999 calls

Author Details

Name	Vickie Whorton

Document Control

Date	Initials	Changes	Description
15/07/2021	**VW**	**New Process introduced**	**Implementation of clinical validation for category 3 & 4 calls**

Appendices I

Handset Buttons & Features

Scrolling and Navigation

Use the up and down navigation arrows to scroll up or down through lists. Use the right and left navigation arrows to navigate (horizontally scroll) to other screens when indicated by the Prompt Line or to move the cursor right or left when entering text.

When you scroll to a line on the display, that line will be highlighted in blac

k with white letters.

The softkey labels will change according to the options available for the highlighted line. Press **OK** to choose the highlighted line.

Phone / Exit

To return to the main screen or to exit an application, press the Phone/Exit key

Basic Call Handling	
ACD Calls (Contact Centre Calls)	ACD calls will be presented to you and answered automatically. They will be preceded with a short Tone.
Answer an Internal Call	Internal calls to your agent will need to be answered manually. Your phone will give an abbreviated ring to notify you of the incoming call. From the Main phone screen, select the Answer soft key or the Flashing Line key or Headset Key.
Making a Call	Select 1st line & dial number (9 for general calls) To dial an **Internal** agent, dial their 6-digit Agent ID number If your audio path is set to Headset, you can simply dial, and your audio will automatically take the headset audio by default.
End Call	Press Release Feature key
To ensure the phone automatically uses the headset rather than the speakerphone, please ensure that the audio path has been set to headset. Instructions are detailed on page 4, Automatic Headset Activation.	

Agent Call Handling

Please Note, You Must Ensure Your Phone Is in Headset Mode!

Agent Login

Press Agent **Login > Enter 5 Digit Agent ID Extension (2XXXX)**

Please note your Agent ID number is not your phone extension number. Your agent ID will be provided to you.

Once you have logged in successfully, several things will happen:

- You will hear several beeps for confirmation.
- The display will show the skills that you are logged into for several seconds.
- You will be put straight into Aux Work mode and the Aux Work key will be lit.
- No ACD calls will come to you while you are in **AuxWork** however you can still receive direct calls to your phone.

Auto In
(In Calls)

To make yourself Ready to take calls, press the Auto In **key**.

Auto In now becomes lit and you will now be Ready to answer calls from the Skills (queues)

Aux Work
(Not Ready)

When you take a break, or are doing other things except taking calls, you will need to be unavailable to take ACD calls.

To make yourself unavailable, press **AuxWork** followed by a **Reason Code.** The reason codes are as follows:

30	Call back
32	Safeguarding
35	Short break / comfort break
37	Updating notes
38	Management Duties
39	Auditing

You can also make yourself unavailable **DURING** a customer call, while in **After Call Work or** while you are **AUTO IN** If Aux Work is selected while on a call, it will continue to flash until the call ends. When the call ends, the key will become solid

To make yourself available to take calls, press the **Auto In** key.

IF you do not select a Reason code you will return to your previous state, if the was Available you will still receive ACD Calls.

Please see your Watch Manager / Supervisor for instructions on Aux Work

Agent Logout

Press Agent **Logout**

Press the Headset Off **(Illuminated red)**

Disconnect the QD headset at the junction to ensure calls cannot present

After Call

You will be placed into After Call (Wrap Up) after an ACD Call (not a Direct call) for an automatic amount of time (2 sec) before automatically set back to Auto In if you do not extend the time by pressing the AfterCall key manually or selecting an AuxWork Reason Code.

Transfer

- While on call Press the Transfer Softkey.
- Dial target number
- Press the Transfer Softkey.
- Press **Complete** to Transfer the call.
- Press **Cancel** to return to the caller
- Press **Drop** to end the call with the target number and dial another target number.

If you have toggled between two calls and wish to transfer them to each other, do the following:

- While talking on the 1st line, press Transfer (Softkey)
- Press the 2nd flashing Held Call
- Press Complete (Softkey)

Consultation Transfer, Conference (HEMS etc)

- While on call Press Line 2 (Will automatically hold Line 1).
- Dial target number

To Transfer the call

- While talking on the 2nd line, press Transfer (Softkey)
- Press the 1st Flashing held call
- Press Complete (Softkey)

To Conference the Call

- Press the Conf Softkey.
- Dial target number
- Press Join (You are now in Conference)

To Cancel the Consultation

- Press the Cancel Soft Key to End Line 2 and return automatically to your caller on Line 1.

Mute

While on a call, do the following:

- Press Mute (Bottom Right of phone)
- Press Mute again to deactivate

Redial

- Press Redial to dial the last number (Softkey)

Hold

While on a call, do the following:

- Press Hold (Softkey)
- Press Resume to retrieve the call (Softkey)
- Or press blinking light next to 1st line (Recommended)

Ignore

While receiving a call, do the following

- Press Ignore (Softkey)

This will turn the ringer off for the current incoming call.

Automatic Headset Activation

- Press Menu
- Highlight Options & Settings and press OK
- Highlight Call Settings and press OK
- Use the navigation arrows to move down to Audio path.
- Highlight Audio Path and press OK
- Press Change until it says Headset
- Press Save (softkey)
- Press Phone/Exit

Menu Options A

Main Screen on Ringing

- Press Avaya Menu
- Highlight Options & Settings and press OK
- Highlight Call Settings and press OK
- Highlight 'Go to Phone Screen on Ringing' and press OK until it says Yes
- Press Save
- Press Phone/Exit

Contrast Control

- Press Menu
- Press Options & Settings
- Press Screen & Sound Options
- Use arrows to change brightness or contrast
- Press Save
- Press Phone

Button Clicks

- Press Menu
- Highlight Options & Settings and press OK
- Highlight Screen and sound options and press OK
- Highlight 'Button Clicks' and press OK
- Press Change (softkey) until it says Off
- Press Save (softkey)
- Press Phone/Exit

Visual Ringing

- Press Menu
- Press Options & Settings
- Press Call Settings
- Select Visual Alerting
- Press Change or OK to turn visual alerting on
- Press Save
- Press Phone

Appendices III

Aux Codes

CALL BACK	30
SHORT COMFORT BREAK	35
UPDATING NOTES	37
AUDITING	39

BREAKS – LOG OUT FULLY FROM THE PHONE SYSTEM

Appendices IV

Video Consultation

accuRx.

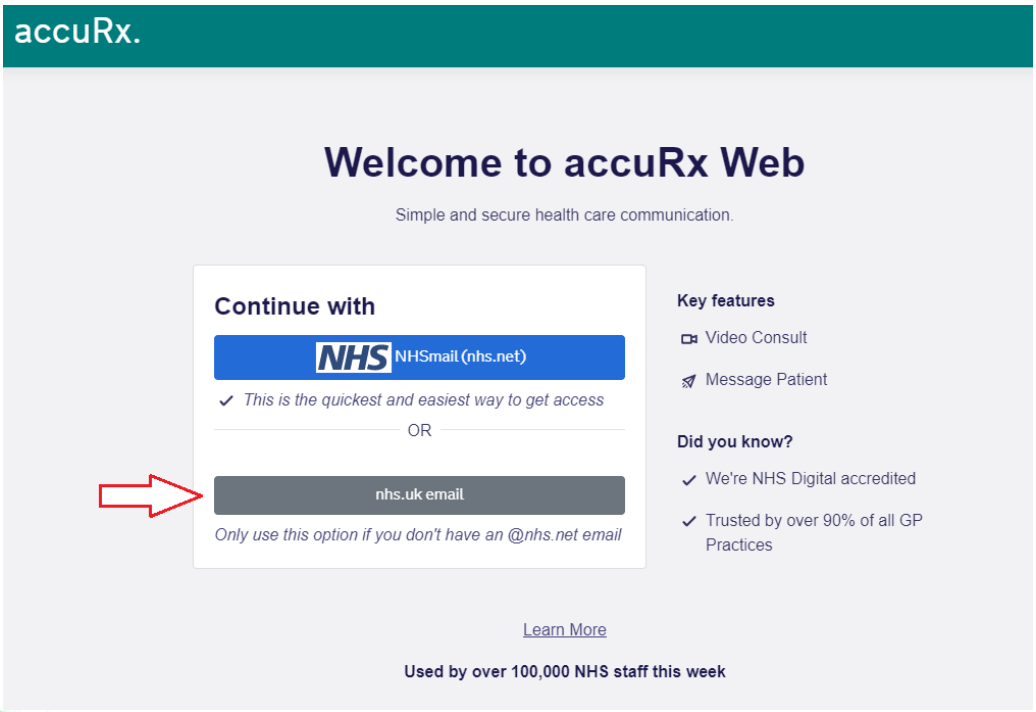
As a trust we have recently introduced a system of Video Assessment. We are using the system accuRx., this enhances the patient experience and allows you, as a Clinician, to gather more visual information regarding the status of the patient. It can prove most useful in assessing minor wounds (sometimes very anxious patients are unable to describe their wound comprehensively or may feel it is more major in nature) and when assessing children.

It is accepted that for Welfare Call purposes the benefit may be limited, it is there to use if you feel it will enhance your assessment. You may find it beneficial for Overdose calls when assessing the patients' current condition and the suitability of the response.

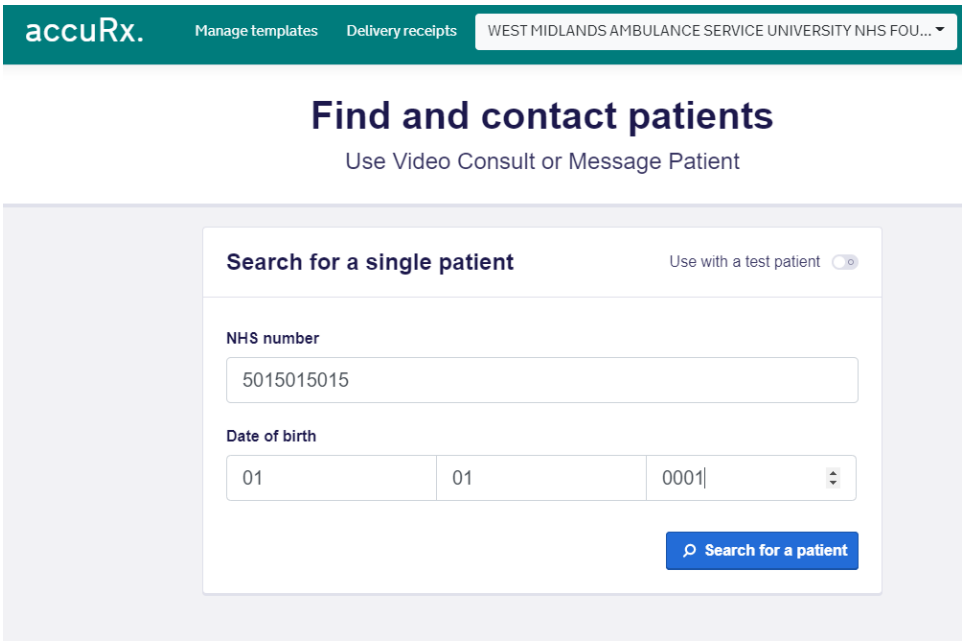
You will have received a link to set up your own account, this is unique to you and should not be shared with anyone else. Outlined below is the process to start a Video Assessment with your patient, it is an easy straightforward process.

- Logging on

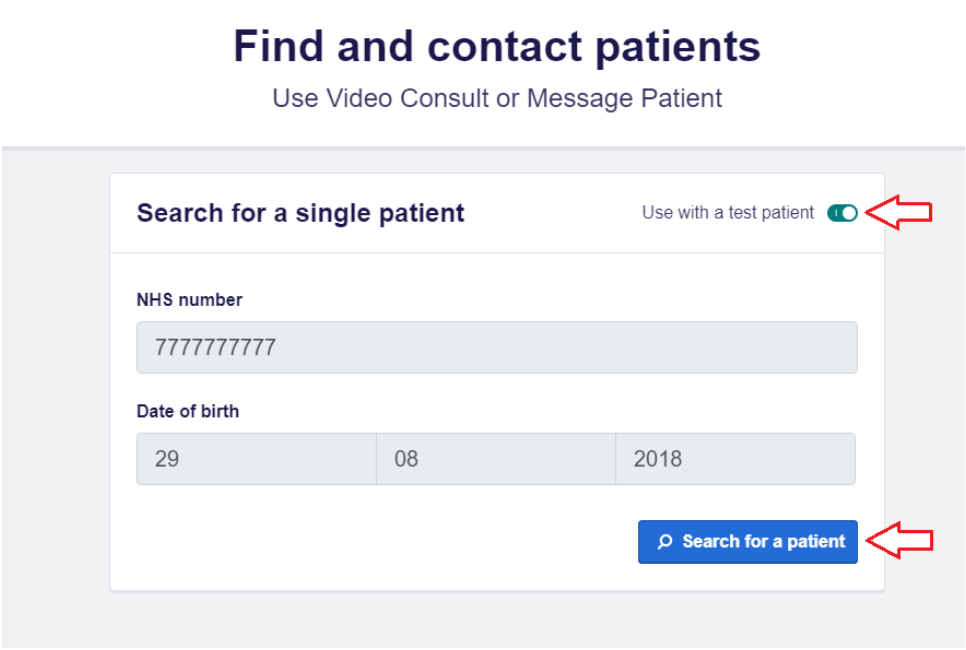
  To log on to the system, navigate to the website [https://fleming.AccuRx...com/login] and select the link shown below:



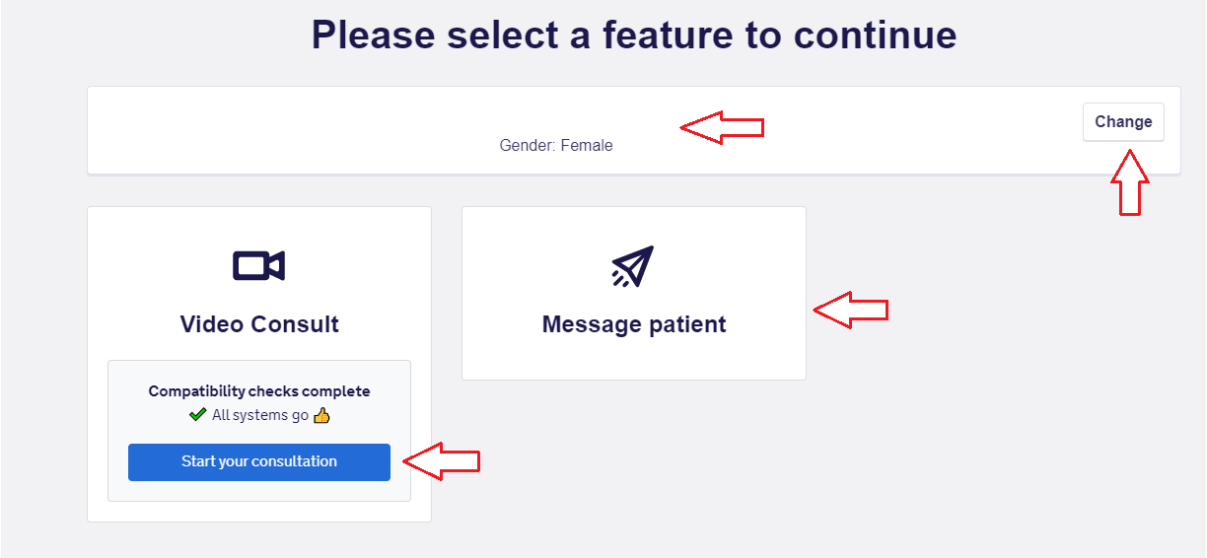
- You will then be presented with the following screen. From here you can search for any patient using their NHS number and date of birth [DOB], this will normally be available to you already within the demographics area of the CAD. Enter the details and click 'search for patient'.



- If you do not have then NHS number and DOB, then you can still use the system by selecting 'Use with a test patient' – see below:

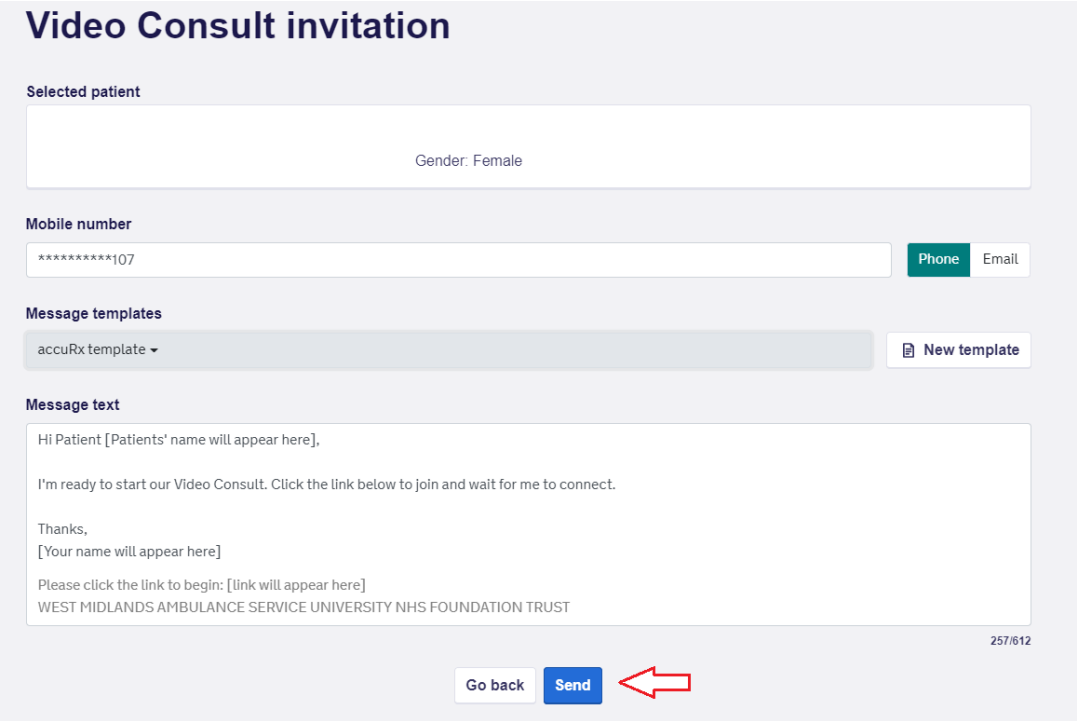


- Once the search is complete, it will provide you with the patients name and DOB along with their NHS number to confirm you have the correct patient (blanked in the example below – left).

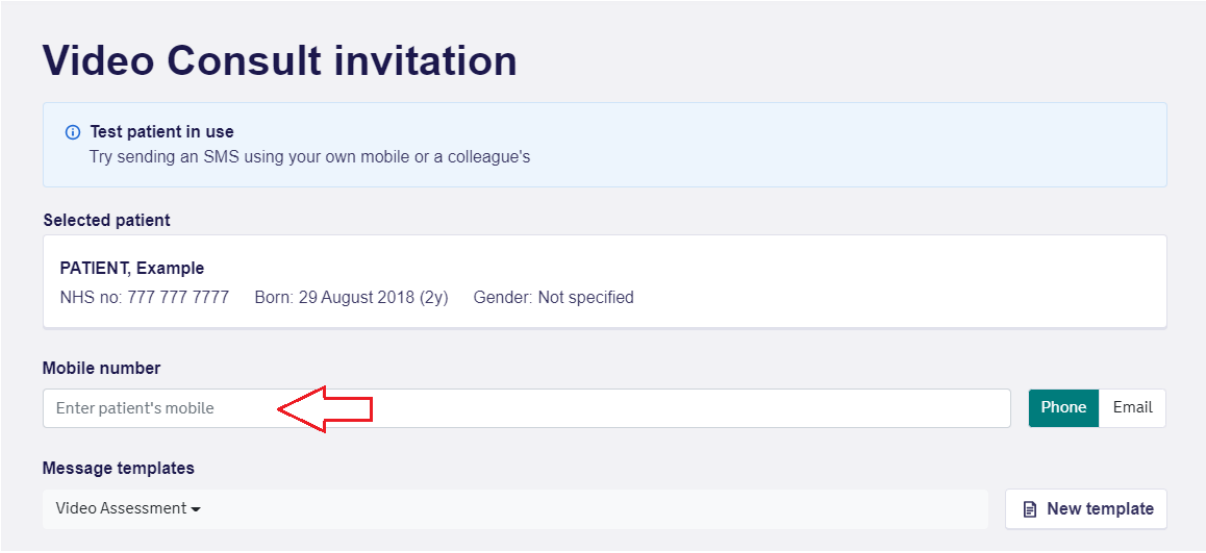


- Once you are confident you have the correct patient, you have checked their Full Name, NHS number and DOB, the following screen will present to you. You must check the last 3 digits of the number provided. This number is held on the patients' medical records and may not

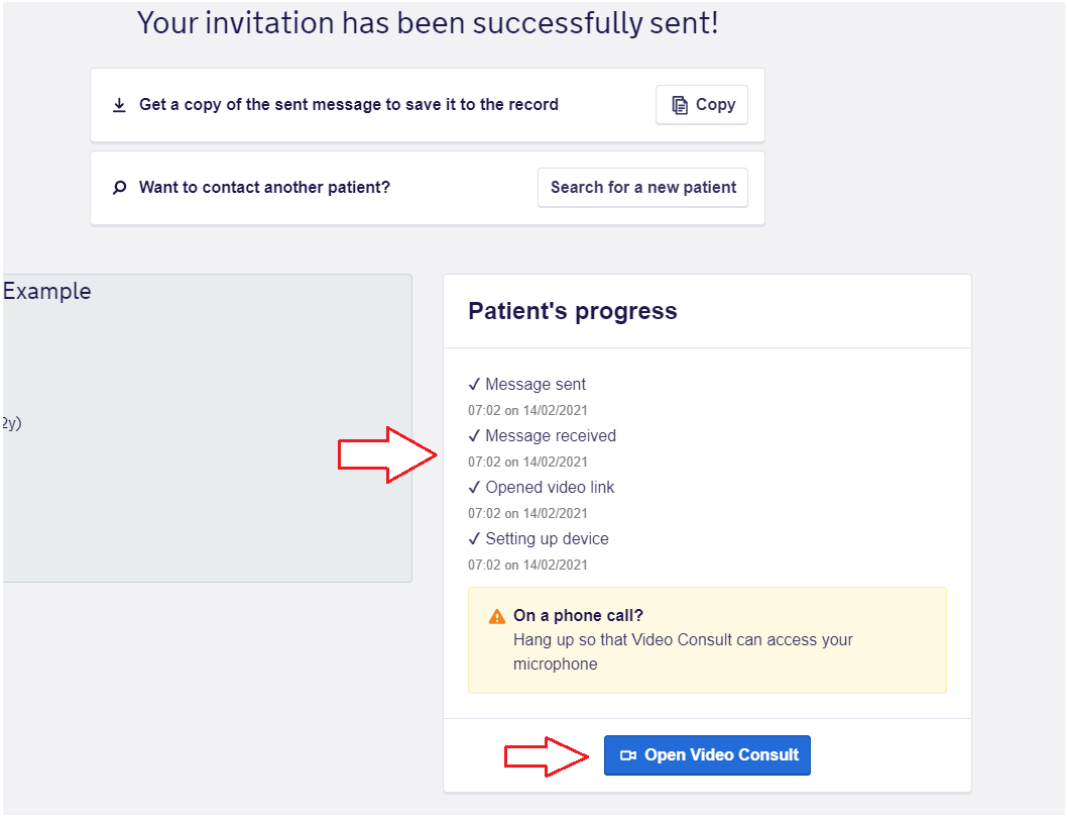
be the number they are calling from. To change it, simply highlight the full number (including asterisks) and replace with the number you wish to use. When completed, press send.



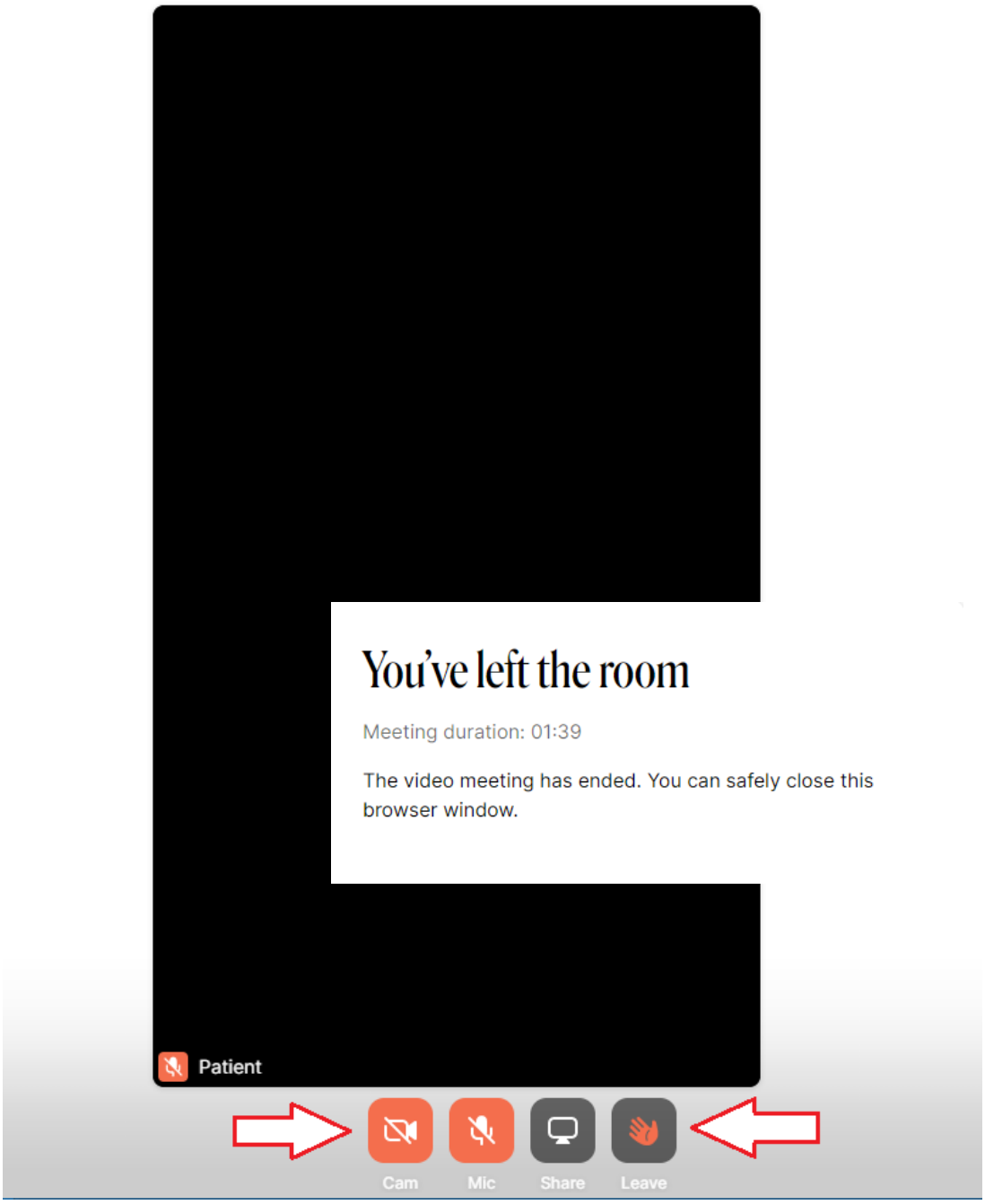
- If you have used the 'test patient' facility, then the following screen will present to you. For these incidents you need only enter a mobile number and then press send (a dummy NHS and DOB will be provided). Please make sure the patient or caller is aware that **they will need to enter the DOB as shown on your screen** for security purposes.



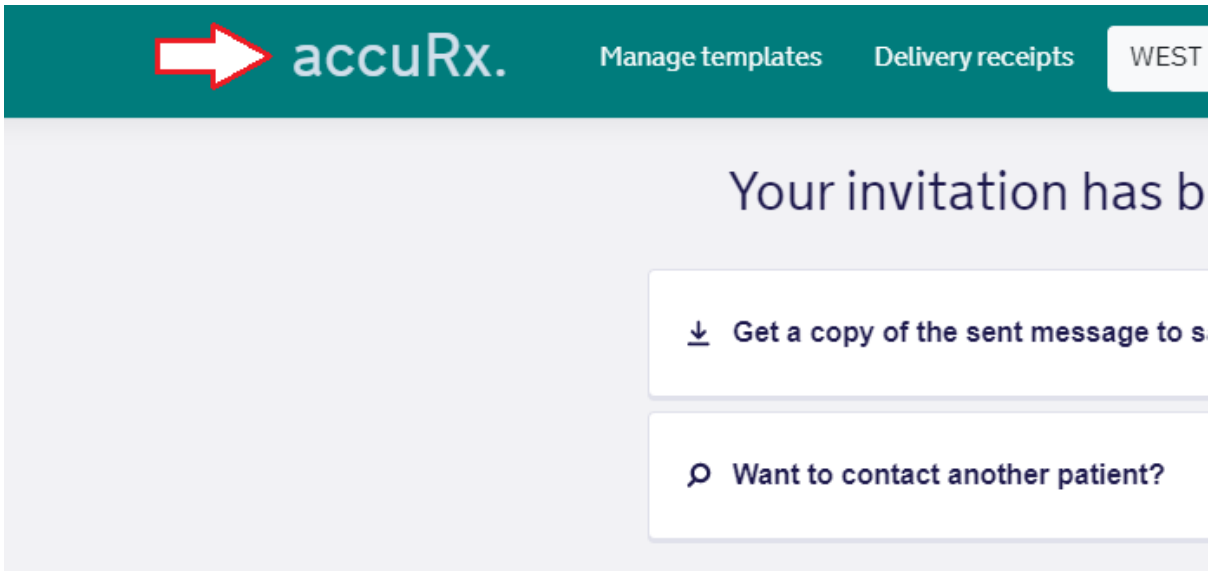
- Once you have sent your invitation you will see the following screen. On the right you will see the progress which is updated in real time. When all items are ticked you may progress by selecting 'Open Video Consult' as shown below:



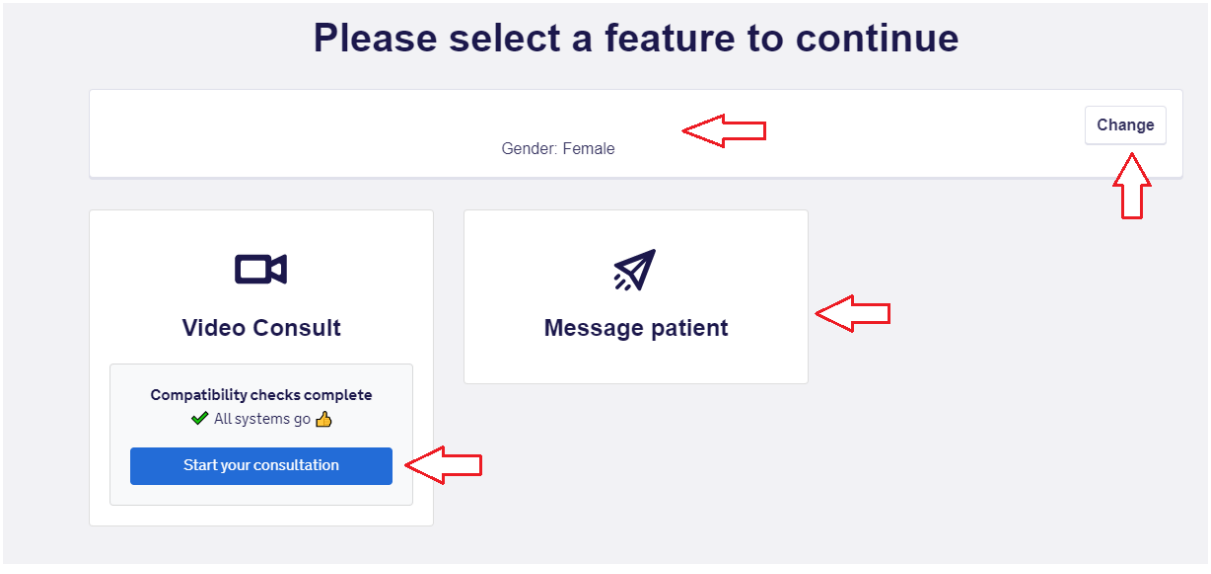
✓ You are now in a Video Assessment with your patient, and you will be able to see the video they are streaming (see below – black screen would show the patient images). At the bottom of the screen, you have several options, you may show or hide your own video (see SOP for accuRx. For full guidance) and mute your mic (this should be always muted as you will remain on your live audio call due to call recording). At the end of the Video Assessment, when you are happy that you have sufficient information to either conclude your assessment, or you need no further Video input, you may leave the Video Assessment by selecting 'Leave'. When you have left the room, you will simply be presented with a screen confirming you have ended the Video Assessment (see bottom right).



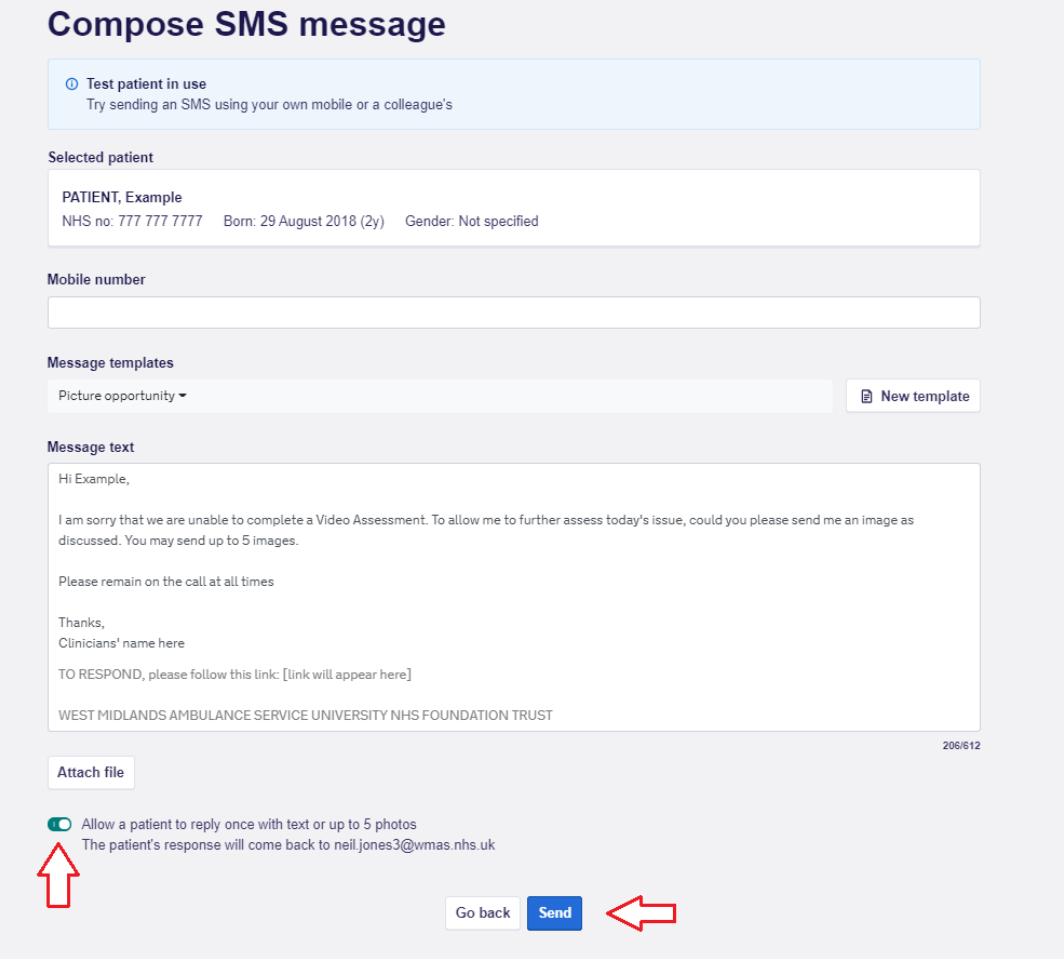
- You have now completed your assessment; you may close the browser window. To return to the main AccuRx. screen simply select the logo (shown below):



- Occasionally a patient may not be able to utilise a Video Assessment for one of many reasons; insufficient data coverage, Wi-Fi issues or unable to utilise the technology competently enough to activate it. On these occasions the system can send a link to the patient which will allow up to 5 photos to be sent (these will be forwarded automatically to your email account). This may be beneficial for minor wounds or other symptoms where a live video -vs- photo would make little difference. To select this service, use the 'message patient' link (shown below) from your patient screen:



- This will take you to the following screen, from here you may add any text to the message body as required or use one of your own pre-defined templates (which are stored within the system for repeated use). When the patient has sent in their photo(s) they will receive an automatic message telling them that the response may not be viewed immediately and to contact reception for any urgent queries – please reassure the patient/caller that this can be disregarded as you will have immediate access to the images sent.

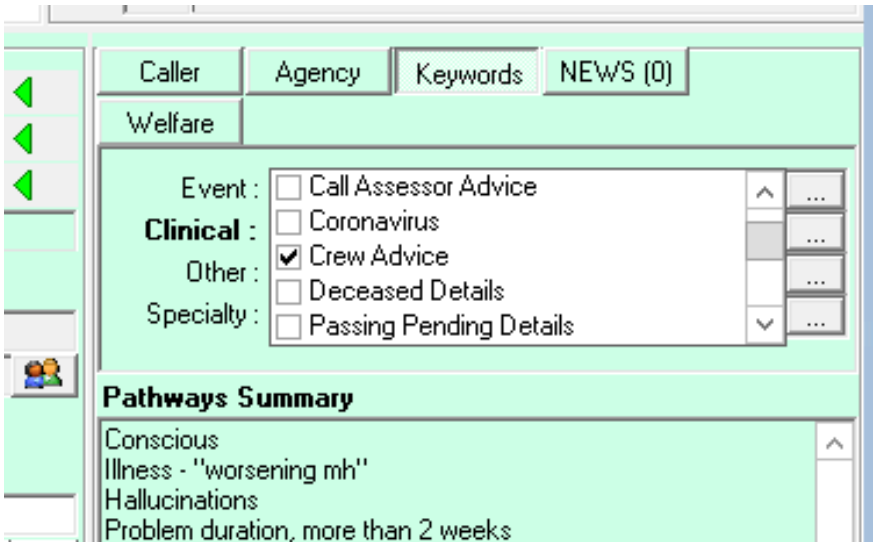


✓ This completes the overview of the system and its use. You are advised to utilise a test patient with your own mobile device to see how the system works, this will help you answer any questions that the patient or caller may have.

This guidance should be read in conjunction with the AccuRx. SOP which you will have received when you completed your Welfare Training. Any queries with the use of the system should be directed to either a member of CSD team or if they are unable to help a member of the Clinical Training Team. Any system issues outside of general use should be directed to Vickie Whorton.

Appendices V

Key Word Audit



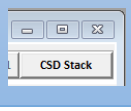
Call Assessor Advice	Check box when you have provided advice to call assessor
Crew Advice	Check box when you have provided advice to crew
Deceased Details	Check box when you have added deceased to pending list
Passing Pending Details	Check box when you have changed status to completed for EPR passed records or have called the GP surgery to pass verbally
VC Completed	accuRx. Completed
VC Not Appropriate	accuRx. Not appropriate for incident or not useful
VC Refused	accuRx. Refused by patient or equipment issue

Appendices VI

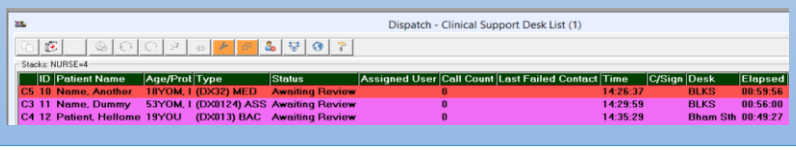
PaCCS Flow Chart

Setup your CAD workspace:

Open the Dispatch list and toggle to the CSD Stack.



Select the top Cat. 3 or 4 case (highlighted in purple).

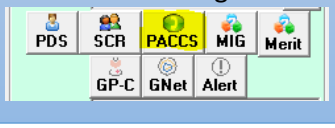


Open selected case for triage:

Review case notes, Pathway summary and demographics.

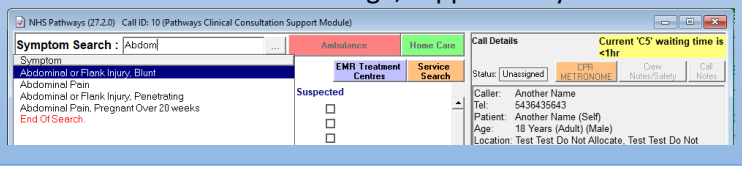
Attempt a patient contact, confirming your role and reason for the call.

When contact is established, launch PACCS to begin a clinical traige.



Undertake Clinical triage - PACCS

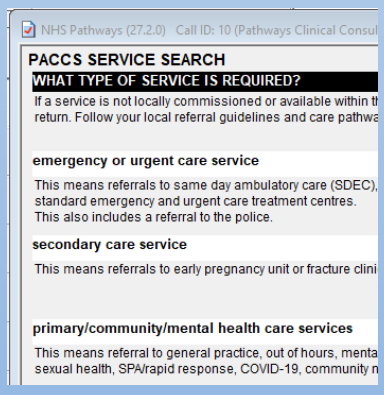
Undertake a clinical triage, supported by PACCS.



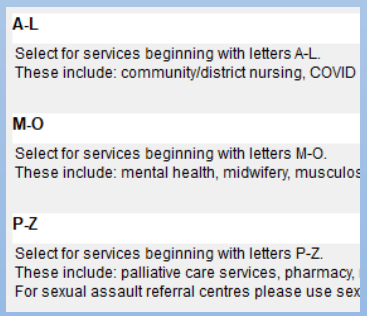
Select the level of care required.

Navigate prompts to specify the type of service required and timeframe

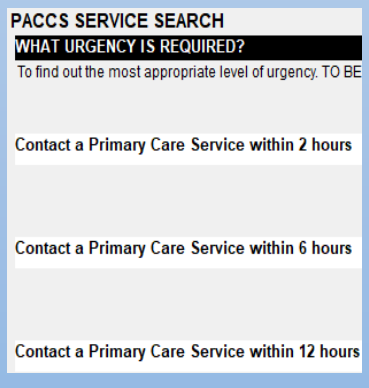
Select the type of service.



Refine the service search and progress to timeframes.



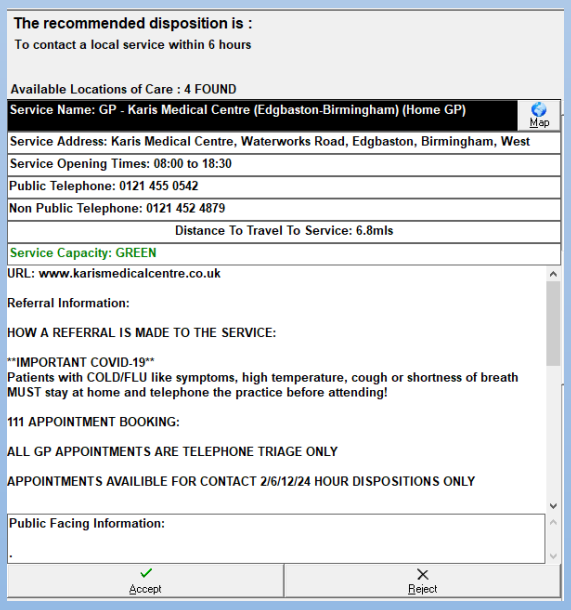
Select timeframe.



Note: When selecting an ambulance outcome for Cat. 3 or 4 Response, the 'Send to CSD' box MUST be ticked and unticked to send the case for dispatch.

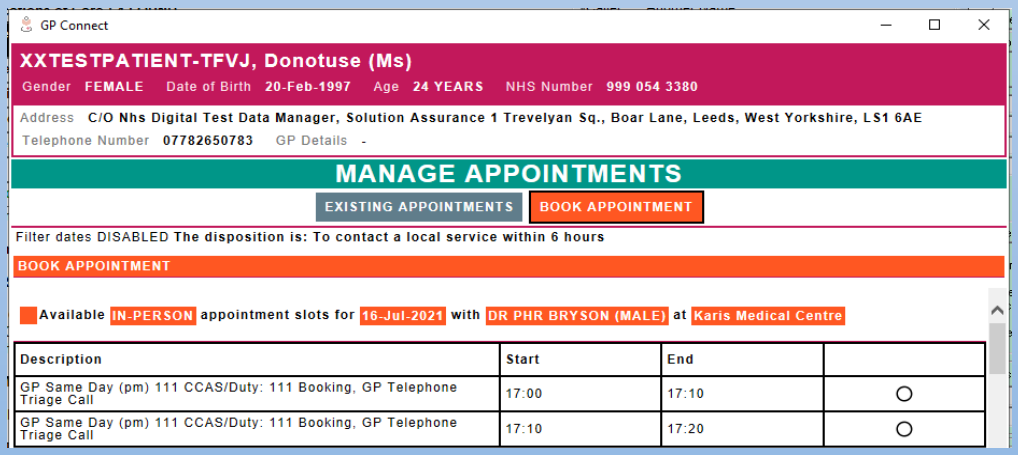
Accept a suitable service from the Directory of Service (DoS)

Select an appropriate service from the DoS.



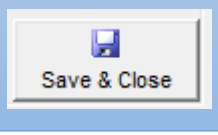
If available, appointment books will present <u>automatically</u> when a DoS service is accepted.

Select 'manage appointments' and 'book appointment'; Select an appropriate slot.



Finally, offer any worsening or 'watch for' advice from PACCS and close the case, as per the Valid

Select Save & Close on completion of PACCS triage.



Appendices VII

Call Assessor closing Instructions

SURGE LEVEL 2 CLOSING INSTRUCTIONS

High Activity Call Exit Script for new C3 & 4 dispositions ONLY

Based upon your condition a clinician may call you back to discuss the most appropriate course of action, or alternatively an ambulance maybe responded to you, however if this is the case it maybe up to 3 hours before the ambulance arrives.

In an effort to keep our emergency lines available for the next call we ask you to only call us back if the patient's condition worsens or if there are new symptoms.

Currently the demand on the ambulance service is at an extremely high level, and there is a need to send our ambulance responses to attend life threatening emergencies first.

**Additional statement for patients in Mental Health Crisis "If you require further support while waiting for the ambulance to arrive you can access Samaritans on 116 123".

Full Pathways worsening advice to be given for C1 & C2 calls.

If the caller/patient confirms they now wish to make their own way to hospital this is acceptable given the current pressures. Please ensure they are informed that should the patient deteriorate on route to call 999.

SURGE LEVEL 3 CLOSING INSTRUCTIONS

Extremely High Activity Call Exit Script for new C3 & 4 dispositions ONLY

Full Pathways worsening advice to be given for C1 & C2 calls.

Based upon your condition a clinician may call you back to discuss the most appropriate course of action, or alternatively an ambulance maybe responded to you, however if this is the case it maybe up to 5 hours before the ambulance arrives.

In an effort to keep our emergency lines available for the next call we ask you to only call us back if the patient's condition worsens or if there are new symptoms.

Currently the demand on the ambulance service is at an extremely high level, and there is a need to send our ambulance responses to attend life threatening emergencies first.

**Additional statement for patients in Mental Health Crisis "If you require further support while waiting for the ambulance to arrive you can access Samaritans on 116 123".

Full Pathways worsening advice to be given for C1 & C2 calls.

If the caller/patient confirms they now wish to make their own way to hospital this is acceptable given the current pressures. Please ensure they are informed that should the patient deteriorate on route to call 999.

Enhanced Clinical Validation of Category 3 & 4 calls.

The Trust is under sustained significant pressure that has resulted in a requirement to escalate to REAP 4 and be at SURGE level 3 and 4 almost all of the time. This had led to patients waiting for an excessive amount of time for a response which, in lots of instances are not required. Despite everyone's best efforts to deal with this level of demand, current measures and arrangements are simply not enough.

In consultation with the Senior Command Team I am proposing that a new approach is required, one that I need support to implement immediately which involves enhanced clinical validation of category 3 & 4 calls with the sole aim of reducing the significant waits that patients are experiencing at the moment by clinically assessing patients eligibility and suitability to seek alternative arrangements and be passed through to the alternative services that are out there, many of which are openly saying that they have capacity to do more.

The aim of the Clinical Validation team Is to utilise an enhanced clinical triage tool (NHS Pathways PaCCs) in order to find an alternative to an emergency response for at least 500 patients a day. This would increase the H&T to circa 15%, would ease the significant pressures on dispatch, improve patient safety by reducing the number of ambulances dispatched to category 3 and 4 calls which allows for a better response to category 1 and 2 patients.

There is a requirement to attract additional clinicians into the IEUC to supplement the CSD and SCC clinicians already working within this environment. The only way that operational collegues will take this opportunity is to pay band 7 to the staff undertaking the clinical validation and to offer them the opportunity to undertake an MSC to support their clinical development.

In order for this to be affective and deliver the objectives there is a requirement to advertise for additional clinicians quickly, initially on a 6 month secondment. The current CSD and SCC establishment means there are already 40 clinicians working in EOC, an additional 45 staff are required that would come from the current operational workforce.

The costs associated with the pilot is £582,000. This is based upon moving 85 paramedics from mid-point of band 6 to mid-point band 7 plus the unsociable hour entitlement.

This initiative is in response to the current demand pressures and patients waiting excessive amounts of time for help, it is a change to the Trust operating model but one that is required. The board are asked to support this requirement.

Jeremy Brown

Integrated Emergency & Urgent Care Director

Clinical Validation of Category 3 and Category 4 999 calls

Standard Operating Procedure [SOP]

Integrated Emergency and Urgent Care [IEUC]

Review Date	**01/09/2021**
Version	**2.1**
Authorised	

Author Details

Name	Vickie Whorton

Document Control

Date	Initials	Changes	Description
15/07/2021	**VW**	**New Process introduced**	**Implementation of clinical validation for category 3 & 4 calls**

Approvals

Approvals Required	Approved	Version	Date
Jeremy Brown	**22/07/21**	**1**	**17.07.2021**
Board Approval	**22/07/21**	**2.1**	**22/07/21**

1.0 Introduction

The 999 activity call volumes that present daily has changed considerably, with a large proportion of patients calling 999 after exhausting other ways to get medical assistance. In addition, the pressures relating to delayed hospital handover at Acute ED departments across the Region means that the Trust has no alternative but to look at a different approach as to how it manages incoming calls for assistance and subsequent ambulance responses.

All category 3 & 4 999 calls (with the exception of a predefined list of exemptions), will go direct to the clinical validation queue where the focus will be to source alternate pathways, where it is clinically safe to do so and reduce the overall volume of patients passed to dispatch for an ambulance response. Any ambulance response must be approved by a Clinical Navigator and will then be presented on the dispatch stack for a response.

Some of these patients will call back again on 999, This is to be expected and there is an acceptance from the trust that this will occur. The clinicians undertaking these validations have the full support of the Trust.

Dispatch will then only be presented with a list of category 1, 2, 3, 4 and urgent cases where there is a requirement to deploy an ambulance. This should remove a lot of the difficulties that are experienced currently with the volume of outstanding incidents presented to dispatch where its difficult to make a judgment call of which patients clinical needs are greatest.

Validation will be carried out utilising Pathways Clinical Consultation Support Module or PaCCs for short. By Utilising PaCCs the Trust will enable clinicians to:

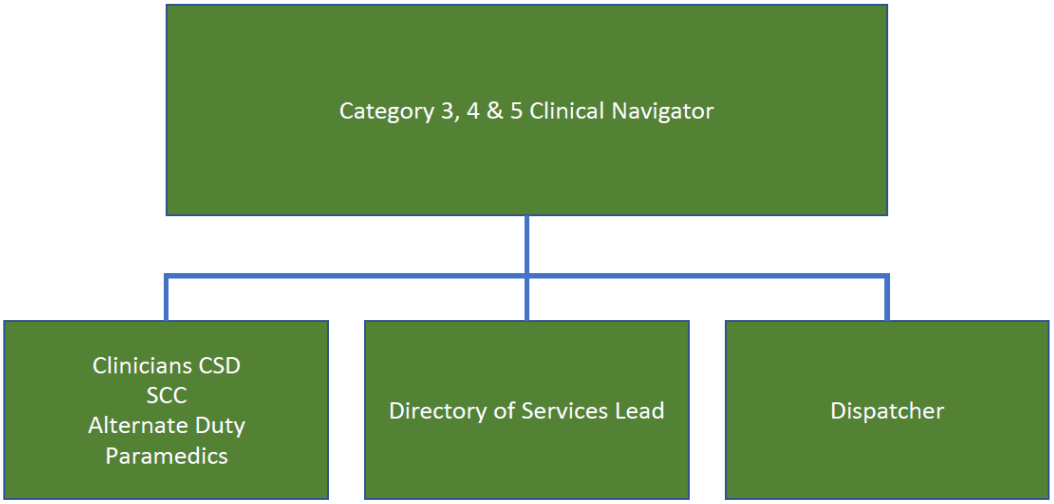
- Utilise a clinically approved tool which will provide the required governance
- Capture the appropriate outcomes: Hear & Treat See & Treat.
- Creates a DOS return that recommends viable alternative pathways available to meet the patient needs.
- Will allow appointment bookings for:
    - Urgent Care Centres
    - Walk in Centres
    - Emergency Departments
    - GP surgeries
    - Community Services
    - Referrals in to the 111 CAS
- Will allow electronic transfer of call details if the service being referred to accepts electronic referrals.

2.0 Scope

The requirements and aims of introducing this initiative is to significantly reduce the volume of category 3 & 4 patients that present to dispatch by providing patients with a viable alternative option other than that of an ambulance.

- Increase Hear & Treat to circa 15% which equates to utilising alternative pathways for circa 500 patients a day, (to date with the current measures in place we move around 200 patients, so we are looking at an additional 300).
- A noticeable reduction for the requirement of an ambulance dispatch.
- A reduction in patients waiting for help thus providing the dispatch function more opportunity to respond ambulances to those patients with the greatest clinical need.
- Increase utilisation of primary care services.
- Preparation for winter pressures.
- Reduction in conveyance to ED with a likely reduction in hospital delays.
- Reduction in late finishes
- Reduction in stress and anxiety created by stacking calls

3.0 Functional Structure



- Category 3, 4 and 5 Clinical Navigator 24/7
- Dispatcher 24/7
- DOS Lead Monday - Friday
- Clinical Support Desk Paramedics 24/7

- Strategic Capacity Cell Paramedics 24/7
- Alternate Duty Paramedics /nurses (registered HCP) 24/7

4.0 Process, Roles and Responsibilities

Clinical Validation Process

1. Call will present to Clinical Validation queue.
2. Registered Health Care Professional (Paramedic, advanced nurse/ paramedic) will validate call using PaCCs.
3. Alternate service is sought where clinically appropriate, and call closed accordingly.
4. Call is designated as an ambulance response, clinician is to conference clinical navigator for approval of an ambulance response, following authorisation the clinician will send for dispatch.

Clinical Navigator

The Clinical Navigator (CN) will supervise all the clinical functions within the team, the CN is key to the safe management of the queue, filtering calls through to dispatch (via the dispatcher) when required, be that due to low clinical staffing or increases in demand, to prevent the queue getting to large and unmanageable.
The primary goal is to significantly reduce the number of category 3 & 4 calls sent to dispatch for ambulance assignment and ensure an appropriate disposition is reached following validation that meets the patient's needs.

- To monitor all screens to ensure all calls are prioritised and picked up in a timely manner.
- To ensure all functions are monitored and clinicians assigned without delay to waiting calls.
- Following information received from NHSE in regard to suicide and overdose calls, any such call which is received as a category 3 will at 40 minutes automatically be upgraded to a category 2 call, these calls will go directly to the sector for dispatch, they will also show on the second dispatch screen (see screen set up) if a clinician is available, they are to assign themselves to the case and carry out a validation of the call.
- Mental Health (MH) Calls are to be reviewed by CN, If appropriate and where possible – these calls to be streamed across to 111 for referral and assessment by 111 MH trained staff.
- Calls related to dental issues, if appropriate and where possible, these calls to be streamed across to 111 for referral and assessment by 111 dental trained staff.
- Pharmacy related cases, if appropriate and where possible – these calls to be streamed across to 111 for referral and assessment by 111 pharmacists.
- Only the CN to stream these calls across to Adastra after discussing with the Duty CS within 111 / cross checking Adastra to ensure that the queues and waiting times do not breech for each specialty.
- CN to monitor for areas of high demand (focusing on areas with significant volume of c3 calls and set allocated clinicians to purely work these regions only).

- Category 3 calls received for patients that are in a public place, have stroke symptoms, are under 2 years of age or have gunshot or stab injuries will be passed to dispatch for ambulance allocation. This is the function of the dedicated dispatcher.
- At times of extreme surge (surge level 3) prioritise calls where an ambulance response is required and push these through to the relevant dispatch desk to be assigned to an ambulance when available.
- Ensure that C5 calls receive a timely clinical triage from CSD.
- Authorise requests from clinicians for appropriate ambulance response only.
- If an ambulance response is not required, then an appropriate disposition will be needed based on the patient's needs. DoS to be checked and utilised and alternative pathways pushed wherever possible – seeking support and guidance from the DoS lead in hours.
- Clinicians to utilise the booking system available for both GP's / ED / SDEC where required.
- Calls already triaged by a WMAS 111 clinician will be moved to dispatch sector by the dispatcher.
- Out of area cat 3 calls will be triaged by CSD, for the CN to monitor.
- Clinical validation queue continually monitored by CN for the longest waiting call. To include category 5, 4 and 3 calls.

Clinical Support Desk Functions

Clinicians will validate all category 3 calls, except those exemptions highlighted above. They will make a dynamic assessment using PaCCs to identify an appropriate alternate pathway as opposed to an ambulance response, if none are identified as suitable and an ambulance is deemed necessary, authorisation is to be sought from the Duty Clinical Navigator whilst the patient remains on the line before being sent to dispatch.

The functions of the Clinical Validation team are:

- Clinical validation of category 3 & 4 calls.
- Clinical triage using pathways for category 5 calls (NHS Pathways trained clinicians).
- Monitor and action accordingly the monitor list for overdose and suicide calls.
- Support for call assessors.
- Pending list.
- Support Operational crews with alternative pathways
- Paramedics will be notified by dispatch if a crew have requested a contact, in order to contact the crew, Dial 01384 215828, You will then get a message that's tells you to dial 68 followed by the last 5 from the issi.

Utilisation of the DoS

The DoS will allow clinicians to refer and if make appointment bookings, it will show availability for the following:

- Urgent Treatment Centres

- Minor Injury Units (Urgent care and walk in centres)
- Emergency Departments
- GP Surgeries
- Community services (District nurses, Frailty and falls teams)
- 111 CAS Referrals (Clinical Assessment Service)
- SDEC (Same day Emergency Care)

Directory of Services (DOS) Support Function

- To support all clinical functions is sourcing
- Collate information regarding shortfalls identified for alternate pathways area specific.
- Address any issues live that come up during the validation process where an alternative pathway is being refused or its viability is being challenged.

Dispatcher Function

Below is the pre-determined list for calls requiring direct dispatch, it is the responsibility of the dispatcher to push calls that will not be validated through to the sector for an ambulance response. These should be monitored on the dispatch 2 list using the filter whilst on the dispatch 1 screen then continue to monitor all Cat 3 & 4 calls reviewing case notes.

- All cases in a public place
- Under 2 years
- Strokes
- Stabbing/ gun shot
- Multiple casualty event
- Major incident standby/declared
- Air Incident
- Bomb Threat
- Hazchem
- Explosions
- Fire/ request to standby
- Flooding
- Rail incident
- CBRN
- Overdose and suicides which may not have automatically gone to sector.
- Responsible for monitoring duplicate calls and close accordingly.
- Calls identified as WMAS 111 which would have received a clinical triage are to go direct to dispatch.
- All Urgent Removal Bookings.
- All Interhospital Facility Transfers cases.

- There will be times where due to demand the Clinical Navigator will advise of additional calls (case number specific) to go direct to dispatch, the dispatcher is to document on cleric these calls.

Ambulance responses for dispatch

Category 1 – Present in dispatch stack for response.

Category 2 - Present in dispatch stack for response.

Category 3 – Only calls which have been through clinical validation will present to dispatch stack for an ambulance response.

Category 4 - Only calls which have been through clinical validation will present to dispatch stack for an ambulance response.

5.0 ACTIONS TO BE TAKEN WHEN AN INCIDENT PRESENTS IN THE CLINCIAL QUEUE FOR VALIDATION.

1. Incidents will present in the "Clinical Support Desk List" in disposition priority order (red/amber/green) and time order with the shortest call-back time at the top of the queue Category 5 calls presenting first.
   The category 3 and 4 calls will present underneath again in time order. There is an elapsed time counter to the right-hand side of the queue, and this displays the time remaining. If the call-back time elapses, then the incident will be returned to the dispatch stack with 'CSD30' in the instruction field indicating it has not been contacted and automatically generates a C3 ambulance response. Incidents must be always called back in priority order from the top of the queue.

   1. An incident presenting in the queue should be opened by double clicking the mouse on the incident line.

   2. The clinician should review the call and crew notes for relevant information.

   3. The clinician should select 'PaCCs' to begin the clinical validation.

   4. Assign call sign

5. The clinician should call the patient or caller using the number provided in the CLI box (top left of incident log) or documented in the call notes should the patient/caller request call-back on an alternative number. (Guidance on phones appendix I).

6. When the call-back is answered you should introduce yourself using your first name indicating that you are a clinician with West Midlands Ambulance Service calling back regarding the recent call for 'first name only'. You must ask the caller to confirm the patients' full name and date of birth and the first line of the address where they are currently. **Due to GDPR regulations you must never provide any of this information to the caller, confirm that our record matches the information they provide to you.** Once they have confirmed this information and you are satisfied you are speaking to the correct caller/patient then the call can continue.

7. Book yourself in attendance on the case.

8. Where possible all calls should be assessed speaking to the patient directly – this allows for you to verify their ABCD status and will ensure that accurate answers are given.

9. All incidents must be handled through PaCCs to reach a clinically safe and appropriate disposition.

10. Briefly explain the reason for the call.
    - Hello, my name is xxxx
    - I'm a clinician calling from the control room at West Midlands Ambulance Service.
    - I'm, calling in regard to xxxx am I able to speak with them please?
    - I'm phoning to apologise for your wait for the ambulance, and to see if there is anything we can do to provide treatment sooner.

11. You must ask the patient if you can have their consent to view their online medical information. This will allow you to access GP-Connect / MIG / SCR. If the patient refuses or you do not request their consent you must document the reasons in call notes.

12. You should consider AccuRx. at this point. If it is appropriate, explain the process to the caller and send a link to their device (appendix III). If it is not appropriate or the caller refuses/equipment is not suitable, add notes to call notes to explain this and select the appropriate keyword audit (appendix IV).

13. Where the end disposition is deemed inappropriate; either due to the caller being unlikely or unable to follow it or the clinician decides another disposition is more suitable; the disposition reached must be changed within PaCCs to match the appropriate disposition which has been passed to the caller or patient.

14. Certain incidents will be suitable for an urgent removal to be arranged. Where this option is considered, clinicians must ensure the patient is suitable for this mode of transport without

the need for intervention. If suitable the call is to be downgraded and one of the following options selected.

- Transport to arrive within 2 hours
- Transport to arrive within 4 hours

There will be a requirement to fully complete the urgent screen with pertinent patient information prior to closing the case.

15. Notes must be added to each incident to provide rationale for any decision-making process where the disposition provided by PaCCs is amended by the clinician. Notes will also allow for review should a further call be placed into the service following your assessment.

16. Advise the caller of the disposition outcome to include skillset and timeframe in line with PaCCs training. Relevant care advice, "watch for" advice and "worsening" advice should be given to each patient/caller.

17. Where an ambulance disposition is reached the clinician is to discuss the case with the CN before sending it to dispatch, once authorisation is gained for an ambulance response select send to CSD and accept the prompt, then unselect the box and accept the prompt do you want to upgrade for a response. Then concise and meaningful crew notes should be added to update the crew for their response.

18. When dealing with an incident and the caller/patient has not answered or a voicemail has been left, the welfare tab must be selected, call back status of unsuccessful set and the 10-minute time frame selected. Ensure that you remove yourself off the case. That the instruction field is updated with no contact and the number of attempts.

19. For ambulance dispositions an 'at' scene time should not be entered. Remove your call sign by selecting 'Amb Still Required' and adding any relevant notes.

20. When dealing with a call where an ambulance IS NOT REQUIRED ensure that you have;

    a. Booked on the case with your call sign,
    b. Booked mobile
    c. Arrived on scene,

    These times should be the same as your Passed time.

    d. Double-click your call sign and enter all details above.
    e. Once your DoS return has been accepted you will then need to remove yourself from the incident, select the remove icon in the bottom right of the screen, and select VNR reason.

NB please do not close any call using the cancel due to clinical call back reason, please ensure you select the appropriate disposition reached out of the following options.

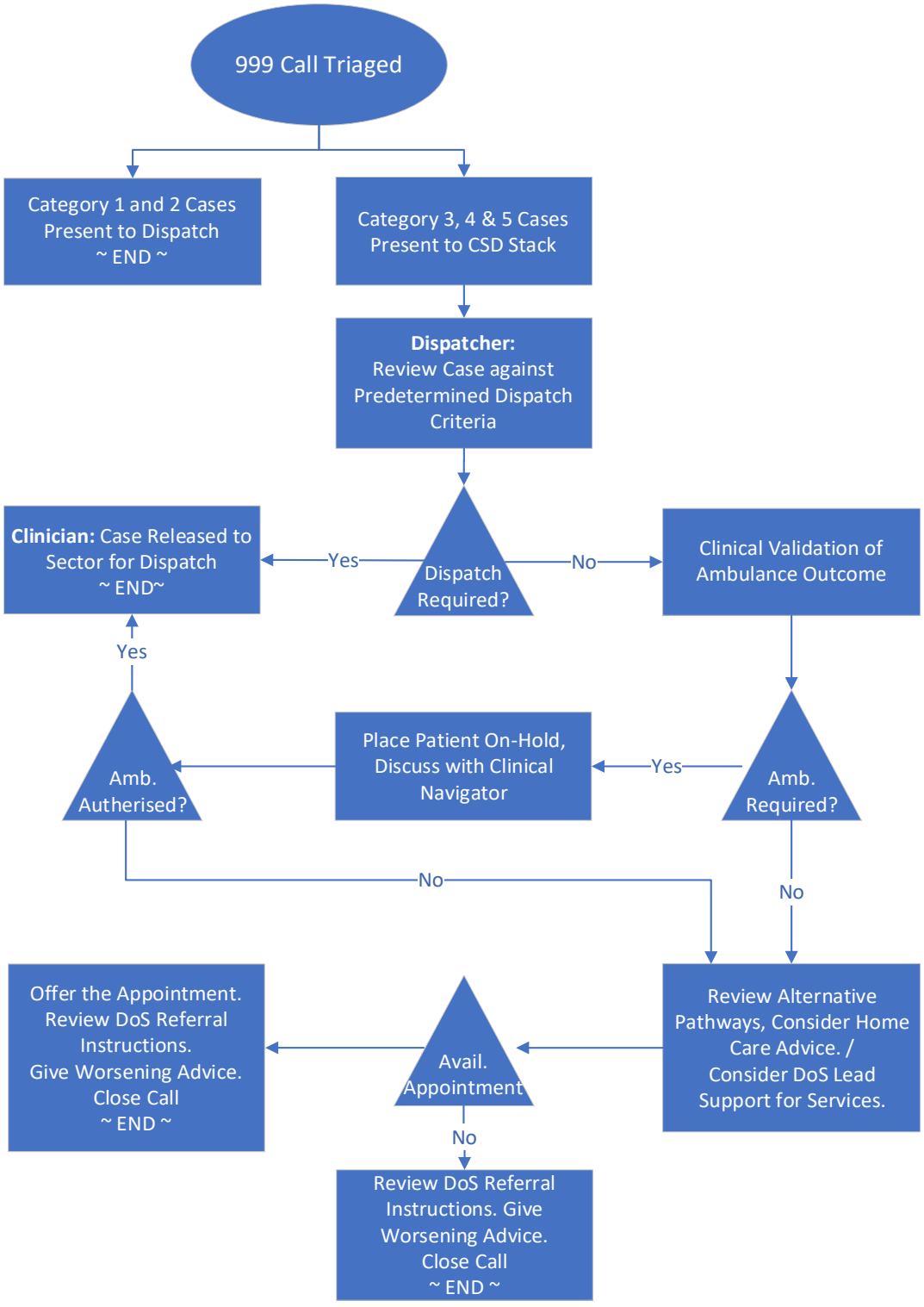
- Alternative Pathway
- Alternative Transport Other
- Alternative Transport Pts
- Assisted Another Service
- Cancelled By Caller Delay
- Cancelled By Caller Other
- Cancelled By Caller Recovered
- Cancelled By Other Emerg Service
- Cancelled Clinical Call Back
- Deceased
- Duplicate
- Duplicate CSD Upgrade
- Hoax
- Information
- No Patient Contact
- No Patient Found
- No Send Demand Management
- Passed Another Ambulance Service
- Police Transported Other
- Police Transported S136
- Refer To 111 Or Ooh
- Refer To Ed
- Refer To Gp
- Refer To Miu Or Wic
- Refer To Specific Service
- Referral To HCP

- Response
- Self Care

Appendices I

Cat. 3 & 4 Clinical Validation Case Flow

NHS
West Midlands Ambulance Service
University NHS Foundation Trust



NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Executive Performance Dashboard
June 2021

Activity and Performance

Measure	Month	YTD	Monthly Trend
Category 1 - Mean Target 7 mins	07:10	06:55	
Category 1 - 90th Target 15 mins	12:33	12:07	
Category 1 T - Mean Target 19 mins	08:10	07:56	
Category 1 T - 90th Target 30 mins	14:36	14:04	
Category 2 - Mean Target 18 mins	18:38	15:43	
Category 2 - 90th Target 40 mins	37:26	30:23	
Category 3 - Mean Target 60 mins	89:42	59:48	

Activity and Performance

Measure	Month	YTD	Monthly Trend
Category 3 - 90th Target 120 mins	216:10	141:35	
Category 4 - Mean Target 180 mins	116:59	76:55	
Category 4 - 90th	288:07	189:19	
HCP 2hr - 90th	206:57	153:40	
HCP 4hr - 90th	258:35	219:01	
Call Answer (999 only) 95%	00:08	00:01	
Number of 2 min call delays	18	34	

111

Measure	Month	YTD	Monthly Trend
% Calls Answered in 60 seconds	36.5%	63.6%	
Average Call Answer (mm:ss)	05:23	02:20	
% of Calls Abandoned after 30 seconds	15.5%	7.0%	

PTS

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

Clinical Quality & Safety

Measure	Month	YTD	Monthly Trend
Total Incident Forms	837	2762	
No. of RIDDORS	5	21	
No. of Verbal Assaults	111	357	
No. of Physical Assaults	66	186	
Patient Safety (Total)	347	1111	
Patient Safety Harm	45	146	
Being Open (low to moderate harm only)	24	83	
Duty of Candour (severe harm and above)	11	29	
Serious Incidents	14	28	
Complaints	49	120	
PALS	227	621	
Compliments	140	440	
Claims	4	16	

Financial

Measure	Month	YTD	Monthly Trend
EBITDA £million (Plan £6.1m)	1.4	2.5	
Delivery of CIP Programme £million (Target £2.3M)	0.0	0.0	
Capital Expenditure £million (2020/21 £24.8m)	0.1	0.4	
Better Payment Practice Code	92.50%	92.50%	

Financial - Use of Resources *

Measure	Month	YTD	Monthly Trend
Capital Service Capacity	9.6	9.6	
Liquidity	1.1	1.1	
I&E Margin	-1.47%	-1.47%	
Distance from YTD plan	-1.32%	-1.32%	
Agency Spend £million	0.0	0.0	

* The Use of Resources has not been monitored in 2020/21 due to COVID regime

Workforce

Measure	Month	YTD	Monthly Trend
Sickness (Target - top quartile of all Amb Services)	4.6%	4.3%	
Appraisals (YTD)	43.0%	43.0%	
Mandatory Training E&U (YTD)	5.2%	5.2%	
Mandatory Training PTS (YTD)	31.0%	31.0%	

Clinical Quality & Safety

Measure	Month	YTD	Monthly Trend
Return of Spontaneous Circulation At Hospital (Comp)	44.44%	48.41%	
Cardiac Arrest Survival to discharge (Comp)	7.14%	12.79%	
Post ROSC Care Bundle	Not required in month	70.30%	
STEMI Care Bundle	94.80%	94.02%	
Stroke Diagnostic Bundle	98.46%	98.77%	
Sepsis Care Bundle	86.59%	88.75%	

West Midlands Ambulance Service
University NHS Foundation Trust

Monthly COVID-19 Sitrep

01/05/2021 – 31/05/2021

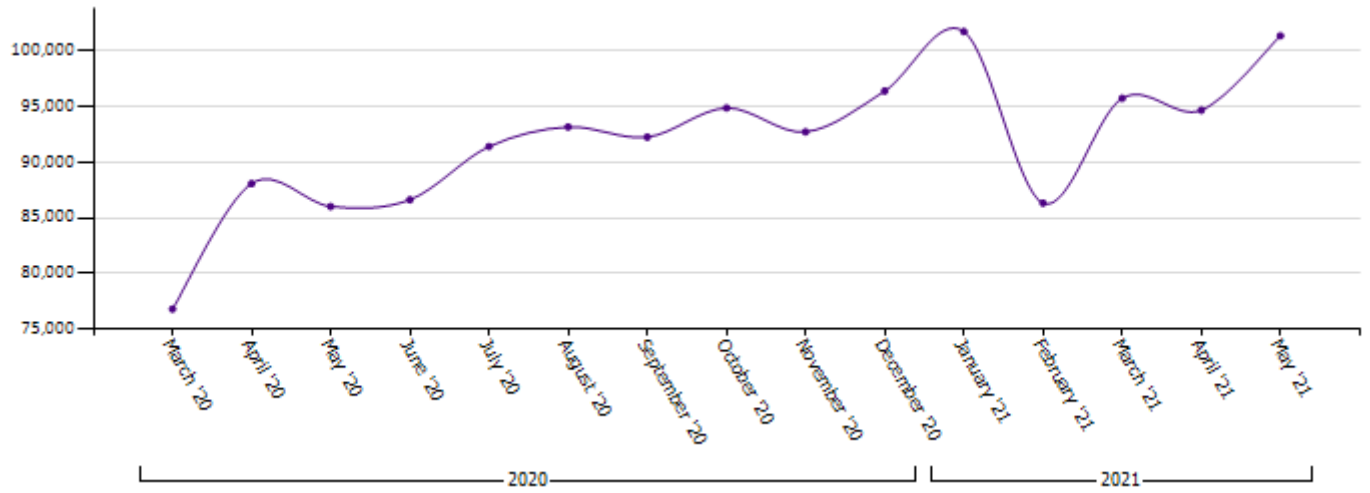
Report Created 02/06/2021

Welcome to the WMAS Covid-19 Monthly Report.

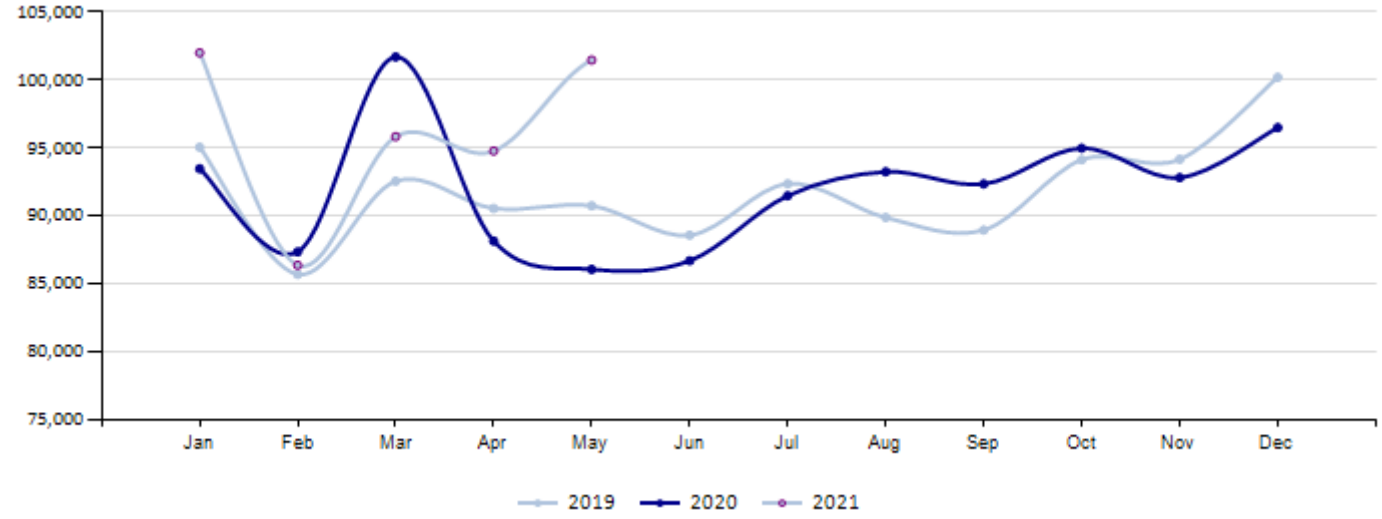
The information contained in this report has been condensed and summarised from the main activities of the Senior Incident Response Management team and key information feeds for the Operational Delivery units of the Trust.

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

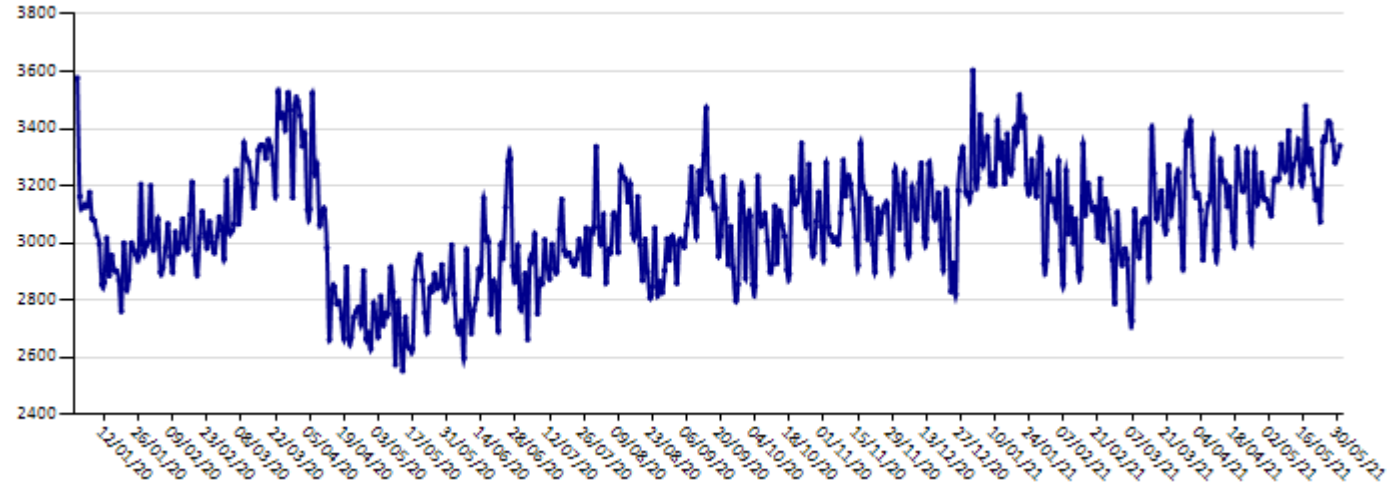
Monthly 999 Incident Activity



Monthly Emergency & Urgent Incidents Compared to Previous Years



Daily Incident Volumes



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

Daily activity during 2020 fell in line with UK Government restrictions and the trends seen in positive COVID cases. Activity in May has been significantly higher than pre-pandemic levels, with circa. 11,000 incidents more than May 2019. The 28th May currently falls 2nd in the current list of days with the highest activity during 2021, with a total of 4810 incidents. May has seen a total of 107,153 incidents, rising from April's total of 99,644.

WMAS Response Status

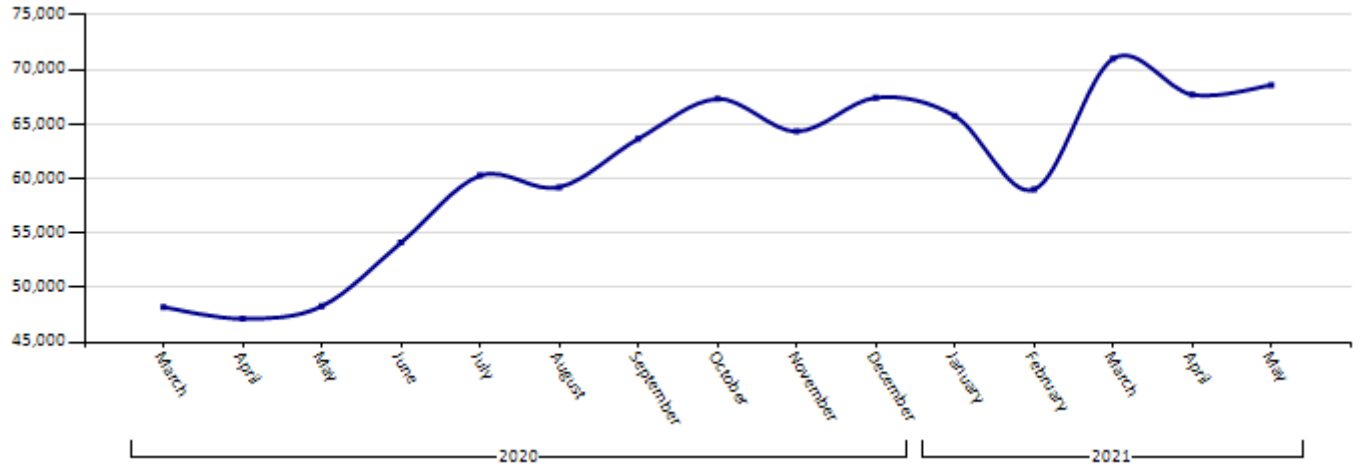
WMAS REAP Level	WMAS Surge Level	WMAS COVID-19 Level
Level 2	Level 1	Currently Not Reported

The month of May has been challenging nationally, as significant increases in service demand saw Ambulance Trusts increase their REAP levels due to spikes in demand and hospital delays. WMAS have experienced periods of Surge 2 and 3, which were managed effectively in line with the Trusts Surge Demand Management Plan. The Trust moved to REAP 2 on the 14th May due to the aforementioned reasons. Below is a snapshot of the National REAP summary, depicting the 31st May.

Trust Status

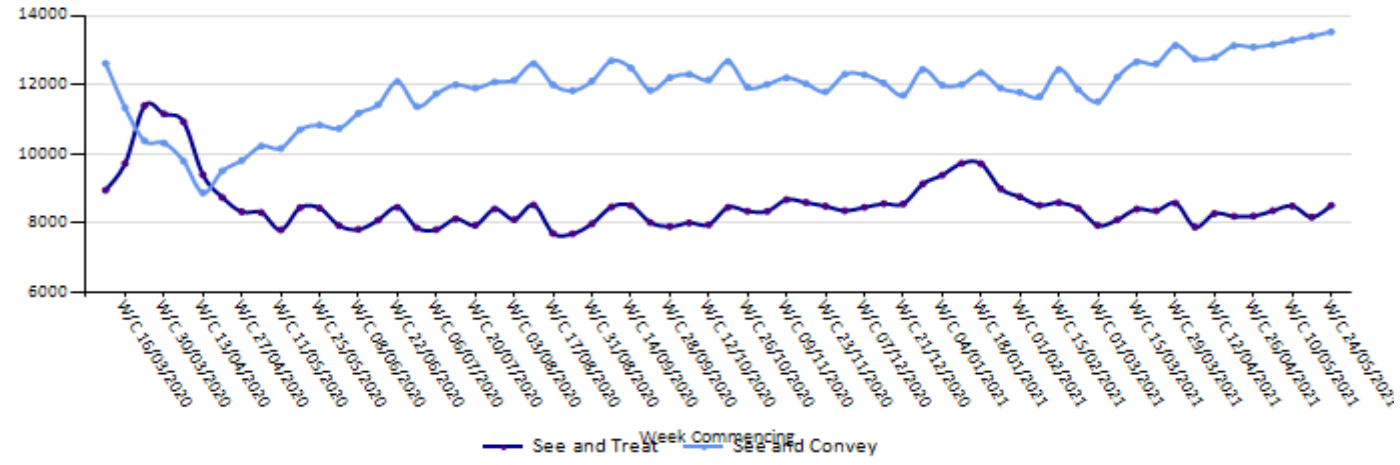
	EE	EM	LA	NE	NW	SC	SE	SW	WM	YA	IW	WA
REAP	3	2	3	2	3	2	3	4	2	2	2	2

PTS Activity



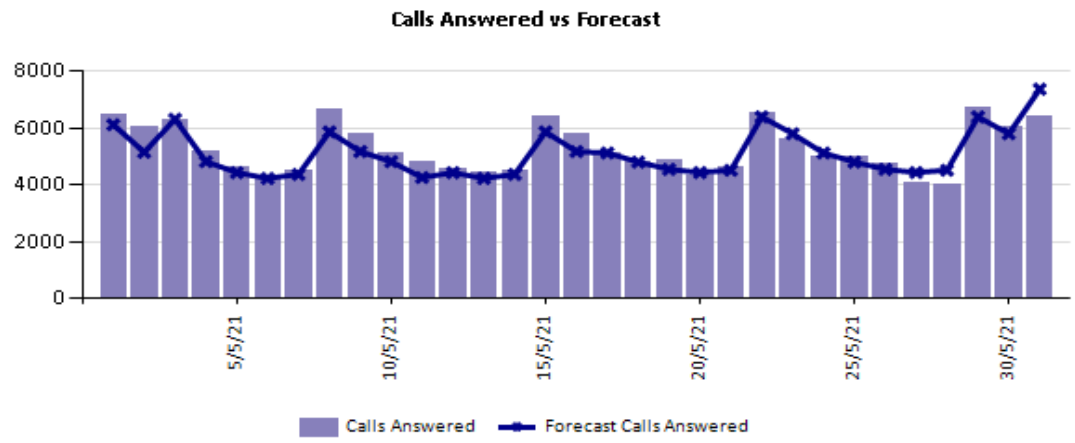
PTS activity has increased slightly from April, with hospitals focussing on restoration of planned care and reducing waiting times. PTS activity has reached c90% of pre-pandemic activity, whilst still having to maintain social distancing on vehicles, with the inevitable reduction in patients per vehicles and efficiency as a result.

Conveyances & Non-Conveyances (VNR)



See and Convey cases increased slightly throughout May, from levels seen in April. See and Treat cases saw a marginal decrease towards the latter stages of the month. Total number of conveyances in May totalled 58,048, an increase from April's total of 54,766 (ORBIT 35).

Daily 111 Calls Answered vs Forecast (ORBIT 1014)



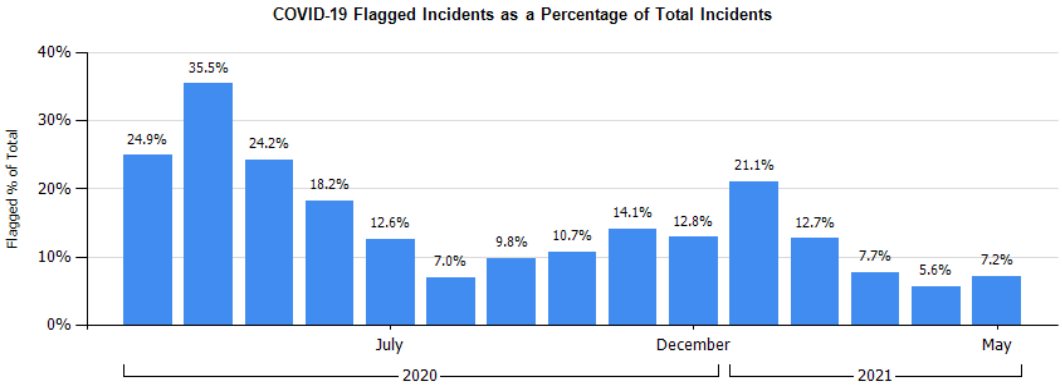
The graph above shows the Daily 111 Calls Answered vs Forecast for the month of May. Calls answered remained fairly consistent with forecasting. The 2nd May saw the highest degree of variance, with a 16.83% variance above forecast, with a total of 6032 calls answered. The 28th May saw a -11.65% variance against the forecast.

Whilst WMAS is forecasting a level of demand it is important to note the forecast and actuals are currently signifcantly in excess of what was planned for with our commisioners when taking the service on, by as much as 40%.

COVID-19 Incidents 01/03/2020 to 30/05/2021 (ORBIT 1090)

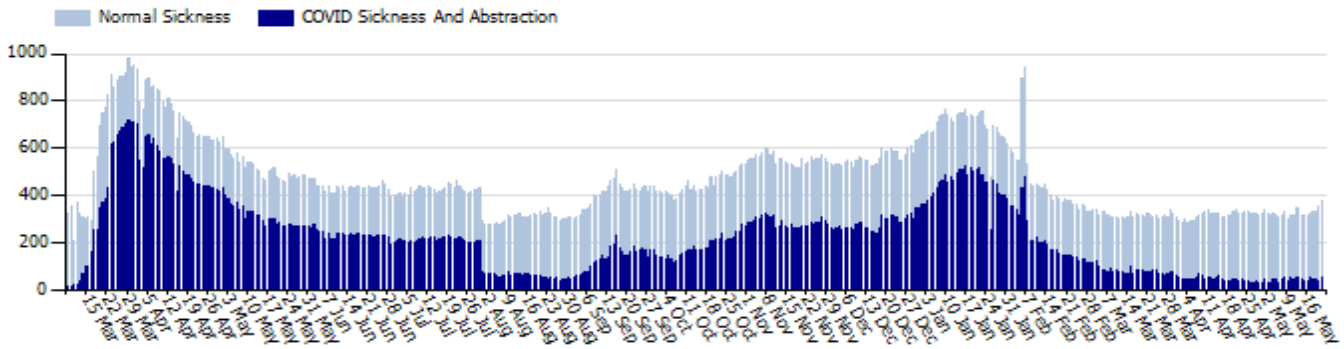
The information below is taken from ORBIT 1090 and includes all cases flagged in the CAD as 'Coronavirus'

Incidents	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Total
All Incidents	96823	95513	87671	88416	93129	94564	93531	96032	93691	97419	103215	87351	96823	95513	87671	**1407362**
Cases flagged in CAD	24149	33880	21229	16083	11726	6619	9173	10255	13227	12513	21770	11067	7443	5393	6287	**210814**
Flagged % of Total	24.9%	35.5%	24.2%	18.2%	12.6%	7.0%	9.8%	10.7%	14.1%	12.8%	21.1%	12.7%	7.7%	5.6%	7.2%	**15.0%**



Over the last 12 months, the number of COVID related cases that the Trust repsonded to, matches the trend seen throughout the UK with regards to the number of positive COVID cases reported. This month saw an increase from 5.6% (April) to 7.2% (May) in the cases flagged in the CAD. This is in line with an expected rise, as the "roadmap" to opening the country progresses and lockdown measures relax whilst having a new, more transmissible variant now prevalent.

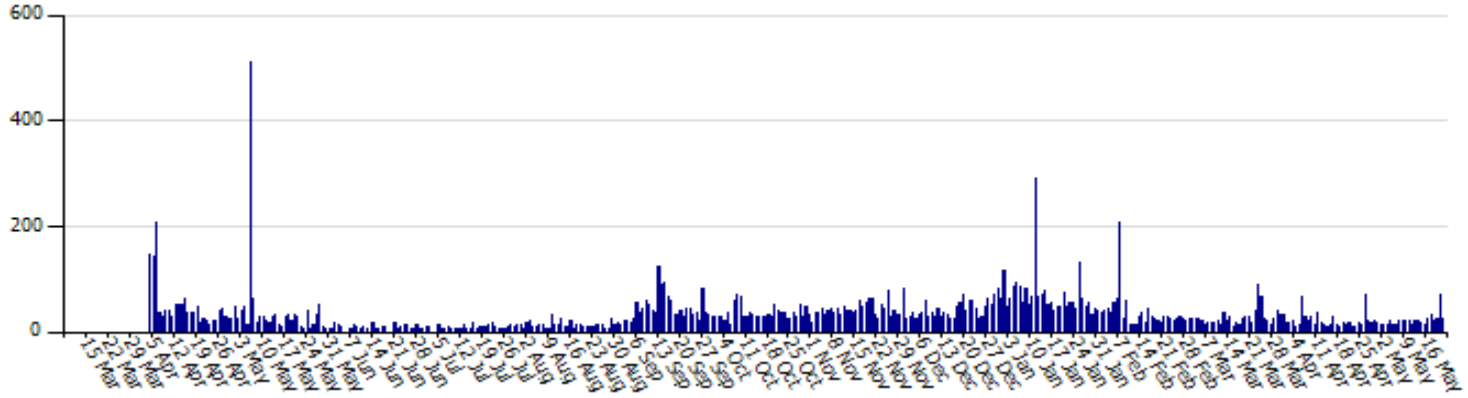
Staff Sickness (as of 31/05/2021)



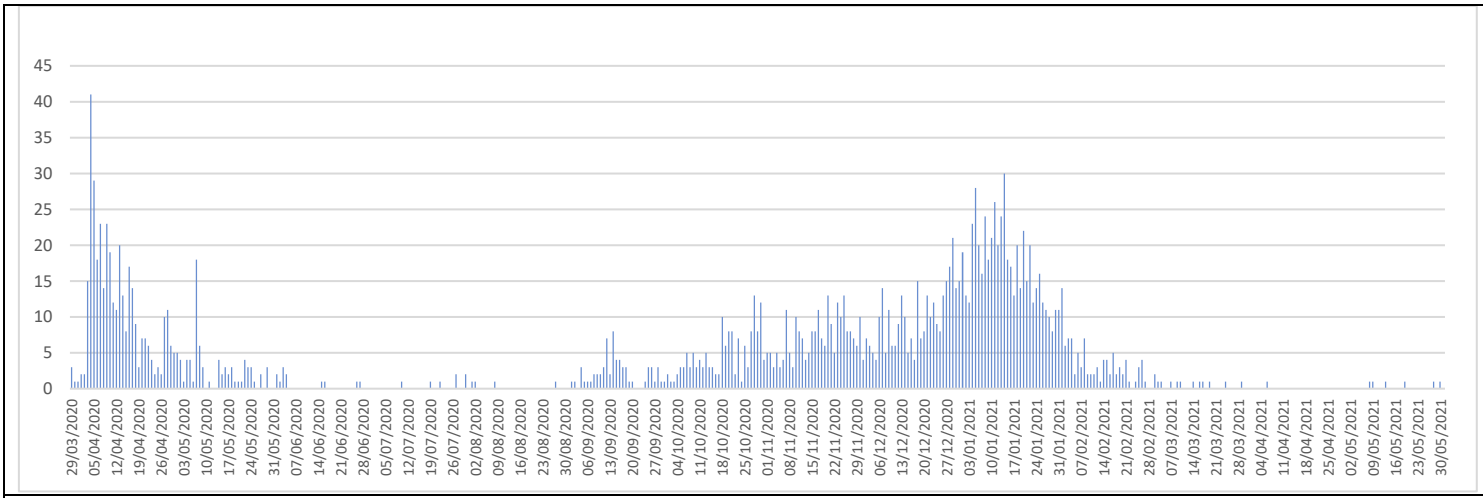
Staff Sickness Breakdown (Strategic Daily Sitrep 31/05/2021)

	EOC & Perf	111	A&E	PTS	Other	WMAS Staff Total	WMAS in Hospital	WMAS in ICU / HDU
COVID Abstraction	2	3	6	6	0	17	0	0
COVID Shielding	0	0	0	0	0	0		
COVID Test & Trace	0	0	1	0	0	1		
COVID Sickness	1	5	12	1	0	19		
Normal Sickness	29	55	143	54	7	288		
TOTAL	32	63	162	61	7	325		

Staff Swabbing Summary (01/03/2020 to 31/05/2021)



Staff Positive COVID-19 Cases



COVID-19 Infections within staff increased significantly in May to x6, from x1 infection in April. This pattern follows the National infection trend. Importantly there have been x2 cases identified of the April 02 variant, however PHE recognise that this variant is now endemic within the West Midlands and the most likely source of most new cases. The rate of infection within family members has also increased from x8 in April to x12 in May, the majority of these cases were in children (unvaccinated). Of the x6 new staff infections, x4 staff were unvaccinated and x2 had received both vaccines. For x2 of the staff members this was their second COVID-19 infection and both were outside of the 90 day exclusion period for retesting. Despite an increase in cases, these have been sporadic and at different locations and as such we have not seen any links to cases which would suggest workbased transmission, continued IP&C measures, vaccination, regualar lateral flow testing and effective test and track remain key to help to reduce infections. WMAS has reported over 100,000 LFT results to NHS England and PHE and as these are sucessful in detecting all known variants the Trust will continue to encourage use by all staff

Summary of Testing by Provider

	Total Offered	Total	Positive	Negative	Awaiting	Invalid	DNA
Wolverhampton Drive-In	1606	1281	300	937	0	10	34
Better2Know Home Test	190	190	65	125	0	0	0
Edgbaston	240	188	75	108	0	1	4
WMAS Community Test	7622	7622	928	6573	0	58	62
WMAS LLFT PCR	683	683	564	119	0	0	0
Asymptomatic Test	2139	2139	29	2103	0	7	0
Self-arranged Test	2132	2132	571	1487	0	58	15
City & Sandwell	180	106	25	81	0	0	0

Summary of Testing Results (01/03/2021 to 31/05/2021)

(YTD)	Swabs Offered	Swabs Sent	Positive	Negative	Awaiting	Invalid	DNA
Count	14,792	14,341	2,557	11,533	0	134	115
% of Swabs Sent		100%	17.8%	80.4%	0%	0.9%	0.8%

Test Results by NHS Ethnic Categories (01/03/2021 to 31/05/2021)

* Exclude DNA, Invalid and Wait	Total	Positive	% Positive	Negative	% Negative
Total of all Tests*	14,286	2,554	18.2	11,483	81.8
Non BAME Total*	8,030	1,545	19.5	6,377	80.5
BAME Total*	1,004	202	20.7	773	79.3
Unknown and Not Stated	5257	807	17.7	4,333	84.3

Fleet Availability (As of 31/05/21)

	% Available	VOR	Due Back	Predicted	Target %	Total Fleet
A&E DCA	95.31	25	17	8	98.44	480
A&E RRV	100.00	0	0	0	100.00	23
PTS	92.23	30	0	14	97.68	386

The fleet assets and the workshops continue to serve the Trust by maintaining low VOR (Vehicles off the Road) rate on the figures submitted by the fleet team on the 31/05/2021. All new vehicles are arriving at the Trust as per the plan.

NHS Foundry Submission (NHS Foundry Online Submission Platform 31/05/2021)

STOCKTAKE SUBMISSION FORM

Choose Region Midlands

Choose Reporting Entity WEST MIDLANDS AMBULANCE SERVI...

Reporting Date 1 June, 2021

You can now submit weekend stock on Fridays

Load Last Processed Submission

Submit

View 0 Pending Submissions

Latest reporting date: 2021-05-31
Submitted at: 2021-05-31T06:53:03.879Z
*** Please note that successful submission**
15 minutes for processing and cleaning
available in the 'Load Last Submission' f
does not load future entries for dates

Key Reporting Categories	Current Stock Level (?)	Estimated Daily Usage (?)	Days Until Stockout Override	Days Until Stockout	Last delivery feedbac
Aprons - Heavy Duty 35 Microns - Green - Flat Pack	0	0			no delivery required
Aprons - Heavy Duty 35 Microns - White - Roll	0	0			no delivery required
Aprons Standard Thickness - White - Flat Pack	0	0			no delivery required
Aprons Standard Thickness - White - On Roll	0	0			no delivery required
Body Bags (Adult)	690	1		690	no delivery required
Body Bags (Bariatric)	0	0			no delivery required
Body Bags (Child)	0	0			no delivery required
Body Bags (Infant)	0	0			no delivery required
Clinical Waste Bags – Orange (Large 59L+)	0	0			no delivery required
Eye Protection (Goggles)	5897	61		96	no delivery required
Eye Protection (Visors)	14449	76		190	no delivery required
Face Mask FFP2	0	0			no delivery required
Face Mask IIR (Ear Loops)	194050	12844		15	no delivery required
Face Mask IIR (Ties)	13750	0			no delivery required
FFP3 Mask 3M 1863+	0	0			no delivery required
FFP3 Mask 3M 9330+	0	0			no delivery required
FFP3 Mask Alpha Solway H	0	0			no delivery required
FFP3 Mask AlphaSolway MM3S ALP 3030V	0	0			no delivery required
FFP3 Mask Draeger X-Plor 1730	0	0			no delivery required
FFP3 Mask Draeger X-Plor 1730V	0	0			no delivery required
FFP3 Mask Fang Tian FT-045A	0	0			no delivery required
FFP3 Mask GVS F31000	0	0			no delivery required
FFP3 Mask Honeywell 3207-D NR	0	0			no delivery required
FFP3 Mask HY9330	0	0			no delivery required
FFP3 Mask HY9632	0	0			no delivery required
FFP3 Mask Medcom M53010S-wh	0	0			no delivery required
FFP3 Mask Medcom M53014S-WH	0	0			no delivery required
FFP3 Mask Medicom M53214S-WH-UK	0	0			no delivery required
FFP3 Mask Meixim 2016V	0	0			no delivery required
FFP3 Mask Valmy VSP352TF-07C	0	0			no delivery required
General Purpose Detergent - Tablets	0	0			no delivery required
Gloves (L) - Non-Sterile Nitrile (6N) Standard Cuff	502200	4332		115	no delivery required
Gloves (M) - Non-Sterile Nitrile (6N) Standard Cuff	221100	10942		20	no delivery required
Gloves (S) - Non-Sterile Nitrile (6N) Standard Cuff	243900	5328		45	no delivery required
Gloves (XL) - Non-Sterile Nitrile (6N) Standard Cuff	218600	999		218	no delivery required
Gloves (XS) - Non-Sterile Nitrile (6N) Standard Cuff	102300	321		318	no delivery required
Gowns - Coveralls (L)	3288	8		411	no delivery required
Gowns - Coveralls (M)	2147	4		536	no delivery required
Gowns - Coveralls (S)	1274	4		318	no delivery required
Gowns - Coveralls (XL)	1840	8		230	no delivery required
Gowns - Coveralls (XXL)	2474	7		353	no delivery required
Gowns - Coveralls (XXXL)	1619	3		539	no delivery required
Gowns (L) - Non Sterile - surgical // Isolation // Without Towel	0	0			no delivery required
Gowns (M) - Non Sterile - surgical // Isolation // Without Towel	0	0			no delivery required
Gowns (S) - Non Sterile - surgical // Isolation // Without Towel	0	0			no delivery required
Gowns (Thumb Loop Aprons)	0	0			no delivery required
Gowns (XL) - Non Sterile - surgical // Isolation // Without Towel	0	0			no delivery required
Gowns (XXL) - Non Sterile - surgical // Isolation // Without Towel	0	0			no delivery required
Gowns Sterile	0	0			no delivery required
Hand Hygiene Alcohol Gel - 151-500ml	3817	25		152	no delivery required
Hand Hygiene Alcohol Gel - 50-150ml	13699	133		103	no delivery required
Hand Hygiene Alcohol Gel - 501-1250ml	1984	9		220	no delivery required
Hand Hygiene Hand Wash 151-500ml	714	9		79	no delivery required

Stock Levels (Taken from IPC Stock Report 31/05/2021)

Item	UOM qty	In Stock
PRPH Full Kits 3M (service spares in yellow bags, no battery)	Each	68
PRPH Full Kits 3M	Each	37
PRPH Centurion filters	Each	442
PRPH 3M Filters	Each	7,743
PRPH Hoods (Asst styles)	Each, asst styles	921
Green PVC Rigid Sided Bag inc 3M Hood	Each	92
Aprons (manufactured blue thick style)	Each	6,000
Aprons (Blue Tint Disposable Aprons)	Each	150,750
Aprons (Push Stock Green or White Ambulance Style)	Each	750
Halyard/Superieur/Unicare/Polyco Disposable Gloves (all sizes)	Box of 100/200	8671
Surgical Face Mask IIR (Push Stock)	Each	103,850
Surgical Face Mask IIR (Winter Pressure Stock)	Each	0
Surgical Type IIR Sensitive Face Mask Crosstex	Each	41,050
Surgical Type IIR Hypoallergenic Face Mask Dochem	Each	16,250
Surgical Mask with ties (Type IIR)	Each	13,750
Generic face visors (DS)	Each	11,355
Alcohol Gel Tottles 50ml (personal size)	Each	6,980
Purell 300ml Desk Gel (compatible)	Each	1536
Purell 500ml Desk Gel (compatible)	Each	551
Packet Clinell wipes	Each pckt of 200	1674
Packet wipes PDI (compatible)	Each pckt of 200	0
Tyvex suit- small	Each	310
Tyvek Suit - Med	Each	400
Tyvek Suit - Large	Each	951
Tyvek Suit - XL	Each	950
Tyvek Suit - XXL	Each	1000

Item	UOM qty	In Stock
Tyvek Suit- XXXL	Each	47
Specialwear Tyvex compatible- Med	Each	575
Specialwear Tyvex compatible- Large	Each	1000
Generic Tyvex Compatible type 3B- S	Each	200
Generic Tyvex Compatible type 3B- M	Each	330
Generic Tyvex Compatible type 3B- L	Each	590
Generic supertouch coverall 3XL	Each	190
Generic supertouch coverall 4XL	Each	60
Infectious packs	Each	492
Shoe covers (qty is prs)	Pairs	4700
Boot Covers (qty is prs)	Pairs	30
Safety glasses	Each	2967
Mop Heads	Each	6,950
Red soluble bags	Packs of 50	14
White laundry bags	Boxes of 300	53
1ltr Gentlewash for wall dispensers	Each	150
1ltr Sanitiser Foam for wall dispensers	Each	728
1ltr Moisturiser for Wall Dispensers	Each	170
Body Bags	Each	209
Braun Thermoscan 7 IRT 6520	Each	431
Clinical waste bags (large)	Rolls of 25	184
Clinical waste bags (small)	Rolls of 25	1826
Clinical waste seals	Each	17,900
Clorox Total 360 Disinfecting Cleaner	Each	36

Operational Site Stock Levels (IPC PPE Audit 31/05/21)

Mask	Thick Aprons	Blue Tint Aprons	Gloves XS	Gloves S	Gloves M	Gloves L	Gloves XL	Goggles
38400	44750	21060	407	342	419	739	491	946

Visors	Body Bags	Coveralls S	Coveralls M	Coveralls L	Coveralls XL	Coveralls XXL	Coveralls XXXL	Clinical Waste
1084	490	874	867	848	915	1449	1297	717

Hand Soap	Moisturiser	Hand Sanitiser	Tottles	Desk Pump	Tympanic	Clinell Wipes	SwabKits
317	357	863	3605	524	41	483	186

PTS Site Stock Levels (IPC PPE Audit 31/05/21)

Mask	Clinell Wipes	Thick Aprons	Blue Tint Aprons	Tottles	DeskGel	Wall Hand Sanitiser	Moisturiser	Liquid Soap
24400	444	8161	10722	1339	980	209	141	103

Tissues	Gloves XS	Gloves S	Gloves M	Gloves L	Gloves XL	PPE Kits	Goggles	Visors
885	126	233	242	165	232	615	1007	770

Clinical Waste	Swab Kits	Tympanic Thermometer
224	0	0

PPE Mutual Aid

PPE Mutual Aid Summary for May 2021			
Trust	**Arranged By**	**Date**	**Stock**
N/A	N/A	N/A	N/A

No mutual aid was provided to other Trusts throughout the month of May. A detailed list of items allocated to other Trusts through Mutual Aid is held in the Incident Command Room and is updated on a weekly basis. Below is a summary of the last 6 months Mutual Aid:

Product Description	Quantity	Order number	Trust Allocated to	Date
		Apr-21		
Gloves Large	15	Push Stock via NHSSC	The Royal Orthopaedic Hospital NHS Foundation trust	29.04.21
Gowns	164	Push Stock via NHSSC	Wye valley NHS Trust	21.04.21
		Mar-21		
Gowns (Aprons with Sleeves)	105	Push Stock via NHSSC	University Hospitals Birmingham NHS Foundation Trust	17.03.21
FFP3 Masks	880	Push Stock via NHSSC	University Hospitals Birmingham NHS Foundation Trust	01.03.21
		Feb-21		
Gloves Assorted Sizes	55	Push Stock via NHSSC	University Hospitals Birmingham NHS Foundation Trust	26.02.21
		Nov-20		
JSP Ft Test Solution	10	Push Stock via NHSSC	North Staffordshire Combined Healthcare NHS Trust	02.11.20
JSP Ft Test Solution	10	Push Stock via NHSSC	The Royal Wolverhampton NHS Trust (New Cross Hospital)	02.11.20
JSP Ft Test Solution	12	Push Stock via NHSSC	Shropshire Community Health NHS Trust	02.11.20
JSP Ft Test Solution	20	Push Stock via NHSSC	Heartlands Hospital NHS Trust (UBH NHS Foundation Trust)	02.11.20
JSP Ft Test Solution	40	Push Stock via NHSSC	Coventry & Warwick Partnership NHS Trust	02.11.20
JSP Ft Test Solution	80	Push Stock via NHSSC	Russells Hall Hospital (The Dudley Group NHS Foundation Trust)	02.11.20
		Oct-20		
Gloves Assorted Sizes	38	Push Stock via NHSSC	Walsall Healthcare NHS Trust	09.10.20
Gloves Assorted Sizes	140	Push Stock via NHSSC	Walsall Healthcare NHS Trust	09.10.20
Gloves Assorted Sizes	150	Push Stock via NHSSC	Abbey Court Care Home	06.10.20
Gloves Assorted Sizes	150	Push Stock via NHSSC	Gorsemoor Road	06.10.20
Gloves Assorted Sizes	150	Push Stock via NHSSC	Heath Hayes Medical Practice	06.10.20
		Sep-20		
Gloves Assorted Sizes	430	Push Stock via NHSSC	George Elliot NHS Trust	24.09.20
Gloves Assorted Sizes	60	Push Stock via NHSSC	Holland Park Surgery Brownhills	23.09.20
Gloves Assorted Sizes	80	Push Stock via NHSSC	Abbey Court Care Home	23.09.20
Gloves Assorted Sizes	250	Push Stock via NHSSC	Good Hope Hospital (UHB NHS Foundation Trust)	17.09.20
Gloves Assorted Sizes	940	Push Stock via NHSSC	Solihull Healthcare Partnership	14.09.20
Aprons	30200	Push Stock via NHSSC	Russells Hall Hospital (The Dudley Group NHS Foundation Trust)	14.09.20
Gloves Assorted Sizes	100	Push Stock via NHSSC	Hollymoor Medical Centre	09.09.20
Gloves Assorted Sizes	180	Push Stock via NHSSC	New Road Surgery	09.09.20
Gloves Assorted Sizes	150	Push Stock via NHSSC	Heartlands Hospital NHS Trust (UBH NHS Foundation Trust)	05.09.20
Gloves Assorted Sizes	30	Push Stock via NHSSC	Oakengates Medical Practice	01.09.20
Gloves Assorted Sizes	60	Push Stock via NHSSC	Dr Khuroos Practice	01.09.20
Gloves Assorted Sizes	60	Push Stock via NHSSC	Mill Bank Surgery Stafford	01.09.20
Gloves Assorted Sizes	60	Push Stock via NHSSC	The Dove P Care	01.09.20
Gloves Assorted Sizes	90	Push Stock via NHSSC	Kingsbridge AV	01.09.20
Aprons	2000	Push Stock via NHSSC	Streets Corner Surgery	01.09.20
Aprons	4000	Push Stock via NHSSC	Kingsbridge AV	01.09.20

General Notes & Commentary
• To date, over 64 million vaccinations have been given throughout the UK. 39,379,411 have received the first dose of the vaccine, with 25,537,133 receiving the second dose. Current Government plans are in place to vaccinate the rest of the adult population by the end of July • Social distance arrangements in all Trust locations continues as does the daily COVID secure monitoring • To date, 83% of WMAS staff have received one dose of either the AZ or Pfizer vaccines, the 2nd dose completion has been progressing rapidly • Hospitals are operating closer to full capacity now on elective resotoration (cancer, elective care and diagnostics). Whilst numbers of covid inpatients have fallen dramtically across the region, hospital occupancy remains high • There is ongoing focus to ensure that the level of PPE being provided to the Trust remains adequate, with regular monitoring of staff compliance with PPE • The full release of lockdown measures is scheduled for the 21st June as per the Government lockdown roadmap • There has been product quality issues noted with some of our 'push stock' provided by NHSE, small numbers of "Don and Low" type IIR face masks have had the metallic nose clip pierce through the material. They have been disposed of locally and reported back to the cente. • There was a product recall of clinical wipes, due to potential bacterial contamination, this recall affected 28 units of wipes which were immediately withdrawn and disposed of. • In April report IIR masks produced by Pennine were quarantined due to a manufacturing defect – the pleats in the mask were sewn in the the wrong way round, leaving a risk of fluid capture and eventual soak- through. A further batch of Pennine masks were receivd in May, 18000 in total, all were fine.

West Midlands Ambulance Service
University NHS Foundation Trust

Monthly COVID-19 Sitrep

01/06/2021 – 30/06/2021

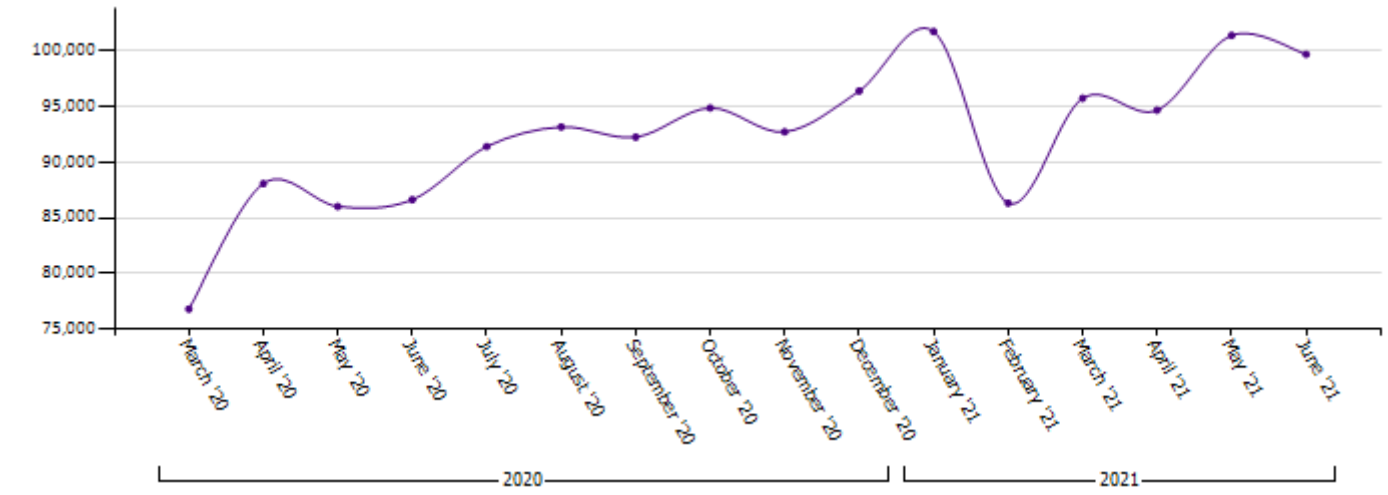
Report Created 01/07/2021

Welcome to the WMAS Covid-19 Monthly Report.

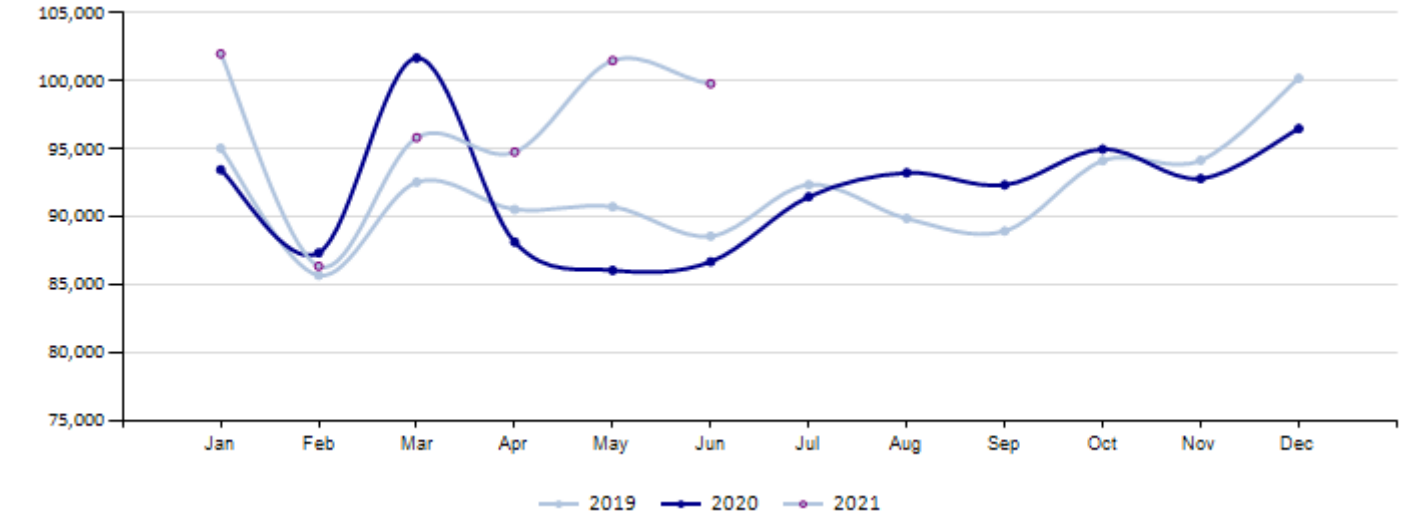
The information contained in this report has been condensed and summarised from the main activities of the Senior Incident Response Management team and key information feeds for the Operational Delivery units of the Trust.

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

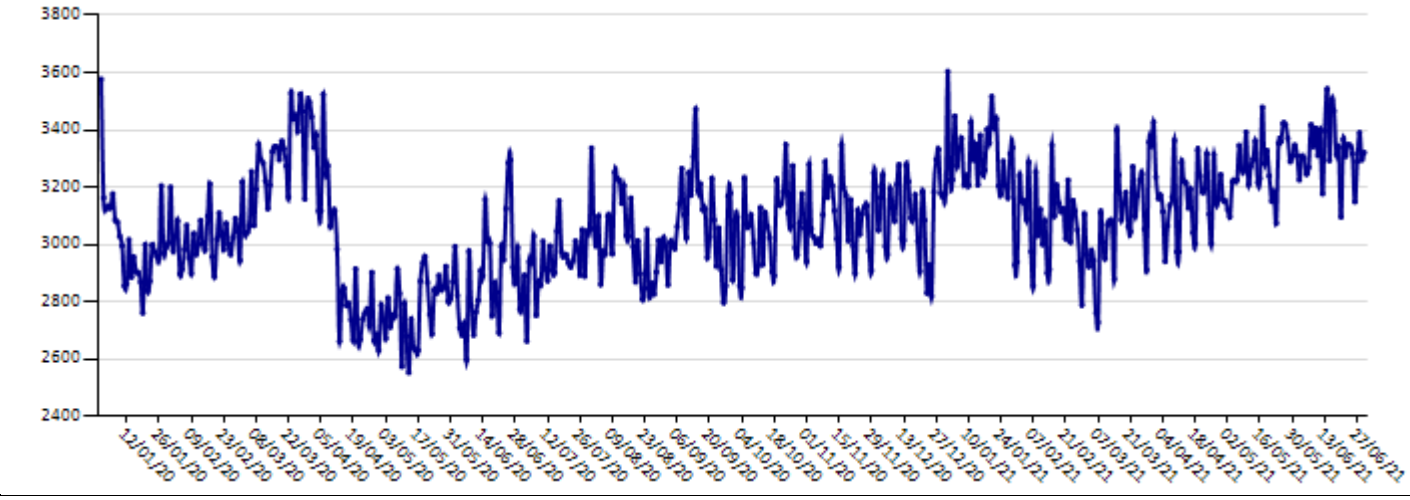
Monthly 999 Incident Activity



Monthly Emergency & Urgent Incidents Compared to Previous Years



Daily Incident Volumes



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

Daily activity during 2020 fell in line with UK Government restrictions and also trends seen in positive COVID cases across England. June 2021 saw a total of 99,514 incidents, a slight decrease compared to the previous month. Despite this, June had 2 of the busiest days for the last 10 years (14/06/21 & 30/06/21), with 5314 and 5247 incidents respectively. The 14th June is now the busiest day of 2021 so far, a 22.5% increase on E&U incidents compared to the same date in 2020.

WMAS Response Status

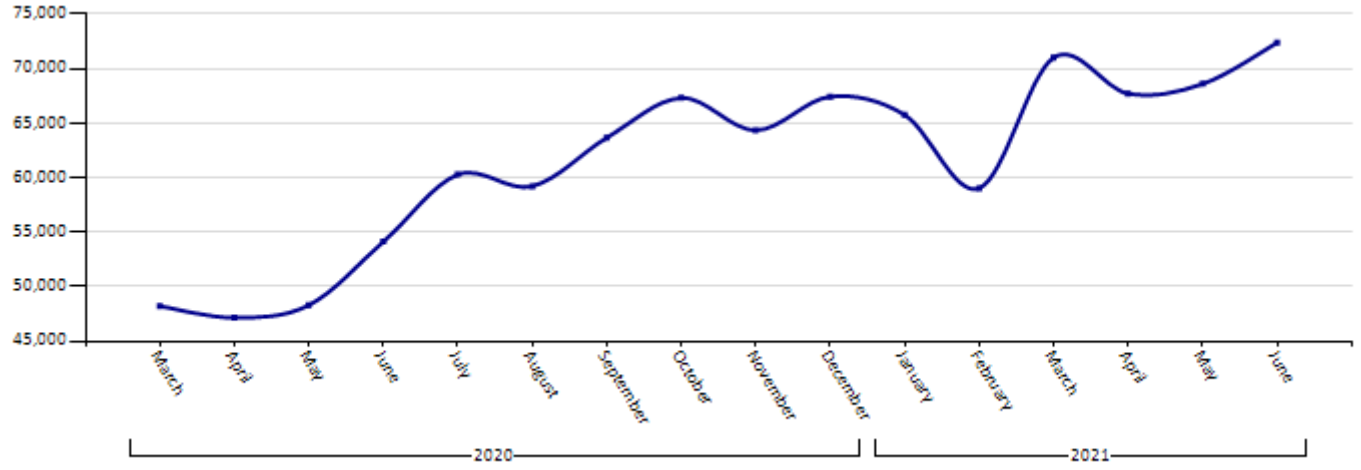
WMAS REAP Level	WMAS Surge Level	WMAS COVID-19 Level
Level 3	Level 1	Currently Not Reported

The month of June has been challenging nationally, as significant increases in service demand saw Ambulance Trusts increase their REAP levels due to sustained increases in demand and hospital delays. WMAS have experienced periods of Surge 2 and 3, which were managed effectively in line with the Trusts Surge Demand Management Plan. The Trust moved to REAP 3 on the 3rd June due to the aforementioned reasons. Below is a snapshot of the National REAP summary, taken from the Proclus on the 30th June, which further highlights the pressure across the country.

Trust Status

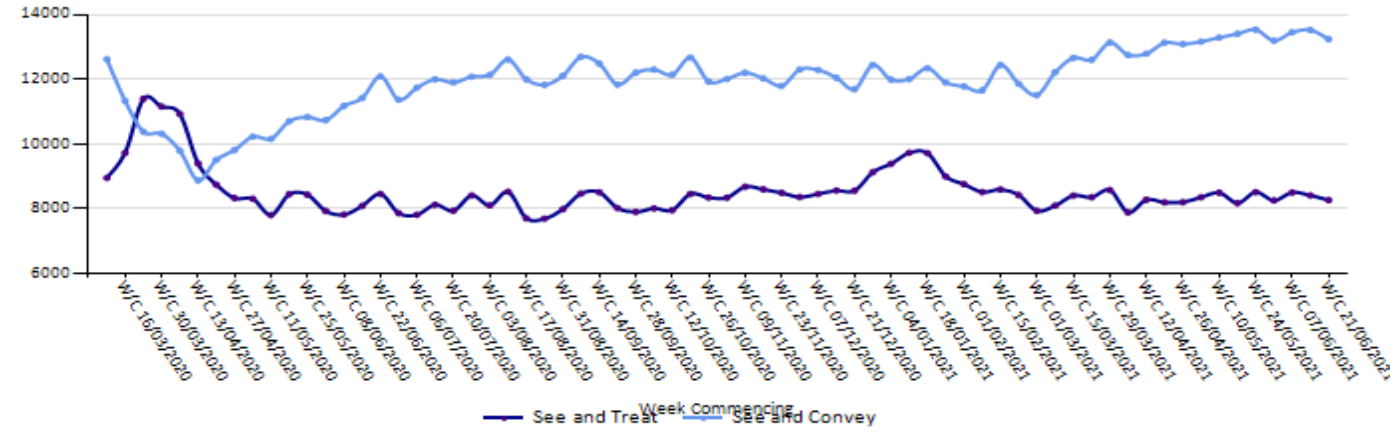
	EE	EM	LA	NE	NW	SC	SE	SW	WM	YA	IW	WA	SAS
REAP	3	3	4	3	4	3	3	4	3	3	3	3	3

PTS Activity



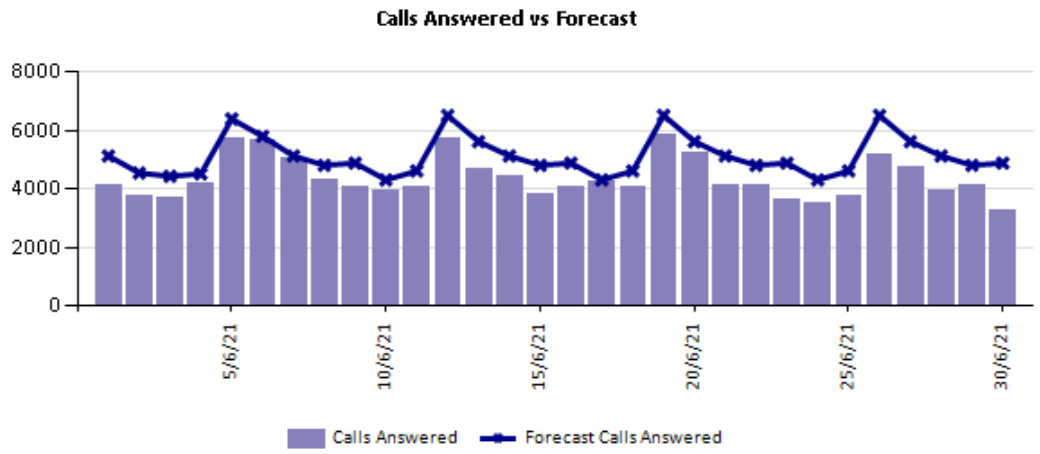
PTS activity has increased slightly from May, with hospitals focusing on restoration of planned care and reducing waiting times. PTS activity has reached c90% of pre-pandemic activity, whilst still having to maintain social distancing on vehicles with the inevitable reduction in patients per vehicles and efficiency as a result.

Conveyances & Non-Conveyances (VNR)



See and Convey cases increased slightly compared to May, with See and Treat cases varying slightly but remaining stable. Total number of conveyances in June totalled 56,042, a decrease from May's total of 58,053 (ORBIT 35).

Daily 111 Calls Answered vs Forecast (ORBIT 1014)

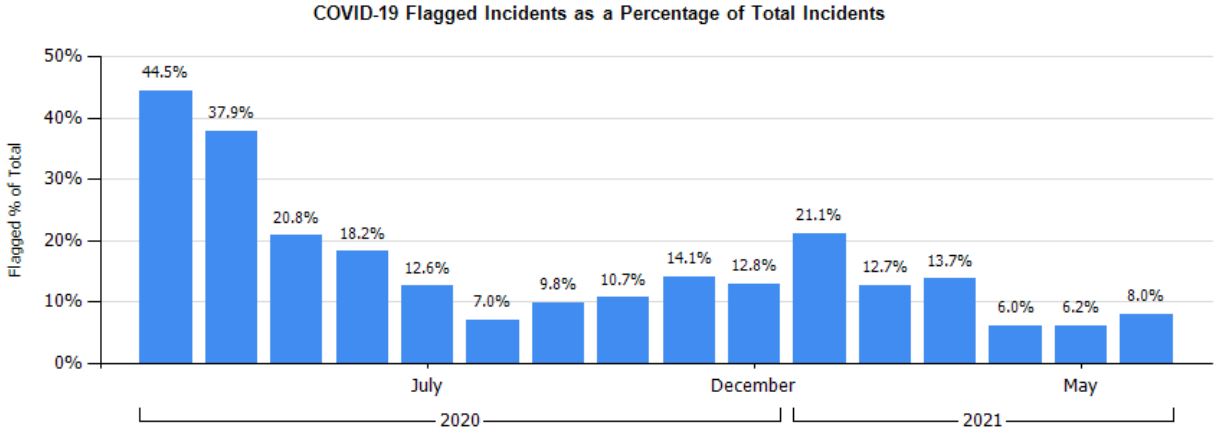


The graph above shows the Daily 111 Called Answered vs Forecast for the month of June. Calls answered remained fairly consistent with forecasting. The 30th June saw the highest degree of variance, with a 33.05% variance above forecast, with a total of 3279 calls answered. The 19th June saw the most calls answered, totalling 5873. Whilst WMAS is forecasting a level of demand it is important to note the forecast and actuals continue to be signifcantly in excess of what was planned for with our commisioners when taking the service on, by as much as 40%.

COVID-19 Incidents 01/03/2020 to 30/06/2021 (ORBIT 1090)

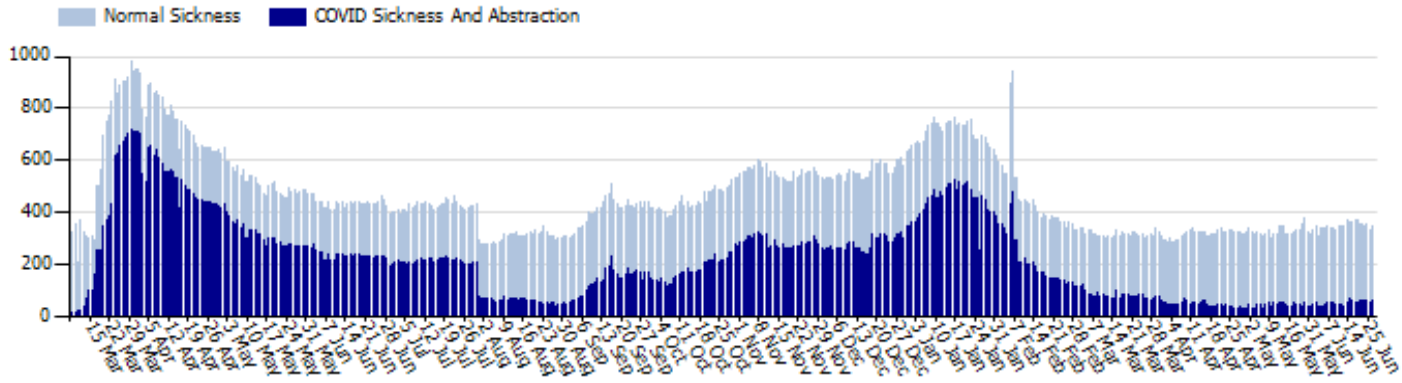
The information below is taken from ORBIT 1090 and includes all cases flagged in the CAD as 'Coronavirus'

Incidents	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Total
All Incidents	54323	89449	102105	88416	93129	94564	93531	96032	93691	97419	103215	87351	54323	89449	102105	88416	**1427518**
Cases flagged in CAD	24149	33880	21229	16083	11726	6619	9173	10255	13227	12513	21770	11067	7443	5393	6288	7113	**217928**
Flagged % of Total	44.5%	37.9%	20.8%	18.2%	12.6%	7.0%	9.8%	10.7%	14.1%	12.8%	21.1%	12.7%	13.7%	6.0%	6.2%	8.0%	**15.3%**



Over the last 12 months, the number of COVID related cases that the Trust repsonded to matches the trend seen throughout the UK with regards to the number of positive COVID cases reported. June saw an increase from 6.2% (May) to 8.0% in the cases flagged in the CAD. This is in line with an expected rise as the "roadmap" to opening the country progresses and lockdown measures relax, with new, more transmissible variants now prevalent.

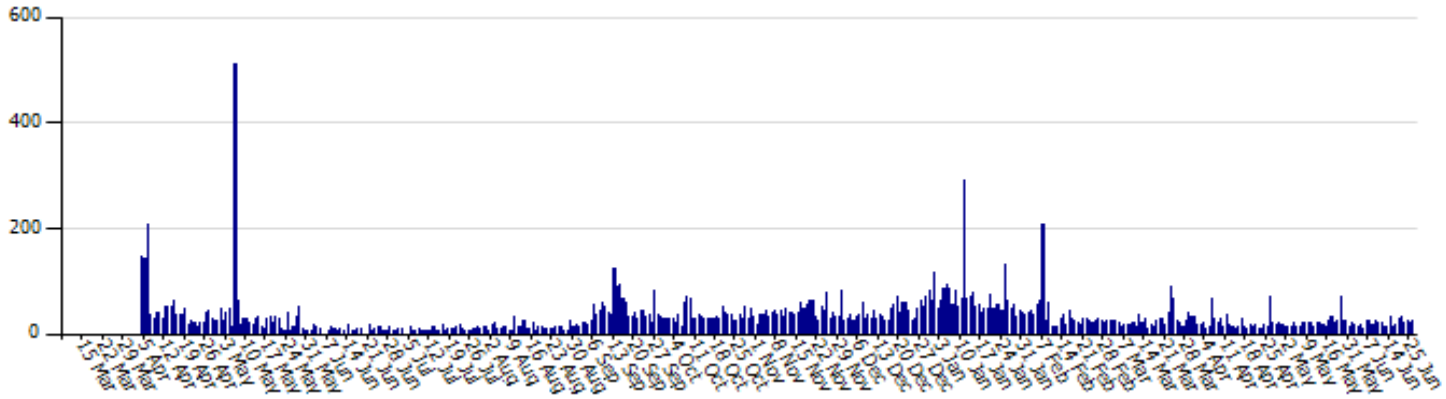
Staff Sickness (as of 30/06/2021)



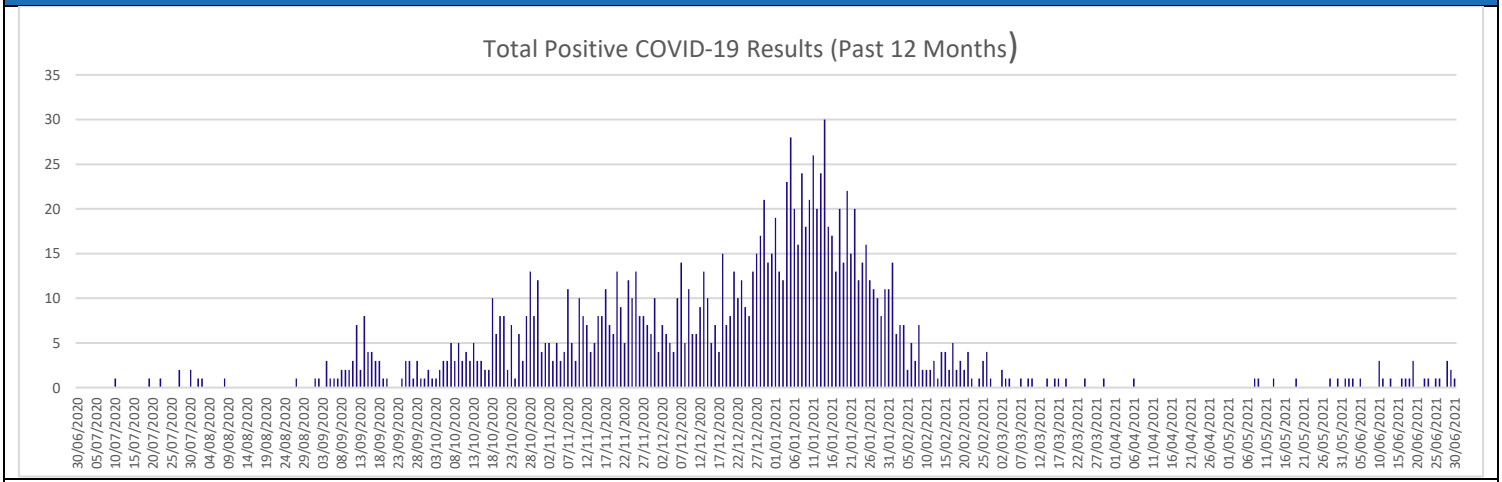
Staff Sickness Breakdown (Strategic Daily Sitrep 30/06/2021)

	EOC & Perf	111	A&E	PTS	Other	WMAS Staff Total	WMAS in Hospital	WMAS in ICU / HDU
COVID Abstraction	6	21	28	5	0	60		
COVID Shielding	0	0	0	0	0	0		
COVID Test & Trace	1	0	16	5	0	22	0	0
COVID Sickness	4	8	17	4	0	33		
Normal Sickness	38	56	132	67	10	303		
TOTAL	49	85	193	81	10	418		

Staff Swabbing Summary (01/03/2020 to 30/06/2021)



Staff Positive COVID-19 Cases



There were x6 reported staff COVID infections in May, increasing to x25 in June, there was also a larger number of staff requiring 10 day isolation periods as a result of close contact with COVID positive family and friends outside of work, in this category we recorded x70 infections. Rates of COVID are increasing significantly throughout the region since the relaxation of lockdown measures and the emergance of the Delta variant which now represents the large majority of reported infections. It is envisaged that infection rates in July will continue to rise. 13% of all PCR tests completed in June were POSITIVE (which includes famiy members tested) and based on last years data we would expect this to increase to 18% in July which would mean an excess of 50 staff infections. Currently, cases of positive staff are sporadic or at larger sites where greater numbers of staff work and the rate of transmission doesn't appear to follow the pattern seen last year, which is thought to show the effectivness of the vaccine. The Test and Trace Team continue to work closely with local Health Protection Teams and PHE who are assured by the measures in place. Lateral Flow Testing continues and WMAS are supporting NHS England with a project to assess the accuracy of these devices verus a standard laboratory test.

Summary of Testing by Provider (01/03/2020 to 30/06/2021)

	Total Offered	Total	Positive	Negative	Awaiting	Invalid	DNA
Wolverhampton Drive-In	1606	1281	300	937	0	10	34
Better2Know Home Test	190	190	65	125	0	0	0
Edgbaston	240	188	75	108	0	1	4
WMAS Community T0est	8080	8080	959	6978	13	62	67
WMAS LLFT PCR	708	708	577	131	0	0	0
Asymptomatic Test	2144	2144	29	2107	0	7	1
Self-arranged Test	2327	2327	622	1613	9	62	20
City & Sandwell	180	106	25	81	0	0	0

Summary of Testing Results (01/03/2020 to 30/06/2021)

(YTD)	Swabs Offered	Swabs Sent	Positive	Negative	Awaiting	Invalid	DNA
Count	15,475	15,024	2,652	12,080	22	142	126
% of Swabs Sent		100%	17.7%	80.4%	0.1%	0.9%	0.8%

Test Results by NHS Ethnic Categories (01/03/2020 to 30/06/2021)

* Exclude DNA, Invalid and Wait	Total	Positive	% Positive	Negative	% Negative
Total of all Tests*	14,966	2,650	18.1%	12,027	81.9%
Non BAME Total*	8,345	1,562	19.0%	6,664	81.0%
BAME Total*	1,063	209	20.3%	822	79.7%
Unknown and Not Stated	5,558	879	16.2%	4,541	83.8%

Fleet Availability (as of 30/06/21)

	% Available	VOR	Due Back	Predicted	Target %	Total Fleet
A&E DCA	95.42	22	13	9	98.44	480
A&E RRV	90.48	2	2	0	100.00	23
PTS	95.08	19	0	14	97.68	386

The fleet assets and the workshops continue to serve the Trust by maintaining low VOR (Vehicles off the Road) rate on the figures submitted by the fleet team on the 30/06/2021. All new vehicles are arriving at the Trust as per the plan.

NHS Foundry Submission (NHS Foundry Online Submission Platform 30/06/2021)

STOCKTAKE SUBMISSION FORM

Actions

Choose Region Midlands

Choose Reporting Entity WEST MIDLANDS AMBULANCE SERVI...

Reporting Date 30 June, 2021

You can now submit weekend stock on Fridays

Load Last Processed Submission

Submit

View 0 Pending Submissions

Latest reporting date: 2021-06-29
Submitted at: 2021-06-29T07:42:54.299Z
*** Please note that successful submissions ta**
15 minutes for processing and cleaning befo
available in the 'Load Last Submission' featu
does not load future entries for dates

Key Reporting Categories	Current Stock Level (?)	Estimated Daily Usage (?)	Days Until Stockout Override	Days Until Stockout	Last delivery feedback
Aprons - Heavy Duty 35 Microns - Green - Flat Pack	0	0			no delivery required
Aprons - Heavy Duty 35 Microns - White - Roll	0	0			no delivery required
Aprons Standard Thickness - White - Flat Pack	0	0			no delivery required
Aprons Standard Thickness - White - On Roll	0	0			no delivery required
Body Bags (Adult)	779	1		779	no delivery required
Body Bags (Bariatric)	0	0			no delivery required
Body Bags (Child)	0	0			no delivery required
Body Bags (Infant)	0	0			no delivery required
Clinical Waste Bags – Orange (Large 59L+)	0	0			no delivery required
Eye Protection (Goggles)	30200	35		862	no delivery required
Eye Protection (Visors)	27272	56		487	no delivery required
Face Mask FFP2	0	0			no delivery required
Face Mask IIR (Ear Loops)	203950	13041		15	delivery satisfactory
Face Mask IIR (Ties)	13650	0			no delivery required
FFP3 Mask 3M 1863+	0	0			no delivery required
FFP3 Mask 3M 9330+	0	0			no delivery required
FFP3 Mask Alpha Solway H	0	0			no delivery required
FFP3 Mask AlphaSolway MM3S ALP 3030V	0	0			no delivery required
FFP3 Mask Draeger X-Plor 1730	0	0			no delivery required
FFP3 Mask Draeger X-Plor 1730V	0	0			no delivery required
FFP3 Mask Fang Tian FT-045A	0	0			no delivery required
FFP3 Mask GVS F31000	0	0			no delivery required
FFP3 Mask Honeywell 3207-D NR	0	0			no delivery required
FFP3 Mask HY9330	0	0			no delivery required
FFP3 Mask HY9632	0	0			no delivery required
FFP3 Mask Medcom M53010S-wh	0	0			no delivery required
FFP3 Mask Medcom M53014S-WH	0	0			no delivery required
FFP3 Mask Medicom M53214S-WH-UK	0	0			no delivery required
FFP3 Mask Meixim 2016V	0	0			no delivery required
FFP3 Mask Valmy VSP352TF-07C	0	0			no delivery required
General Purpose Detergent - Tablets	0	0			no delivery required
Gloves (L) - Non-Sterile Nitrile (6N) Standard Cuff	391500	4280		91	no delivery required
Gloves (M) - Non-Sterile Nitrile (6N) Standard Cuff	310100	10643		29	no delivery required
Gloves (S) - Non-Sterile Nitrile (6N) Standard Cuff	131700	5192		25	no delivery required
Gloves (XL) - Non-Sterile Nitrile (6N) Standard Cuff	203800	955		213	no delivery required
Gloves (XS) - Non-Sterile Nitrile (6N) Standard Cuff	93200	299		311	no delivery required
Gowns - Coveralls (L)	3249	7		464	no delivery required
Gowns - Coveralls (M)	1986	7		283	no delivery required
Gowns - Coveralls (S)	1291	4		322	no delivery required
Gowns - Coveralls (XL)	1829	9		203	no delivery required
Gowns - Coveralls (XXL)	2448	8		306	no delivery required
Gowns - Coveralls (XXXL)	1251	3		417	no delivery required
Gowns (L) - Non Sterile - surgical // Isolation // Without Towel	0	0			no delivery required
Gowns (M) - Non Sterile - surgical // Isolation // Without Towel	0	0			no delivery required
Gowns (S) - Non Sterile - surgical // Isolation // Without Towel	0	0			no delivery required
Gowns (Thumb Loop Aprons)	0	0			no delivery required
Gowns (XL) - Non Sterile - surgical // Isolation // Without Towel	0	0			no delivery required
Gowns (XXL) - Non Sterile - surgical // Isolation // Without Towel	0	0			no delivery required
Gowns Sterile	0	0			no delivery required
Hand Hygiene Alcohol Gel - 151-500ml	3435	25		137	no delivery required
Hand Hygiene Alcohol Gel - 50-150ml	13209	132		100	no delivery required
Hand Hygiene Alcohol Gel - 501-1250ml	3031	9		336	no delivery required
Hand Hygiene Hand Wash 151-500ml	1013	8		126	no delivery required

Stock Levels (Taken from IPC Stock Report 30/06/2021)

Item	UOM qty	In Stock
PRPH Full Kits 3M (service spares in yellow bags, no battery)	Each	71
PRPH Full Kits 3M	Each	37
PRPH Centurion filters	Each	462
PRPH 3M Filters	Each	7,808
PRPH Hoods (Asst styles)	Each, asst styles	890
Green PVC Rigid Sided Bag inc 3M Hood	Each	63
Aprons (manufactured blue thick style)	Each	47,800
Aprons (Blue Tint Disposable Aprons)	Each	83,000
Aprons (Push Stock Green or White Ambulance Style)	Each	750
Halyard/Superieur/Unicare/Polyco Disposable Gloves (all sizes)	Box of 100/200	8072
Surgical Face Mask IIR (Push Stock)	Each	109,900
Surgical Face Mask IIR (Winter Pressure Stock)	Each	0
Surgical Type IIR Sensitive Face Mask Crosstex	Each	38,700
Surgical Type IIR Hypoallergenic Face Mask Dochem	Each	16,250
Surgical Mask with ties (Type IIR)	Each	13,650
Generic face visors (DS)	Each	24,653
Alcohol Gel Tottles 50ml (personal size)	Each	9,136
Purell 300ml Desk Gel (compatible)	Each	1607
Purell 500ml Desk Gel (compatible)	Each	451
Packet Clinell wipes	Each pckt of 200	427
Packet wipes PDI (compatible)	Each pckt of 200	0
Tyvex suit- small	Each	388
Tyvek Suit - Med	Each	167
Tyvek Suit - Large	Each	785
Tyvek Suit - XL	Each	920
Tyvek Suit - XXL	Each	1075
Tyvek Suit- XXXL	Each	47
Specialwear Tyvex compatible- Med	Each	575
Specialwear Tyvex compatible- Large	Each	1000
Generic Tyvex Compatible type 3B- S	Each	200
Generic Tyvex Compatible type 3B- M	Each	330
Generic Tyvex Compatible type 3B- L	Each	590
Generic supertouch coverall 3XL	Each	200
Generic Supertouch Coverall XXL	Each	240
Generic supertouch coverall 4XL	Each	350
Infectious packs	Each	547
Shoe covers (qty is prs)	Pairs	0
Boot Covers (qty is prs)	Pairs	420
Safety glasses	Each	28023
Mop Heads	Each	4,000
Red soluble bags	Packs of 50	31
White laundry bags	Boxes of 300	52
1ltr Gentlewash for wall dispensers	Each	730
1ltr Sanitiser Foam for wall dispensers	Each	2591
1ltr Moisturiser for Wall Dispensers	Each	861
Body Bags	Each	634
Braun Thermoscan 7 IRT 6520	Each	401
Clinical waste bags (large)	Rolls of 25	185
Clinical waste bags (small)	Rolls of 25	1698
Clinical waste seals	Each	17,300
Clorox Total 360 Disinfecting Cleaner	Each	77

Operational Site Stock Levels (IPC PPE Audit 30/06/21)

Hub		Mask	Thick Aprons	Blue Tint Aprons	Gloves XS	Gloves S	Gloves M	Gloves L	Gloves XL	Goggles	Visors	Body Bags
Total		49050	26700	13600	248	329	354	507	422	901	1011	145

Coveralls S	Coveralls M	Coveralls L	Coveralls XL	Coveralls XXL	Coveralls XXXL	Clinical Waste	Hand Soap	Moisturiser	Hand Sanitiser	Tottles
914	790	682	772	1098	614	769	124	110	208	1906

Desk Pump	Tympanic	Clinell Wipes	SwabKits
314	38	290	259

PTS Site Stock Levels (IPC PPE Audit 30/06/21)

PTS Sites		Mask	Clinell Wipes	Thick Aprons	Blue Tint Aprons	Tottles	DeskGel	Wall Hand Sanitiser	Moisturiser	Liquid Soap	Tissues
Total		43000	573	29021	21825	2167	1093	232	160	159	1001

Gloves XS	Gloves S	Gloves M	Gloves L	Gloves XL	PPE Kits	Goggles	Visors	Clinical Waste	Swab Kits	Tympanic Thermometer
249	316	233	272	301	672	1276	1608	289	716	1

PPE Mutual Aid

PPE Mutual Aid Summary for June 2021			
Trust	**Date**	**Stock**	**Quantity**
University Hospitals Birmingham NHS Foundation Trust	23/06/21	Disposable Aprons	1013
		Blood Collection Needles 21G	7056
		Blood Collection Needles with Holder 21G	1500
		Blood Collection Support Product Holder	6600
		Venous Tube Serum Vacuette 5ml	4300

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

Product Cod	Product Description	Quantity	Order number	Trust Allocated to	Date
			Jun-21		
n/a	Disposable Aprons	1013	Various	University Hospitals Birmingham NHS Foundation Trust	23.06.21
n/a	Blood Collection Needle 21G	7056	Various	University Hospitals Birmingham NHS Foundation Trust	23.06.21
n/a	Blood Collection Needle with Holder 21G Quickshield	1500	Various	University Hospitals Birmingham NHS Foundation Trust	23.06.21
n/a	Blood Collection Support Product Holder white	6600	Various	University Hospitals Birmingham NHS Foundation Trust	23.06.21
n/a	Venous Tube Serum Vacuette 5ml	4300	Various	University Hospitals Birmingham NHS Foundation Trust	23.06.21
			Apr-21		
n/a	Gloves Large	15	Push Stock via NHSSC	The Royal Orthopaedic Hospital NHS Foundation trust	29.04.21
na/	Gowns	164	Push Stock via NHSSC	Wye valley NHS Trust	21.04.21
			Mar-21		
n/a	Gowns (Aprons with Sleeves)	105	Push Stock via NHSSC	University Hospitals Birmingham NHS Foundation Trust	17.03.21
n/a	FFP3 Masks	880	Push Stock via NHSSC	University Hospitals Birmingham NHS Foundation Trust	01.03.21
			Feb-21		
n/a	Gloves Assorted Sizes	55	Push Stock via NHSSC	University Hospitals Birmingham NHS Foundation Trust	26.02.21
			Nov-20		
n/a	JSP Ft Test Solution	10	Push Stock via NHSSC	North Staffordshire Combined Healthcare NHS Trust	02.11.20
n/a	JSP Ft Test Solution	10	Push Stock via NHSSC	The Royal Wolverhampton NHS Trust (New Cross Hospital)	02.11.20
n/a	JSP Ft Test Solution	12	Push Stock via NHSSC	Shropshire Community Health NHS Trust	02.11.20
n/a	JSP Ft Test Solution	20	Push Stock via NHSSC	Heartlands Hospital NHS Trust (UBH NHS Foundation Trust)	02.11.20
n/a	JSP Ft Test Solution	40	Push Stock via NHSSC	Coventry & Warwick Partnership NHS Trust	02.11.20
n/a	JSP Ft Test Solution	80	Push Stock via NHSSC	Russells Hall Hospital (The Dudley Group NHS Foundation Trust)	02.11.20
			Oct-20		
n/a	Gloves Assorted Sizes	38	Push Stock via NHSSC	Walsall Healthcare NHS Trust	09.10.20
n/a	Gloves Assorted Sizes	140	Push Stock via NHSSC	Walsall Healthcare NHS Trust	09.10.20
n/a	Gloves Assorted Sizes	150	Push Stock via NHSSC	Abbey Court Care Home	06.10.20
n/a	Gloves Assorted Sizes	150	Push Stock via NHSSC	Gorsemoor Road	06.10.20
n/a	Gloves Assorted Sizes	150	Push Stock via NHSSC	Heath Hayes Medical Practice	06.10.20
			Sep-20		
n/a	Gloves Assorted Sizes	430	Push Stock via NHSSC	George Elliot NHS Trust	24.09.20
n/a	Gloves Assorted Sizes	60	Push Stock via NHSSC	Holland Park Surgery Brownhills	23.09.20
n/a	Gloves Assorted Sizes	80	Push Stock via NHSSC	Abbey Court Care Home	23.09.20
n/a	Gloves Assorted Sizes	250	Push Stock via NHSSC	Good Hope Hospital (UHB NHS Foundation Trust)	17.09.20
n/a	Gloves Assorted Sizes	940	Push Stock via NHSSC	Solihull Healthcare Partnership	14.09.20
n/a	Aprons	30200	Push Stock via NHSSC	Russells Hall Hospital (The Dudley Group NHS Foundation Trust)	14.09.20
n/a	Gloves Assorted Sizes	100	Push Stock via NHSSC	Hollymoor Medical Centre	09.09.20
n/a	Gloves Assorted Sizes	180	Push Stock via NHSSC	New Road Surgery	09.09.20
n/a	Gloves Assorted Sizes	150	Push Stock via NHSSC	Heartlands Hospital NHS Trust (UBH NHS Foundation Trust)	05.09.20
n/a	Gloves Assorted Sizes	30	Push Stock via NHSSC	Oakengates Medical Practice	01.09.20
n/a	Gloves Assorted Sizes	60	Push Stock via NHSSC	Dr Khuroos Practice	01.09.20
n/a	Gloves Assorted Sizes	60	Push Stock via NHSSC	Mill Bank Surgery Stafford	01.09.20
n/a	Gloves Assorted Sizes	60	Push Stock via NHSSC	The Dove P Care	01.09.20
n/a	Gloves Assorted Sizes	90	Push Stock via NHSSC	Kingsbridge AV	01.09.20
n/a	Aprons	2000	Push Stock via NHSSC	Streets Corner Surgery	01.09.20
n/a	Aprons	4000	Push Stock via NHSSC	Kingsbridge AV	01.09.20

General Notes & Commentary

- To date, over 77.5 million vaccinations have been given throughout the UK. 44,719,762 have received the first dose of the vaccine, with 32,872,450 receiving the second dose. Current Government plans are in place to vaccinate the rest of the adult population by the end of July
- Social distance arrangements in all Trust locations continue, as does the daily COVID secure monitoring
- The rates of positive tests are rising again, with x1 case in April, but now 25 in June, this reflects the background rise in postive cases with the Delta variant – this poses a risk on staff abstraction, as whilst colleagues are thankfully not becoming seriously ill, they still have to self isolate, including when family members test positive, which is also on the rise.
- We have recevied one case of litigation from a staff member relating to testing positive for covid in March 2020 whilst wearing a IIR surgical mask released from the centre (which was re-labelled with a re-vised use by date) – this case is being defended.
- Surplus PPE stocks (mainly visors and googles) have been offered up for charitable donation to India and locally to, this is being progressed.
- WMAS is particpating in the TRIM study, this is a research project on Triage models for call taking when
- The IUEC has a postivity test rate x2.5 greater than the background population of Dudley, PHE are supporting us with additional on site vaccination clinics.
- To date, 86% of WMAS staff have received one dose of either the AZ or Pfizer vaccines, the 2nd dose completion has been progressing rapidly
- 17 Trusts now have departed from PHE guidance on PPE for masks, requiring all of their staff to wear FFP3 masks in clinical areas, this has been backed by a research study with lower covid positivity, this is in the belief that Covid is airborne, rather than spread by droplets. WMAS currently follows PHE guidance, in line with the majoirty of Trusts and is monitoring developments in this area closely.
- Hospitals are operating closer to full capacity now on elective resotoration (cancer, elective care and diagnostics). Whilst numbers of covid inpatients have fallen dramtically across the region, hospital occupancy remains high
- There is ongoing focus to ensure that the level of PPE being provided to the Trust remains adequate, with regular monitoring of staff compliance with PPE
- The full release of lockdown measures is scheduled for the 19th July, following the Government's decision to delay the 'Terminus Date' due to the concern over the Delta variant which accounts for over 90% of cases in the UK

Clinical Notice

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

To: All Operational Staff, Doctors & Volunteers
Date: 25 January 2021
Document Number: CN/404

IP&C Personal Protective Equipment (PPE) COVID-19

Personal Protective Equipment (PPE) at Work Regulations (1992) requires that PPE is to be supplied and used at work wherever there are risks to health and safety that are unable to be controlled in other ways. Whilst these regulations are concerned with protecting workers, in the health service PPE is also used to prevent the spread of infection to patients, colleagues and members of the public.

There is currently sustained transmission of COVID-19 throughout the UK (as defined by four nations Public Health experts), therefore there is an increased likelihood of any patient having coronavirus infection. Whilst in this phase, all patient contacts will require level 2 PPE as standard and level 3 PPE when undertaking Aerosol Generating Procedures.

NB - Selection of PPE should not detract from the usual IPC risk assessments that staff carry out routinely to underpin all clinical practice, decision making and to ensure the correct level of PPE is worn. This is dependent on the patient presentation and the clinical skills that are required during patient care.

Level 2 PPE

Level 3 PPE

For More Information: karl.mcgilligan@wmas.nhs.uk

Produced By: Head of Infection Prevention & Control
Authorised By: EPRR & Quality Improvement Director
Authorised By: Director of Nursing and Clinical Commissioning (DIPC)
Review Date: July 2021

Clinical Notice

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

To: All Operational Staff, Doctors & Volunteers
Date: 25 January 2021
Document Number: CN/404

IP&C Personal Protective Equipment (PPE) COVID-19

	Disposable Gloves	Apron	Disposable Coverall	Surgical Masks	Filtered Respirator	Eye/face protection (visor)
Droplet/Contact PPE Direct patient care **Level 2 PPE**	Single use	Single use	N/A	Type IIR	N/A	Risk Assess if required* Single use / Reusable
Airborne PPE Aerosol Generating Procedure (AGP) **Level 3 PPE**	Single use	N/A	Single use	N/A	(PRPH)	Included with PRPH

Level 2 PPE

1. Disposable gloves
2. Disposable apron
3. Fluid repellent surgical mask
4. Eye protection (if risk of splashing)

See level 2 donning and doffing action cards at the rear of this document.

Level 3 PPE

1. Disposable gloves
2. Fluid repellent Coveralls
3. Powered Respirator Powered Hood (PRPH) (includes eye protection)

See level 3 donning and doffing action cards at the rear of this document.

Items of Personal Protective Equipment and Supporting Information

Fluid Repellent Surgical Masks

- be worn with eye protection if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated or likely
- be worn when delivering direct care within 2 metres of a suspected/confirmed COVID-19 case
- be well-fitting and fit for purpose, fully cover the mouth and nose (manufacturers' instructions must be followed to ensure effective fit and protection)
- not touched once put on or allowed to dangle around the neck
- be replaced if damaged, visibly soiled, damp, uncomfortable or difficult to breathe through.

For More Information: karl.mcgilligan@wmas.nhs.uk

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Clinical Notice

West Midlands Ambulance Service
University NHS Foundation Trust

To: All Operational Staff, Doctors & Volunteers
Date: 25 January 2021
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Aprons

- worn to protect uniform or clothes when contamination is anticipated or likely
- worn when providing direct care within 2 metres of suspected/ confirmed COVID-19 cases
- changed between patients and/ or after completing a procedure or task

Fluid Repellent Coveralls

- worn when there is a risk of extensive splashing of blood and/ or body fluids
- worn when undertaking aerosol generating procedures
- worn when a disposable apron provides inadequate cover for the procedure or task being performed
- changed between patients and immediately after completing a procedure or task unless sessional use is advised due to local/ national data.

Eye Protection

- be worn if providing direct care to a suspected/ confirmed COVID-19 patient
- be worn if blood and/ or body fluid contamination to the eyes or face is anticipated or likely and always during aerosol generating procedures. Regular corrective spectacles are not considered eye protection
- not be impeded by accessories such as piercings or false eyelashes
- not be touched when being worn

Powered Respirator Protective Hoods

- Respirators are used to prevent inhalation of small airborne particles arising from Aerosol Generating Procedures (AGPs).

Gloves

- be worn when exposure to blood and/ or other body fluids, non-intact skin or mucous membranes is anticipated or likely
- be changed immediately after each patient and/ or after completing a procedure/ task even on the same patient. Remembering the importance of performing hand hygiene before donning and after doffing.
- never be decontaminated with Alcohol Based Hand Rub (ABHR) or soap between use
- NB: double gloving is NOT required or recommended for routine clinical care of COVID-19 cases.

Other

- Foot/ shoe coverings are not required or recommended for the care of COVID-19 cases.
- Personal protective equipment may restrict communication with patient groups and other ways of communicating to meet their needs should be considered e.g. clear masks if available, voice-to-text apps to display conversation. The Association of Ambulance Chief Executives has also issued additional guidance when wearing a mask:
  - be aware that speech is muffled, and verbal requests could be misunderstood leading to errors e.g. medication doses. Ensure that the '4 rights of drug administration' process is followed, and other instructions are repeated back.
  - non-verbal facial cues are reduced, making empathy and other emotions difficult to convey.
  - communication may be particularly difficult for people with impaired hearing

For More Information: karl.mcgilligan@wmas.nhs.uk

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Clinical Notice

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

To: All Operational Staff, Doctors & Volunteers
Date: 25 January 2021
Document Number: CN/404

Additional PPE Information

- Level 2 PPE must be worn for all patient contacts
- Level 3 PPE must be worn for all aerosol generating procedures
- 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.
- The patient should be provided with a surgical mask to wear for the duration of their care, if tolerated, unless oxygen therapy is indicated.
- PPE must be donned safely before being within 2 metres of a suspected patient or having contact with the patient. Social distancing remains at 2 metres.
- If the ambulance has a bulkhead between the patient compartment and cab, then PPE **must not** be worn whilst driving or within the ambulance cab.
- Items contained in the Trust blue IP&C PPE pack that have not been utilised such as aprons and surgical masks, should be retained for further cases.
- Please ensure the level of PPE used is recorded clearly on the electronic patient report (EPR) within the notes section.
- Care should be taken to ensure that PPE is donned and doffed correctly to avoid inadvertent contamination
- There is no requirement for ambulance clinicians to change or upgrade their PPE for the purposes of entering ED, or the receiving unit, to conduct patient handover.
- Respirator hoods are personal issue and must be decontaminated using combined detergent/ disinfectant wipes between use.
- 3M filters are not single use disposable items, please do not dispose of 3M PRPH filters.
  - The status of the filter can be monitored through the use airflow indicator, if the ball fails to rise above the minimum level the filter should be changed. Ensure air flow is checked before use
  - If the air flow is below the minimum level the filter will need to be changed
  - The air filters should be changed if they are discoloured or blocked.
  - The filter should be visually inspected before use.

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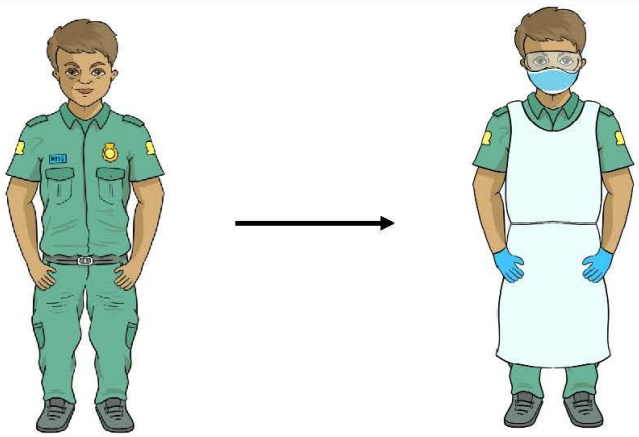
Authorised By: EPRR & Quality Improvement Director
Authorised By: Director of Nursing and Clinical Commissioning (DIPC)
Review Date: July 2021

Level 2 PPE - Donning

AMBULANCE SECTOR LEVEL 2 PPE - DONNING

DONNING

LEVEL 2 PPE

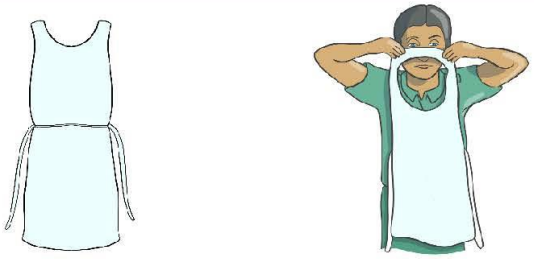


DONNING ORDER

PERFORM HAND HYGIENE

Step 1 - Don disposable apron

- Pull over head
- Tie securely at back



Step 2 - Don fluid repellent surgical mask (FRSM)

- Secure ties or elastic bands at middle of head and neck/ apply loops behind ears
- Fit flexible band to nose bridge
- Fit snug to face and below the chin

Tie masks

Loop masks

Step 3 - Don eye protection

- Place over face and eyes and adjust to fit

Step 4 - Don disposable gloves

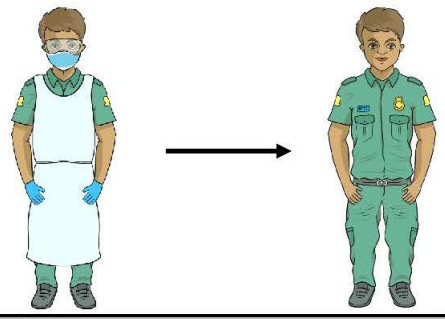
- Perform Hand Hygiene
- Select according to size
- Apply gloves and extend to wrist

Level 2 PPE – Doffing

AMBULANCE SECTOR LEVEL 2 PPE - DOFFING

DOFFING

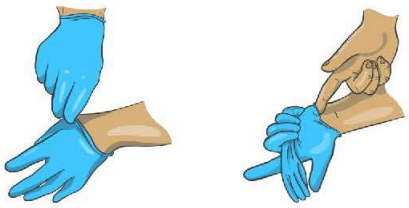
LEVEL 2 PPE



DOFFING ORDER

Step 1 - Remove disposable gloves

- Grasp the outside of the glove with the opposite gloved hand and peel off
- Hold the removed glove in the gloved hand
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove and discard



PERFORM HAND HYGIENE

Step 2 - Remove disposable apron

- Unfasten or break apron ties at the neck and let the apron fold down on itself.
- Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated.
- Discard

PERFORM HAND HYGIENE

Step 3 - Remove eye protection

- Handle only by headband or the sides
- Remove by pulling out and away from the face/eyes

PERFORM HAND HYGIENE

Step 4 - Remove fluid resistant surgical mask (FRSM) Type IIR

- Lean forward slightly, Unfasten or break the bottom ties, followed by top ties or elastic. Or unloop from behind ears
- Pull away from the face without touching the front of the mask

PERFORM HAND HYGIENE

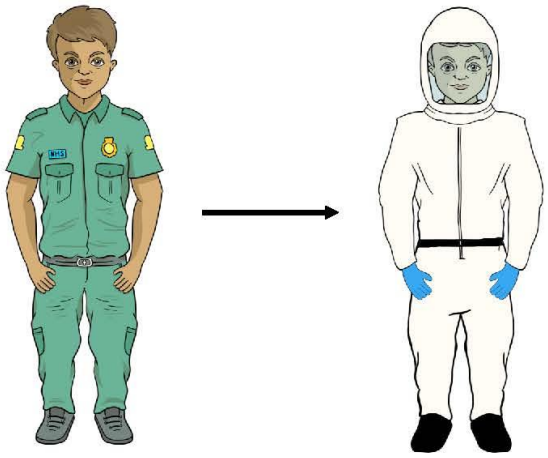
Level 3 PPE – Donning

AMBULANCE SECTOR LEVEL 3 PPE
POWERED RESPIRATOR HOOD - DONNING

DONNING

LEVEL 3 PPE

POWERED RESPIRATOR HOOD



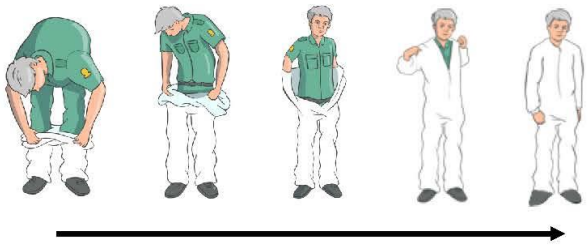
DONNING ORDER

PERFORM HAND HYGIENE

Step 1 - Don fluid repellent coverall

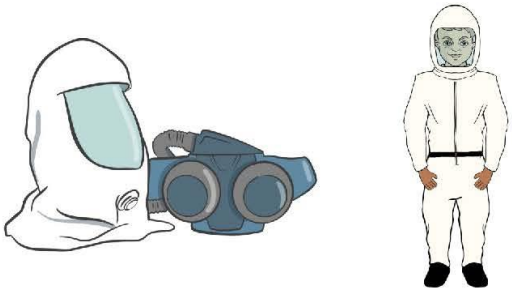
- Step into coveralls
- Pull up over waist
- Insert arms into sleeves, if thumb hoops available then hoop these over your thumbs.
- Pull up over the shoulders
- Fasten zip all the way to the top

It is not necessary to apply the hood of the coverall as there is no requirement for airborne transmission. This should be tucked into the back of the coverall.



Step 2 - Don powered respirator hood

- Perform safety checks as per guidance sheet
- Apply the belt-mounted respirator unit to the waist and buckle securely and comfortably. *Ensure you can easily move the unit to your side to assist with the next steps*
- Attach the breathing tube and switch on the powered respirator ensuring a solid green light appears after the testing cycle
- Put on the respirator hood
- Ensure the respirator hood is comfortable and secure



Step 3 - Don disposable gloves

- Perform Hand Hygiene
- Select according to size
- Apply gloves and extend to wrist, ensure cuff of coverall is covered

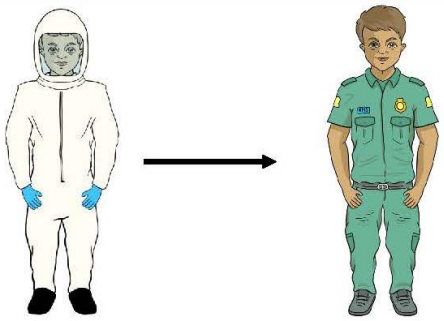
Level 3 PPE – Doffing

AMBULANCE SECTOR LEVEL 3 PPE
POWERED RESPIRATOR HOOD - DOFFING

DOFFING

LEVEL 3 PPE

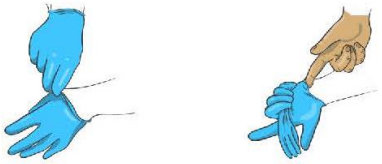
POWERED RESPIRATOR HOOD



DOFFING ORDER

Step 1 - Remove disposable gloves

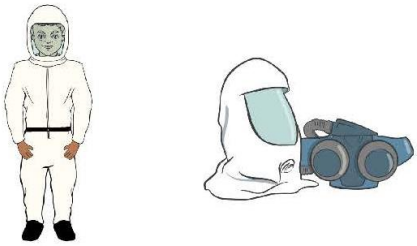
- Grasp the outside of the glove with the opposite gloves hand and peel off
- Hold the removed glove in the gloved hand
- Slide the fingers at the un-gloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove and discard



PERFORM HAND HYGIENE

Step 2 - Remove respirator hood

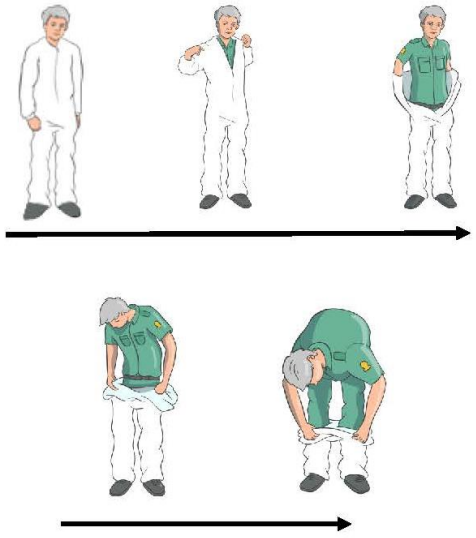
- Reach to the rear of the head to firmly grip the hood, reach under the chin to find the tag at the bottom of the hood
- Use both hands to move the hood in a forward and downward motion away from the face/ head
- Unbuckle the waist belt
- Switch off the respirator



PERFORM HAND HYGIENE

Step 3 - Remove fluid repellent coverall

- Tilt the head back and with one hand pull the coveralls down and away from your body
- With the other hand, run your hand up the zip until you reach the top and unzip the coveralls completely without touching any skin or uniform following the guidance of your crewmate
- Remove coveralls from top to bottom. After freeing shoulders, pull arms out of the sleeves
- Roll the coverall, from the waist down and from the inside of the coverall, down to the top of the boots, taking care to only touch the inside of the coveralls
- Use one boot to pull off the coverall from the other boot and vice versa then step away from the coverall ensuring the coverall has been removed and dispose of it as clinical waste.
- *NB: It may be beneficial to cut small slits in the bottom of the legs of the coveralls to allow for easier removal*



PERFORM HAND HYGIENE

Guidance

COVID-19: guidance for ambulance services

Updated 19 July 2021

Contents

Print this page

This publication is available at https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts

This guidance including additional donning and doffing guidance is also available through the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) plus app (if available within your Trust).

The infection prevention and control (IPC) measures recommended are underpinned by the National Infection Prevention and Control Manual practice guide and associated literature reviews (https://www.nipcm.hps.scot.nhs.uk/).

Summary of changes in this version:

This guidance has been reviewed in line with changes that came in with Step 4 of the roadmap on 19 July. PPE and IPC measures as previously outlined in this guidance will still apply after 19 July.

1. Identification of possible cases

While the UK remains in the midst of the COVID-19 pandemic and as it becomes endemic, guidance for working in a new healthcare environment will need to be developed and updated based upon emerging evidence, experience and expert opinion.

This guidance will support returning services using COVID risk pathways which are based on transmission risks using local and national data (https://coronavirus.data.gov.uk/). The identification of new variants of concern across the UK has been considered in this revision.

This guidance is for all patient contacts during the COVID-19 pandemic, where an ambulance service response is required, including both emergency and non-emergency provision.

The case definition (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection) symptom criteria (below) should be considered as part of the risk assessment to determine the most appropriate risk pathway.

If patients meet the following case definition criteria, they are to be classified as a possible case:

- high temperature (of 37.8°C or higher)
  OR
- new onset continuous cough
  OR
- a loss of, or change in, normal sense of taste or smell (anosmia)

Where possible or confirmed cases are identified, this information must be passed to the responding resources (ambulance, Patient Transport Service (PTS) or response car) prior to arrival on scene.

A wide variety of clinical symptoms have been associated with COVID-19. Refer to investigation and initial clinical management of possible COVID-19 cases (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection) for further information.

1.1 COVID-19 care pathways

These pathways are specific to the COVID-19 pandemic and are aligned to the patient risk pathways outlined in the COVID-19: infection prevention and control (IPC) guidance (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control).

Implementation strategies must be underpinned by patient/procedure risk assessment, appropriate testing regimens (as per organisations or country specific) and epidemiological data.

Additional information on specific settings can be found in the NICE (2020) COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services (https://www.nice.org.uk/guidance/ng179/resources/covid19-rapid-guideline-arranging-planned-care-in-hospitals-and-diagnostic-services-pdf-66141969613765).

These care pathways are difficult to determine in the pre-hospital setting; however, staff must be aware of them to enable appropriate conveyance and to support handover to other healthcare facilities.

On arrival at the receiving facility, triage will be undertaken by staff who are trained and competent in the application of the clinical case definition, thereby allocating patients to the appropriate pathway. This should include screening for other infections/multi-drug resistant organisms, as per national screening requirements. Infection risk and IPC precautions for example, standard infection control precautions (SICPs) or transmission based precautions (TBPs) must be communicated between staff and care areas/organisations.

High Risk COVID-19 pathway

Any care facility where:

a) Untriaged individuals present for assessment or treatment (symptoms unknown).

OR

b) Confirmed SARS-CoV-2 positive individuals are cared for.

OR

c) Symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results.

OR

d) Symptomatic individuals who decline testing

Medium Risk COVID-19 pathway

Any care facility where:

a) Triaged/clinically assessed individuals are asymptomatic and are waiting a SARS-CoV-2 test result..

OR

b) Triaged/clinically assessed individuals are asymptomatic with COVID-19 contact/exposure identified.

OR

c) Testing is not required or feasible on asymptomatic individuals and infectious status is unknown.

OR

d) Asymptomatic individuals decline testing.

Low Risk COVID-19 pathway

Any care facility where:

a) Triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact.

AND

Have a negative SARS-CoV-2 test within 72 hours of treatment, and for planned admissions, have self-isolated for the required period or from the test date.

OR

b) Individuals who have recovered from COVID-19 and have had at least 48 hours without fever or respiratory symptoms.

OR

c) Patients or individuals are part of a regular formal NHS testing plan and remain negative and asymptomatic.

2. Infection prevention and control precautions

2.1 Standard infection prevention and control precautions (SICPs): all patient pathways/settings

SICPs are the basic IPC measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection and are required across ALL COVID-19 pathways.

SICPs must therefore be used by all staff, in all care settings, at all times and for all patients, whether infection is known or not, to ensure the safety of patients, staff and visitors. This section highlights the key measures for the COVID-19 pathways. Please refer to the practice guide* for additional information on the other elements which remain unchanged.

The elements of SICPs are:

- patient placement and assessment for infection risk (screening/triaging)
- hand hygiene
- respiratory and cough hygiene
- personal protective equipment
- safe management of the care environment
- safe management of care equipment
- safe management of healthcare linen
- safe management of blood and body fluids
- safe disposal of waste (including sharps)
- occupational safety: prevention and exposure management
- maintaining social/physical distancing (new SICP due to COVID-19)

*Practice guides and literature reviews to support SICPs can be found for England and Scotland (http://www.nipcm.hps.scot.nhs.uk/), Wales (https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/) and Northern Ireland (https://www.niinfectioncontrolmanual.net/).

2.2 Transmission based precautions (TBPs)

TBPs are additional measures (to SICPs) required when caring for patients/individuals with a known or suspected infection such as COVID-19.

TBPs are based upon the route of transmission and include:

a) Contact precautions

Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of cross-infection transmission. COVID-19 can be spread via this route.

b) Droplet precautions

Used to prevent and control infections spread over short distances (at least 3 feet/1 metre) via droplets (>5μm) from the respiratory tract of individuals directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level. COVID-19 is predominantly spread via this route and the precautionary distance is advised as 2 metres

c) Airborne precautions

Used to prevent and control infection spread without necessarily having close patient contact via aerosols (≤5μm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level. COVID-19 can spread via this route when aerosol generating procedures (AGPs) are undertaken.

Transmission characteristics

Transmission of SARS-CoV-2 implications for infection prevention precautions is contained within the WHO scientific briefing paper (https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions) and CDC's scientific brief (https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html) (5 October 2020).

Literature reviews to support evidence for transmission characteristics (https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2985/documents/1_covid-19-rapid-review-ipc-for-covid-19.pdf) and TBPs (http://www.nipcm.hps.scot.nhs.uk/resources/literature-reviews/) are available.

3. Personal protective equipment

For the purpose of this document, the term 'personal protective equipment' is used to describe products that are either PPE or medical devices that are approved by the Health and Safety Executive (HSE) and the Medicines and Healthcare products Regulatory Agency (MHRA) as protective solutions in managing the COVID-19 pandemic.

This guidance is for clinical care environments and is intended for use when in direct contact with patients, or patient care areas. There is further guidance specific to the ambulance sector available in the Working Safely during COVID-19 in Ambulance sector non-clinical areas, which must be followed in non-clinical areas for example, wearing surgical masks in vehicle cabs.

Local or national uniform policies should be considered when wearing PPE.

All PPE should be:

- located close to the point of use (where this does not compromise patient safety, for example mental health/learning disabilities)
- stored safely and in a clean, dry area to prevent contamination
- within expiry date (or had the quality assurance checks prior to releasing stock outside this date)
- single use unless specified by the manufacturer or as agreed for extended/sessional use including surgical facemasks
- changed immediately after each patient and/or after completing a procedure or task
- disposed into the correct waste stream depending on setting for example, domestic waste/offensive (non-infectious) or infectious clinical waste
- discarded if damaged or contaminated
- safely doffed (removed) to avoid self-contamination. Guidance on donning (putting on) and doffing (removing) PPE (https://aace.org.uk/resources/resource-category/infection-prevention-control/)
- decontaminated after each use following manufactures guidance if reusable PPE is used, such as non-disposable goggles/face shields/visors
- contaminated PPE, that has been used during the care of a patient must not be worn within the cab of the vehicles

Gloves must:

- be worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely
- be changed immediately after each patient and/or after completing a procedure/task even on the same patient (remembering the importance of performing hand hygiene before donning and after doffing)
- never be decontaminated with Alcohol Based Hand Rub (ABHR) or soap between use

NB: double gloving is NOT required or recommended for routine clinical care of COVID-19 cases.

Aprons must be:

- worn to protect uniform or clothes when contamination is anticipated or likely
- worn when providing direct care within 2 metres of suspected/confirmed COVID-19 cases
- changed between patients and/or after completing a procedure or task

Fluid repellent coveralls or full body gowns must be:

- worn when there is a risk of extensive splashing of blood and/or body fluids
- worn when undertaking AGPs
- worn when a disposable apron provides inadequate cover for the procedure or task being performed
- changed between patients and immediately after completing a procedure or task unless sessional use is advised due to local/national data

Eye or face protection (including full-face visors) must:

- be worn if providing direct care to a suspected/confirmed COVID-19 patient

- be worn if blood and/or body fluid contamination to the eyes or face is anticipated or likely and always during AGPs. Regular corrective spectacles are not considered eye protection
- not be impeded by accessories such as piercings or false eyelashes
- not be touched when being worn

Fluid resistant surgical face (FRSM TYPE IIR) masks should:

- be worn with eye protection if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated or likely
- be worn when delivering direct care within 2 metres of a suspected/confirmed COVID-19 case
- be well-fitting and fit for purpose, fully cover the mouth and nose (manufacturers' instructions must be followed to ensure effective fit and protection)
- not touched once put on or allowed to dangle around the neck
- be replaced if damaged, visibly soiled, damp, uncomfortable or difficult to breathe through

Respiratory protective equipment (RPE)/FFP3 (filtering face piece respirator/facemask or powered respirator hood):

Respirators are used to prevent inhalation of small airborne particles arising from AGPs.

Respiratory protective equipment should:

- be well fitting, covering both nose and mouth
- always worn when undertaking an AGP on a COVID-19 confirmed or suspected patient
- not be allowed to dangle around the neck of the wearer after or between each use
- not be touched once put on
- be removed outside the patient area
- RPE can be single use or single session use (disposable) and fluid resistant
- valved respirators are not fully fluid resistant unless they are also 'shrouded'. Valved non-shrouded FFP3 respirators should be worn with a full-face shield if blood or body fluid splashing is anticipated
- all staff who are required to wear an FFP3 respirator should be fit tested for the relevant model, or a manufacturer recommended direct equivalent model, to ensure an adequate seal or fit. Fit checking is necessary when a respirator is put on (donned) to ensure an adequate seal has been achieved
- where fit testing fails, suitable alternative equipment must be provided, or the healthcare worker moved to an area where FFP3 respirators are not required
- respirators should be compatible with other facial protection used (protective eyewear) so that this does not interfere with the seal of the respiratory protection
- the respirator should be discarded and replaced and NOT be subject to continued use if the facial seal is compromised, it is uncomfortable, or it is difficult to breathe through
- reusable respirators can be utilised by individuals if they comply with HSE recommendations. Reusable respirators should be decontaminated according to the manufacturer's instructions
- although FFP3 masks are effective for longer periods, the general recommendation would be to wear the FFP3 face masks for up to 3 hours. However, the duration of wear is dependent on the outcome of a dynamic risk assessment conducted by the staff member taking into consideration

a number of factors such as the environment, personal comfort/tolerance and the activity or task that is being undertaken
- powered respirator hoods can be utilised in place of FFP3 face masks, and do not require FIT testing. However, staff are required to be trained in their safe use and the correct tests/checks must be carried out prior to use. Refer to local guidance for the procedures and confidence/safety checks required for the specific units.

A literature review on RPE (https://hpspubsrepo.blob.core.windows.net/hps-website/nss/1722/documents/1_tbp-lr-rpe-v3.1.pdf) is available.

Head/footwear:

- headwear is not routinely required in clinical areas (even if undertaking an AGP)
- headwear worn for religious reasons (for example turban, kippot veil, headscarves) are permitted provided patient safety is not compromised. These must be washed and/or changed between each shift or immediately if contaminated and comply with local and national uniform policies (https://www.england.nhs.uk/about/equality/equality-hub/uniforms-and-workwear/)
- foot/shoe coverings are not required or recommended for the care of COVID-19 cases

NB. Personal protective equipment may restrict communication with patient groups and other ways of communicating to meet their needs should be considered for example clear masks if available, voice-to-text apps to display conversation. The Association of Ambulance Chief Executives has also issued additional guidance when wearing a mask:

- be aware that speech is muffled, and verbal requests could be misunderstood leading to errors for example, medication doses. Ensure that the MEDCHECK process is followed, and other instructions are repeated back
- non-verbal facial cues are reduced, making empathy and other emotions difficult to convey
- communication may be particularly difficult for people with impaired hearing

3.1 Ambulance Service PPE levels

The appropriate level of PPE should be worn following a dynamic risk assessment of the presenting risks.

Use of PPE as described below should not detract from the usual IPC risk assessments that staff carry out routinely to underpin all clinical practice and decision making. Staff must also ensure the correct level of PPE is worn dependant on the patient presentation and the clinical skills that are required during patient care.

The ambulance sector PPE for COVID-19 is categorised by level:

Level 1: Standard infection control precautions

Consider if any PPE is required based on risk of contact or splashing with blood or bodily fluids.

Level 2:

- disposable gloves
- disposable apron

- fluid resistant surgical mask (Type IIR) (FRSM)
- eye protection/face shield (if risk of splashing and for all suspected/confirmed COVID-19 patients)

Level 3:

- disposable gloves
- fluid repellent coveralls/long sleeved apron/gown
- FFP3 or powered respirator hood
- eye protection/face shield (not required with a powered respirator)

Care should be taken to ensure that PPE is donned and doffed correctly to avoid inadvertent contamination. Donning and Doffing guidance (https://aace.org.uk/resources/resource-category/infection-prevention-control/) is available.

4. Aerosol generating procedures (AGP)

An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

This is the list of medical procedures for COVID-19 that have been reported to be aerosol generating and are associated with an increased risk of respiratory transmission:

- respiratory tract suctioning*
- upper ENT airway procedures that involve respiratory suctioning*
- manual ventilation
- tracheal intubation and extubation
- tracheotomy or tracheostomy procedures (insertion or removal)
- bronchoscopy
- dental procedures (using high speed devices for example, ultrasonic scalers/high speed drills
- Non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Flow Nasal Oxygen (HFNO)
- High Frequency Oscillatory Ventilation (HFOV)
- induction of sputum using nebulised saline
- uper gastro-intestinal endoscopy where open suction of the upper respiratory tract occurs
- high speed cutting in surgery/post-mortem procedures if respiratory tract/paranasal sinuses involved

The following are not considered as an AGP:

- chest compressions
- defibrillation
- medication administration via nebulisation for example, nebulised salbutamol
- oral/pharyngeal suctioning*
- insertion of basic airway adjuncts, for example nasopharyngeal/oropharyngeal airways

Certain other procedures or equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk. Procedures in this category include administration of humidified oxygen, Entonox or medication via nebulisation.

The New and Emerging Respiratory Viral Threat Assessment Group (NERVTAG) advised that during nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks. In addition, the current expert consensus from NERVTAG is that chest compressions are not considered to be procedures that pose a higher risk for respiratory infections including COVID-19.

*The available evidence relating to Respiratory Tract Suctioning is associated with ventilation. In line with a precautionary approach open suctioning of the respiratory tract regardless of association with ventilation has been incorporated into the current (COVID-19) AGP list. It is the consensus view of the UK IPC cell that only open suctioning beyond the oro-pharynx is currently considered an AGP, ie oral/pharyngeal suctioning is not an AGP. The evidence on respiratory tract suctioning is currently being reviewed by the AGP Panel which is an independent panel set up by the 4 CMOs to review new or further evidence for consideration.

A literature review for AGPs during COVID-19 (https://hps.scot.nhs.uk/web-resources-container/sbar-assessing-the-evidence-base-for-medical-procedures-which-create-a-higher-risk-of-respiratory-infection-transmission-from-patient-to-healthcare-worker/) is available.

5. Clinical application

The recommended advice for possible COVID-19 patients with mild symptoms is for them to stay at home until they are well. Refer to stay at home advice (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance) for more information.

It is strongly advised that all patients are to wear a surgical facemask throughout, providing it does not compromise their clinical care, such as when receiving oxygen therapy. This will help to minimise the dispersal of respiratory secretions and reduce environmental contamination.

Staff should perform a dynamic risk assessment which should be based on information provided prior to arrival at scene as well as any additional information gained on arrival.

The correct level of PPE should be worn by all staff who have direct contact with a possible or confirmed COVID-19 patient and within 2 metres of the patient. The required level of PPE to be used as a minimum for the care of all patient's contacts including possible or confirmed COVID-19 cases is:

	Disposable gloves	**Apron**	**Disposable coverall**	**Surgical masks**	**Filtered respirator**	**Eye/face protection (visor)**
Droplet/Contact PPE Direct patient care Level 2 PPE	Single use	Single use	N/A	Type IIR†	N/A	Risk assess if required* Single use / Reusable

	Disposable gloves	Apron	Disposable coverall	Surgical masks	Filtered respirator	Eye/face protection (visor)
Airborne PPE Aerosol generating procedure (AGP) Level 3 PPE	Single use	N/A	Single use	N/A	FFP3† /Hood	Single use / reusable

†Can be worn sessionally if providing care for COVID-19 cohorted patients. For example, PTS staff.

*Risk assess eye/face protection

NB:

1. If the patient is suspected/confirmed COVID-19 then eye/face protection should be worn for all care.
2. If the patient is not suspected/confirmed COVID-19 risk assess whether eye/face protection is required for the care procedure/task where there is an anticipated risk of blood/body fluids spraying/splashes.

Maintaining physical distancing and patient placement

All staff and other care workers should maintain physical distancing of 2 metres where possible. Where this is not possible, a surgical mask should be worn. Medium-risk patients requiring conveyance should be restricted to one patient per vehicle, wearing a surgical mask. If a distance of 1 metre can be maintained between patients in larger vehicles, 2 patients may be transported together as per local risk assessment. These patients must not be cohorted with patients who are categorised as low-risk or confirmed as COVID-19 positive.

5.1 Considerations for cardiac arrests

The majority of patients who get COVID-19 will have mild symptoms, and it is estimated about 4% to 5% may be critically ill.

If a patient experiences a witnessed cardiac arrest in front of ambulance responders, commence compression only resuscitation using level 2 PPE. If there is more than one responder on-scene, those trained in level 3 PPE should move to be at least 2 metres from the patient and don level 3 PPE before proving advanced life support assistance.

Commence resuscitation where this is indicated by local clinical guidance. Minimise the delay in undertaking time-critical interventions. It is acceptable for the first person to enter the scene wearing level 2 PPE. Where trained and equipped to use level 3 PPE, this may be used initially where it will not cause a delay in commencing defibrillation and/or chest compressions.

Considerations:

- commence chest compressions, attach the defibrillator and defibrillate if indicated. none of these tasks are considered as AGPs and can be undertaken in level 2 PPE
- do not place your face near the patient to assess breathing
- do not progress to airway management or ventilation until you have donned level 3 PPE
- where available, place a surgical mask or oxygen mask on the patients face

- if required and not already available on-scene, request back up from a level 3 PPE trained response
- if resuscitation is not commenced, or is terminated before the arrival of other resources, provide an early sit-rep to reduce the number of responders who need to enter the scene

5.2 Care of the deceased

Those handling bodies should be aware that there is likely to be a continuing risk of infection from the body fluids and tissues of cases where COVID-19 is identified. The usual principles of SICPs and TBPs apply for bodies that are possible or confirmed COVID-19.

As a minimum, the PPE required for handling a deceased possible or confirmed COVID-19 patient is Level 2 PPE, as detailed above.

6. Conveyance and patient handover

It is important to follow the local guidance specific to the Trust/area. This may require contact with the receiving unit prior to departure or on arrival to have a discussion regarding where to take the patient as this may not be the usual area within the hospital.

Confirmed cases with a positive result – confirmed by Public Health England or a positive testing result: can be transported in the same vehicle wearing surgical masks (social distancing between patients while in the vehicle is not mandated).

Possible cases (ie symptomatic or suspected): should be restricted to one patient per vehicle. Patients should wear surgical masks. If a distance of one metre can be maintained between patients in larger vehicles, 2 patients may be transported together. The required distance may equate to one empty seat between patients in the same row, and one empty row between rows of patients, but needs to be measured.

Asymptomatic cases who have not experienced COVID-19 symptoms in the past 10 days: may be conveyed in the same vehicle provided they wear surgical masks and should sit over one metre apart. The required distance may equate to one empty seat between patients in the same row, and one empty row between rows of patients, but this needs to be measured.

During peaks of infection, those who are clinically extremely vulnerable should be restricted to one patient per vehicle, unless it is possible to maintain a distance of over one metre between patients as outlined above. These patients should wear a surgical mask. Please note as evidence about risk to these patients develops, guidance is likely to evolve and any changes to the recommended level of protection should be followed. This may mean increasing or decreasing the level of social distancing recommended during transit.

There is no requirement for ambulance clinicians to change or upgrade their PPE for the purposes of entering the ED, or the receiving unit, to conduct patient handover.

Patient choice

Clinicians should be aware that for some survivors of sexual assault or rape, being asked to wear a mask may trigger flash backs of past events or cause severe distress and anxiety. Charities supporting survivors are promoting the use of cards which an individual can show to highlight that they cannot wear a mask, as it may be distressing for them to have to explain the reasoning.

6.1 Utilising the most appropriate conveying resource

Note: Suspected or confirmed COVID-19 cases must not be conveyed by rapid response vehicle.

For vehicles where there is no closed bulkhead:

- all occupants of the vehicle that are not protected by a bulkhead are recommended to wear a surgical mask
- the patient should, wherever possible, wear a surgical mask during transportation

The following guidance applies whenever a patient is conveyed:

1. Avoid opening cupboards and compartments unless essential, if equipment is likely to be required then remove from the cupboard prior to loading patient.
2. Air conditioning or ventilation must be set to extract and not recirculate the air within the vehicle (where possible).
3. Essential escorts/carers/support workers should not be restricted from travelling with the patient where their support is necessary for the benefit of the patient for example, disabled patients.
4. Non-essential persons (such as observers, family members) are not to travel within the patient compartment with a suspected or confirmed case, unless the patient is a child who requires conveyance, in this case it is acceptable for a parent or guardian to accompany the child.
5. Family members and relatives of these patients accompanying these patients may be restricted depending on the identified risk pathway for the patient. All visitors/patient escorts will be requested to wear a face covering within the ambulance and should remain in the vehicle saloon.

6.2 Use of aviation for transfer of COVID-19 patients

There are circumstances where it is appropriate for suspected and confirmed COVID-19 patients to be flown, for example during transfer by air ambulance. Organisations responsible for these operations should evaluate options and take measures to minimise risk of transmission from contact, droplet and airborne routes to attending medical staff and to aircrew.

On occasions, AGPs will be necessary during the airborne transfer of suspected and confirmed COVID-19 patients (for example, in emergency airway suction). Despite measures being taken to avoid AGPs being routinely delivered on the aircraft, planning must be made for this eventuality. Including consideration of donning the appropriate level of PPE prior to take-off.

Organisations should consider whether the cockpit can be isolated from the medical cabin sufficiently to prevent contact, droplet and airborne transmission, for example using an ‘air-tight’ bulkhead seal and separating cabin and cockpit ventilation systems[footnote 1]. Where this can be achieved, the aircraft may be considered in a similar way to a land ambulance with a closed bulkhead between attending medical personnel and ambulance driver. In such circumstances, the same advice in terms of PPE and subsequent disinfection should be followed.

If the cockpit and medical cabin cannot be separated, organisations must consider whether other measures to avoid transmission are feasible. This includes contact and droplet avoidance, maintaining a distance from pilot(s) to the patient of >2 metres or appropriate PPE against these modes of transmission (which may or may not be practicable). Additionally, for the avoidance of airborne transmission, fit-tested FFP3 respiratory protection would need to be donned before any AGP. As donning PPE quickly in flight may be impossible for pilots, they may have to wear FFP3 throughout a patient transfer flight. Trials have shown this is feasible but individual organisations may have to determine if these measures are operationally acceptable.

Some organisations may consider the use of ‘isolation pods’ with appropriate air filtration where cabin separation is not possible. Careful assessment must be made to the practicality of emergency management of patients in such ‘pods’ and whether an AGP can be delivered safely without breaking the seal of the device. If not, other precautions must be in place as above.

Organisations should also consider ACH[footnote 2] with respect to the medical cabin to determine post-AGP procedure for their particular aircraft type[footnote 3].

Following the carriage of a suspected or confirmed COVID-19 patient, it is recommended that both aircraft cabin and equipment are decontaminated. This should be done with disinfectants approved for use on the aircraft type and equipment concerned.

6.3 Hospital Handover

In the event of a delay in handing over your patient at the receiving facility, clinicians must follow the local processes in place with regards to arrival notification and escalations. Where, under exceptional circumstances, it is necessary for the patient to remain in the ambulance whilst awaiting hospital handover, the following IPC precautions should be considered as good practice and adopted where reasonably practical:

- request that the patient and any essential escorts wear surgical facemasks throughout, providing it does not compromise the patients clinical care, such as when receiving oxygen therapy. This will help to minimise the dispersal of respiratory secretions, reduce environmental contamination and virus particles in the air
- minimise the number of individuals within the patient compartment. Only essential escorts and the minimum number of clinicians to provide a safe level of care to the patient should remain in the patient compartment. This will help to minimise the dispersal of respiratory secretions, reduce environmental contamination, and reduce virus particles in the air
- consider patient positioning and where practical/possible avoid sitting face to face
- maintain ventilation systems operating (set on extract where possible), this may require the vehicle to remain running or started periodically to allow the ventilation system to operate. This will help to dilute the level of virus particles and maintain air circulation within the patient compartment
- where more than one clinician is available, the clinician providing care to the patient should be rotated regularly, if possible. This will prevent prolonged exposure time and allow individuals the opportunity to safely change PPE and rehydrate, whilst ensuring safe care for the patient
- decontaminate contact surfaces more frequently, where practical this should be carried out during the delay to reduce the environmental contamination levels

There is no requirement to increase the level of PPE worn by the clinicians unless the level of care/clinical interventions indicate that a different level of PPE is required. This should be based upon the individuals dynamic risk assessment, with consideration of the transmission route and PPE guidance. There is no evidence that increasing the level of PPE in non-AGP scenarios provides any additional protection.

A literature review on IPC measures for the prevention and management of COVID-19 in health and care settings (https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2985/documents/1_covid-19-rapid-review-ipc-for-covid-19.pdf) is available.

6.4 Post conveyance

All linen should be managed as per local policy for the management of infectious linen at the receiving unit.

All waste should be segregated and disposed as per local procedure following the guidance within HTM07:01 Safe management of Healthcare waste (https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste). Waste generated during the care of patients confirmed or suspected as COVID-19 should be disposed of as category B clinical waste, as per local policy, at the receiving unit.

The crew are to remove PPE in the designated area identified within the receiving unit.

7. Decontamination

As coronaviruses have a lipid envelope, a wide range of disinfectants are effective. PPE and good infection prevention and control precautions are effective at minimising risk but can never eliminate it.

It is possible that these viruses can survive in the environment with the amount of virus contamination on surfaces likely to have decreased significantly by 72 hours, so thorough environmental decontamination is vital.

Decontamination of equipment must be performed using either:

- a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.)
- a general-purpose neutral detergent solution of warm water followed by a disinfectant solution of 1,000 ppm av.cl
- an alternative combined detergent/disinfectant wipe which is effective against enveloped viruses and has been approved by the local Trust IPC Team

If an alternative disinfectant is used within the organisation, the local IPC Team should be consulted on this to ensure that this is effective against enveloped viruses.

Where equipment is used on-scene for assessing/treating patients, which are not conveyed the equipment can be decontaminated using universal sanitising wipes or equivalent approved disinfectant.

7.1 Any vehicle when no AGP procedures have been performed

The vehicle will require an enhanced between patient clean, ensuring thorough decontamination of all exposed surfaces, equipment and contact areas before it is returned to normal operational duties, with the locally approved disinfectant.

Appropriate PPE must be worn to decontaminate the vehicle – as a minimum, this should include apron and gloves.

Any exposed equipment (that is not within closed compartments) including a stretcher on the vehicle will require decontamination with a combined detergent/disinfectant wipe or equivalent, as per the standard between patient clean.

All contact surfaces (cupboards, walls, ledges), working from top to bottom in a systematic process, will require decontamination.

Pay special attention to all touch points.

The vehicle floor should be decontaminated with a detergent solution. This should be at a minimum of the end of every shift and more frequently where facilities exist. Where possible, hospitals should support this practice by working with ambulance colleagues to identify access to appropriate sluice

facilities and designated mop and bucket storage for ambulance use.

7.2 Any vehicle when AGP procedures have been performed (such as intubation, suctioning, or full ALS cardiopulmonary resuscitation)

The vehicle will require an enhanced decontamination of all exposed surfaces, equipment and contact areas before it is returned to normal operational duties, with a chlorine-based product (or approved equivalent).

Appropriate PPE must be worn to decontaminate the vehicle – as a minimum, this should include apron and gloves (follow COSHH guidance for protective equipment when using chlorine).

Working from top to bottom in a systematic process, all exposed surfaces and any exposed equipment (that is not within closed compartments) on the vehicle will require decontamination with the locally approved disinfectant.

Pay special attention to all touch points. Ensure that the stretcher is fully decontaminated, including the underneath and the base.

The vehicle floor should be decontaminated with a detergent solution followed by a chlorine-based solution at 1,000 ppm (or approved equivalent), this should be facilitated by the receiving department. Where possible hospitals should support this practice by working with ambulance colleagues to identify access to appropriate sluice facilities and designated mop and bucket storage for ambulance use.

1. Associated legislation

Please note that this guidance is of a general nature and that an employer should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974 (http://www.legislation.gov.uk/ukpga/1974/37/contents).

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1. Where ventilation systems cannot be separated entirely, it may be sufficient to demonstrate a positive air pressure gradient/flow from cockpit to medical cabin (assuming air intake to the cockpit is from a ‘clean’ source, for example externally derived).
2. Number of Air Changes per Hour as defined in WHO guidance (already referenced in the national IPC Guidance (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)).
3. Unpublished technical data for one specific air ambulance type currently in use in the UK shows that in forward flight, 5 ‘air exchanges’ can occur in 126 seconds (this depends on several factors that are aircraft and flight condition specific).

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Paper 03f

Severe Demand Pressures – Strategic Commanders Strategy 20.07.2021

Over the last 4 weeks WMAS has experienced 'rising tide' scenario of increased emergency 999 demand. On regular occasions the Trust has seen movement up to Surge 3 through busy periods of the day and night and holding at surge 2 for long periods of time. The demand pattern has now further increased on 999 calls and incidents in the last 10 days and the delays at hospitals across the West Midlands has significantly deteriorated. Last week WMAS took the decision to move to REAP 4 due to the sustained increase in demand pressure, which then followed with movement to surge 4 for many hours of the last two days.

WMAS has now taken the decision to further enhance the Command and Control arrangements to manage the current demand and risks the Service is facing.

Craig Cooke – Director of Strategic Operations and Digital Integration has been appointed to lead the Strategic management and decisions which need to be taken as part of the response to the situation.

Below are the Strategic objectives that have been set to mitigate risks, manage demand, maintain staff welfare, and restore BAU.

1. Restore call answering to prevent no over 2-minute delays
2. Protect Cat 1 and Cat 2 patient responses with no delay in mobilisation
3. Maintain Cat 3 call levels to under 100 calls in any given time
4. Protect welfare of all WMAS staff
5. Consider and implement where practical all options to create additional resource and alternative methods of demand management
6. Regularly review REAP and Surge status for the Trust and keep a log of all decisions and actions taken
7. Review and consider use of Trust policies – Major Incident plan, Adverse weather plan, REAP plan and Surge Plans for 999 and 111
8. Review current policies, explore viability of new policies/procedures to enhance WMAS response to severe demand pressure
9. Review sickness and abstractions in all directorates with the aim to reduce the level operational losses
10. Maximise overtime in all directorates to enhance resource availability
11. Regularly review all secondments and Alternative duty staff placements
12. Daily conference Calls with Senior command team, review actions and current status
13. Make decisions and introduce actions which are congruent with the likely outlook of this being an extended period of high demand, which is likely to be compounded by rising NHS pressures both now and into the winter of 2021.
14. Maintain contact with NHSE/I region regarding hospital delays and actions to release crews expiring hospital delays
15. Maintain media messaging to staff and the wider public- maintain confidence
16. Update CEO on actions and further considerations daily
17. Update Trust Board and Council of Governors at regular intervals (weekly)

18. Ensure business continuity and consider the recovery arrangements at the earliest opportunity
19. Record and log all actions (including decision logs)
20. Provide a methodology for incorporating lessons identified into future arrangements

Craig Cooke
Director of Strategic Operations and Digital Integration
20 July 2021

Signature ……

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06a **DATE JULY 2021** **PAPER NUMBER 04**

M3 Finance Position	
Sponsoring Director	Claire Finn Director of Finance
Author(s)/Presenter	Claire Finn Director of Finance
Purpose and action required	M3 financial position update
Previously Considered by	This report will be presented at EMB and performance committee
Report Approved By	Claire Finn Director of Finance

Summary/Key Issues relevant to this committee

The format of the finance report has been revised to align with the monthly submission to NHSI. Further refinement will occur over the next couple of months.

H1 Finance Position – M3

- YTD deficit - £1.4m
- Forecast deficit - £4m
- Capital expenditure to date £0.4m against a full year plan of £16.6m
- Cash in bank - £46m
- Non recurrent income included in the position £18.9m
- Better payment practice code – 92.5% against target of 95%

H2 Finance position

- Guidance not yet issued. Similar arrangement to H1 with a greater efficiency requirement and reduction in non recurrent funding.
- Additional ambulance funding of £5.6m notified for H2

Key actions

- Securing recurrent funding to replace £18.9m (pye) non recurrent funding within the position.
- Agreement with regional ICS's as to management of cost pressures in response to increased demand
- Action to deliver achievement of Better Payment practice code in response to national focus

Related Trust Objectives Is it contributing to the Trust Objectives:	Please tick relevant objective
SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients)	
SO2 – A great place to work for all (Creating the best environment for all staff to flourish)	

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06a **DATE JULY 2021** **PAPER NUMBER 04**

SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control)	x
SO4 - Innovation and Transformation (Developing the best technology and services to support patient care)	x
SO 5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care)	

Is the proposal required to enable the Trust to meet national standards? If yes state which.	All
Risk and Assurance	All relevant risks have been included on the Trust risk register. • Trust not achieving financial balance • Block funding arrangements with increasing patient demand • Access to capital • IFRS16
Legal implications/ regulatory requirements	The Trust has a responsibility to meet a statutory break even position. The Trust is not currently achieving the Better payment practice code
Financial Implications	Financial implications have been included in the main summary/key issues
Workforce & Training Implications	The financial position is dependent on the workforce, recruitment and training plan. The financial position and forecast includes the implications of these
Communications Issues	No communications issues have been identified
Diversity & Inclusivity Implications	Due regard to equality issues has been considered and no issues identified.
Quality Impact Assessment	Quality Impact Assessments have been undertaken in relation to the financial improvement programme
Data Quality	The information has been supplied by finance

Action required

The Board of Directors are requested to note the M3 Financial position and ongoing actions taken to deliver organisational financial balance.

West Midlands Ambulance Service
University NHS Foundation Trust

Finance Report

Reporting period: Month 3 - June 2021

Trust us to care.

Integrated Finance Report |Finance Headlines

Reporting Month: June 2021

As Part of the on-going emergency financial regime the Trust has set a breakeven financial plan for the first half of the year (April 21 – September 21). This is referred to as H1.

There will be an increased focus on the Better Practice Payment Code to achieve 95%. The Trust is currently at 92.5%

H2 guidance still expected in Sept. The financial arrangements are expected to be similar to H1 with a greater CIP (waste reduction) requirement

INCOME

£1.3m favourable position reported at Month 3.

£18.9m non recurrent income

£

Year To Date £1.4m deficit
Forecast - £4m deficit

EXPENDITURE

including Operating Expenditure and Finance Costs is £2.65m adverse position at Month 3.

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

OVERTIME SPEND

YTD £4.7m

Non substantive pay spend Year to date equates to £4.7m, compared to year to date spend of £6.2m, at the height of the pandemic.

H1 forecast overtime expenditure equates to £9.4m

CASH-FLOW

£46m closing cash balance

BPPC – 92.5% Against target of 95%

Capital

Capital Plan £16.6m

Capital Expenditure of £0.4m at Month 3. Full Year forecast expenditure £16.6m

Integrated Finance Report |Trust Financial Position

Reporting Month: June 2021

3 Months Ended 30 June 2021	YTD Budget £'000	YTD Actual £'000	YTD Variance to Budget £,000	Budget H1 £,000	Forecast H1 £,000	H1 Variance to Budget £,000
Total Income From Patient Care Activities	90,308	89,044	(1,264)	177,870	177,337	(533)
Adjusted Top Up Income	0	0	0	0	0	0
Total Other Operating Income	1,375	3,973	2,598	5,544	8,167	2,623
Total Operating Income	**91,683**	**93,017**	**1,334**	**183,414**	**185,504**	**2,090**
Total Medical and Dental - Substantive	(228)	(318)	(90)	(456)	(618)	(162)
Total Agenda for Change - Substantive	(67,524)	(67,547)	(23)	(135,048)	(136,153)	(1,105)
Total Medical and Dental - Bank	(360)	(561)	(201)	(720)	(1,122)	(402)
Total Agenda for Change - Bank	(876)	(1,660)	(784)	(1,752)	(3,320)	(1,568)
Total Medical and Dental - Agency	0	0	0	0	0	0
Total Agenda for Change - Agency	0	0	0	0	0	0
Other gross staff costs	(279)	(294)	(15)	(558)	(582)	(24)
Total Employee Expenses	**(69,267)**	**(70,380)**	**(1,113)**	**(138,534)**	**(141,795)**	**(3,261)**
Total Operating Expenditure excluding employee expenses	**(22,204)**	**(23,737)**	**(1,533)**	**(44,345)**	**(47,233)**	**(2,888)**
Total Operating Expenditure	**(91,471)**	**(94,117)**	**(2,646)**	**(182,879)**	**(189,028)**	**(6,149)**
Operating Surplus/ Deficit	**212**	**(1,100)**	**(1,312)**	**535**	**(3,524)**	**(4,059)**
Total Finance Expense	(5)	(6)	(1)	(10)	(12)	(2)
PDC dividend expense	(263)	(262)	1	(525)	(525)	0
Movements in Investments & Liabilities	0	29	29	0	29	29
Net Finance Costs	**(268)**	**(239)**	**29**	**(535)**	**(508)**	**27**
Surplus/Deficit For the Period	**(56)**	**(1,339)**	**(1,283)**	**0**	**(4,032)**	**(4,032)**
Control Total Adjustments	0	0	0	0	0	0
Donated assets (income)	0	(40)	(40)	0	(40)	(40)
Donated assets (depn)	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Impact of consumables from other DHSC bodies	0	0	0	0	0	0
Control Total	**(56)**	**(1,379)**	**(1,323)**	**0**	**(4,072)**	**(4,072)**

Year to date Financial Performance :

Deficit Position of £1.3m at 30 June 2021

Income from Patient Care Activities: £1.2m adverse

- £9.4m of non-recurrent funding in the position.

Other Operating Income: £2.6m favourable

- Overperformance on other operating income due to higher than expected Apprenticeship Levy income in M3.

Expenditure: £2.6m adverse

- Ongoing pressures to services resulting in high use of overtime
- PTS Taxi's to support PTS contracts/KPI's
- Medical supplies & consumables usage
- Vehicle accident damage

H1 Forecast Financial Performance :

Forecast for H1 Deficit of £4.072m

Income from Patient Care Activities: £0.5m adverse

- 111 First ceases to be received from M5

Other Operating Income: £2.6m favourable

- Continued overperformance of apprenticeship income in line with recruitment plan.

Expenditure: £6.1m adverse

- Recruitment in 999, and 111 in line with he recruitment plan and to support the pressures on the service
- Continuation of PTS Taxi usage to support PTS contracts

Integrated Finance Report |Operating Expenditure

Reporting Month: June 2021

3 Months Ended 30 June 2021	YTD Budget £'000	YTD Actual £'000	YTD Variance to Budget £,000	Variance to Budget %	Budget H1 £,000	Forecast H1 £,000	H1 Variance to Budget £,000	H1 Variance to Budget
Pay - Substantive	(67,752)	(67,865)	113	0%	(135,504)	(136,771)	1,267	-1%
Pay - Bank	(1,236)	(2,221)	985	-80%	(2,472)	(4,442)	1,970	-80%
Pay - Agency	0	0	0		0	0	0	0%
Other Gross staff costs	(279)	(294)	15	-5%	(558)	(582)	24	-4%
Pay expenses	**(69,267)**	**(70,380)**	**1,113**	**-2%**	**(138,534)**	**(141,795)**	**3,261**	**-2%**
Non-executive directors	(30)	(36)	6	-20%	(60)	(72)	12	-20%
Supplies and services	(2,574)	(3,113)	539	-21%	(5,148)	(6,646)	1,498	-29%
Drugs costs (drug inventory consumed and purchase of non-	(246)	(235)	(11)	4%	(492)	(481)	(11)	2%
Consultancy	(9)	(53)	44	-489%	(18)	(98)	80	-444%
Establishment	(4,543)	(4,607)	64	-1%	(9,085)	(9,193)	108	-1%
Transport	(4,080)	(5,584)	1,504	-37%	(8,161)	(11,104)	2,943	-36%
Depreciation	(2,664)	(3,532)	868	-33%	(5,249)	(7,051)	1,802	-34%
Amortisation	(84)	(93)	9	-11%	(169)	(171)	2	-1%
Movement in credit loss allowance on receivables and financial assets	0	4	(4)	0%	0	4	(4)	0%
Audit fees and other auditor	(21)	(21)	0	0%	(42)	(42)	0	0%
Clinical negligence	(865)	(864)	(1)	0%	(1,730)	(1,728)	(2)	0%
Education and training - non-staff	(367)	(2,241)	1,874	-511%	(735)	(4,113)	3,378	-460%
Operating lease expenditure	(2,733)	(2,976)	243	-9%	(5,466)	(5,780)	314	-6%
Other	(3,988)	(386)	(3,602)	90%	(7,990)	(758)	(7,232)	91%
Non Pay Expenses	**(22,204)**	**(23,737)**	**1,533**	**-7%**	**(44,345)**	**(47,233)**	**2,888**	**-7%**
Total Operating expenses for EBITDA	**(91,471)**	**(94,117)**	**2,646**	**-9%**	**(182,879)**	**(189,028)**	**6,149**	**-9%**

Year to date Financial Performance :

Expenditure: £2.6m adverse

- Pay expenditure is £1.1m of the adverse position
- YTD A&E activity is overperforming by 7.09%, in M3 this peaked to 9.1%.
- 111 activity is overperforming 20/21 by 28% YTD and overperforming against contract by 48%.
- Non pay expenditure £1.5m adverse

H1 Forecast Financial Performance :

Expenditure: £6.1m adverse

- Recruitment in 999 and 111
- Continuation of high activity and use of overtime resulting in a forecasted pay position of £3.2m adverse
- The ongoing pressure on PTS and high usage of medical supplies & consumables are contributing to a forecasted adverse non pay position of £2.8m.

Integrated Finance Report |Pay - Overtime

Reporting Month: June 2021

Area	Mthly Average 20/21	M1	M2	M3	M4	M5	M6	YTD	H1 Forecast
Commercial Services/PTS	£ 158,122	£ 129,483	£ 132,708	£ 144,244	£ 135,478	£ 135,478	£ 135,478	£ 406,435	£ 812,871
Corporate	£ 57,837	£ 61,489	£ 71,742	£ 83,740	£ 72,324	£ 72,324	£ 72,324	£ 216,971	£ 433,942
COVID	£ 22,714	£ 7,013	£ 16,112	£ 3,507	£ 8,877	£ 8,877	£ 8,877	£ 26,632	£ 53,264
E&U	£ 1,168,232	£ 923,728	£1,112,254	£1,570,005	£1,201,996	£1,201,996	£1,201,996	£3,605,987	£7,211,974
EOC/111/CSD	£ 103,284	£ 139,824	£ 97,386	£ 95,882	£ 111,031	£ 111,031	£ 111,031	£ 333,092	£ 666,184
Resilience	£ 29,831	£ 37,365	£ 43,606	£ 33,794	£ 38,255	£ 38,255	£ 38,255	£ 114,765	£ 229,530
Grand Total	**£ 1,540,019**	**£1,298,902**	**£1,473,809**	**£1,931,171**	**£1,567,961**	**£1,567,961**	**£1,567,961**	**£4,703,882**	**£9,407,765**

The Trust incurred a total overtime spend of £19.4m during financial year 2020/21.

Year to date at M3 the Trust incurred £4.7m expenditure. H1 is forecast to be £9.4m. However based on M4 this is likely to be higher and as we enter H2 and demand increases further overtime is likely to continue to increase.

Overtime Pay / Non Pay

- Significant demand is increasing the use of overtime.
- This has also resulted in the continued usage of urgent tier, 106 WTE totalling £1.9m expenditure YTD
- PTS overtime YTD is £0.3m, with an additional 1.45m on taxi's
- As the Trust continues to recruit if demand reduces overtime expenditure will be reduce in line

Overtime by Hub

Hub	M1	M2	M3	Total
Hollymoor Hub	£129,150	£122,295	£177,017	£428,461
Erdington Hub	£116,659	£123,185	£181,101	£420,945
Dudley Hub	£110,293	£126,438	£161,118	£397,849
Willenhall Hub	£ 90,894	£ 95,764	£141,983	£328,641
Coventry Hub	£ 82,003	£ 94,144	£123,755	£299,902
Stoke Hub	£ 99,394	£ 79,964	£107,473	£286,831
Bromsgrove Hub	£ 48,309	£ 67,693	£ 75,949	£191,950
Worcester Hub	£ 44,046	£ 62,578	£ 73,604	£180,228
Stafford Hub	£ 34,352	£ 48,982	£ 75,364	£158,698
Lichfield Hub	£ 34,530	£ 44,587	£ 69,712	£148,829

Integrated Finance Report |COVID 19 Costs

Reporting Month: June 2021

Category of Spend	April £'000	May £'000	June £'000	July £'000	August £'000	Sept £'000	YTD £'000	Forecast H1
Expand NHS Workforce	376	181	196	251	251	251	**754**	**1,506**
Existing Workforce - additional shifts to meet increased demand	52	46	35	44	44	44	**133**	**266**
NHS 111 additional capacity	369	356	323	349	349	349	**1,048**	**2096**
Enhanced PTS								
Remote Working for Non Patient Activities								
Decontamination	358	327	271	319	319	319	**955**	**1912**
COVID 19 Virus Testing								
National Procurement Areas								
Other								
Total COVID expenditure	**1,155**	**910**	**825**	**963**	**963**	**963**	**2890**	**5780**

At month 3 COVID top up funding was £4.2m
H1 forecast COVID top up funding allocation is £ 8.4m
This does not include PTS social distancing expenditure nor additional funding

A full review of recurrent COVID is required to ensure as Covid top up funding tapers off in H2 any financial risk is mitigated.

Integrated Finance Report |Revenue Analysis (1)

Reporting Month: June 2021

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

Income from Commissioners which previously would have been governed by contract agreements, and driven by activity levels, has been replaced with Payment Blocks. These are pre-set values based on 19/20 income levels with an inflationary uplift. If the Trust was funded under the previous mechanism further income of £4.8m (as per below) for emergency activity would have been received.

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

Month Ended 30th June 2021	Emergency & Urgent	Patient Transport Services	111 (Rec'd from BCWB CCG)	Total Plan
Contracted activity income				
Black Country and West Birmingham CCG's	24,377,815	6,291,595	3,710,317	34,379,727
Birmingham and Solihull CCG's	26,970,273	5,745,303	4,120,069	36,835,646
Coventry and Warwickshire CCG's	17,369,271	3,228,686	2,843,026	23,440,983
Hereford and Worcester CCG's	19,839,638		2,232,264	22,071,902
Shropshire CCG's	11,878,057		1,411,777	13,289,834
Staffordshire CCG's	23,213,777			23,213,777
Cheshire CCG		4,681,166		4,681,166
Total Contract Income	**123,648,831**	**19,946,750**	**14,317,453**	**157,913,034**
Other Income				6,653,836
Non recurrent Income				
System/growth top up	6,454,596			6,454,596
Covid	8,451,000	2,344,111		10,795,111
111 First (6mths)			1,624,423	1,624,423
Total Non recurrent Income/Top up	**14,905,596**	**2,344,111**	**1,624,423**	**18,874,130**
TOTAL INCOME	**138,554,427**	**22,290,861**	**15,941,876**	**183,441,000**

If the Trust had been operating under tariff rules, income generated by activity year to date would have been £3.78m

April 2021 - £1.06m
May 2021 - 1.12m
June 2021 - £1.6m

In addition to the 3.78m, the Trust would have invoiced £0.9m for the ongoing handover delays at Heartlands, Worcester and Good Hope Hospital.

Integrated Finance Report |Statement of Financial Position

Reporting Month: June 2021

FIXED ASSETS:	Actual Year end 2020/21 £000s	YTD Plan 2021/22 £000s	YTD Actual 2021/22 £000s	YTD Variance 2021/22 £000s
Fixed Assets	80,550	78,089	77,359	730
Assets Held for Sale	0	0	0	0
TOTAL FIXED ASSETS	**80,550**	**78,089**	**77,359**	**730**
NON CURRENT ASSETS:	**853**	**853**	**853**	**0**
CURRENT ASSETS:				
Stocks and work in progress	3,078	2,297	2,515	(218)
Debtors	11,304	10,982	16,036	(5,054)
Provision for Irrecoverable debts	(747)	(747)	(743)	(4)
Prepayments & Accrued Income	9,319	14,431	13,751	680
Cash at Bank & In Hand	46,991	39,561	46,123	(6,562)
TOTAL CURRENT ASSETS	**69,945**	**66,524**	**77,682**	**(11,158)**
CURRENT LIABILITIES:				
Creditors	(12,458)	(11,190)	(10,287)	(903)
Capital Creditors	(492)	(328)	(34)	(294)
Accruals	(45,087)	(40,757)	(52,288)	11,531
Deferred Income & Payments on Account	0	0	(1,354)	1,354
Provisions for Liabilities & Charges	(8,068)	(8,004)	(8,018)	14
NET CURRENT ASSETS	**3,840**	**6,245**	**5,701**	**544**
Non Current Provisions for Liabilities & Charges	(2,248)	(2,248)	(2,255)	7
TOTAL ASSETS EMPLOYED	**82,995**	**82,939**	**81,658**	**1,281**
FINANCED BY				
Public dividend capital	42,347	42,347	42,347	0
Revaluation reserve	9,423	9,423	9,423	0
Other reserves	5,395	5,395	5,395	0
Income and expenditure reserve	25,830	25,774	24,493	1,281
TOTAL TAXPAYERS EQUITY	**82,995**	**82,939**	**81,658**	**1,281**

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

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

Integrated Finance Report | Aged Debtors

Reporting Month: June 2021

Aged Debtors Report as at 30th June 2021

The table below summarises the Trust's outstanding sales ledger debt as at 30th June 2021

Category	Debtor Name	Unallocated Cash £'000	30 days £'000	31-60 days £'000	61-90 days£'000	91-180 days £'000	Total Balance £'000	Total overdue	% Overdue
NHS	Midland Air Ambulance	£ -	£ 142	£ -	£ -	£ 67	£ 209	£ 67	32%
NHS	Nhs England - RYA	-£ 1	£ 141	£ 114	£ 98	£ 3	£ 354	£ 215	61%
NHS	South Warwickshire NHS Foundation Trust	-£ 0	£ 170	£ 4	£ 1	£ 33	£ 207	£ 38	18%
NHS	Black Country Healthcare NHS FT	£ -	£ 95	£ -	£ -	£ 32	£ 127	£ 32	25%
NHS	Nhs Herefordshire & Worcestershire CCG	£ -	£ 78	£ -	£ -	£ -	£ 78	£ -	0%
Non NHS	University Of Birmingham	£ -	£ -	£ 44	£ -	£ -	£ 44	£ 44	100%
NHS	Royal Wolverhampton Hospitals NHS Trust	-£ 0	£ 3	£ -	£ 33	£ 4	£ 40	£ 38	94%
NHS	Nhs Southend CCG	£ -	£ -	£ 9	£ -	£ 31	£ 40	£ 40	100%
NHS	East Cheshire NHS Trust	£ -	£ 23	£ -	£ -	£ -	£ 23	£ -	0%
NHS	North Staffordshire CCG	£ -	£ -	£ 9	£ 9	£ -	£ 18	£ 18	100%
	Other NHS Debtors	-£ 15	£ 32	£ 55	£ -	£ 65	£ 137	£ 120	87%
	Other Non NHS Debtors	-£ 9	£ 103	£ 33	£ 12	£ 363	£ 502	£ 408	81%
	Total	-£ 25	£ 787	£ 267	£ 153	£ 598	£ 1,779	£ 1,017	57%

Commentary

- Unallocated cash relates to a number of CCG's
- Long term debt exceeding 90 days
    - PTS/CTS Message handling 190k
    - Payroll debt 54K
    - Internal audit 44k

Debt levels show a downward trend over the previous twelve months, aided by the continuation of block contracts into the first half of 2021/22. Keeping debt values low going forward is critical to the Trust maintaining a healthy cash balance.

Aged Debtor Analysis					
	Month 11	Month 12	Month 1	Month 2	Month 3
	£'000	£'000	£'000	£'000	£'000
Total Debtors	2,063	2,692	2,240	2,130	1,779

Integrated Finance Report | Aged Creditors

Reporting Month: June 2021

Aged Creditors Report as at 30th June 2021

The table below summarises the Trust's outstanding purchase ledger credit as at 30th June 2021

Category	Creditor Name	Unallocated Cash £'000	30 days £'000	31-60 days £'000	61-90 days£'000	91-180 days £'000	Total Balance £'000	Total overdue	% Overdue
Non NHS	Certas Energy UK Ltd	£ -	£ 166	£ -	£ -	£ -	£ 166	£ -	0%
NHS	Northumbria Healthcare NHS FT	£ -	£ 88	£ -	£ -	£ -	£ 88	£ -	0%
Non NHS	J Tomlinson Limited	£ -	£ 60	£ -	£ -	£ -	£ 60	£ -	0%
Non NHS	Safe Triage Ltd	£ -	£ -	£ -	£ -	£ 28	£ 28	£ 28	100%
Non NHS	Watson Fuels	£ -	£ 21	£ -	£ -	£ -	£ 21	£ -	0%
NHS	NHS Supply Chain	£ -	£ 16	£ 5	£ -	£ -	£ 20	£ 5	23%
Non NHS	Standard Fuel Oils LTD	£ -	£ 17	£ -	£ -	£ -	£ 17	£ -	0%
NHS	NHS Litigation - Manual	-£ 5	£ 19	£ -	£ -	£ -	£ 13	£ -	0%
Non NHS	Lichfield Accident Repair Centre	£ -	£ 12	£ -	£ -	£ -	£ 12	£ -	0%
Non NHS	Wireless Logic Ltd	£ -	£ -	£ 12	£ -	£ -	£ 12	£ 12	100%
	Other NHS Creditors	£ 0	£ 23	£ 1	£ 1	-£ 38	-£ 13	-£ 37	278%
	Other Non NHS Creditors	£ -	£ 0	£ -	£ -	£ 1	£ 1	£ 1	97%
	Total	-£ 5	£ 422	£ 17	£ 1	-£ 10	£ 425	£ 8	2%

Commentary

The Trust's total aged credit at the end of June was £0.42m, of which £0.08m (2%) was overdue.

BPPC

- **One element is below target BPPC% is sitting at 92.5% against target of 95%**
- **The Trust has implemented DB capture in accounts payable which should continue to improve the BPPC%.**

Integrated Finance Report |Capital Expenditure

Reporting Month: June 2021

Capital Scheme	Total £000	YTD Plan £000	YTD Actual £000	YTD Variance £000	Mitigated Plan £001
Information technology	1,430	287	2	-285	**1,255**
Clinical equipment	430	0	9	9	**215**
Estates	730	0	0	0	**730**
Oldbury Project	600	0	0	0	**600**
Fleet	13,183	0	435	435	**12,849**
Contingency	250	0	0	0	**-**
Total capital programme	**16,623**	**287**	**446**	**159**	**15,649**

Capital Expenditure

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

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

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

WMAS have incurred expenditure of £446k YTD. A review of the phasing of the capital plan will be completed for M4.

The system position is currently a £2m underspend. A review of all plans will be carried out at M6 to ensure full delivery against allocated expenditure and ensure any requests to the region for additional capital up to the original plan of £98m are credible.

Integrated Finance Report |Statement of Cash Flow

Reporting Month: June 2021

	Actual Apr (M1)	Actual May (M2)	Actual Jun (M3)	Forecast 2021/22 Totals
	£'000	£'000	£'000	£'000
Cash Inflow from activities				**0**
NHS A&E	20,778	20,521	20,595	**247,602**
NHS PTS	3,419	3,204	3,886	**40,535**
NHS 111	2,579	2,579	3,307	**31,679**
System top up alloc			7,228	**28,801**
NHS other	116	4,921	92	**25,104**
CBRN		1,151		**1,151**
Training	1,898			**2,649**
Apprenticeship Levy			2146	**2,981**
Other Receipts	290	268	305	**2,396**
Interest Receivable				**0**
Capital Receipts				**0**
Sale of Assets				**0**
VAT Refund	315	676	547	**4,013**
Total Cash Inflows	**29,395**	**33,320**	**38,106**	**386,911**
Cash outflow				
Monthly payroll	14,603	13,881	13,914	**172,684**
PAYE/NIC/pensions	9,750	10,414	9,653	**119,724**
Non-Pay expenditure	8,195	5,879	14,888	**82,118**
Capital expenditure		306	206	**16,623**
Dividends on PDC				**785**
Loan Repayment				**0**
Total Cash Outflows	**32,548**	**30,480**	**38,661**	**391,934**
Net Inflows / (Outflows)	**-3,153**	**2,840**	**-555**	**-5,023**
Opening Balance	46,991	43,838	46,678	46,991
Closing Balance	**43,838**	**46,678**	**46,123**	**41,968**

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

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

Key cash movements are highlighted below.

Year to Date

- Apprenticeship levy funding was received in M3 and higher than expected which increased the cash balance above expected.
- Capital spend comprises payments made to capital suppliers, including payments of year-end creditors.
- Cash flow is largely as anticipated.

Forecast H1 and H2

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

Planning for H2

Funding arrangements

- H1 system funding envelopes will be the starting point for H2 funding arrangement, with a greater waste reduction ask than H1.
- Block payment arrangements will continue.
- Growth funding will be issued for inflation above H1 levels.
- Funding for the outcome of the pay settlement will be issued in envelopes subject to Government decision.
- Activity-based elective recovery fund will continue.
- NHS provider other income support – funding will taper during H2.
- PPE – arrangements for supply of PPE have been confirmed to March 2022.
- The detail of the requirements are subject to finalisation as a result of settlement discussions.

Waste Reduction requirement

General reduction applied to all systems -Additional efficiency will be applied to all block payments, which in combination with H1 will be at least as stretching as the LTP requirements.

Targets reduction - Apply an additional reduction to system envelopes based on distance to allocations.

Covid allocation - Reductions will be applied to the Covid allocation . Systems to be take measures to release costs and improve productivity as through implementing enhanced preventative measures efficiently.

As Covid demand reduces, expectation will be that systems release the associated costs.

Key events	Possible timings
H2 2021/22 settlement confirmed	September 2021
H2 2021/22 planning	September-November 2021
2022/23 preparatory work: • Review NHS block payments and system top-up baselines	By November 2021
Spending review outcome	December 2021
2022/23 planning	January-March 2022

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 07a MONTH: July 2021 PAPER NUMBER: 05a

Executive Director of Nursing and Executive Medical Director Joint Quality Report	
Sponsoring Director	Mark Docherty, Executive Director of Nursing and Clinical Commissioning.
Author(s)/ Presenter	Mark Docherty, Executive Director of Nursing and Clinical Commissioning. Dr Alison Walker Executive Medical Director
Purpose	The report is presented to the QGC to give the Committee assurance on the clinical quality agenda. It is an integrated report that will be developed to provide a single reporting mechanism to the Committee on all clinical quality issues.
Previously Considered by	Quality Governance Committee – July 2021
Report Approved By	Mark Docherty, Director of Nursing and Clinical Commissioning.

Executive Summary

The report provides a high level of assurance by way of the systems and processes in place to measure and monitor our quality assurance and provides a robust framework to support our clinical quality governance.

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

- COVID
- Patient handover delays (this is the biggest risk on the WMAS Board Assurance Framework)

Related Trust Objectives/ National Standards	Supports the monitoring against our strategic objective to achieve quality and excellence.
Risk and Assurance	The report is presented as a document that gives Board assurance and highlights areas of clinical risk.
Legal implications/ regulatory requirements	The report highlights the areas where we have a statutory duty to report.
Financial Implications	There are no direct financial implications raised in this report. Patient handover delays are creating a financial pressure for WMAS.
Workforce Implications	None in the context of this report.
Communications Issues	The contents of this report are not confidential and have been provided to multiple people inside and

	outside the organisation. Much of the information is in the public domain.
Diversity & Inclusivity Implications	The report will highlight any diversity and inclusion issues as or if they arise.
Quality Impact Assessment	The report will highlight any quality impact assessments as they arise.
Data Quality	The data used in the report has been provided and quality assured ahead of publication in Board papers.

Action required

The Board is asked to:

1. Note the integrated quality report to the Quality Governance Committee.
2. Receive the report.
3. Gain assurance on the quality agenda and the robustness of our quality governance processes.

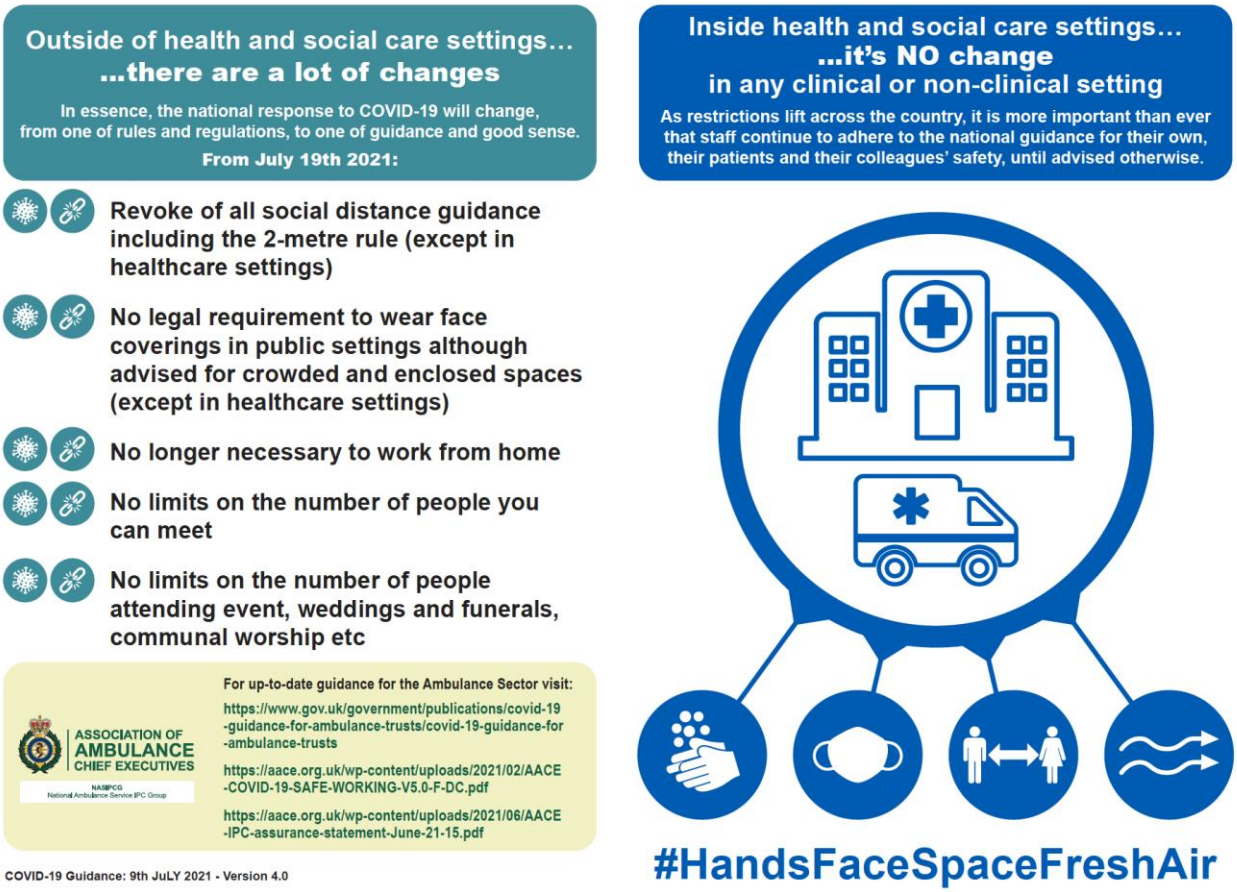
Introduction – Quality Report from Medical Director and Nurse Director

Since the QGC March 2021, in addition to regular Trust meetings our main focus has been the patient and staff safety and staff wellbeing issues related to Hospital Handover Delays. We have both been involved along with Director colleagues, the Chief Executive and Chair the NHSE regional Director leads and our Medical, Nurse, Operational Director colleagues across the West Midlands NHS systems.

COVID-19

Depsite the number of COVID cases rising most mandatory coronavirus restrictions in England have been lifted. Face masks are no longer mandatory in shops and on public transport, limits on gathering have gone and the work from home guidance has ended.

WMAS is continuing to implement the precautions that have been in place:



WMAS is at the forefront in the vaccination of staff and currently more than 85% of staff have received their initial vaccination.

COVID-19 Outbreaks

During the COVID pandemic, we have managed a small number of outbreaks across our estate. Since the last report (May 2021) there has been one outbreak declared (as at 14 July 2021) in the control centre based at Navigation Point. An outbreak is defined as two positive contacts

WMAS work closely with the local Health Protection Team and public Health England colleagues and establish an Incident Management Team led by the WMAS Director of Infection Prevention and Control (Executive Nurse).

Support and Communication with Staff

All members of the Clinical 7 Commissioning Directorate continue to work from home during the COVID-19 pandemic. The following systems are in place for staff:

- Meetings organised via MS Teams
- Regular staff briefings and welfare checks every Monday and Friday at 10am
- Individual face to face meetings are held with social distancing where necessary

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

Patient Handover Delays

The issue of patient handover delays has shown a significant deterioration over the last few months, and this is causing significant serious patient safety concerns. The current trajectory for July would suggest there will be in excess of 7,000 lost hours due to handover delays over 30 minutes; this is the highest number of lost hours ever experienced by WMAS at a time when patient handover delays would normally be at their lowest levels.

Action is being taken with individual hospitals and NHSE/I to address this problem. The WMAS Medical Director has raised this issue directly with the Regional Medical Director of NHSE/I. The additional risks as a result of COVID that have arisen, including patients being held on ambulances for prolonged periods of time also continue to rise.

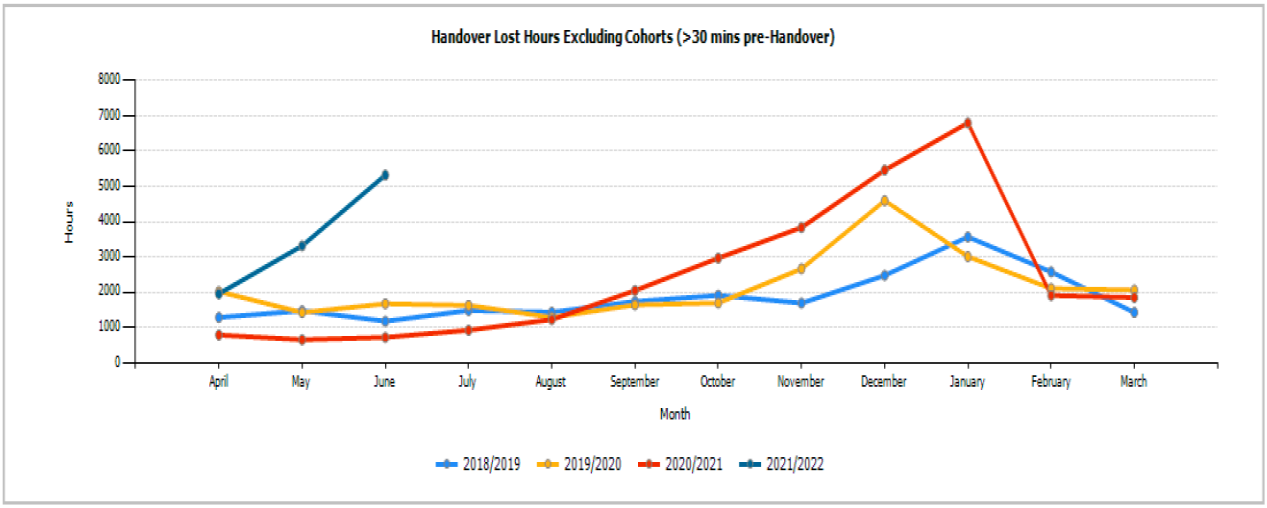
We continue to work to minimise the risk, including setting standards for our staff to adhere to when handovers are delayed and patients are kept for prolonged periods in an ambulance; we still believe that the consequence of prolonged handover delays is one of the biggest risks that our organisation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

If the patient handover delays continue at the current level of deterioration, we will potentially be experiencing over 17,000 lost hours per month by December due to handover delays; the same effect would be experienced if we took 46 Fully staffed ambulances off the road every day.

Table – Time lost due to handover delays exceeding 30 minutes (July 2021 is data from 01 July to 14 July)

	2020/2021												2021/2022			
Destination	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Alexandra	05:38:33	01:19:15	01:26:53	01:58:53	03:47:32	05:20:30	16:29:06	03:58:10	21:34:31	51:19:02	08:57:48	05:58:01	09:06:50	27:16:29	51:09:34	18:17:01
Birmingham Childrens	11:55:08	12:13:51	06:10:35	08:31:51	08:07:51	14:00:01	09:36:57	15:25:26	11:53:03	12:08:42	08:02:44	16:29:49	09:37:48	14:30:40	23:52:12	10:12:23
Burton	14:21:17	06:14:25	03:26:07	06:27:44	26:35:29	85:34:00	65:55:04	64:39:24	205:35:36	26:49:39	10:11:53	54:06:38	22:45:22	61:09:49	26:14:34	17:10:10
City (Birmingham)	15:54:03	11:28:33	10:47:32	10:35:41	11:45:46	25:43:04	73:50:25	49:26:21	55:47:15	256:47:34	24:10:34	14:55:32	21:17:01	15:41:41	62:57:05	29:40:52
County Hospital (Stafford)	04:35:58	01:51:12	01:05:16	04:39:19	02:21:54	01:07:39	23:00:36	09:45:58	14:18:22	07:13:35	06:12:12	02:53:35	07:35:48	15:34:25	26:20:39	14:02:27
George Elliot	12:48:07	14:50:56	08:40:44	06:16:46	16:28:31	18:41:37	23:09:44	24:02:47	44:29:24	31:35:11	15:04:45	08:25:05	11:40:00	07:37:23	09:46:22	08:44:32
Good Hope	81:29:36	88:44:45	70:41:50	80:03:09	138:16:46	186:33:48	408:50:02	331:03:24	335:10:56	400:14:01	52:30:36	130:12:48	140:12:28	401:32:48	555:43:39	196:28:00
Heartlands	58:18:44	78:05:54	52:06:34	135:17:26	287:52:07	426:27:47	598:15:50	730:01:03	869:19:05	768:34:16	285:08:47	344:13:08	265:06:04	440:18:57	859:04:30	505:43:20
Hereford County	21:02:41	23:43:39	34:11:18	23:04:31	31:19:50	50:16:07	40:31:29	40:04:46	71:07:17	40:03:19	11:10:34	21:22:41	22:57:47	29:37:52	60:06:15	43:00:57
New Cross	21:39:49	17:44:05	14:47:46	39:21:47	25:15:24	34:18:38	99:42:52	313:27:16	716:07:18	914:39:54	66:56:39	93:36:48	87:02:10	177:30:39	357:30:18	183:32:16
New Queen Elizabeth Hosp	110:35:50	89:08:38	98:20:20	99:21:19	96:46:05	160:37:42	236:07:51	395:00:19	615:46:42	748:38:28	168:05:27	178:43:14	250:44:55	343:48:06	544:48:22	494:13:38
Princess Royal	20:46:43	16:12:16	17:16:25	24:55:18	21:34:42	89:01:14	89:41:40	116:21:15	215:45:06	483:24:48	192:42:56	103:30:18	105:08:36	170:45:54	243:50:24	261:16:00
Royal Shrewsbury	16:48:46	14:33:01	44:47:24	94:19:19	134:45:40	220:00:32	259:32:43	300:02:57	355:32:43	278:41:12	222:17:50	185:39:34	265:29:53	332:37:42	624:53:54	335:37:29
Royal Stoke Univ Hosp	126:02:08	90:33:06	177:42:06	214:03:17	201:39:15	264:25:24	380:57:08	719:00:57	593:27:00	332:51:39	101:08:39	159:27:17	155:32:25	304:21:41	404:00:19	327:58:03
Russells Hall	53:16:11	17:37:39	17:46:52	10:50:09	38:15:29	94:25:16	164:59:09	256:03:36	221:50:32	968:47:51	90:23:37	84:40:05	82:55:59	259:34:59	309:18:40	88:13:19
Sandwell	35:28:39	26:03:23	12:54:56	23:02:12	29:36:40	23:06:08	36:08:03	32:43:53	43:51:41	495:02:56	116:12:30	123:28:54	94:02:33	58:29:51	86:06:44	125:58:49
Solihull	02:43:21	00:22:35		00:18:05		00:01:24				01:02:34	00:01:06	00:25:01				00:05:30
St Cross	06:00:02	10:32:40	04:16:55	01:55:40	02:07:07	00:22:24	00:26:49	00:42:52	00:06:37	00:47:18	00:15:00	00:10:26	00:17:04			00:12:06
Uni Hospital Cov & War	112:57:15	86:50:50	69:50:28	68:49:08	56:24:14	155:52:43	201:26:05	222:46:03	272:18:50	567:02:26	216:37:29	91:16:37	131:28:11	171:16:13	284:19:24	154:57:41
Walsall Manor	16:26:25	11:25:34	08:56:46	08:39:48	12:52:38	54:38:53	114:37:23	68:32:08	47:17:34	59:56:16	13:44:11	13:27:53	27:54:15	17:19:43	26:45:30	25:53:56
Warwick	10:01:30	07:17:19	10:25:14	22:57:40	16:32:11	16:53:21	29:45:26	21:51:06	67:17:53	58:44:34	30:32:42	26:12:16	63:36:35	61:32:02	84:12:32	50:52:30
Worcestershire Royal	32:59:56	30:39:45	58:57:19	43:23:31	66:09:21	123:17:58	95:18:18	120:08:06	682:15:40	292:10:22	271:13:26	194:28:31	184:56:14	405:15:23	678:29:14	324:36:26
WMAS Total	791:50:42	657:33:21	724:39:20	928:52:33	1228:34:32	2050:46:10	2968:22:40	3835:07:47	5460:53:05	6796:35:37	1911:41:25	1853:44:11	1959:27:58	3315:52:17	5319:30:11	3216:47:25

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



Care Pathway Development

We continue to work with health economies to look at specific pathways of care to enhance care pathways.

Patient Experience Improvement Framework – Self Assessment Tool

WMAS has recently undertaken a self-assessment using the patient experience improvement framework which was developed by the CQC.
The CQC developed the indicators in response to staff and patients' feedback and using the best bits of existing tools, in particular the TDA patient experience development framework. The CQC review themes enable organisations to identify their performances against:

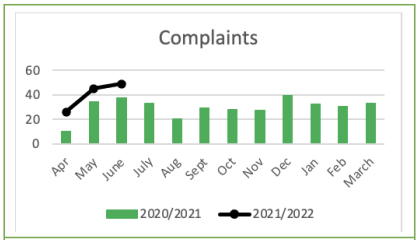
- leadership
- organisational culture
- collecting feedback: capacity and capability to effectively collect feedback
- analysis and triangulation: the use of quality intelligence systems to make sense of feedback and to triangulate it with other quality measures
- reporting and publication: patient feedback to drive quality improvement and learning: the ability to use feedback effectively and systematically for quality improvement and organisational learning.

The recent self-assessment was reported to the Executive Management Board and shows significant improvement. Having a risk assessed focus on areas for improvement has enabled WMAS to be compliant with the key lines of enquiry.

The full report is available from the Executive Management Board minutes.

Formal Complaints

Formal Complaints		Year to date	
	Last reported month (June 2021)	2020-21 Total	2021-22 YTD
WMAS	49	81	120



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 saw 49 complaints received compared to 37 in June 2020, an increase of 12.

The main reason for a complaint was Response = 22

Of the cases closed to date:

7 case are justified, 3 not justified, 3 part justified and 36 cases are still under investigation and will require to be closed by 4 August 2021.

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

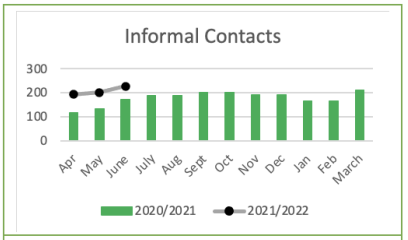
139,302 Emergency Calls, which equates to 1 Complaint for every 6,965 calls received.

99, 545 Emergency Incidents, which equates to 1 Complaint for every 5,855 Incidents.

72,383 Non-Emergency Patient Journeys, which equates to 1 Complaint for every 10,340 Journeys.

131,679 IUC Calls answered which equated to 1 complaint for every 37,919 calls received

Informal (PALS)		Year to date	
	Last reported month (June 2021)	2020-21 Total	2021-22 YTD
WMAS	227	421	621



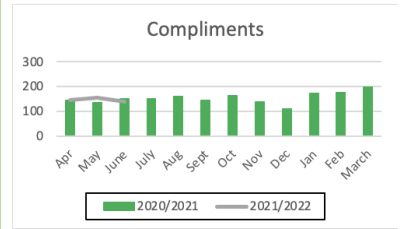
The main reason for an informal concern being raised was as follows:

Attitude and Conduct – 60
Response – 48
Information Requestion – 29

Of the Cases closed to date–

23= *Justified,*
13 = *Part Justified,*
40= *Not justified*

Compliments		Year to date	
	Last reported month (June 2021)	2020-21 Total	2021-22 YTD
WMAS	140	430	440



Compliments: June 2021, we received 140 compliments compared to 151 in 2020 a decrease of 11.

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

3 Very Good responses received in June 2021.

Discharge on Scene Results: The Trust has received one response via the Trust Website.

Patient Safety

Total Patient Safety Incidents		Year to date	
	Last reported month (May 21)	2020-21	2021-22
WMAS	365	497	733

For the month of May, there were 365 patient safety incidents reported. This is a 28% (79) increase on the same month for last year.

Service Delivery (E&U & EOC) had 231 patient safety incidents which accounts for 63% of the total. The main themes are.

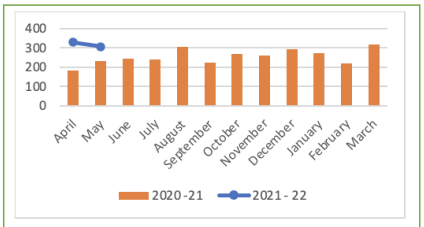
- Skin tears from ECG dot removal.
- Unsafe patient discharges.

PTS had 105 patient safety incidents which accounts for 29% of the total reported. The main themes are.

- Avoidable injuries and skin tears.

IUC/111 had 29 patient safety incidents which accounts for 8% of the total reported.

No Harm Incidents		Year to date	
	Last reported month (May 21)	2020-21	2021-22
WMAS	306	414	636



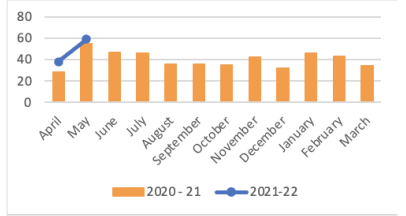
For the month of May, there were 306 no harm incidents.

Service Delivery accounts for 63% (194) of the total of no harm patient safety incidents.

PTS accounts for 27% (84) of the total of no harm patient safety incidents.

IUC/111 accounts for 9% (28) of the total of no harm patient safety incidents.

Harm Incidents		Year to date	
	Last reported month (May 21)	2020-21	2021-22
WMAS	59	83	97



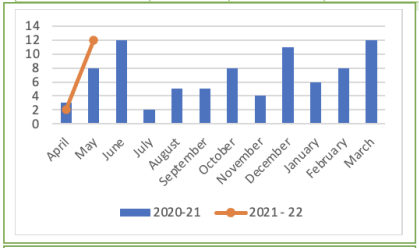
Harm	May 2021	%
Service Delivery	37	63%
PTS	21	36%
IUC / 111	1	2%
Total	59	100%

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

Service Delivery accounts for 63%, PTS 36% & IUC/111 2% of the total of patient harm incidents.

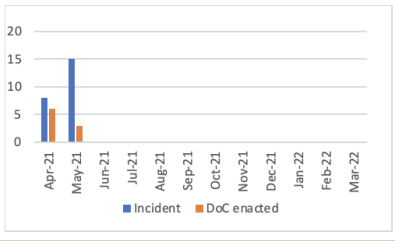
Serious Incidents and Duty of Candour

Total number of serious incidents reported	Year to date	
	Last reported month (May 21)	2020-2021	2021-2022
WMAS	12	11	14



- There are currently 45 serious incidents open on StEIS.
- 21 SI's are currently over the time frame. 1 is due to an ongoing police investigation with the others being due to work volume.
- 10 requests for SI closure were made since the last report.
- 12 SI's have been raised during May.
- SI's have been assigned to managers from other directorates to assist with the workload.
- Work is ongoing with the CCG to clear the backlog of cases that WMAS have requested closure on. These are cases where WMAS have requested closure, but have not received closure confirmation from the CCG, following their governance and assurance processes. A further 17 have been closed during May.

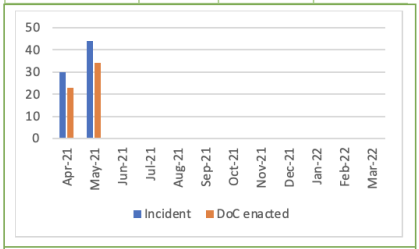
Moderate harm and above	Year to date	
	Last reported month (May 21)	2021-2022
WMAS	15	23



Duty of Candour has been enacted in 20% of cases where moderate harm or above has been caused, this is because at the time of reporting, NoK (Next of Kin) details are not always known.

Multiple reporting of the same incident also reduces the compliance.

Low harm	Year to date	
	Last reported month (May 21)	Total number of incidents	Number of incidents being open completed
WMAS	44	74	57

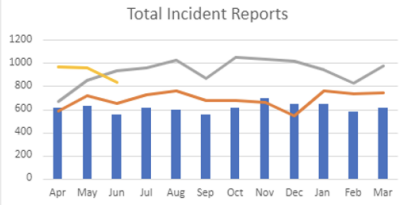


There have been 44 incidents where low harm has been caused to a patient.

Out of these, evidence of 'Being Open' can be provided for 34 of the incidents (77.3%).

Incident Reports

Total Incidents Reported	Year to date	
	Last reported month (June 21)	2020-2021 April - Mar	2021-2022 April-June
WMAS	837	11,204	2,762



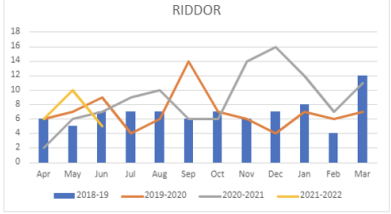
Over 50,000 ER54's received since implementation

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

Safety Bulletin to be released monthly by Risk Team to include reporting, trends, useful information, and successful risk initiatives.

Risk Appetite Statement latest review and update following presentation to Board will be shared with HSRE Committee and communicated to all Staff.

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



RIDDOR trends and themes are reviewed at both Senior and Operational management team meetings, and are reported regularly through the Health, Safety, Risk and Environment Group.

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

Relevant post incident work is completed monthly, including liaison with the HSE, discussions with Managers and review of COVID Staff reports to ensure compliance with RIDDOR Regulations.

Top 5 Incidents for Non-Patient Safety (June)

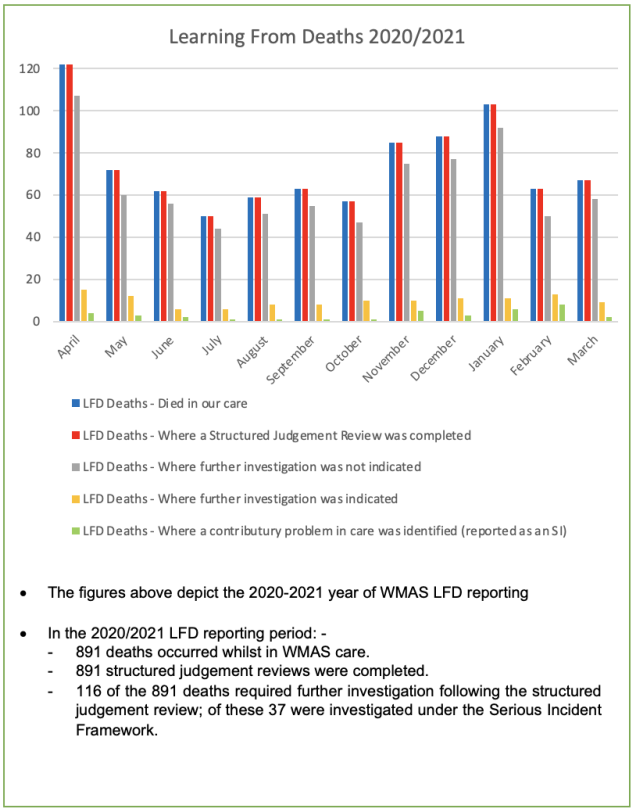
Trustwide Top 5 Types	Total
Violence / Aggression	151
Equipment	118
RTC	97
Security	48
Complaint	37

Trustwide Top 5 Categories	Total
V&A - Verbal - Intentional	44
Near Miss	41
Equipment - Failure	39
Equipment - Damage	36
Equipment - Not Available or Suitable	33
V&A - Physical - Intentional	33

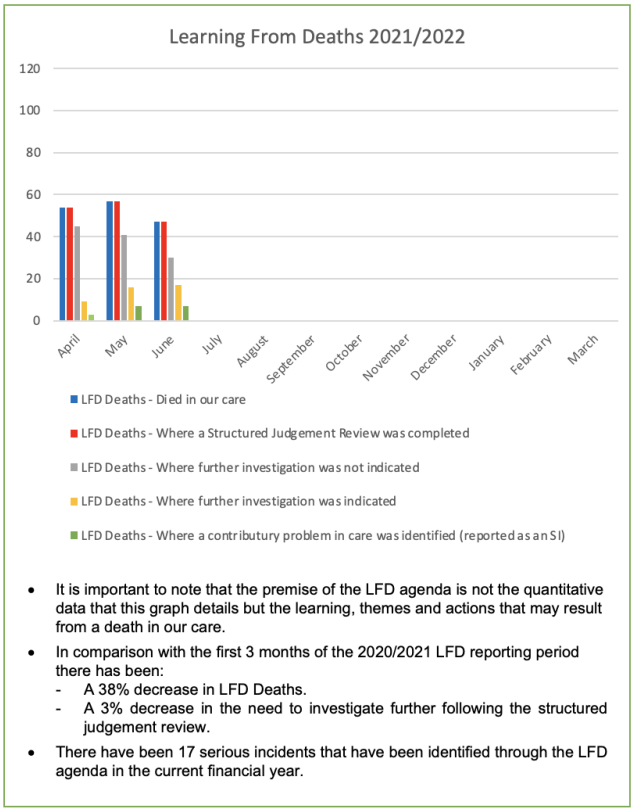
The Trust Top 6 incident categories for June

1. V&A – Verbal - Intentional – All cases reviewed via Security
2. Near Miss – Although majority V&A, there are cases to be reviewed
3. Equipment Failure – Tympanic
4. Equipment, Damage – Decrease of cases specific trends around EPR and PRPH
5. Equipment – Not Available – Various pieces of equipment missed during Make Ready
6. V&A – Physical – Intentional – To be reviewed by Security due to increase

Learning from Deaths



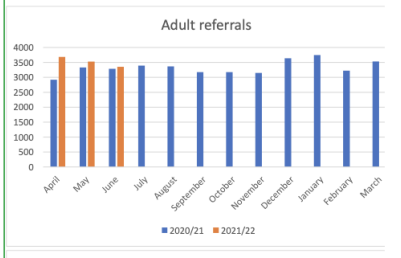
- The figures above depict the 2020-2021 year of WMAS LFD reporting
- In the 2020/2021 LFD reporting period: -
  - 891 deaths occurred whilst in WMAS care.
  - 891 structured judgement reviews were completed.
  - 116 of the 891 deaths required further investigation following the structured judgement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



- It is important to note that the premise of the LFD agenda is not the quantitative data that this graph details but the learning, themes and actions that may result from a death in our care.
- In comparison with the first 3 months of the 2020/2021 LFD reporting period there has been:
  - A 38% decrease in LFD Deaths.
  - A 3% decrease in the need to investigate further following the structured judgement review.
- There have been 17 serious incidents that have been identified through the LFD agenda in the current financial year.

Safeguarding

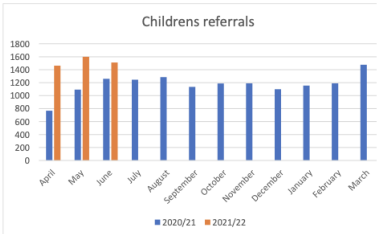
Total Adult Safeguarding Referrals	Last reported month (June 21)	Year to date 2020-2021	Year to date 2021-2022
WMAS	3353	39926	10563



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 2% increase in the number of adult care/welfare and adult safeguarding referrals sent June 2021 compared to the previous year. There is work underway to reduce the number of referrals across the board, with education to staff relating to an enhanced understanding of the criteria for a safeguarding referral, and specifically the distinction between a true protection referral and one highlighting a care and or welfare concern. The change of reporting from the Commercial Call Centre to the Emergency Operations Centre has increased the number of safeguarding referrals.

Total Child Safeguarding Referrals	Last reported month (June 21)	Year to date 2020-2021	Year to date 2021-2022
WMAS	1511	14082	4573



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

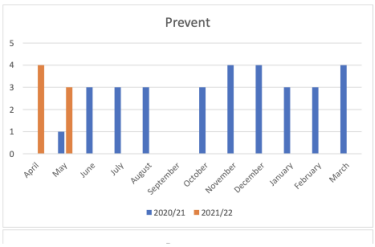
Comparison to previous years for the same time period.

There is a 20% increase in the number of child safeguarding referrals sent June 2021 compared to the previous year.

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

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

Total PREVENT Referrals	Last reported month (June 21)	Year to date 2020-2021	Year to date 2021-2022
WMAS	0	31	7



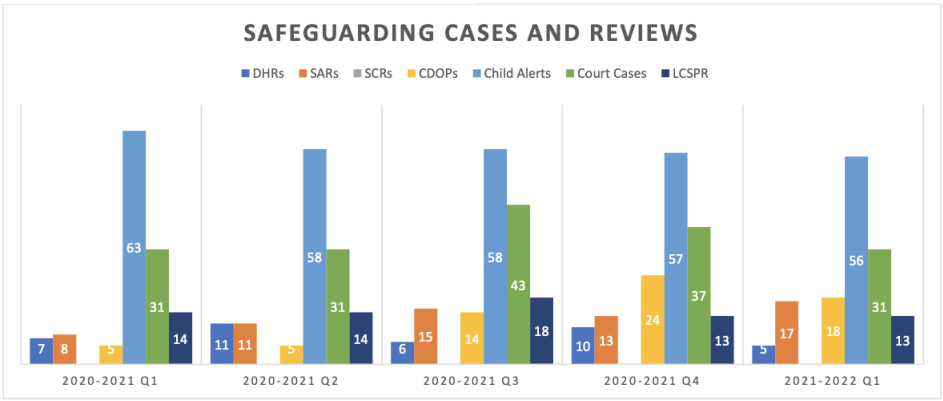
Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

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

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

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

Safeguarding Case and Reviews



DHR's - Domestic Homicide Review

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

There has been a decrease of 2 DHRs in Q1 against the same period last year.

SAR's - Safeguarding Adult Review

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

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

There has been an increase of 9 SARs from Q1 against the same period last year.

LCSPR's – Local Child Safeguarding Practice Reviews

Is defined in Working Together 2015 as when:

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

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

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

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

CDOP's Child Death Overview Panel

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

In Q1 there has been an increase of 13 CDOPs against the same period last year.

Child Alerts – Internal WMAS named case

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

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

Court Cases

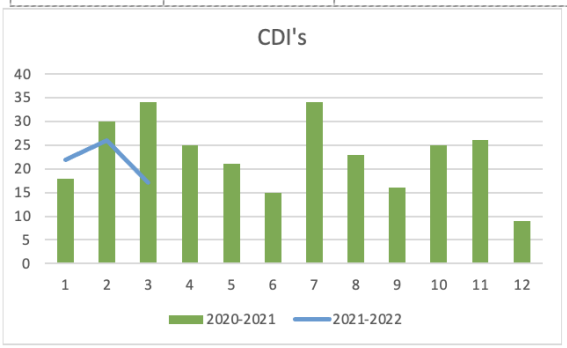
Court cases the safeguarding team can be involved with include court proceedings for child protection, abuse and or neglect.

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

Medicines Management & Pharmacy

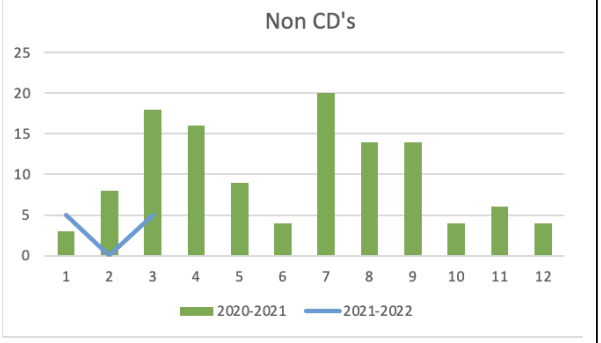
CONTROLLED DRUGS

Total Controlled Drugs Incidents (CDI's)		Year to date
Last reported month June 21)	2020-2021 April- to date	2021-2022 YTD
17	65	82



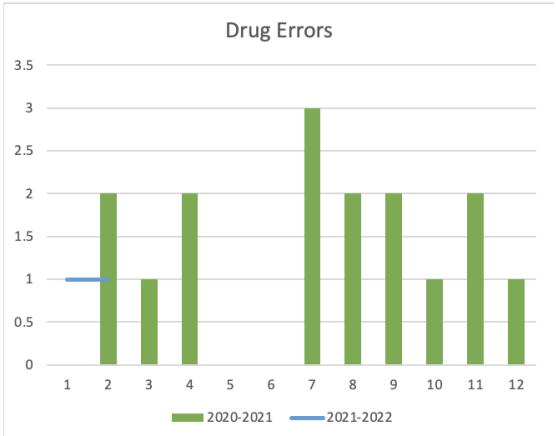
MEDICINES ER54

Total Medicines Management related ER54's		Year to date
Last reported month (June 21)	2020-2021 Apr- to date	2021-2022 YTD
5	10	29



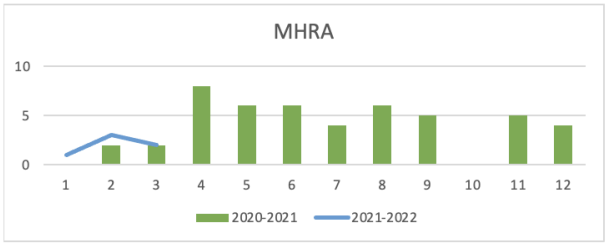
Total Drug Errors, wrong route, wrong dose etc		Year to date
Last reported month June 21)	2020-2021 April- to date	2021-2022 YTD
1	3	3

There have been a report of the wrong dose of co-amoxiclav being given to the patient, there has been no harm to the patient.



MHRA Alerts		Year to date
Last reported month (June 21)	2020-2021	2021-2022 YTD
	6	4

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



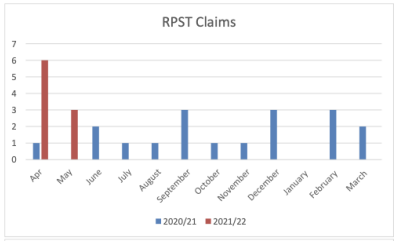
Corrective and Preventative Actions (CAPA)		Year to date	
	Last reported month (June 21)	2020-2021 April- to date	2021-2022 YTD
WMAS	Nil	0	1

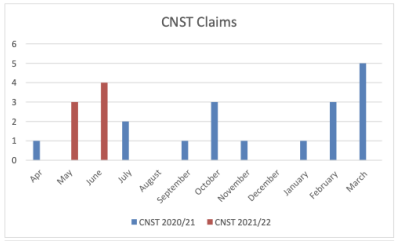
Claims and Coroners Cases

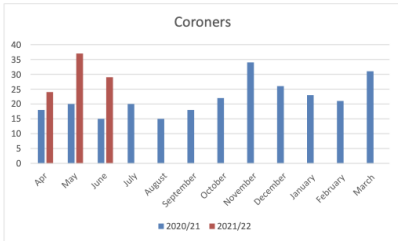
RPST (Risk Pooling Schemes for Trusts)	Year to date	
	Last reported month June 21	2020-21	2021-22
WMAS	0	18	9

CNST (Clinical Negligence Scheme for Trusts)	Year to date	
	Last reported month June 21	2020-21	2021-22
WMAS	4	17	7

Coroners Requests	Year to date	
	Last reported month June 21	2020-21	2021-22
WMAS	29	263	90







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

- The Trust has seen a decrease of 2 RPST claims received in June 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 an increase of 4 CNST claims received in June 2021 compared to the previous year.

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

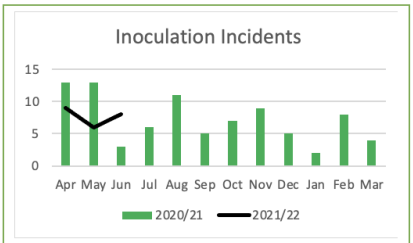
- Birmingham and Solihull
- Black Country
- Coventry
- Herefordshire
- Shropshire, Telford & Wrekin
- South Staffordshire
- Stoke on Trent & North Staffordshire
- Warwickshire
- Worcestershire

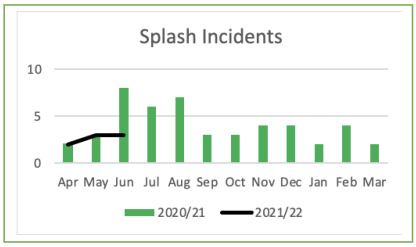
Infection Prevention and Control

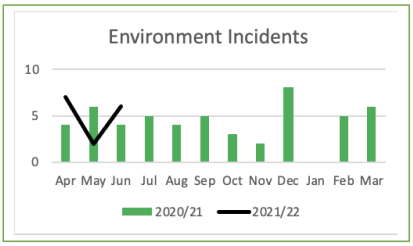
Inoculation Incidents	Year to date Comparison	
	Last reported month (Jun 21)	2020-21	2021-22 Apr-Jun
WMAS	8	86	23

Splash Incidents	Year to date Comparison	
	Last reported month (Jun 21)	2020-21	2021-22 Apr-Jun
WMAS	3	48	8

Environment Incidents	Year to date Comparison	
	Last reported month (Jun 21)	2020-21	2021-22 Apr-Jun
WMAS	6	52	15







Inoculation Incident Key Performance Indicator:
By the end of 2021/22 all inoculation incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

Inoculation incidents are classed as any sharp object that penetrates the skin causing an injury. The highest risk of these are injuries that cause a puncture wound that involved an item contaminated with blood or bodily fluids.

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

June 2021 saw 8 inoculation incidents. These incidents include used cannula devices, intramuscular needles and intraosseous needles.

2020/21 saw an increase of 7 inoculation incidents compared to 2019/20.

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

Splash Incident Key Performance Indicator:
By the end of 2021/22 all splash incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

A splash injury is an accidental or purposeful spraying of blood or body fluids onto exposed mucocutaneous surfaces. The Trust also reports on incidents where of near miss where blood may splash onto the face and near to the eyes, mouth or nose.

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

June 2021 saw 3 splash incidents. All three of these incidents have been highlighted by the security team and relate to patients spitting sputum into the face of treating clinicians.

2020/21 saw a decrease of 24 splash incidents compared to 2019/20.

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

Environment Incident Key Performance Indicator:
By the end of 2021/22 all environment incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

The cleanliness of the environment is important to support infection prevention and control, help reduce the incidence of healthcare associated infections and ensure service user confidence.

Environmental incidents capture the general cleanliness of premises, vehicles and management of clinical waste.

June 2021 saw 6 environment related incidents. These incidents include contaminated equipment with blood or bodily fluids and exposure to a suspected infectious disease (Tuberculosis).

2020/21 saw a decrease of 43 splash incidents compared to 2019/20.

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

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

Clinical Indicators

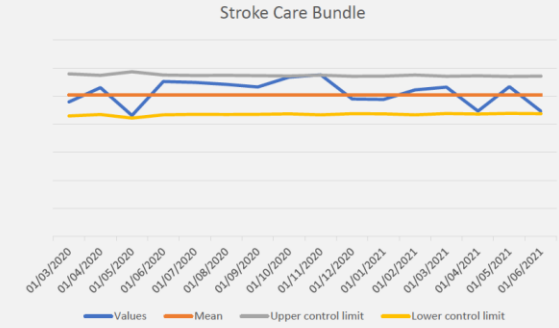
WMAS performance against the clinical indicators overall is very good and is being maintained despite the pressures of the global pandemic.

Management of Stroke

Monthly Trend

May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021
99.31%	99.53%	99.49%	99.42%	99.33%	99.68%	99.76%	98.90%	98.88%	99.23%	99.32%	98.47%	99.34%	98.46%

Statistical Process Control



Common Cause Discussion

The Trust have been reporting consistently above 95% for the Stroke Care Bundle. This was achieved through:

- Communications to staff on the importance and rationale for documenting FAST.
- Re-design of the EPR screens to make it easier for staff to document FAST.
- Awareness campaign to reduce the 999 on scene times.

Special Cause Discussion

Action	Timescale	Responsible
Introduction of performance reports for Hubs	September 2021	J Lumley-Holmes
Agreement of timescales for clinician and management dashboard	June 2021	J Lumley-Holmes
Provide SPC by geographical/Hub area	October 2021	J Lumley-Holmes/external partner

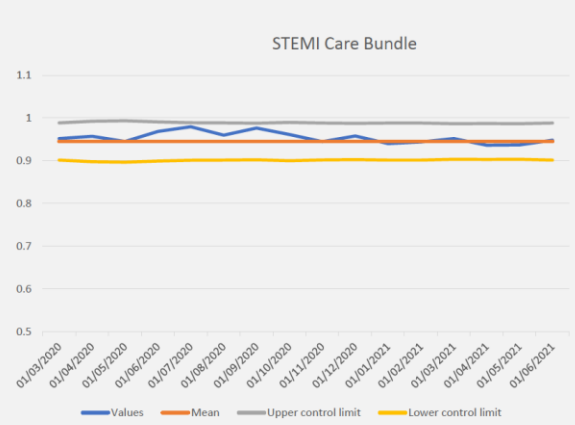
Call to Hospital (90th Percentile)	Arrival at hospital to CT Scan (90th Percentile)	Arrival to Hospital to Thrombolysis (90th Percentile)
01:53	03:23	02:07

Management of STEMI

Monthly Trend

May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021
95.71%	96.86%	97.95%	95.97%	97.65%	96.12%	94.44%	95.77%	94.00%	94.38%	95.19%	93.61%	93.70%	94.80%

Statistical Process Control



Common Cause Discussion

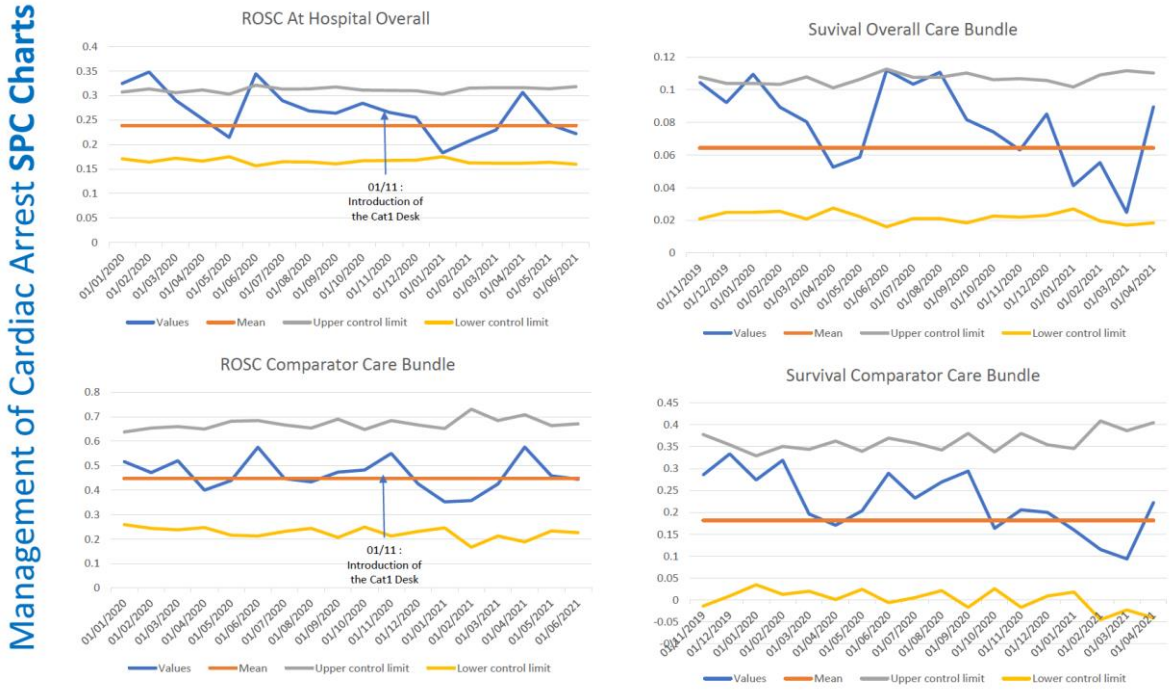
The Trust has consistently achieved above 94% for the STEMI care bundle however this has dropped to below 94% for the last 2 month however this is within normal variation. In May 2021 17 patients did not receive a full care bundle.

Quality Improvement work has included:

- Redesign of the pain scoring tool
- Mandatory education session on the management of STEMI
- Redesign of the EPR STEMI recording page
- Awareness campaign to reduce the 999 on scene times.

Last Reported

Call to Catheter (Mean)	Call to Catheter (90th Percentile)
02:15	03:09



Additional Information of Directors Activity

Medical Director

- External Meetings related to Hospital Handover delays
- Regional Medical Directors meetings (WMAS Medical Director Briefing paper - HHDs attached)
- Meetings with NHSE Regional Chief Executive, Medical Director, Nurse Director and Operations Director – Patient Safety and Staff Wellbeing Meeting
- Meetings with Regional ED Clinical Directors group and also with individual ED lead clinicians.
- Regional leads for Professional Standards for handovers (final document attached)
- Interim NARU Medical Advisor role pending a substantive appointment.
- Chair NHSE Frontline Clinical Cell for Covid-19
- Chair: Royal College of Emergency Medicine guideline review on Acute Behavioural Disturbance Guideline with a focus on the whole patient pathways from scene to resus
- Chair JRCALC Agitated Delirium Guideline Group
- Completed a paper on Police calling for AMBULANCE Support for possible ABD
- Met with a Consultant Paediatrician nationally leading FOAMEd on Paediatrics and Reducing Inequity in Care, to include information in JRCALC Closing the Gap work.
- Presented on JRCALC Closing the Gap: Reducing Inequity in Care for People with Darker Skin Tones
- Chaired WMAS ICGG
- Chaired two Extra-ordinary WMAS SI Review Group Meetings
- Completed all WMAS Medical Revalidation supporting documents for the People Committee to review
- BAME Co-mentoring meetings
- Attended a national Mental Health and ABD meeting with AACE leads and NPCC lead
- Attended National Ambulance Services ABD Working Group meeting

- PARAMEDIC3 (co-investigator) Steering Group and Trial Management Group meetings (nationally funded research on OOH cardiac arrest management).
- Attended a Point of Care Testing for Paramedics research steering group
- Attended a NIHR Regional meeting on NIHR Objectives for 21-22
- Met with National Clinical Director for Reducing Length of Stay to discuss ongoing work in WMAS on increasing referrals to Community Pathways (being presented to EMB)
- Attended and Presented at National EPRR Clinical Reference Group Meeting on Frontline Clinical Systems Impacts of Covid
- Meeting with Professor Gavin Perkins, Warwick University re research
- Meeting with Professor Ian Roberts re Evidence for IM TXA
- Recertified in GCP for research
- Midlands Regional Emergency Department Clinical Directors fortnightly meetings.
- Participated in the regular NHSE Midlands SDEC (Same Day Emergency Care, including ambulance bypass to SDEC systems) forum meetings.
- Responded clinically as a prehospital doctor, including providing prehospital anaesthesia.
- Taught on Prehospital RSI/Anaesthesia education day
- Attendance at the fortnightly NHSE Regional Medical Directors' meetings.
- Attended National Ambulance Services Medical Director meetings and extra-ordinary meetings.
- Attended the National Ambulance Services Research Group (NASRG) as the NASMeD lead for research.
- Attended Regional Prehospital CPD evening
- Attended HSIB meeting with Ambulance Services
- Reviewed SI cases related to Hospital Handover Delays

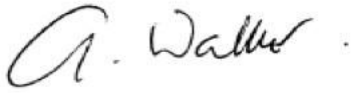
Clinical Commissioning and Nurse Director:

- Regular attendance at the Quality, Governance and Risk Directors meeting hosted by the Association of Ambulance Chief Executives
- Participation in the Regional Emergency Department Clinical Directors meeting
- Regional Chief Nurse Updates
- Represent WMAS at the Herefordshire and Worcestershire clinical ethics forum
- Attendance at the Shrewsbury and Telford Hospitals Safety Oversight Group
- Meetings on the South Warwickshire ED avoidance pathways
- Discussion with commissioners on expansion of the 111 service to include Staffordshire
- Discussion with the GP Federation in Staffordshire around collaboration on out of hours service provision
- Meetings with SATH following their CQC notice relating to children and young people with mental health needs
- Regular monthly meetings with the NHSE/I team to discuss the broad urgent and emergency care agenda and system pressures
- Participation in weekly COO/MD/DN briefings by NHSE/I
- Participation in a weekly COVID vaccination steering group
- National Hospital Handover Delays monthly updates
- Joint work with Public Health England on their injury surveillance
- Representation at the Think 111 Programme Steering Boards
- Discussions with Staffordshire around a 111 proposal

- Attendance at Lichfield Hub as part of the 'Hub Buddy' initiative
- Completing direct line personal development reviews
- Participation in the Regional Ambulance Flow Group
- Mentoring participants on the Engaging Leaders Programme
- Attendance at the Worcestershire Royal Hospital to do a walk-through of the Emergency Department
- Meeting with the Chief Nurse at Worcestershire Acute Hospitals Trust to discuss patient handover delays and patient harm
- Meetings with UHB to agree improvements to the patient handover process and establishment of cohorting areas in the hospitals – subsequent daily progress meetings
- RLDatix 'Kick Off' meeting

Medical and Nurse Directors

- Have continued to re-escalate patient harms related to Hospital Handover delays to NHSE Regional Directors and attend Hospital Handover delay meetings to continue to escalate the patient harms associated with these events for patients in ambulances with a delay to definitive care, staff delayed beyond their shift end and those with emergency conditions in the community.
- Meeting with Dr Ian Brew, National Deputy Medical Director at Practice Plus Group to discuss how we can improve the provision of emergency ambulances to prison populations.
- Meeting with the Medical Director at Russells Hall Hospital to discuss improved relationship building and better partnership working.



Mark Docherty
Director of Nursing and Clinical Commissioning

Dr Alison Walker Executive
Executive Medical Director and Clinical

Appendix 1

Briefing Paper related to WMAS End of Shift Operational Notice – Hospital Handover Delays, the impacts on WMAS Staff and West Midlands 999 Ambulance Patients with Emergency Care Conditions

Dr Alison Walker, WMAS Executive Medical Director, July 2021

Background

Hospital Handover Delays (HHDs) across the West Midlands have been a serious issue in some areas for many years. Since the Covid-19 pandemic, hospital IPC requirements have forced the patients and the ambulance staff with them previously queueing on hospital corridors, to being held in ambulances queued outside Emergency Departments. The HHDs across the West Midlands over the last year, have been consistently the amongst the highest level of delays in the country and on multiple occasions have been higher than the cumulative total of handover delays for the whole country. We have had patients and staff held in ambulances for up to 8 hours outside hospitals, and delays responding to hundreds of emergency patients in our communities at a time across the region.

Recently we have again seen over 500 hundred hours lost in a single day of WMAS ambulance shifts (the equivalent of 50 ambulances in one day in effect unable to respond to any 999 patients), with nearly 300 emergency patients at times in the community needing an ambulance, unable to receive emergency care within an appropriate time frame at least in part because a significant proportion of our ambulances are not available due to HHDs.

There are obviously significant patient safety issues associated with HHDs, for patients at risk of deterioration or adverse outcomes in ambulance held outside hospitals, but more importantly for patients who may be critically ill or injured waiting for ambulances in our communities. We have reviewed a number of serious incidents, where at times of high levels of HHDs we have had high priority 999 calls where we had no ambulances available, and the patient outcomes were poor.

We have worked in partnership with our regional NHSE leads and Acute Trusts hoping to see a significant reduction in HHDs and many Trusts over the last year have responded to support the timely handover of ambulance patients through improving flow within their systems. We have publicly thanked those who have reduced the harms for our staff and patients related to HHDs.

WMAS Staff health & wellbeing concerns related to HHD delays and going home at the end of shifts

As a Trust, we have a responsibility to support the wellbeing of our staff[1], the personal impacts of our staff not being able to leave work at the end of a 8, 10 or 12 hour shift for several hours longer (in terms of childcare, caring for other relatives, as well as their own physical and mental wellbeing) should be considered unacceptable across the NHS.

At our recent staff listening event, our staff told us that when there were high numbers of HHDS they had sometimes been unable to go home at the end of their shifts for a further 3 hours. As far as we are aware this does not frequently happen to any other NHS staff at band 6 and lower bands. Our staff described the unacceptable pressures and

distressing effects (physically, mentally, and emotionally) of HHDs on them, their families and their patients held outside hospitals.

Our staff also echoed the same patient safety and experience concerns as have also been escalated previously, in addition to this our clinicians described experiencing abuse and adverse behaviours when they arrived on scene after they were released from HHDs, from some of the hundreds of patients or relatives waiting for an emergency ambulance to respond to them (in addition to the abuse our control room staff get through some recurrent calls about the same emergency 999 patients waiting for ambulances).

We drafted a WMAS "End of Shift handover Operational Notice" for when there has already been an "over 30 minute delay" in Hospital Handover and our WMAS staff are nearing the end of their shift. I authorised this because as a Medical Director (supported by my Director colleagues and Trust Board), I had such a high level of concern about the health and wellbeing impacts on our staff and felt we should have a process to try to support the wellbeing of our staff in relation to this specific issue.

I was humbled to hear the reactions of colleagues who lead the EDs across the West Midlands who were also consulted prior to the implementation of this Operational process. They recognised that even though the impact was most likely to be felt by them and their staff in already extremely difficult circumstances, they also recognised we were trying to improve an unacceptable position for our staff.

This Operational Notice was shared 2 weeks ago for comments with Acute Trust COOs, we listened to those comments and the comments from other partner organisations, including with Commissioning and NHSE leads, amended the notice and implemented it yesterday. WMAS Directors have not received a single email or verbal comment saying that we should not implement this internal escalation process which links across to the agreed Acute Trust management escalation structures. Since implementation we have received some further comments which we will also include in an updated version of the Operational Notice, in which I will clarify further that the escalation is a request to Acute Trusts to have a timely handover of patients for those staff who need to go home at the end of their shift. Previously we have sent 999 ambulances to take over some of these patients outside hospitals, but the clinical acuity of, and numbers of, patients in the community awaiting an emergency ambulance has meant that we must respond to the people in our communities rather than send an ambulance to look after patients awaiting definite care outside hospitals.

Many operational mitigations have been in place in WMAS for months to try to maintain the appropriate response times to our patients, despite rising numbers of 999 calls. These include built-in mechanisms to reduce the risk of a shift over-run, such as selectively tasking ambulance crews only to the highest category of call in their last hour. We also compensate for late meal breaks and provide staff with the equipment such as cool bags and flasks. We avoid conveyance to hospital for around 50% of our WMAS 999 patients, and for hospital inpatients where we are the PTS provider, we support discharge home by PTS Ambulance in under 2 hours. We put out additional ambulance resource to support the increased 999 demand, often deploying over 450 ambulances across the Region per day.

WMAS already support self-handover of patients in EDs where this is clinically appropriate and utilise the regionally supported "Immediate Handover" for Category 1 emergency calls process for patients likely to be in cardiac arrest/periarrest in the

community. In the current situation of significantly rising 999 demand with serious delays to responding to Category 2 calls (which include Stroke, STEMI, Sepsis and other critically ill or injured patients). We would welcome a facilitated region wide discussion to consider extending the "Immediate Handover" process to include release from HHDs to attend Category 2 calls in addition to Category 1 calls. We have been requested to review other handover-related operational processes in partnership with EMAS and this work is also ongoing.

Trusts' Responsibilities

We recognise our own responsibilities for all our WMAS patients and staff (no matter where they are) and also across all patient pathways and the need to continue partnership working.

We have also been asked previously about the Clinical Responsibilities for patients in Handover Delays. On 29th January 2021 the CQC stated in relation to hospital handover delays[2] that (the bold type is mine not theirs):

"The decision about where best to care for patients at any time must be taken based on where they can be cared for most safely, with risk assessments carried out regularly, taking into account the risk to all patients, whether they are in the ED, waiting in an ambulance, or waiting in the community for an ambulance response. Regardless of the physical location of the patient, ***hospitals must ensure that they take clinical responsibility for all patients in the ED – including those waiting in an ambulance – so they can take clinical risk into account holistically.*** *It is more crucial than ever that clinical teams are supported in decision making. CQC expect that trust boards will make these decisions with a focus on mitigating emerging risks, using available resources effectively and responsibly in line with national guidance and with effective support given to medical directors and directors of nursing and their teams, who will be responsible for these decisions on an hour-by-hour basis."*

Partnership working

WMAS will continue working with all organisational partners to do as much as we can to help with the general position, but the adverse impacts and harms related to the current levels of HHDs should not be allowed to continue for any of our staff or patients.

Our regional organisational partners and leads have been strong supporters of WMAS, and we are asking for continued support from across the region, for this small step to try to improve the wellbeing of our staff. All the feedback from our partner organisations was included in the final Operational Notice implemented on 5/7/21, which affects only a minority of the ambulance staff and patients held in HHDs.

We hope that as the region's Medical Directors, you will also feel able to support our position and we thank all system leaders for continuing to support the cross-regional discussions that will be essential to continue to improve the position in relation to hospital handover delays and the safety and wellbeing of our staff and patients across the region.

We are grateful for NHSE/I continuing to lead the region-wide UEC system risk assessments and workstreams to reduce all the risks including those related to HHDs for all our staff and patients, and we look forward to continuing to work with all our health and social care partners.

WMAS look forward to moving on now from the discussions related solely to a single operational process/notice intended to improve our staff wellbeing, to refocus again as

soon as possible, on the major ongoing patient safety issues for all our patients from HHDs, most importantly for those in our communities waiting for emergency ambulances. We remain committed to progressing systems changes related to improving patient safety and better patient pathways, in collaboration with our partners across the West Midlands.

References

1. NHS England » We are the NHS: People Plan for 2020/2021 – action for us all

2. CQC update for healthcare professionals (govdelivery.com)

Appendix 2

9 July 2021

By Email

To: UEC STP leads, CEOs of Acutes & Ambulance Trusts

and CCG AOs

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

E: jeff.worrall@nhs.net
W: www.england.nhs.uk
and

Dear All

Subject: Professional Standards of Care for patients waiting in Ambulances

As you are all sadly too aware, despite the positive steps being made against COVID and its significantly reduced impact on our hospital sites, we are not seeing a reduction in UEC pressures, with many of you experiencing activity levels exceeding those in 2019; and unlike 2019 you are having to manage alongside enhanced IPC needs and the recovery and restoration of services affected by the pandemic.

The inevitable balancing act this creates is understood, with impact visible across multiple system pressure points, one key pressure point for many at the moment is the ability to provide timely ambulance handover. As such we are experiencing significant and prolonged delays to hospital handover of patients, and deterioration in ambulance response times to patient waiting care in the community. This issue is not being seen in all acute Trusts and we thank those of you who are still maintaining good ambulance handover times and recognise the challenge of receiving of additional conveyances due to delivery of good flow, a positive for all our patients, but a pressure that should decrease as others improve their UEC flow.

As a region we recognise that a patient waiting for an emergency ambulance in the community is at greater risk than a patient receiving care in an Emergency Department and as such wish to work with all systems to irradicate hospital handover delays, so ambulance resource is available to respond to patients in the required category response time allocated. We do recognise this level of improvement takes time and therefore current focus has to be on maintaining the safety of all our patients. During June 21 the daily average number of patients being cared for on the back of an ambulance outside one of our acute hospitals over an hour was 142, last week that number had increased to 188, with the longest delay being 5hrs 41mins, a pathway of care I know none of us wishes to see or would accept for our loved ones.

Given the scale of this issue we do need to ensure whilst care itself is not being delivered in the appropriate setting that care is consistent, clinically appropriate and that process is in

place to rapidly identify and action care needs for deteriorating patients. In order to do this the regional UEC team have been working with clinicians across Emergency Departments and the Ambulance Trusts to develop a minimum professional care safety standard to ensure the safety is being delivered consistently at all trusts.

The standards themselves should be seen as a minimum and ideally not be new for Trusts, however as pressures are increasing, we are seeing increasing variability hence the importance of this policy, we would ask that the policy is rapidly rolled out within your Emergency Departments and operational by 5pm Friday 16th July at the latest. Escalation of non-compliance will be between the acute provider and the ambulance service, so it will be important that on-call staff are also briefed.

If you have any questions or comments as always please feel free to contact us,

Yours sincerely

Jeff Worrall
Director of Performance and Improvement - Midlands
NHS England and NHS Improvement

cc. Antony Marsh & Richard Henderson, EMAS

Appendix 3

Professional Standards of Care for Patients Waiting in Ambulances

1. No patient should **ever** be kept waiting in an ambulance.
2. Delays cause harm. As such every delay should be escalated and acted upon immediately.
3. Any Trust or system having routine patient delays needs to act immediately.
4. It is equally unacceptable that patients are put at risk from lapses in IPC standards of care in Emergency Departments or to experience sub-optimal care in an inappropriate non-clinical area in ED

Core Principles if a delay occurs on any shift:

No patient should ever be held on an ambulance outside of a hospital. This practice is unsafe and causes harm.

The duty of care for a patient formally transfers from the ambulance service to the receiving hospital trust on arrival.

Ambulance services have a duty to safely convey patients as well as to attend patients in the community; they do not have a duty to wait and can enact immediate handovers if they must in order to maintain safety in the community.

Delays occur when departments are crowded – this is a Trust issue to resolve

i) Crowded departments are a Trust issue which need to be immediately resolved by the department and Trust
ii) Strict escalation occurs to ensure department leads, operations and executive (Chief Nurse, Medical Director and Chief Operating Officer in hours and on call executive out of hours) are ALWAYS aware of patients being delayed in ambulances. These leaders have a direct responsibility to ensure patients do not come to harm.
iii) Where delays are occurring which ED cannot resolve, a Trust should have a Full Capacity Protocol that immediately creates space in ED. No system should create a mitigation plan that rests with ED. Delays are a Trust and system problem which require an immediate Trust and System resolution.
iv) Any Trust who routinely delay patients being brought into the hospital should, with system executive, enact an extra-ordinary meeting to immediate enact plans for change.
v) Any patient who deteriorates/comes to harm who was delayed in an ambulance **must be** formally reported via DATIX for clinical investigation and executive review to ensure the delay didn't contribute to patient harm.

All events of actual harm **must be** reported on STEIS (incident reported system) by one of the providers following a collaborative discussion. In the event of any disagreement all events should be escalated to the CCG and NHS England / Improvement Quality team by both providers.

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Minimum Care Safety Standards

These standards are mandated to ensure safety and risk mitigation is optimised at all times. Further basic care standards can be found in the NaSMed Standards.

1. All patients should be **booked in immediately** on arrival regardless of handover delays
2. Every patient should have an **initial assessment** by a competent Trust clinician **within 15 minutes of arrival** regardless of whether they are in the department or waiting outside it
3. The initial assessment must ALWAYS be performed **next to the patient**, NEVER by phone or via a handover.
4. After the initial assessment, **further assessments** by a competent Trust clinician should be performed after any deterioration and at least **every 30 minutes**. This will enable the receiving department's clinical leaders to consciously balance risk and maintain patient safety.
5. If a patient's condition deteriorates, the ambulance crew should escalate this immediately to the department they are waiting at AND to their own service. The receiving Trust is directly responsible for the care and safety of this deteriorating patient.
6. Patients held in ambulances should have **regular observations (and NEWS2)** performed by the ambulance crew **every 30 minutes** as a minimum.
7. Ambulance crews should document any and all actions, clinical interventions & communication performed by either themselves or by the acute provider until they leave
8. If a patient is delayed in the back of an ambulance they should be physically reviewed by a Hospital Trust **senior decision maker no later than 30 minutes** of arrival and this should be documented in the patient's hospital notes.

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Written in consultation with:
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Midlands Region NHSE/I Medical, Nursing & Quality Teams
Midlands Region NHSE/I Urgent and Emergency Care Team
Midlands Region Emergency Department Clinical Director Forum
Midlands Region Same Day Emergency Care Forum
Midlands Region Senior Emergency Department / Same Day Emergency Care Nurse Forum
Midlands Region STP Senior Leaders Forum
Midlands Region UEC General Manager and Operations Managers Forum
West Midlands Ambulance Service

For further details, comments or questions please contact: nhsi.miduecoperations@nhs.net with subject heading 'FAO Chris Morrow-Frost'

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WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 07b MONTH: July 2021 PAPER NUMBER: 05b

BOARD ASSURANCE FRAMEWORK	
Sponsoring Director	Executive Director of Nursing and Clinical Commissioning
Author(s)/Presenter	Executive Director of Nursing and Clinical Commissioning and Head of Risk
Purpose	The Board Assurance framework has been revised into a new format considering Auditor's recommendations. The Committee is asked to note the risks and the actions and mitigations to control and reduce those risks
Previously Considered by	HSRE, QGC, EMB
Report Approved By	Director of Quality and Clinical Commissioning

Executive Summary

The board assurance framework (BAF) brings together in one place all of the relevant risk assessment information on the threats to the achievement of the board's strategic objectives. The effective application of board assurance arrangements and continued site of the BAF will assist management and the board to collectively consider the process of securing assurance and promoting good organisational governance and accountability.

After discussion with Web Development, it has been decided to explore using DATIX to house the BAF, rather than SharePoint. This will form part of a wider piece of work around using DATIX to house the Risk Register also, given that the Trust's Risk Management processes have now "outgrown" the use of an Excel format.

This will form part of a DATIX update at future committees

Changes to the BAF since the last Board review are;

Strategic Objective 1 –

SR-001 - Failure to achieve Operational Performance Standards - RA circulated for comments – no changes received, and no further concerns raised at LPF. Actions extended for 3 months, and separate Cat 1 Desk RA currently in DRAFT format with ongoing discussions.

PS-074 - Risks associated with extensive Hospital Breaches, Delays and Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents – Recent activity has increased significantly across the Trust, impacting all area with IEUC experiencing increased call volume and frontline Operations having significant delays at Hospitals across the Region, resulting in extended delays and increasing ambulance turnaround times.
Recent figures show that there has been a 15% increase in activity with 150% increase in lost hours compared to May 2020, with this continuing to rise. (Also refer to RA PS-128)
There have been incidents reports as a result including serious incidents where patient harm has occurred.
The Trust has released various press information to Staff and discussions are ongoing with other care providers and Commissioners as to how this issue can be greater managed and reduced to ensure improved patient safety and reduced delays.

EP-019 – COVID-19 Pandemic - Delta Variant currently responsible for 95% of all cases – it is 30-50 more times transmissible. Vaccinations currently at 85% across the Trust, more pop-up clinics planned to enable Staff to attend. 187 current inpatients across the West Midlands due to COVID-19, however there is a huge impact across the NHS because of last year's missed appointments/patients - for WMAS this is impacting demand, call stacking and delays at hospitals (approx. 500 lost hours on some days) (See specific RA's)
There have been a small number of PPE issues picked up through the ongoing quality control reviews, which have been returned. Surplus stock which has returned has been offered as donation to India to assist in their pandemic management.
Work ongoing around vaccinations for remaining Staff and vaccine booster information.

ORG-078 - **Failure of COVID-Secure measures in the Workplace resulting in potential Outbreak, increased transmission resulting in increased staff sickness and potential risk of site closure and performance -** Daily reports continue from all sites as well as alerts of any high temperatures recording from thermal cameras. HSE guidance released around ventilation in the workplace, has been clarified with Estates that sites comply – however, continuing monitoring of air circulation, quality and suitability is undertaken through external contractors. Dedicated safety notice around ventilation circulated and RA completed regarding increased staff Navigation Point following IEUC integration.

Strategic Objective 2 –

No changes to Risks

Strategic Objective 3 –

Full review of Finance Risk Register undertaken with Senior Finance Team – awaiting updates

Strategic Objective 4 –

ORG-082 - Devolution of resources to place and PCN level, for example around transformation funds and how the ambulance trusts engage – Awaiting update from Senior Finance Team risk review

ORG-083 - **Investment in digital capability for ambulance services often benefits from a regional approach** – To be discussed and drafted with Executive Director of Strategic and Digital Integration

Strategic Objective 5 –

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

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

Diversity & Inclusivity Implications	This is addressed, where appropriate in the risks identified and mitigating actions.
Quality Impact Assessment	This is addressed, where appropriate in the risks identified and mitigating actions.
Data Quality	The information in the BAF is sourced from the WMAS Risk Register

Action required

The Board is asked to review, discuss and agree the changes to the BAF

West Midlands Ambulance Service University NHS Foundation Trust 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)*
Principal Risks		**SR-1** - Failure to achieve Operational Performance Standards	5x4=20	5x3=15	5x2 = 10
		PS-074 - Risks associated with extensive Hospital Breaches, Delays and Turnaround times	4X5=20	4X4=16	4x3=12
		HS-012 - Risk of staff suffering serious injury because of stab / ballistic weapons	5X3=15	5X2=10	n/a
		EP-019 – Pandemic Influenza	4X5=20	4X5=20	4X3=12
		IPC-030 - Risks associated with change of process regarding PRPH	3X3=9	3X3=9	3X3=9
		EP-027 – Risks associated with Terrorist Threats	5x3=15	5x10=10	5x10=10
		ORG-003 – Failure to complete SI investigations within timescales	4x3=12	4x2=8	4x2=8
		PS-027 - Hospital Ambulance Liaison Officers being left in charge of patients in Hospital awaiting provision of care within the Hospital Department	4x3=12	4x3=12	4x2=8
		IPC-032 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19	4x3=12	4x2=8	4x2=8
		ORG-081 – Outbreak of COVID-19	4x5 = 20	4x5 = 20	4x4 = 16
		IPC-035 -Risks associated with bird/vermin droppings on Trust sites	4X4=16	4X3=12	4X1 = 4
		PS-128 - Stacking of incidents at times of high demand	5x4=20	5x3=15	5x2=10

Lead Committee	Health, Safety, Risk and Environment Group
Last Reviewed	July 2021
Review comments	13th July 2020 – IPC-005 Owner review (removed from BAF as below 12) 27th July 2020 – Health, Safety and Risk Committee review – all risks added to Teams site for Group to review/comment. 6th August 2020 – SR1 reviewed – more in-depth review planned for 25th August to present at EMB 11th August – ORG-003 Owner review 12th August – SR-3 reviewed (now removed from BAF as below 12), PS-027 Owner review – score increased and escalated to BAF 13th August – EP-019 Owner review 17th August 2020 – owner review of IPC-030 and IPC-031 (now removed from BAF as archived) 10th September – Newly created risk escalated to BAF regarding Outbreak of COVID at 111 – to be discussed at HSRE W/C 16th November – IPC-035 scoring increased, IPC-

						030 scoring reduced and asked to remove from BAF January 2021 – PS-128 reviewed given current climate – planned reviews of PS-074 and PS-027 to ensure current demands are reflected – HS-012 due for review January 2021 – PS-074 scoring increased to reflect current demand and issues of Ambulances and Patients waiting February 2021 – IPC-035 – Escalate to HSRE for further discussion H&S-012 – Head of Safety and Security review and continue to liase with Police. Samples of stab vests being sourced for review/consideration EP-019 updated Bi Weekly EP-027 – Reviewed with no updates ORG-003 – Reviewed with actions identified IPC-032 – Reviewed to include all IPC kits, LFT, PPE and Hand Hygiene reinforcements and Bulkhead review ORG 056 – Archived April 2021 – ORG-056 discussed at HSRE and decision made not to archive but reduce risk and monitor – score is below 12 so not on BAF IPC-035 discussed at HSRE as Estates works has been commissioned – awaiting further update on when work will start and whether risk can be reduced HS-012 – To be reviewed on 15th April with Head of

						Security given agreement for trial of Vest Pilot – although separate RA and project to commence, this RA will be updated to reflect plans EP-019 – Lead changed to Strategy Lead May 2021 ES-002 Control of Contractors score reduced and removed from BAF HS-012 Reviewed and actions generated regarding Pilot of Stab proof vests EP-019 – Strategy Lead review, new additions and decision to extend review to monthly IPC-035 – Work has been agreed, awaiting implementation June 2021 PS-074 – Reviewed and updated with current stance PS-0128 – Reviewed and updated with activity and figures IPC-002 – Reviewed with current concerns and updated actions EP-019 – Updates regarding Indian Variant and vaccination details H&S-012 – Updated with controls and BWC updates July 2021 SR-001 – Reviewed, no change, separate Cat1 Desk RA DRAFTED PS-074 – Reviewed – increased activity and delays a concern EP-019 – Regular update

						ORG-078 – Reviewed to reflect integration of IECU (sperate RA drafted)
	IPC-002 - Regulatory concerns due to non-compliance with Clinical Waste Management	4X3=12	4X2-8	4X1=4		

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

Strategic Objective	2: A great place to work for all	**Risk Description** *What might happen if the risk materialises*	**Current Risk Score** With Controls and Assurances in Place (Consequence x Likelihood)	**Mitigated Risk Score** After Applying all Mitigating Actions (Consequence x Likelihood)	**Target Risk score** *(if deemed appropriate upon Board review)*	**Lead Committee**	People Committee
Principal Risks		**ORG-078** - COVID-Secure in the Workplace	4X3=12	4X2=8	4X2=8	**Last Reviewed**	July 2021
						Review comments	4th August – WF-026 Owner review (removed from BAF as below 12) 17th August – ORG-078 Owner review – risk increased due concerns – reinstated to BAF January 2021 – Updated to reflect greater controls – Risk added after review with Strategy Lead February 2021 – Completion of Risk Assessment to commence with Strategy Lead April 2021 - Completion of Risk Assessment to commence with Strategy Lead July – WF-028 removed

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

Strategic Objective	3: Effective planning and use of resources	**Risk Description** *What might happen if the risk materialises*	**Current Risk Score** With Controls and Assurances in Place (Consequence x	**Mitigated Risk Score** After Applying all Mitigating Actions (Consequence x Likelihood)	**Target Risk score** *(if deemed appropriate upon Board review)*	**Lead Committee**	Audit Committee

		Likelihood)		
Principal Risk	**SR-2** The Trust fails to meet its financial duties	4X3 = 12	4X3=12	4X2=8
	FI-009 - Patient activity varies at a rate that cannot be contained within the Trust's cost base	3X4=12	3X4=12	3X4=12
	FI-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 due to Cyber Terrorism	4X4=16	4X3=12	4X3=12
	FI-007 - Tariff requires year on year efficiency improvements – eg 18/19 = 2%, but 19/20 and following 3 years is 1.1% minimum.	3X4 = 15	2X5= 10	2X5 = 10
	FI-020 - The change in planning and commissioning of services on a national basis, particularly with reference to STPs, could destabilise the Trust's current business model.	4X4=16	4x3=12	4x3=12
	FI-022 - Implementation of the IFRS 16 standard for leasing of assets	3X4=12	3X3=9	3X3=9
	FI-026 - The new nationally agreed pay award is not fully funded for the Trust	5X4 = 20	5X3=15	5X3=15
	FI-027 -The financial framework with the emphasis now on block contracting without the ability to respect activity growth. PbR has served WMAS well, a different approach will be required.	4x4 = 16	4x3 = 12	4x2 = 8

Last Reviewed	July 2021
Review comments	23rd July – Clarification sought from Audit Committee on frequency and detail for Risks to be reviewed August 2020 – FI-007, FI-020, FI-022, FI-026 added to BAF as reviewed at 12 and Above via Senior Finance Team January 2021 – Review planned as SR-2 is currently out of date on Register – risk added following discussion and review with Strategy Lead June 2021- full review of Finance Risks to be conducted 23rd June July 2021 – Awaiting updated risk from Senior Finance Team

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

Strategic Objective	4: Innovation and Transformation	**Risk Description** *What might happen if the risk materialises*	**Current Risk Score** With Controls and Assurances in Place (Consequence x Likelihood)	**Mitigated Risk Score** After Applying all Mitigating Actions (Consequence x Likelihood)	**Target Risk score** *(if deemed appropriate upon Board review)*
Principal Risk		**ORG-082 -** Devolution of	4x3 =12	4x2 = 8	4x1 = 4

Lead Committee	Health, Safety, Risk and environment Committee
Last Reviewed	July 2021

	resources to place and PCN level, for example around transformation funds and how the ambulance trusts engage (220 PCNs across the Midlands region)					
	ORG-083 - Investment in digital capability for ambulance services often benefit from a regional approach, however again devolution of monies to individual ICS may challenge us.	4x3 = 12	4x2 = 8	4x1 = 4	**Review comments**	January 2021 – review at Audit Committee – inclusion of relevant risks after review with Strategy Leads February 2021 – Risk Assessment completion to commence with Strategy Lead April 2021 - Completion of Risk Assessment to commence with Strategy Lead June 2021 ORG-082 – To be drafted with Finance Director 23rd June ORG-083 – To be drafted with Executive Director of Strategic and Digital Integration July 2021 ORG-082 – Awaiting update from Senior Finance Team ORG-083 – Awaiting update

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

Strategic Objective	5: Collaboration and Engagement	**Risk Description** *What might happen if the risk materialises*	**Current Risk Score** With Controls and Assurances in Place (Consequence x Likelihood)	**Mitigated Risk Score** After Applying all Mitigating Actions (Consequence x Likelihood)	**Target Risk score** *(if deemed appropriate upon Board review)*	**Lead Committee**	Workforce Development Group
Principal Risk		**ORG-084** - The opportunity for "collective accountability" on performance could be helpful in addressing issues - how this would work though is ill defined	4x3 = 12	4x2 = 8	4x2 = 8	**Last Reviewed**	July 2021
		ORG-087 - Proposed changes to Urgent and Emergency Care Quality and Access Standards	5X3 = 15	5X2 = 10	5X2 = 10	**Review comments**	January – review at Audit Committee – inclusion of relevant risks after review with Strategy Leads February 2021 - Risk Assessment completion to commence with Strategy Lead April 2021 - Completion of Risk Assessment to commence with Strategy Lead June 2021 ORG-084 – DRAFT to be

						completed W/C 21st June by Strategy and Engagement director ORG-085 - DRAFT to be completed W/C 21st June by Strategy and Engagement director ORG-087 - DRAFT completed, reviewed by Strategy and Engagement Director and added to Register July 2021 – ORG-085 completed and scores lower than 12, so removed from BAF July 2021 ORG-084 – Awaiting update

Appendices

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

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	*Mitigating Actions*	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*
PS-074	Risks associated with extensive Hospital Breaches, Delays and Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents	RA Regularly reviewed and relevant updates given at HSRE and EMB – as well as continued discussions with other healthcare providers and CCG's	Recent activity has increased significantly across the Trust, impacting all area with IEUC experiencing increased call volume and frontline Operations having significant delays at Hospitals across the Region, resulting in extended delays and increasing ambulance turnaround times. Recent figures show that there has been a 15% increase in activity with 150% increase in lost hours compared to May 2020, with this continuing to rise. (Also refer to RA PS-128) There have been incidents reports as a result including serious incidents where patient harm has occurred. The Trust has released various press information to Staff and discussions are ongoing with other care providers and Commissioners as to how this issue can be greater managed and reduced to ensure improved patient safety and reduced delays.	As per RA		Continue to monitor through appropriate channels
SR-001	Failure to achieved Operational Performance Standards	Review identified specific RA to be DRAFTED for Cat1 Desk	RA circulated for comments – no changes received, and no further concerns raised at LPF. Actions extended for 3 months, and separate Cat 1 Desk RA currently in DRAFT format with ongoing discussions.	As per RA		Continue to monitor through appropriate channels
EP-019	COVID-19 Pandemic	Delta Variant currently responsible for 95% of all cases – it is 30-50 more times transmissible. Vaccinations currently at 85% across the Trust, more pop-up clinics planned to enable Staff to attend. 187 current inpatients across the West Midlands due to COVID-19, however there is a huge impact across the NHS because of last year's missed appointments/patients - for WMAS this is impacting demand, call stacking and delays at hospitals (approx. 500 lost hours on some days) (See specific RA's) There have been a small number of PPE issues picked up through the ongoing quality control reviews, which have been returned. Surplus stock which has returned has been offered as donation to India to assist in their pandemic management. Work ongoing around vaccinations for remaining Staff and vaccine booster		As per RA		Continue to monitor through appropriate channels

		information.				
ORG-078	Failure of COVID-Secure measures in the Workplace resulting in potential Outbreak, increased transmission resulting in increased staff sickness and potential risk of site closure and performance	Risk reviewed. Update to controls – discussions with West Mercia Police regarding a meeting date ongoing. Initial stab proof vest trial to be undertaken with 22 members of staff from Willenhall Hub - supplier identified and an order along with measurements has been made, expected delivery date is the 10/08/2021. Separate Risk Assessment to be undertaken prior to commencement of trial. As part of a national trial, NHS England has provided £920k funding and a total of 1288 cameras have been purchased and will be installed at all 15 hubs and the HART base. The Trust has requested a quote for pre-installation work to be completed at every hub to accommodate the camera installation.		As per RA		Continue to monitor through appropriate channels

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

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

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

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	**Mitigating Actions**	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*
All Risks			Full Finance Risk Register to be reviewed 23rd June			

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

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	**Mitigating Actions**	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*
ORG-082	Devolution of resources to place and PCN level, for example around transformation funds and how the ambulance trusts engage (220 PCNs across the Midlands region)		Awaiting update from Senior Finance Team			N/A
ORG-083	Investment in digital capability for ambulance services often benefit from a regional approach, however again devolution of monies to individual ICS may challenge us.		To be discussed and drafted with Executive Director of Strategic and Digital Integration			N/A

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

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

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO TRUST BOARD

AGENDA ITEM: 08b DATE: JULY 2021 PAPER NUMBER: 06b

2021/22 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, EMB and Trust Board
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 2021/21.

The Trust has many years of experience of developing its robust planning arrangements for the Winter period and has also taken the learning from the managing COVID-19.

This paper comes to Trust Board for final approval

Related Trust Objectives/ National Standards	Achieve Quality and Excellence, Accurately assess patient need and direct resources appropriately, Establish market position as an emergency health care provider and work in partnership. Also to achieve National AQI's
Risk and Assurance	This Winter Plan is to enable the Trust to manage the expected risks of increased demand and provide the safest service to the citizens and staff within the region
Legal implications/ regulatory requirements	Winter Plans are requested by NHSE/I for regional and national assurance for all NHS Trusts

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO TRUST BOARD

AGENDA ITEM: 08b DATE: JULY 2021 PAPER NUMBER: 06b

Financial Implications	There are financial implications to delivering this plan that have previously been consider by EMB to enable the plan to be completed
Workforce & Training Implications	The necessary recruitment and training have previously been approved by EMB
Communications Issues	N/A
Diversity & Inclusivity Implications	Given the recruitment of additional staff from within the organisation and externally, these implications are already considered through opportunities within the recruitment process. This plan is inclusive to all citizens, patients and staff within the Trusts regional arrangements
Quality Impact Assessment	N/A
Data Quality	The information required for this plan are provided by the Trust BIU team and the BIU are internally and externally audited to ensure data quality
Action required This report comes to Trust Board for approval as part of the Trust's formal signoff process for Winter Planning	

West Midlands Ambulance Service
University NHS Foundation Trust

2021/22

Winter Plan

Version	1.2
Ratified by	
Date ratified	
Author	
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	09/04/2021	Nick Henry	2020/21 plan and winter feedback from Commanders changes made
1.1	01/05/2021	Nick Henry	Updated planning
1.2	24/06/2021	Nick Henry	Charts updated
1.3			
1.4			
1.5			
1.6			
1.7			
1.8			
1.9			
2.0			

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

Internal

Anthony Marsh	Chief Executive Officer
Craig Cooke	Deputy Chief Ambulance Officer
Alison Walker	Medical Director
Claire Finn	Director of Finance
Mark Docherty	Director of Clinical Commissioning and Strategic Development/Executive Nurse
Carla Beechey	Director of People
Murray MacGregor	Communications Director
Nathan Hudson	Assistant Chief Officer (Emergency Operations)
Michelle Brotherton	Assistant Chief Officer (Commercial Services)
Jeremy Brown	Assistant Chief Officer (Integrated Urgent Care)
Nick Henry	Assistant Chief Officer (Information & Planning)
Keith Prior	Assistant Chief Officer (NARU)
James Williams	Head of Emergency Planning and CWG
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 A to E
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, National Exhibition Centre 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, which is gaining experience in providing a high quality 111 provision for a large proportion of the region excluding Staffordshire. The Trust 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 2020/2021 was very different from any other due to the Global Pandemic and the NHS working at a Level 4 critical incident status. The increased use of facemasks, hand sanitiser and PPE saw the lowest levels of norovirus and seasonal flu.

There was a significant impact to hospital capacity during January 2021 that impacted patient handovers, the return of flooding in February and several snow days to complete a very difficult winter period for the Trust.

The Trust maintained daily Senior Command & Control focused meetings to ensure WMAS were able to maintain and achieve all National Ambulance quality standards for the year, despite very difficult circumstances and keeping staff safe. All learning from winter 2020/21 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 all emergency ambulances (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
- Over 400 more Student Paramedics will begin training this year
- Achieved 83% of staff receiving COVID vaccination
- Achieved 85% of staff receiving seasonal flu vaccination
- Lowest level of staff sickness in the country at 3.40% without COVID
- Highest achievement of PDR completion and mandatory refresher training (96% and 97% complete 2020/21)
- 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) on the emergency fleet
- 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 2020/21
- Operational 24/7 Tactical Incident Commander on duty to provide senior experienced management to significant incidents
- 24/7 Incident Command Room fully embedded to support 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 2020/21 winter period, the increased pressure from COVID on the Trust abstractions with staff isolating or contracting the virus. Added to this significant impact on hospitals with bed capacity and the needs to flick beds/ wards from COVID to non-COVID. Not forgetting flooding in February and the adverse weather days of snow across the region. In reviewing the early winter months profile, it demonstrates that the Trust experiences an average increase in incidents of 7% and peaks at 20% for the 999 service above forecast through the period compared to the rest of year average, with 111 experiencing days of over 24% above forecasted activity.

Early December saw the start of the Trust's COVID vaccination coordination programme that was provided by local hospitals and Primary Care Networks, achieving 83% of all staff vaccinated.

The pandemic saw all Strategic Coordination Groups within the Trust footprint operating at Major Incident level and ensuring increased communication between all partners.

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 will be the second winter with COVID-19 so has the potential for new variants of the virus and any associated significant risks 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 that was very well managed by the Trust with staff testing with lateral flow testing, access to PCR testing through the Queen Elizabeth Hospital that gave staff and their families access to speedy PCR testing. The welfare of staff remains a key priority for the Trust which includes individual risk assessments for any staff that are deemed Clinically Extremely Vulnerable to the virus.

During the normal planning for the period, the Trust will experience payday weekends, school holidays, various festive religious events like Diwali and Christmas celebrations, 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 coming winter there remains the potential for further national expectations from NHSE/I that the health systems will use the experiences of the 12 months with COVID, to further improve how patients access emergency, urgent and primary care services with ambulance clinicians having direct access to same day emergency care (SDEC) wards.

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 220 new operational staff so that their training is complete, to ensure they are fully operational for the festive period, with the provision to increase this to 320.

There will be reduced planned 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) has been planned across 8 months of the year to reduce the impact.

The merger of the 999 and 111 call centres in Brierley Hill has been a positive step forward to increase the resilience of these services for the Trust with both services utilising an integrated software platform.

The purpose of this plan is to maximise resourcing to meet high demand. The integrated Emergency Operations Centre (EOC) with 111 call centre, each of the 15 Operational hubs, Emergency Preparedness, Fleet, Logistics and Business Continuity support are all reviewed and explicitly addressed in plans. The Trust has undertaken lessons learnt exercises for last winter, flooding and 12 months 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 Wednesday 15th December and Wednesday 6th January inclusive.

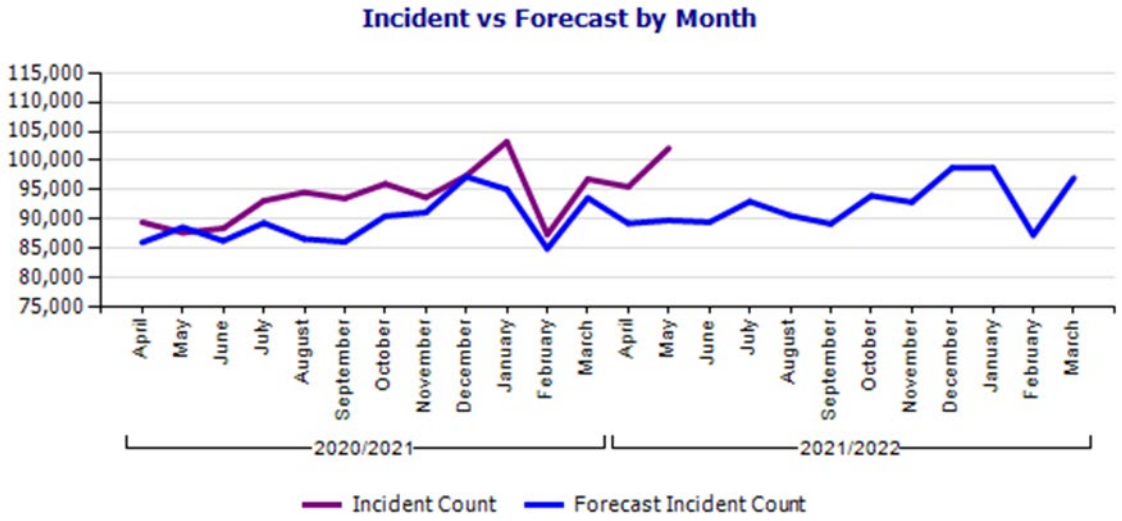
All operational effort is to be focused on responding to patients and this includes all union reps, clinical managers, etc. from 14th December 2021 -12th January 2022.

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% 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 22% at times. The below graph shows the expected increase in demand to assist in the planning of resources.



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 2021/22 the Christmas period falls over a weekend with Saturday (Christmas Day) and Sunday (Boxing Day), given this there are Bank Holiday dates for Monday 27th and Tuesday 28th December that will see increased numbers of patients wishing to access services. This four-day period will have additional impact on the Trust's 999 and 111 services for this extended holiday period with reduced primary care services.

Historically when Christmas Day falls on a weekend, it 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 winter has the continued potential of higher risks due to the impacts of COVID-19, depending on potential mutations of the virus and delivery of the boaster vaccine programme that is being arranged. This could have wider effects on all health and social communities within the region. Plans have been made to assume that COVID-19 will continue to affect WMAS service delivery although the Trust will maintain its robust staff support functions of test & trace and seasonal/COVID vaccination programmes.

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" with 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 normally has the potential for increased cases of sessional flu outbreak so the Trust commenced its robust sessional flu campaign in May 2021, with additional planning this year for the potential options of delivering COVID boaster vaccinations to staff. This to ensure appropriate planning is in place to reduce any potential impact of seasonal flu or COVID 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. Dependant on the status of the national COVID-19 arrangements at the time, this will impact the 'footfall' at locations and events across the region.

3.0 Commissioning

WMAS is commissioned by 6 CCGs across the West Midlands for the 999-ambulance contract and for 5 CCG's (excluding Staffordshire) for the 111 contract, with Black Country 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 the 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 with associated variants, 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
- Trust track & trace services to support staff
- Robust COVID-19 and seasonal flu vaccination programme

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. This being provided with dual trained call handlers for 999 and 111 calls which has been enhanced since the co-location of the EOC and 111 into a single building with a single CAD catering for both services.

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.

The Clinical elements of 111 have seen improvements where the clinical model of providing the right clinical skills to meet the needs of patients. 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.

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) provides a live working Strategic on-duty Commander at Headquarters every evening and throughout the 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 (Silver) level management for the geographical areas and functional operational departments such as E&U operations, EOC, 111, Emergency Preparedness and PTS.

In the winter period (2021/22) 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) a 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.

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 will maintain the arrangements for a trained and experienced Duty Director, based at Navigation Point 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 Navigation Point 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 Incident Command Room

The Incident Command Room is based at Navigation Point, staffed by a Tactical Incident Commander and will be utilised to support the region in Command and Control situation, 24/7. The cell will function under the direction of the Strategic Commander and provide resilience to the region.

This room also houses the National Ambulance Coordination Centre (when live or activated) and the provision for managing significant incident or adverse weather management.

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 2021:

Weekend of 17th, 18th, 19th,20th

Christmas Day, Boxing Day and following Bank Holidays 27th, 28th, 29th

New Year's Eve 31st

January 2021:

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 and COVID-19 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
- 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

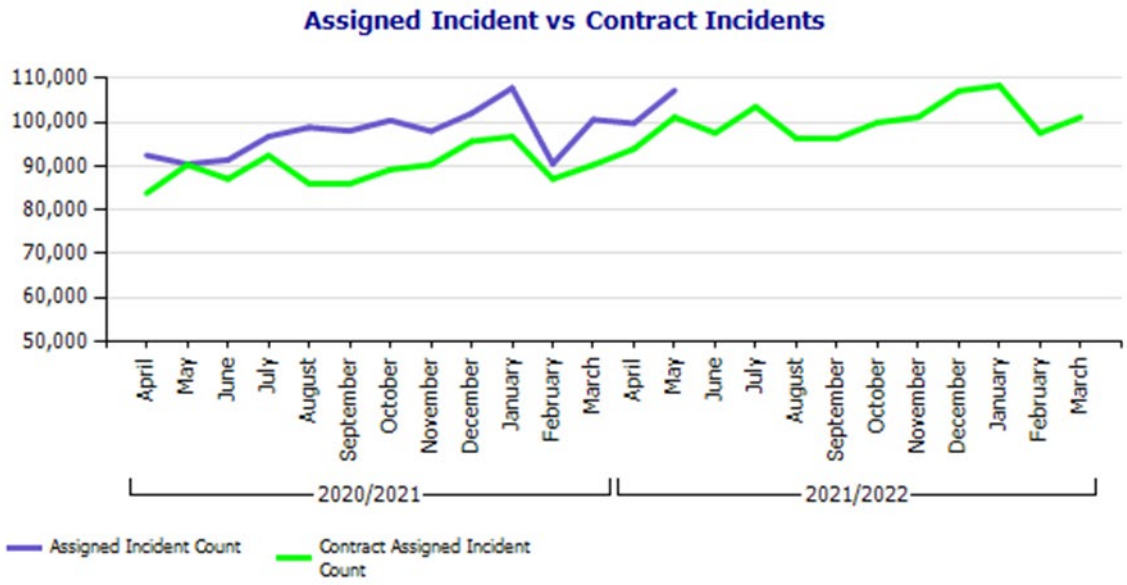
4.8 Key Contact Centre Requirements

- Answer calls promptly and appropriately to meet the needs of calls/patients
- 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 and COVID-19 Vaccination plan is being delivered
- Production of Festive Plan period rosters in October to ensure any identified resourcing issues can be addressed early
-

5.0 Activity / Contract / Resourcing Forecasts

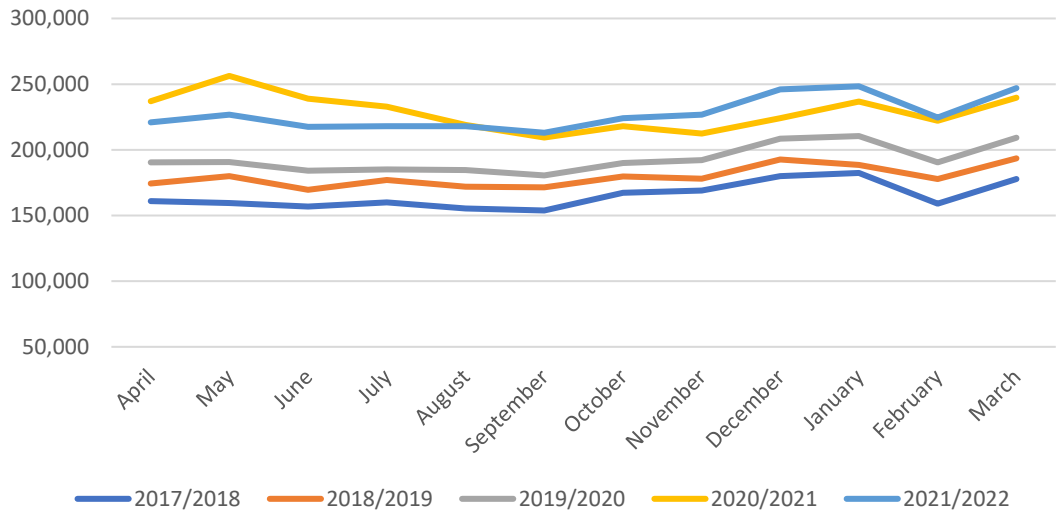
5.1 Activity vs Contract

The chart below depicts the assigned incident count against the contracted incident count.



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



6.0 Operational Sector Readiness

The Trust is covered by 15 hubs:

There are 15 E&U Operational hubs of WMAS:

Hubs		
Coventry	Hereford	Stafford
Warwick	Worcester	Lichfield
Dudley	Hollymoor	Stoke
Erdington	Shrewsbury	Willenhall
Bromsgrove	Donnington	Sandwell

Hubs 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 and is supported by 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 8th December 2021, for submission to commissioners as required.

This plan covers the essentials in ensuring that all hubs 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, SOM's and Tactical on Call out of hours with support from the 24/7 Strategic Capacity Cell.

The agreed escalation policy will be followed robustly to maintain the safest service possible to the citizens within the region.

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

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) provides the strategic overview of the whole system and is focused 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 (IC) to create an even spread of activity and contribute to reducing 4 and 12hour breaches in Emergency Departments, ensuring patient safety and wellbeing.

The Strategic Capacity Cell is located at Navigation Point control 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 element of the SCC plays a pivotal role in ensuring that crews are available at the earliest opportunity to respond to the next patient. They do this in a number of ways:

- Provide clinical support 24 hours a day to operational clinicians to assist in decision making.
- Intelligently conveying patients to hospital sites across our Region that have capacity and are not experiencing any handover delays. This is in line with the trusts vision of the right care at the right time.
- Proactively assist operational crews with finding alternative pathways where a patient can receive the required treatment outside of the ED setting.

- Access live patient records and other online services to assist in decision making.
- Assist crews in decision making to maximise see and treat of patients and reduce overall conveyancing.
- Utilise a variety of initiatives out in the community specifically aimed to treat long term conditions and specific patient groups without the need to convey to hospitals.
- Interrogate the DOS to access alternative support for crews and patients and highlight any service gaps as appropriate.

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.

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.

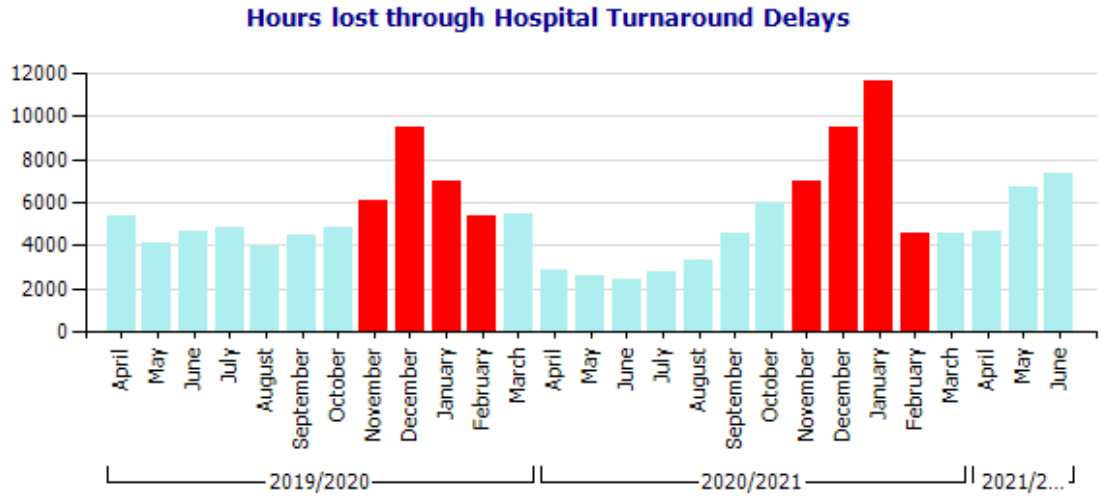
HALO's are line-managed by the Senior Operations Manager in the local sector, however during their hours of duty are required to book on with the Hospital Desk or AHLO, who will provide tasking, guidance and direction based on the overall picture of operational pressures. HALO rosters are held on GRS, collated centrally by the HTDesk and can be viewed by all Tactical Commanders.

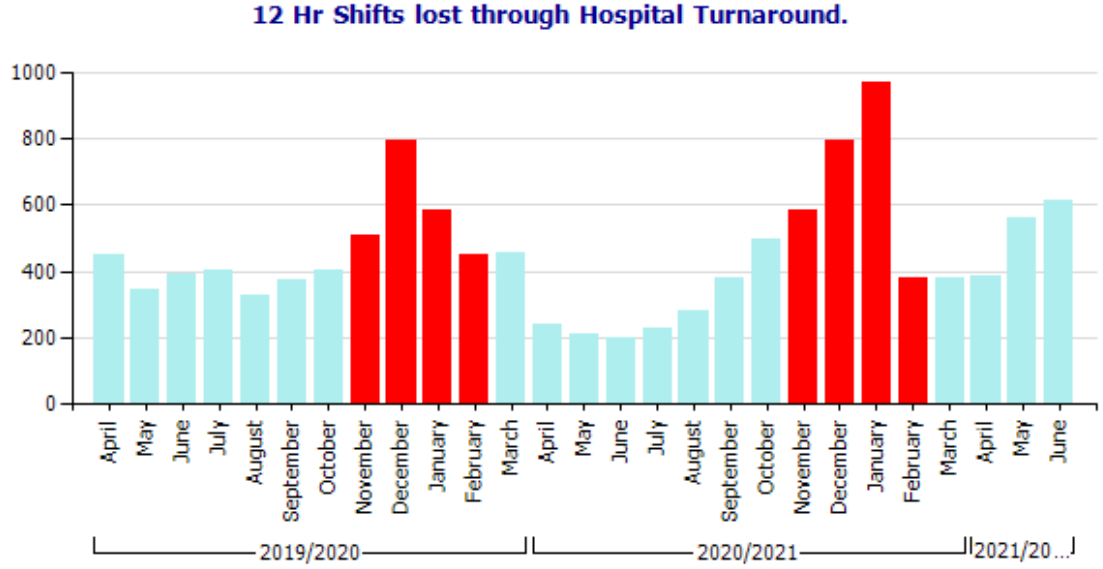
There is some early intelligence which suggest hospital turnarounds maybe more problematic than experienced in the previous winter, given the impact of COVID-19. The Trust will work with commissioners and local A&E delivery Boards to understand what resource is required to reduce the number of patients 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.

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.

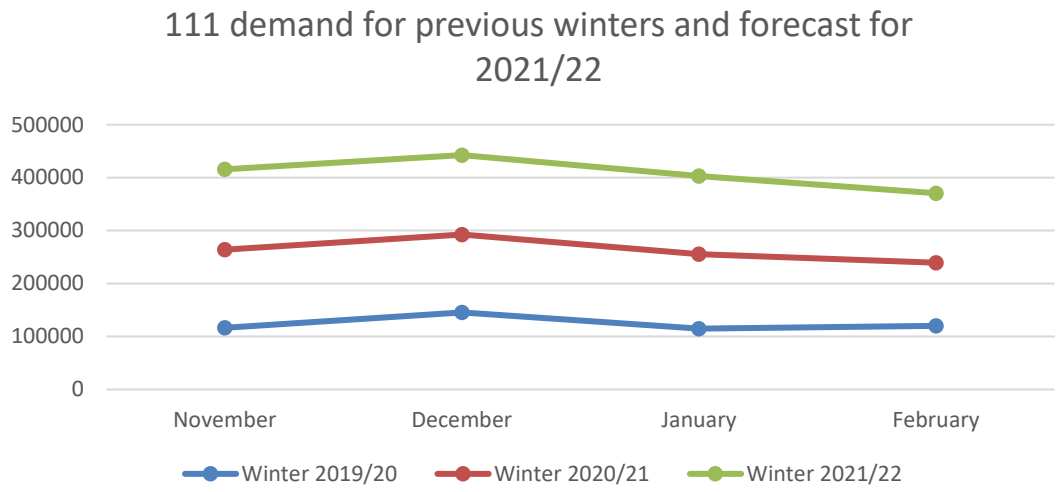




8.0 Integrated Emergency and Urgent Care (IEUC)

8.1 111 Call Activity

The chart below provides information on the calls offered per month for previous winter periods and the forecasted data for months November 2021 to Feb 2022



These figures show a growth in calls offered by up to 30% from winter 2019 to this coming winter and planning for this winter is captured in the coming sections

8.2 Duty Manager/s

There are three Duty Managers on duty for every shift across the two sites. Two Duty Managers are based at Navigation Point and one at Tollgate. They provide 24 hours, 7 days a week cover taking responsibility of the day to day running of the IEUC and the staff, which includes Supervisors, Call Assessors, Clinicians, Dispatch, Specialist teams including the Strategic Command Centre (SCC).

Additional support and management will be supplied by a the IEUC Commanders during normal working hours across both IEUC Sites and there are two IEUC Tactical commanders on call during the out of hour's periods.

The IEUC General Manager, Commander and Clinical Commander with the Duty Manager constantly review the live Surge Level internally and of the organisation based on both the 999 and 111 demand. They review patients waiting and available ambulance resources, along with demand on the clinical queue escalating the level when required for appropriate additional actions at each level.

8.3 IEUC Tactical Cover

IEUC Tactical (Silver) Commander arrangements are in place for provision of a commander for each of the 111 and 999 specialities. This is to ensure robust and resilient management support that includes weekend and late cover during periods of high activity and pressure, such as the winter.

8.4 Dispatch

Planning is in place to ensure that dispatch team positions are fully staffed to meet the expected demand and the additional requirements for Temporary Minor Injury Unit controllers for the identified dates will be detailed in the Trust Festive Plan.

8.5 Incident Command Desk (ICD) Arrangements

An ICD supervisor is 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, trained and experienced dispatchers that provide additional support should there be a requirement for 2 ICD's or resilience.

8.6 Call Taking

During each shift call taking at both IEUC sites, Navigation Point and Tollgate are managed by call assessor supervisors. They 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 the early part of the year and with the Integration of both 111 and 999 the IEUC is well placed to manage increases in demand that winter is likely to present. In addition to strong recruitment the integration with 111 is now complete and by the September 2021, 100% of the dual trained workforce will be trained in 999 and 111 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.

8.7 The Clinical Support Desk Team, (CSD) incorporating the Clinical Hub

The Clinical Support Desk Teams are located within both IEUC's and provide 24 /7 cover 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.

- To triage any suicide or overdose case to review the circumstances and medication taken to ensure the case is appropriately categorised and upgrade if deemed appropriate
- 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 IEUC 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.

8.8 IEUC Clinical Supervisors, incorporating the Clinicians and CAS staff.

- The Clinical supervisor team are located within the IEUC at NP only and support the clinicians at Tollgate remotely providing 24 /7 cover by a number of experienced Clinicians. The staffing levels of the team varies throughout the hours of operation to match the activity presented. The Clinical Supervisors primary role is to have clinical accountability for the clinical queue at the same time managing the clinician on duty.
- Allocation of a Clinical Supervisor to P1 priorities when a surge level of 3 or above is reached. Their sole responsibility will be to continually risk assess P1 and validation cases, identifying cases that need to be directed to ED or require a Category 3 Ambulance. They will validate and send the patient using the senior clinician module where appropriate.
- Overall management off the clinician queue assigning cases to specialist clinician is appropriate
- Dynamically manage the queue by being proactive and swiftly reacting to any changes in demand, management and escalating as required.

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; 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) 515 and Rapid Response Vehicle (RRV) 22, this fleet profile includes 1 electric DCA and 2 electric RRV's. 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 2021 and complete by end of November 2021 when 87 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, mechanics availability both in and out of hours through on-call will be enhanced. 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, includes the availability of material religious purposes (i.e. hijab) 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 and COVID-19 booster)

WMAS has implemented a managed programme for 100% of all eligible staff to participate in the Frontline Staff Seasonal Flu and COVID-19 boaster Vaccination Programme. The WMAS Influenza Mass Vaccination Plan 2021/22 will detail the programme in full. In 2020/2021 the Trust flu vaccination programme achieved 85% of its patient facing staff being vaccinated and 83% of staff receiving COVID-19 vaccine.

12.1 Seasonal Flu

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 90% 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.

12.2 COVID-19 and Booster vaccine

The Trust has merged the COVID-19 Incident Room as part of the Incident Command Room since the start of the Level 4 NHS critical Incident, led by a Director to ensure appropriate leadership.

The Trust has been provided the opportunity of COVID-19 vaccination to all staff through delivery at Acute's, Mass vaccination or Primary Care Network sites for the 2 doses of vaccine. There are early conversations considering frontline healthcare staff receiving a COVID-19 vaccination boaster jab in November.

Plans are being drawn up to explore the possible options for the Trust to be able to deliver the appropriate booster alongside the seasonal flu vaccine in house or whether it will still require delivery at mass vaccination sites/PCN's.

All the provisions to support staff for COVID-19 will remain in place to include Lateral Flow Testing, access to PCR testing and the provision of all the requirements for PPE, as per Public Health England guidance.

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 within the Incident Command Room at Navigation Point and as part of the resilience planning for a Major or significant incident.

In support of national arrangements through the winter and during the NHS level 4 critical incident, the NACC remained operational throughout 2020/21.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: TRUST BOARD OF DIRECTORS

AGENDA ITEM: 08d MONTH: JULY 2021 PAPER NUMBER: 06c

Business Continuity Policy	
Sponsoring Director	Craig Cooke Executive Director of Strategic & Digital Integration
Author(s)/Presenter	Shane Roberts - Head of Clinical Practice Trauma Management/Business Continuity Manager
Purpose	This report informs the Board on progress in updating the Trust's Business Continuity Policy and seeks to give assurance that it is compliant with ISO 22301 and BCI Good Practice Guidelines in preparation for the management of disruptions
Previously Considered by	Policy Group/RPF/EMB
Report Approved By	Craig Cooke

Executive Summary

This report informs the Board on progress in updating the Trust's Business Continuity Policy and seeks to give assurance that it is compliant with ISO 22301 and BCI Good Practice Guidelines in preparation for the management of disruptions

Related Trust Objectives/ National Standards	SO1 Achieve Quality and Excellence SO2 Accurately assess patient need and direct resources appropriately SO3 Establish market position as an emergency healthcare provider SO4 Work in partnership ISO 22301 BCI GPG 2018
Risk and Assurance	Significant risks of disruption mitigated by the Trust's Business Continuity Management System (BCMS) This Policy gives assurance that Business Continuity plans are in place and compliant with ISO 22301 and BCI GPG 2018

Legal implications/ regulatory requirements	Under the Health and Social Care Act 2012, the NHS Commissioning Board must be 'properly prepared for dealing with an emergency' and must monitor and control all service providers to make sure they too are prepared. Under the Civil Contingencies Act (2004), NHS organisations and subcontractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health community as 'emergency preparedness resilience and response' (EPRR). NHS organisations and providers of NHS funded care must therefore be able to maintain continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action. Business continuity management (BCM) gives organisations a framework for identifying and managing risks that could disrupt normal service. An organisation's business continuity management system (BCMS) helps it to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever part of the business they affect. Disruptions can be caused by periods of severe pressure (for example, in winter), a long-term increase in demand for services, external emergencies and disasters, and internal system failures. Planning to tackle these effects goes way beyond the initial emergency response. Business continuity management is an essential tool in establishing an organisation's resilience.
Financial Implications	None Identified
Training & Workforce Implications	Ongoing training and support for BC plan Nominated Leads, Nominated Deputy Leads and the wider workforce in Business Continuity
Communications Issues	Communications, storage and access of key documents will be in line with the Trust's paper free policy

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: TRUST BOARD OF DIRECTORS

AGENDA ITEM: 08d MONTH: JULY 2021 PAPER NUMBER: 06c

Diversity & Inclusivity Implications	No impact on Diversity and Inclusivity Implications
Quality Impact Assessment	Compliance with ISO 22301 and BCI GPG 2018 will ensure a positive patient quality impact assessment
Data Quality	Key documents stored on EP drive
Action required The Recommendation is that the Board note the report	

BUSINESS CONTINUITY POLICY

DATE APPROVED:	**TBC**
APPROVED BY:	**Executive Management Team**
IMPLEMENTATION DATE:	**TBC**
REVIEW DATE:	**May 2024**
LEAD DIRECTOR:	**Executive Director of Strategic & Digital Integration**

IMPACT ASSESSMENT STATEMENT: No adverse impact on Equality or Diversity

Document Reference Number:

Change Control:

Document Number	……
Document	Business Continuity Policy
Version	8.0
Owner	Executive Director of Strategic & Digital Integration
Distribution list	All WMAS Staff
Issue Date	25/05/21
Next Review Date	May 2024
Author	Head of Clinical Practice / Trauma Management /Business Continuity Manager

Change History:

Date	Change	Authorised by
For previous version control, please see version 6.3 of this document		
Changed to Resilience and Specialist Operations Directorate		
4th October 2018	Agreed to a 3 – 6-month extension whilst work was carried out on reviewing and updating the document	Policy group
12 April 2019	Reviewed and updated- Agreed at Policy Group	Policy Group
15 May 2019	Reviewed & Agreed at EMB	EMB
28 May 2019	Agreed in CEO report from EMB	Board of Directors
24 June 2019	Agreed for ratification	Regional Partnership Forum
November 2020 Owner changed to Executive Director of Strategic & Digital Integration		
25 May 2021	Revised and updated	Business Continuity Manager
10 June 2021	Approved	Policy Group
5 July 2021	Ratified	RPF
13 July 2021	Approved	EMB

CONTENTS

Introduction

West Midlands Ambulance Service University NHS Foundation Trust is committed to having in place a Business Continuity Policy as required under the Civil Contingencies Act (2004) and the NHS Commissioning Board Business Continuity Management Framework (service resilience) (2013) and the National Ambulance Resilience Unit (NARU) EPRR Service Specification (2012).

This Business Continuity Policy provides the framework within which WMAS can comply with the Business Continuity requirements of our patients and stakeholders by aligning the Business Continuity Management Programme with ISO22301:2019.

This Business Continuity Policy ensures WMAS can continue to deliver a minimum level of service to our patients and stakeholders in the event of any disruption.

WMAS is committed to meeting legal and regulatory requirements and continual improvements of the Business Continuity Policy.

It is the intention of the WMAS to fully align to all requirements as stated in ISO22301:2019 to deliver an effective Business Continuity Management System.

1. Scope

1.1 This policy applies to all employees, interested parties, contractors and suppliers to the Trust and must be followed by all Trust departments and directorates.

2. The Business Continuity Policy

2.1 The WMAS Business Continuity Policy is an overarching generic framework that outlines the capability of the Trust to continue delivery of activities at an acceptable predefined level following a disruptive incident.

2.2 The WMAS Business Continuity Policy will be supported by Business Continuity Plans produced by Directorates or Departments that provide direct and vital support to the maintenance of Critical Services and Support for Critical Services (Vital Functions).

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2.3 Funding: WMAS Executive Directors will ensure appropriate additional and continued funding to support all elements of the Business Continuity Policy.

3. Management of the Business Continuity Policy

3.1 The Business Continuity Policy must be 'signed off' by the Chief Executive Officer as the Accountable Emergency Officer for the Trust.

3.2 WMAS has appointed the Executive Director of Strategic & Digital Integration to be responsible for the maintenance of the Business Continuity Policy.

3.4 The Nominated Lead will be responsible for the upkeep and content of the Business Continuity Plan for their department.

4. Operations Management Team

4.1.1 The Business Continuity Manager will provide regular updates and information on the Trust's Business Continuity Management System at Operations Management Team meetings.

4.2 The Executive Director of Strategic & Digital Integration will ensure the effective management of this policy and will ensure provision of reports on progress and identification of risks to the Executive Management Board as required.

5. Critical Services and Support for Critical Services

5.1 39 WMAS Departments requiring Business Continuity Plans have been identified and are shown below.

5.1.1 Critical Services

Integrated Emergency & Urgent Care Centre
Operations Stoke Hub
Operations Tollgate Hub
Operations Lichfield Hub
Operations Shrewsbury Hub
Operations Donnington Hub
Operations Worcester Hub
Operations Bromsgrove Hub
Operations Hereford Hub
Operations Dudley Hub
Operations Willenhall Hub
Operations Sandwell Hub
Operations Hollymoor Hub
Operations Erdington Hub
Operations Coventry Hub
Operations Warwick Hub
Emergency Preparedness
Midlands Air Ambulance – Cosford, Strensham, Tattenhill
HART/SORT

5.1.2 Support for Critical Services (Vital Functions)

Office of the Chief Executive
(NEPTS) Regional Controls
(NEPTS) Ops Pan Birmingham
(NEPTS) Ops C/W
(NEPTS) Ops Cheshire, Warrington & The Wirral
(NEPTS) Ops Wolverhampton and Dudley
(NEPTS) Ops Sandwell and West Birmingham
IM & T
Estates
Fleet
Finance
Media
Procurement
HR
Clinical & Corporate Department
Education & Training Department
Commercial Services CTS
Commercial Services LMS
Regional Logistics / Make Ready
Business Intelligence Unit

6. Review

6.1 Departmental Nominated Leads will be responsible for informing the Business Continuity Manager of any local changes to their Business Continuity Plan and will ensure that these changes are circulated and agreed in a timely manner.

6.2 The Business Continuity Manager will oversee a strategic review and exercise at least annually of each Business Continuity Plan and will inform the Nominated Lead in advance.

6.3 The Hub / Department Business Continuity Plan Nominated Leads are required to agree a suitable date and time for the review with the Business Continuity Manager.
The Nominated Lead or Nominated Deputy Lead must be present at this review.

6.4 The Business Continuity Plan also needs to be reviewed if it is activated and the Business Continuity Manager must be informed of any activation immediately.
The Nominated Lead or Nominated Deputy Lead must be present at this review.

6.5 The Business Continuity Plans are a legal requirement of the trust and are subject to an External Audit process.

7. Business Impact Analysis (BIA)

7.1. Each department will complete a Business Impact Analysis as part of the Business Continuity Management System.

7.2. Every Business Impact Analysis will follow the same format and will be completed with the support of the Business Continuity Manager.

7.3. A formal, documented evaluation process of the Business Impact Analysis shall also include:

- 7.3.1. Identification of activities that support the delivery of the department or Trust business area
- 7.3.2. Assessing the impact over time of not performing the identified activities
- 7.3.3. Setting timeframes for resuming these activities at a specified minimum acceptable level of operation
- 7.3.4. Identifying dependencies both internal and external to the Trust

7.4. The Business Impact Analysis is designed to look at specific areas to deliver the requirements in 7.3:

- 7.4.1. Programme - *What business as usual is*
- 7.4.2. People - *Who delivers the activities*
- 7.4.3. IM&T and Data - *What systems are used and data protection*
- 7.4.4. Buildings and work environment - *Where the activities are delivered*
- 7.4.5. Suppliers - *Who the dependencies are*
- 7.4.6. Equipment and consumables - *Listing what is required*

7.5. As part of the Business Impact Analysis, a risk assessment will be completed against the prioritised activities, assessing the impact and likelihood of any disruption. This will include identifying any risk treatment that is required to ensure priority activities can continue to be delivered.

7.6. Risk treatments should be commensurate with Business Continuity objectives, in accordance with the Trusts risk appetite.

7.7. The Trust should be aware that this analytical information may be requested by financial or government organisations.

8. Updates

8.1 To be conducted in accordance with the principles set down in paragraph 6.0 above.

8.2 Strict audit process must apply in each case and version numbers used when providing up-dates. It is, however, vitally important that a copy of each version is retained centrally together with its dates of currency in order that a 'relevant copy' can be produced when required by a law court or other authority.

9. Publications and Circulation – Communication – Internal – External – Partners

9.1 Internal

9.1.1 Business Continuity Plans will be made available to all staff via the Trust intranet and the WMAS Teams app. Business Continuity Plans must be followed to manage any disruptive or critical incident.

9.2 External

The Act requires WMAS to publish aspects of the Business Continuity Policy in so far as this is necessary for dealing with emergencies.
The purpose of this requirement is to ensure that WMAS make relevant information available to the public about what will happen in the event of an emergency.
There are three basic principal classes of information that WMAS should consider communicating to the public:

- A descriptive account of the Business Continuity Policy that they have in place for reassuring the public.
- Information about the implications of emergencies for the continuity of Critical Services and Support for Critical Services (Vital Functions).
- Source of information and advice about service continuity issues that the public could consult in the event of an emergency.

9.3 Partners

9.3.1 It is incumbent upon WMAS to inform a partner organisation of an event that may threaten the ability of WMAS to maintain its Critical Services as far as is reasonably practicable.

9.3.2 It must be borne in mind that this information should be passed to prevent, reduce, control or mitigate the effects or take action in connection with the Emergency.

9.3.3 Whilst it is not possible to produce a comprehensive list of the partners that may need to be contacted there is a core list of partners that must be considered, these include:

- NHS England, CCGs, Public Health England (PHE), Local Resilience Health Forum - all of whom can forward information to other organisations,
- The Emergency Services
- Transport for the affected conurbation.
- Local Resilience Areas
- Local authorities.

10. References and Acknowledgements

The main guidance for Business Continuity Management is contained in:

- ISO 22301 Societal Security - Business Continuity Management Systems – Requirements
- ISO 22313 Societal Security - Business Continuity Management Systems – Guidance
- PAS 2015 - Framework for Health Services Resilience
- Business Continuity Institute Good Practice Guidelines 2018

Signature:

Anthony C Marsh, Chief Executive Officer

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

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

Supporting the Health & Wellbeing of Our People	
Sponsoring Director	Carla Beechey, People Director
Author(s)/Presenter	Lucy Mackcracken, Head of Human Resources Carla Beechey, People Director
Purpose	To note and approve the contents of the new Health & Wellbeing Strategy for onwards ratification as required.
Previously Considered by	Health and Wellbeing Steering Group including consultation with Trade Union Representatives Executive Management Board
Report Approved By	Carla Beechey, People Director

Executive Summary

This paper is to present the proposed health and wellbeing strategy, "Supporting the Health and Wellbeing of Our People".

Related Trust Objectives/ National Standards	Strategic Objectives 1, 2, 3 and 5 NHS People Plan NHS Staff Survey
Risk and Assurance	The Health and Wellbeing Strategy provides a framework for providing a positive and healthy working environment in which our people have access to support and services to help them enhance their personal Health & Wellbeing and to reach their full potential.
Legal implications/ regulatory requirements	Health and Safety Law – Employers Duty of Care
Financial Implications	None noted
Workforce & Training Implications	The Health and Wellbeing of our People is not only important for individual's personal wellness, but also has a direct impact on the patient care we provide.
Communications Issues	Once approved and ratified a communications strategy will be required to share this document with all staff and stakeholders
Diversity & Inclusivity Implications	There are no adverse D&I implications highlighted or identified.
Quality Impact Assessment	A quality impact assessment has not been undertaken for this report.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

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

Data Quality	N/A
Action required To approve the contents of the new Health and Wellbeing strategy for implementation.	

NHS
West Midlands
Ambulance Service
University NHS Foundation Trust

SUPPORTING THE HEALTH & WELLBEING OF OUR PEOPLE 2021 - 2025

DATE APPROVED:	**(DD/MM/YYYY)**
APPROVED BY:	**Committee/Board**
IMPLEMENTATION DATE:	**(DD/MM/YYYY)**
REVIEW DATE:	**(DD/MM/YYYY)**
LEAD DIRECTOR:	**People Director**
IMPACT ASSESSMENT STATEMENT:	**No adverse impact on Equality or Diversity**

CHANGE CONTROL

Document Number	(Issued by Document Control Officer)
Document	HEALTH & WELLBEING STRATEGY
Version	(Issued by Document Control Officer)
Owner	Carla Beechey
Distribution list	(Who it relevant to)
Issue Date	(19/08/2015)
Next Review Date	(DD/MM/YYYY)
Author	People Director

Change History:

Date	Change	Comment/Approved by
	Initial Draft	Workforce Team
24 March 2011	Draft version with amendments following discussion at Health Wellbeing Group	Workforce Team
11 April 2011	Draft version with amendments following discussion at Workforce and OD Committee	Workforce Team
19 April 2011	Update of Vision and Values	

		Workforce Team
23 July 2013	Review of Strategy	HR Manager
31 March 2016	Review and re-draft of strategy to incorporate enhanced Health and Wellbeing program, to reflect NHS England pilot group for which we have been selected	H&WB Group
4 March 2019	Review and redraft of strategy to incorporate AACE guidelines, and NHS new ten year plan	H&WB Group
March 2021	Review and redraft of Strategy and consultation with Health & Wellbeing group	Head of Human Resources

CONTENTS

WELCOME FROM THE PEOPLE DIRECTOR, CARLA BEECHEY

“Supporting the Health and Wellbeing of our People is critical, this strategy evidences our commitment to strive to do the very best for our People so they can thrive and be their best self.

The Health and Wellbeing of our People is not only important for individual’s personal wellness, but also has a direct impact on the patient care we provide.

It is important that we all take the time listen to each other, to take ownership of our own health and wellbeing, and to seek support when needed.

Wellbeing is more than just health, we all have a part to play in promoting our own health and wellbeing and in a partnership approach, as an employer we will play our part.

The Trust is committed to creating a culture, climate and working conditions that enable our people to make healthy choices and to flourish”.

WELCOME FROM THE WELLBEING GUARDIAN, NARINDER KAUR KOONER

The Trust has appointed a new Wellbeing Guardian, Narinder Kaur Kooner OBE. Narinder is a Trust Non-Executive Director and has a wealth of experiences that can be used within this role to support and champion staff health and wellbeing.

"As I am new to this role I view the way forward as an assurance role in questioning the Board on decisions that may impact on the Health & Wellbeing of our staff.

Our staff are our most valuable resource, therefore it is vital that we support their health and wellbeing. It's important to have a Wellbeing Guardian on the Board as I will endeavor to keep staff wellbeing at the forefront of Board considerations.

I am really looking forward to meeting staff and listening to their ideas as the role progresses".

The role of the Wellbeing Guardian is for someone who is passionate about health and wellbeing and is able to support the executive team implement positive changes to benefit the working experiences of staff.

There are 9 key principles that all NHS Wellbeing Guardian's are asked to support within their organisations as below:

1. The health and wellbeing of NHS people will not be compromised by the work they do.
2. The board and guardian will check the wellbeing of any staff member exposed to distressing clinical events.
3. All new NHS staff will receive a wellbeing induction.
4. NHS people will have ready access to confidential occupational health services.
5. Death by suicide of any NHS people will be independently examined.
6. The NHS will ensure a supportive, safe environment to promote psychological and physical wellbeing.
7. The NHS will protect the cultural and spiritual needs of its people, ensuring appropriate support is in place for overseas NHS people.
8. Necessary adjustments for the nine groups under The Equality Act 2021 will be made.
9. The Wellbeing Guardian will suitably challenge the board.

INTRODUCTION

Health & Wellbeing (HWB) is central to the ongoing development of our people at West Midlands Ambulance Service University NHS foundation Trust (the Trust) and for ensuring that we provide the very best of care to our patients and service users.

The aim of this document is to set out the vision for providing a positive and healthy working environment in which our people have access to support and services to help them enhance their personal Health & Wellbeing and to reach their full potential.

A great workplace involves its staff and looks after all aspects of their wellbeing including mental, physical and financial wellbeing. This document sets out the aspiration of supporting each other to be the very best we can.

Our people have a direct impact on the experience of our patients. It is well researched that supporting the Health & Wellbeing of our staff is paramount to achieving higher levels of patient care. When staff are healthy and engaged in the workplace the experience of our patients improves, evidenced by the extensive body of research undertaken by Professor Michael West. As a Trust we are committed to a culture of promoting all aspects of Health & Wellbeing and offering a diverse range of support and services accessible by all. We aim to empower our staff by creating a culture that is inclusive and supportive, and by providing services that meet our staff needs based upon:

- NHS People Plan
- Feedback provided through the NHS Staff Survey
- AACE CEO Mental Health Pledge
- NICE Guidelines on Promoting Wellbeing at Work
- NHS Health & Wellbeing Framework 2018
- NHS Staff & Learners Mental Wellbeing Commission 2019

This document brings together all existing Health & Wellbeing activities to allow an overarching strategic approach and has been developed in partnership with staff and their representatives and will be embedded in the management processes of the organisation.

OUR HEALTH & WELLBEING THEMES

It is acknowledged that Health & Wellbeing is a personal journey for each individual. Therefore, we aim to provide a wide range of support and services, and delivery mechanisms that staff will be able to access that will help support them to achieve their individual Health & Wellbeing goals based on the following five key theme areas:

- Leadership
- Mental Health & Wellbeing
- Physical Health & Wellbeing
- Supporting A Healthy Lifestyle
- Financial Wellbeing

Future work to further develop these themes at the Trust will be monitored and implemented through the Health & Wellbeing action plan. Future workplans and initiatives will be informed by feedback from our staff e.g., through staff survey results, as well as local and national workstreams. The Health & Wellbeing group compromising of management and staff side representatives are responsible for overseeing the implementation of the Trust's Health & Wellbeing Action plan.

We are proud of the diverse suite of Health & Wellbeing services and provision available to staff, including in-house resources as well as signposting opportunities to external avenues of support. A list of current Health & Wellbeing activities is outlined on the following page.

Whilst there is no doubt that the current provision contributes to staff having the ability to make positive changes to their Health & Wellbeing, there is always room for improvement. Our focus will be on increasing the information and accessibility to Health & Wellbeing provision, ensuring this is a quick and easy process to access support.

Whilst there is evidence that there are well established support mechanisms in place for the first four themes, it is recognised that financial wellbeing is an area that requires further development and investment. Analysis from data collected by the Trust's Mental Wellbeing Team as well as the Staff Advice & Liaison Service (SALS) confirms that financial concerns are a common factor for poor mental health amongst our staff. Additionally, financial concerns were identified as a common factor following the tragic circumstances of staff suicide.

CURRENT HEALTH & WELLBEING ACTIVITIES

Leadership

- [ ] Board level committees with regular agenda items on HWB
- [ ] Appointment of HWB Guardian
- [ ] Provision of funding and resources to support HWB
- [ ] Trust values to support our staff to provide a world class service
- [ ] HWB induction for all new starters
- [ ] Statutory & Mandatory Health & Safety training for all staff
- [ ] Management and Leadership development programmes to understand HWB responsibilities and the provision of excellent support to our staff
- [ ] Health & Wellbeing conversations at PDR

Mental Health & Wellbeing

- [ ] In house Mental Wellbeing Team
- [ ] Focus on education, prevention and early intervention
- [ ] Access to self help materials via HWB library
- [ ] Stepped care approach to facilitate least intrusive intervention
- [ ] Access to 121 counselling dependant upon individual need
- [ ] Staff Advice & Liaison Service (SALS)
- [ ] Mental Health First Aiders
- [ ] Stress Risk Assessment
- [ ] Critical incident debriefs
- [ ] Quiet rooms
- [ ] Online self-help tools and resources

Physical Health & Wellbeing

- [ ] In house fast track Physiotherapist service
- [ ] Manual handling and back care training
- [ ] Preventative advice, treatment and support via in house physiotherapists
- [ ] Physiotherapist designed training packages for operational and office based staff
- [ ] Bitesize videos for back care advice and exercises tailored to operational and office based roles
- [ ] Early intervention request process to access funding for treatment where there are delays
- [ ] DSE work station assessments and procurement of specialist support equipment

Supporting a Healthy Lifestyle

- [ ] Health assessments for all new starters
- [ ] Vaccination programmes
- [ ] Occupational Health services
- [ ] Weight Management programme
- [ ] Health checks and health promotion events
- [ ] Health & Wellbeing Champions
- [ ] Trade Union Support
- [ ] Smoking Cessation advice and support
- [ ] REACT Programme
- [ ] Health & Wellbeing Steering Group
- [ ] Salary sacrifice schemes - Childcare vouchers and Fleet Solutions
- [ ] Cycle to work scheme
- [ ] Absence Management Training

Financial Wellbeing

- [ ] Signposting and access to financial wellbeing resources
- [ ] The Ambulance Service Charity (TASC)
- [ ] Trade Union Financial Support
- [ ] Step Change Debt Charity
- [ ] Financial Hardship considerations
- [ ] Simply Health Cash Plan
- [ ] Salary sacrifice schemes
- [ ] Pre-Retirement Planning Seminars
- [ ] Financial support towards eye tests and eye wear for VDU users

ACHIEVING OUR HEALTH & WELLBEING PRIORITIES

To build on the well establish current activities and provision identified above, we have developed 6 key priorities for improving the Health & Wellbeing of our staff, which have been identified by analysing themes and trends from staff feedback in conjunction with the Health & Wellbeing Group. The priorities will help to focus ongoing and future support and provision to our staff.

1. Promote, protect and improve the Health & Wellbeing of our people via a supportive self-help methodology.

We will achieve this by:

- Continuing to promote access to self-help tools and resources available to staff e.g., via NHS People and internal digital systems.
- Continuing to promote education and support for a wide range of Health & Wellbeing topics e.g., menopause, men's health, nutrition.
- Continuing to develop the role of SALS and local Health & Wellbeing champions by ongoing engagement, regular training and opportunities for them to provide feedback on their experiences.
- Implementing the roll out of Health & Wellbeing roadshows to ensure that all staff have access to a personal health check.
- Developing a Health & Wellbeing app and improving the current website to ensure that staff are able to easily access, clear information and signposting regarding internal and external support and initiatives.
- Continuing to implement Health & Wellbeing as part of our onboarding processes.
- Collecting and evaluating joiner feedback to inform further developments to our onboarding processes.
- Launching online corporate induction to all new starters which includes information about Health & Wellbeing support and provision available.
- Continuing to implement meaningful Health & Wellbeing conversations as part of the PDR process.
- Ensuring that Health & Wellbeing is a key topic incorporated into the mandatory training updates.
- Providing support to staff to inform financial and retirement planning as well as continuing to evaluate the uptake and feedback from participants of workshops.

2. Provide a safe and healthy working environment for our people at all times.

We will achieve this by:

- Continuing to provide flexible and adaptable return to work programmes following prolonged absence, tailored to individual needs.
- Continuing to offer and promote access to an in-house fast track physiotherapy service.
- Continuing to offer and promote annual vaccination programmes e.g., seasonal flu including providing targeted education to assist with overcoming any perceived barriers to uptake.
- Continuing to support via Access to Work applications for additional support such as travel arrangements to work or the provision of specialist support equipment.
- Implementing a home working risk assessment ensuring that staff that work remotely are appropriately supported.
- Implementing the roll out of a flexible working training package to educate managers in the range of options available to support staff to achieve a home/life balance that is personal to their needs.
- Removing the statutory requirement for a member of staff to have 26 weeks service before being able to submit a flexible working request.
- Ensuring that all staff have access to appropriate levels of PPE required for them to safely undertake their role.
- Ensuring the COVID-19 measures remain in the workplace for as long as required in line with government recommendations e.g., onsite PCR swabbing, LFT tests for all staff, temperature cameras on Trust sites, installation of screens at required workstations.
- Reviewing and improving the current stress risk assessment ensuring that it is accessible and fit for purpose.
- Reviewing and implementing a wellness action plan for staff to be able to identify and plan actions to improve their own Health & Wellbeing.
- Continuing to raise suicide awareness and support available for those in mental health crisis.
- Continuing to evaluate the quality, effectiveness, and accessibility of our Occupational Health provision through regular contract review meetings and feedback from staff and manager satisfaction surveys.
- Continuing to offer and encourage uptake of health surveillance and immunisations programmes appropriate for each role.

- Continuing to support our supervisors and managers as part of leadership and management development programmes to understand how to support themselves and their teams in Health & Wellbeing.

3. Provide effective leadership and visible support for Health & Wellbeing provision at Board and a senior level.

We will achieve this by:

- Continuing to raise awareness of the role of the Health & Wellbeing Guardian to champion and sponsor Health & Wellbeing across the Trust and ensuring it is a regular discussion item at Board meetings.
- Appointing a new Non-Executive Director to oversee Health & Wellbeing provision as well as providing additional senior level advice to the Health & Wellbeing group.
- Continuing to promote the role of the Freedom to Speak Up Guardian and Champions, ensuring that all staff have a safe route to raising concerns appropriately.
- Continuing to implement staff suggestions through the "All Ideas Matter" campaign and improving communication regarding suggestions raised and implemented.
- Implementing additional mechanisms to celebrate and share successes on a regular basis in addition to the annual staff celebration event.
- Ensuring that senior leaders actively champion a safe and healthy work environment and display behaviours that challenge negative experiences e.g., championing anti-bullying, discrimination and racism in the workplace.
- Ensuring that leaders role model behaviours around achieving a suitable work life balance, including taking regular annual leave.

4. Equip managers with the knowledge and skills to support their staff with improving their chose aspects of Health & Wellbeing.

We will achieve this by:

- Implementing the roll out of REACT training to assist managers with having the confidence to engage in Health & Wellbeing conversations with their staff.
- Involving managers in the planning and implementation of Health & Wellbeing roadshow events on their hubs/departments.
- Continuing to provide managers with appropriate training to assist them being able to support their staff e.g., sickness absence management, flexible working, dignity at work packages.

- Reviewing the sickness absence management training package to include increased awareness and education to managers of Health & Wellbeing and supporting staff with reasonable adjustments in the workplace.
- Expanding the risk assessment tool already incorporated into the disciplinary process, into other relevant policies e.g., capability ensuring that all suitable and supportive actions are taken where appropriate.
- Encouraging the uptake of suicide awareness training.
- Continuing the rollout out of Mental Health First Aid Training.
- Encouraging managers to undertake regular Listening In Action events within their areas of work to gather feedback regarding staff experience.

5. Provide support to all our people in order that they are able to maintain positive mental health at work.

We will achieve this by:

- Implementing and evaluating the stepped care approach to mental health support to facilitate access to the least intrusive intervention.
- Continuing to promote and signpost staff to the most appropriate avenues of mental health support.
- Designing, implementing and evaluating workshops and webinars focused on wellbeing needs relevant to emergency service work.
- Continuing partnership working with local and national mental health services to continue to increase access to appropriate and targeted support.
- Continuing to develop relationships with specialist support agencies to be able to signpost staff to the most appropriate level of mental health support e.g. Cruse bereavement support
- Continuing to monitor and evaluate the effectiveness of the in-house mental wellbeing team to inform future developments.
- Provide education, prevention and early intervention across the whole career span.
- Promoting mental health awareness days and events such as Time to Talk Day and World Suicide Prevention Day.
- Supporting a culture where staff feel comfortable talking about mental health experiences.
- Encouraging staff to share their personal experiences of mental health to reduce stigma and encourage others to access support e.g., sharing stories/case study in Weekly Briefing and Social Media.
- Implementing the roll out of further avenues of financial support e.g., through Barclays Money Mentoring scheme.
- Continuing to analyze available data to identify themes and trends to inform future targeted support and intervention.

- Continuing to offer support to staff following exposure to traumatic events via critical incident debrief.

6. Provide support to all our people to enable them to choose to adopt healthy lifestyles.

We will achieve this by:

- Continuing to offer and promote uptake of the Cycle to Work scheme
- Continuing to offer and promote uptake of weight management support such as Slimming World Voucher scheme.
- Implementing managed walking groups.
- Promoting staff organised sports groups across the Trust.
- Continuing to promote musculoskeletal videos and self-help guides designed by in-house specialist.
- Exploring further options for gym provision for staff as well as promoting access to discounted gym membership.
- Further developing outside space available to staff e.g., memorial gardens and benches.
- Ensuring that Health & Wellbeing is a consideration during the design of future estate projects e.g., bike storage, access to adequate quiet and rest space.

HEALTH & WELLBEING CONTEXT IN THE WIDER NHS

NHS People Plan

The NHS People Plan outlines practical actions that employers and systems should take in the immediate term (2020-2021) to support our staff with the aim of creating longer lasting change. “Looking after our people” is one of the four commitments made within the People Plan with a focus on providing quality health and wellbeing support for all.

NHS Our People Promise

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

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

NHS Staff & Learners Mental Wellbeing Commission 2019

We must be able as employers to underpin those values with interventions and support that are available to all staff for their wellbeing needs. If someone is looking to join the NHS, whether through education and training, an apprenticeship or direct employment, they should be able to see and feel that the health service is a wellbeing employer and is bringing to life the statements expressed in the NHS Constitution.

This NHS Staff and Learners’ Mental Wellbeing Commission (the Commission) has sought out evidence on causes, interventions, innovations and good practice that will shape a healthier future for all as part of Health Education England’s health and care workforce strategy.

AACE CEO Pledge Mental Health & Wellbeing

Our pledge commits us as UK NHS ambulance service chief executive officers to continue to actively work to enhance the wellbeing of all our people by adopting and championing the strategic intent

below whilst specifically implementing the three outlined #ProjectA commitments to improving employee mental health and wellbeing

Strategic intent aim: to pro-actively provide and strengthen effective leadership across ambulance services to significantly reduce the likelihood of psychological harm to staff due to workplace factors*

The 10 steps below provide a high-level framework to underpin this aim:

1. Promote a positive mental health culture in the workplace through leadership, communication, policy and procedure, environment and work/job design.

2. Reduce stigma around mental health conditions and psychological stress in the workplace.

3. Improve the mental health literacy of the workforce.

4. Develop the capability of staff to interact with and help someone experiencing a mental health crisis, from identification through to return to work.

5. Ensure that an integrated approach to mental health and wellbeing is woven through the workplace and that leadership at all levels model behaviours and practices that promote a mentally healthy workplace culture.

6. Share examples of best-practice and effective initiatives between services.

7. Collaborate to ensure staff, during each phase of their career, have adequate self-awareness, knowledge and support in relation to managing their personal mental health and psychological stress triggers.

8. Implement systems that provide the service with early notification of potential psychological harm related risk.

9. Collect, monitor and respond to data that evaluates the mental health and wellbeing of the workforce and the possibility of psychological harm occurring.

10. Seek internal/external specialist expertise when necessary to achieve improved mental health and wellbeing outcomes for the workforce.

MEASURING OUR SUCCESS

We will measure and evaluate success by analysis of a range of information sources including:

- NHS Staff Survey Results
- Sickness absence rates
- Analysis of themes and trends in sickness absence
- Staff retention data
- Staff turnover data
- Uptake of annual vaccination programs
- Staff leaver feedback through Exit Interviews
- Analysis of PDR reviewer audits
- New joiner feedback from onboarding process
- Analysis of uptake from in-house provided services e.g., mental wellbeing practitioners, physiotherapist, SALS
- Feedback and evaluation of manager development training
- Feedback and engagement with Health & Wellbeing Champions
- Numbers attending Health & Wellbeing roadshows
- Number of staff received Mental Health First Aid training
- Number of staff supported to work flexibly including amendments to shift patterns and hours of work
- Number of staff supported to go on a career break
- Number of retire and return requests accepted

KEY PERFORMANCE INDICATORS

The following Key Performance Indicators will help us to monitor the effectiveness of the Health & Wellbeing priorities and will include analysis and reporting of the following:

Sickness Absence

- Consistently achieve below 4% sickness absence
- Reduction in absences relating to mental health associated absences
- Reduction in absences attributed to work related stress

Vaccination Programs

- Over 80% uptake of seasonal flu

Staff Survey

- 2% year on year improvement in staff survey results relating to health & wellbeing and safety at work

In-House Health & Wellbeing Services

- Increased uptake of access to services including Mental wellbeing practitioners, physiotherapist and SALS
- Increased uptake of cycle to work scheme
- Increased uptake of slimming world voucher scheme

Workforce Metrics

- Reduction in turnover

REVIEWING AND MONITORING OUR SUCCESS

The Health & Wellbeing Group meet monthly to update the Health & Wellbeing Action plan and to continue to monitor the effectiveness of current initiatives and workstreams. Members include representatives from:

- Human Resources
- Staff Side
- SALS
- Organisational Development
- Management Representatives
- Mental Wellbeing Practitioner Team
- Physiotherapist

Delivery and Implementation of this strategy will be overseen by the People Director. An annual report will be provided to Workforce Development Group, People Committee and Executive Management Board.

REFERENCES

- AACE CEO Mental Health Pledge
- NICE Guidelines on Promoting Wellbeing at Work
- NHS Workforce Health & Wellbeing Framework 2018
- NHS People Plan
- NHS Staff & Learners Mental Wellbeing Commission 2019

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

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

Trade Union (Facility Time Publication Requirements) Regulations Report 2021	
Sponsoring Director	Carla Beechey, People Director
Author(s)/Presenter	Carla Beechey, People Director
Purpose	To receive the Public Sector Facility Time Report for 2021. To note the content and approve the report for publication for national reporting and placing on the Trusts internet.
Previously Considered by	Executive Management Board
Report Approved By	Carla Beechey, People Director

Executive Summary

The Trade Union (Facility Time Publication Requirements) Regulations 2017, which came into force on 1st April 2017, implemented the requirement introduced by the Trade Union Act 2016 for specified public-sector employers, including NHS Trusts, to report annually a range of data in relation to their usage and spend on trade union facility time.

The facility time report (attached) for West Midlands Ambulance Service University NHS Foundation Trust is for the period 01 April 2020 to 31 March 2021.

A comparison from last years data shows the impact the COVID pandemic has had an effect on the time spent on Trade Union activities compared to facility time, which was expected.

“Trade union activities” relates to **union** matters, it includes things like attending branch or regional union meetings, meetings of official policy making bodies such as the executive committee or annual conference, voting in union elections and / or meetings with full time officers to discuss issues relevant to the workplace.

Where as “Trade Union Facility time” is to do with representation of members and inwardly facing WMAS meetings / matters.

There has been a reduction in paid TU time from £146,484 in 19/20 to £122,784 in 20/21. This is part due to the reduction in hours of a senior TU representative who was previously full-time release for union duty

There is a requirement to publish the data on the Trust’s public-facing website by 31 July 2021.

Related Trust Objectives/ National Standards	Compliance with the Trade Union (Facility Time Publication Requirements) Regulations 2017
Risk and Assurance	Assurance that the Trust has been compliant with the legal requirement.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

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

Legal implications/ regulatory requirements	Legal advice has not been sought or necessary. To maintain compliance with the regulations.
Financial Implications	There are no financial implications arising from this report at this time.
Workforce & Training Implications	None identified.
Communications Issues	There should be no adverse media issues. The summary needs to be published on the Trusts internet to comply with reporting requirements that should be in the public domain and remain on the site for a minimum of 3 years. The data will also be submitted to the Facility Time Online Reporting Service.
Diversity & Inclusivity Implications	None identified.
Quality Impact Assessment	Not required for this report.
Data Quality	Data has been provided from the Trusts Electronic Staff Records and Global Rostering System.

Action required

- To note the content of the report.
- To approve publication on the Trusts Website by 31st July 2021 and submission to the relevant regulator.

Trade Union Facility Time 2020-21

The Trade Union (Facility Time Publication Requirements) Regulations 2017, which came into force on 1st April 2017, implemented the requirement introduced by the Trade Union Act 2016 for specified public-sector employers, including NHS Trusts, to report annually a range of data in relation to their usage and spend on trade union facility time.

The facility time data for **West Midlands Ambulance Service University NHS Foundation Trust**, for the period 01 April 2020 to 31 March 2021, is shown below.

a) TU representative – the total number of employees who were TU representatives during the relevant period.

Number of employees who were relevant union officials during the relevant period	*FTE employee number*
52	*50.66*

b) Percentage of time spent on facility time – the number of employees who were TU representatives officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time.

Percentage of time	*Number of employees*
0%	*13*
1-50%	*18*
51%-99%	*2*
100%	*1*

c) Percentage of pay bill spent on facility time - Percentage of the total pay bill spent on paying employees who were TU representatives for facility time during the relevant period.

Measure	*Data*
Total cost of facility time	*£122,784*
Total pay bill	*£296,023,000*
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	*0.04%*

d) Paid TU activities - As a percentage of total paid facility time hours, the number hours spent by employees who were TU representatives during the relevant period on paid TU activities.

Time spent on paid TU activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid TU activities by TU representatives during the relevant period ÷ total paid facility time hours) x 100	*24.62%*

The figures have been calculated using the standard methodologies used in the Trade Union (Facility Time Publication Requirements) Regulations 2017.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: July 2021 PAPER NUMBER: 07c

Equality, Diversity & Inclusion Strategy 2021-2025	
Sponsoring Director	Carla Beechey: People Director
Author(s)/Presenter	Pam Brown, Head of Diversity & Inclusion
Purpose	The Trust must produce and publish a D&I Strategy every four years. The strategy is due for review for 2021-2025
Previously Considered by	Executive Management Board People Committee
Report Approved By	Carla Beechey, People Director

Executive Summary

The Equality, Diversity and Inclusion Strategy builds upon the previous strategy and links into the revised equality objectives for the Trust over the next four years.

Related Trust Objectives/ National Standards	It is contributing to the Trust PSED Objectives A great place to work for all NHS People Plan NHS Staff Survey
Risk and Assurance	The strategy is a requirement of all NHS Trusts.
Legal implications/ regulatory requirements	To maintain compliance with both regulations and the conditions of licence and registration from the Regulators.
Financial Implications	None noted.
Workforce & Training Implications	Consultation with the workforce is a key element of the strategy.
Communications Issues	Once approved and ratified a communications strategy will be required to share this document with all staff and stakeholders and published on the Trust website.
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	N/A
Data Quality	N/A
Action required To note and approve the contents of the new Equality, Diversity & Inclusion Strategy 2021-2025 for implementation.	

NHS
West Midlands
Ambulance Service
University NHS Foundation Trust

EQUALITY, DIVERSITY & INCLUSION STRATEGY 2021 – 2025

CONTENTS

INTRODUCTION AND COMMITEMENT STATEMENT

We are proud to have developed our second Diversity and Inclusion Strategy which sets out the Trust's ambitions and plan of action to promote and advance equity, diversity and inclusion throughout our organisation.

We have developed this strategy, not only to comply with our legal obligations under the Equality Act 2010, but because we believe wholeheartedly that it is the right thing to do. Diversity and inclusion must be integral to our culture and values and we must strive to make them visible in everything we do. They are an intrinsic part of helping us to improve the patient experience, our workplace culture and to highlight the additional needs of those with a protected characteristic.

Our approach to diversity and inclusion goes beyond legal compliance – it is central to our core business. The strategy builds on our long-term commitment to achieving this ambition and how it will enable us to meet the needs of the communities and our workforce.

Each year, we will assess the progress we have made on delivering our objectives which will be reported through the Trust Board.

Our equality objectives have been agreed through consultation. This strategy will be a 'live' document and will be regularly reviewed to consider changes to the external environment. All employees need to take responsibility if we are to continue to develop and sustain a culture that recognises and respects the individuality, difference and contribution that diversity brings to the organisation.

We will continue to develop our organisation to identify and overcome employee's and patient barriers and support employees. We look forward to the work ahead, facing the challenges, and meeting the actions we have set ourselves.

Aims and Objectives

We are committed to advancing equality and promoting social inclusion. We recognise our responsibility to provide equity, eliminate discrimination and foster good relations in our activities as an employer, service provider and partner.

We seek to take a broader approach considering how we can best advance equality and inclusion outcomes. We consider equality to be part of the day job and an essential part of providing excellent services.

Aims

To provide enhanced and world class healthcare to patients and service users from all diverse communities where people are provided with services and employment opportunities that meet their needs and recognise the contribution they make.

Equality Objectives

We have a legal obligation to publish our equality objectives under the Public Sector Equality Duty. These must be reviewed every four years and should be based on our consultation and involvement with patients, employees and stakeholders.

Objective 1 Equality Standards

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

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

We will do this by:

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

Objective 2 Reflective and diverse workforce

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

We will do this by:

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

Objective 3 Civility Respect

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

We will do this by:

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

Objective 4 Ensure our leadership is committed to creating an environment that promotes and values equality and diversity and this is embedded in all we do

We will do this by:

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

We will report on our progress against these objectives annually and they underpin our Diversity and Inclusion Strategy for the next four years.

THE NATIONAL CONTEXT

The Equality Act 2010

The Act places a duty on public sector organisations.

It outlaws direct and indirect discrimination, harassment and victimisation of people with a number of protected characteristics:

- Age
- Gender
- Disability
- Sexual orientation
- Religion and belief
- Race and ethnicity
- Disability
- Pregnancy and maternity
- Marriage and civil partnership

The Public Sector Equality Duty

The duty encourages us to engage with diverse communities affected by our activities to ensure policies and services are appropriate and accessible to all.

The general equality duty requires us to:

- Eliminate discrimination,
- Harassment and victimisation
- Advance equality of opportunity
- Foster good relations.

The specific duties require us to:

- Set specific, measurable equality objectives
- Analyse the effect of policies and practices on equality • Publish sufficient information annually to demonstrate we have complied with the general duty.

We are also required to:

• Minimise disadvantage suffered by people due to their protected characteristic

• Meet the different needs of people

• Encourage people with protected characteristics to participate in public life or in other activities where participation is low.

The Human Rights Act 1998

Human rights are the basic rights and freedoms that belong to every person in the world. An easy way to look at human rights is through the five FREDA principles: Fairness, Respect, Equality, Dignity and Autonomy. The FREDA principles are the values supported by the Act and something we should aspire to. They are a useful guide to supporting us to meet the requirements of the Act. They also relate to the Equality Delivery System 2 outcomes.

Equality Delivery System 2 (EDS2)

This framework helps NHS organisations review and assess their equality performance against four goals and eighteen objectives. The objectives aim to improve outcomes for patients, communities and employees and ensure legal compliance through applying a consistent framework to identify inequalities and barriers throughout the NHS.

The four EDS2 goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership at all levels. EDS2 is aligned with the Equality Act 2010 and covers the same protected characteristics.

It is our intention to develop sustained relationships with other groups such as asylum seekers, people from deprived communities and other seldom heard communities.

EDS2 requires us to be graded by a representative panel made up of employees, patients, local interest groups, governors, trust members and any other interested parties. The panel is responsible for rating our performance on evidence we make available against each objective.

DIVERSITY AND INCLUSION STRATEGY

The four-year strategy dovetails our strategic equality objectives and sets out core areas of work and the actions we will take to fulfil our ambitions.

It applies to everyone who visits or works in any of our sites, uses our services, patients and communities, regardless of race or ethnicity, sex, gender reassignment, disability, sexual orientation, age, religion or belief, pregnancy and maternity, socio-economic background and any other distinction.

The strategy is underpinned by three core values:

1. We will attract, select and retain a diverse range of talented people to work at the Trust and will value the contribution made by everyone.
2. We will embrace the diversity of all our staff, patients, service-users, visitors and everyone associated with the Trust to create an environment where people are comfortable to be themselves and realise their full potential.
3. We will challenge inequity in all its forms and will promote dignity, respect and understanding within the Trust and the wider community

IMPLEMENTATION

Target local and diverse communities in recruitment campaigns and through social media.

Constantly review and develop our people policies to ensure that there is appropriate fairness

Support our staff to better understand each other

Work closely with external partners and providers (e.g., university paramedic programmes) to ensure diversity among the student group, and appropriate course content

Enhance our positive action training programmes; our reverse mentoring and co-mentoring programme and supporting people into our leadership programmes

Review monitoring system and processes to reflect the 2021 census categories and guidance from NHS England and the Equality Act 2010

Roll out a staff equality census to improve staff disclosure data for analysis and reporting for the workforce race equality standard and disability equality standard

Continue to monitor our workforce and pay profiles over time and ensure any employment data gaps are identified and addressed by appropriate strategies

Build in equality monitoring at all relevant and appropriate opportunities for example attacks on our staff by diversity data, whilst maintaining confidentiality

Provide regular employment data reports to relevant forums including Trust Executive Management Board, Trust Board and equality resource networks

Increase the number of WRES experts in the Trust

Update and deliver appropriate development for colleagues in respect to diversity and inclusion including the production of new resources and CPD

Implement and strengthen our approach to the NHS Equality Delivery System 2 (EDS2) and EDS 3 when released

Continue to develop our response to the Workforce Race and Disability Equality Standards

Investigate the experiences/satisfaction of staff through surveys and pulse groups

Support the staff equality networks to ensure they are aligned with our strategic equality objectives

Capture good practice from our partners and peers to improve our diversity and inclusion performance, e.g., working collaboratively with NHS England, National Ambulance Diversity Forum and Association of Ambulance Chief Executives

Develop a database of actions arising from completed equality impact assessments with their periodic review at directorate level and by the Diversity and Inclusion Steering Group (DISAG)

Support is available to access this document in a range of other formats on request.

MEASURING OUR SUCCESS

We will measure and evaluate success by analysis of a range of information sources including:

- Increase in BAME workforce-aspirational target will be set on release of the most recent 2021 census data. In the last census it was 15.71% across the whole region. Current WMAS BAME figure is 10.69%, an increase of almost 6% since the last strategy was published.

- Increase in number of people from a BAME background in leadership roles (Band 7 and above)-aspirational target is 5% but will be reviewed and assessed annually based on attrition rates, attraction campaigns, development opportunity outcomes and mentoring programmes.

- WRES improvement year on year outcomes- published annually

- WDES improvement year on year outcomes-published annually

- Gender Pay gap reduction-percentage reduction published annually

- Improvement in staff survey outcomes-pulse group surveys demonstrate an increased understanding and application of D&I initiatives and a positive experience at work, amongst the workforce covered by protected characteristics.

REVIEWING AND MONITORING OUR SUCCESS

Delivery and implementation of this strategy will be overseen by the People Director. Regular updates and progress reports will be provided to the Diversity and Inclusion Steering Advisory Group, Executive Management Board and People Committee on behalf of the Trust Board for monitoring progress and assurance purposes.

REFERENCES

The Equality Act 2010

The Public Sector Equality Duty

The Human Rights Act 1998

Equality Delivery System 2 (EDS2)

NHS People Plan

NHS Workforce Race Equality Standard

NHS Workforce Disability Equality Standard

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10a MONTH: July 2021 PAPER NUMBER: 08a

Quality Improvement and the National Ambulance Improvement Faculty update	
Sponsoring Director	Vivek Khashu - Strategy and Engagement Director
Author(s)/Presenter	Vivek Khashu - Strategy and Engagement Director
Purpose	To update the board on improvement activities, next steps on development quality improvement within WMAS and an update on the national ambulance improvement faculty.
Previously Considered by	Board July 2020
Report Approved By	Vivek Khashu - Strategy and Engagement Director

Executive Summary

Following a re-structure of portfolios in April 2021 The Quality Improvement (QI) portfolio moved to the Strategy and Engagement team, with work being led by Pippa Wall, now Head of Strategy, Planning and Quality Improvement, supported by Vivek Khashu.

The Trust has continued to engage within quality improvement during the pandemic, for example by leading on several local initiatives locally, regionally and nationally however, responding to waves 2, 3, winter and now wave 4 has made progress challenging.

WMAS with partners launched the national improvement faculty in August 2019, but as reported to the board in July 2020, further work on that has not progressed since, again due to the pandemic and re-prioritising work by the sector.

This paper will set out the work which has happened since July 2020, but also proposed next steps on WMAS QI but also the national ambulance improvement faculty

Related Trust Objectives/ National Standards	SO 1 - Quality, Safety and Excellence SO 4 – Innovation and Transformation SO 5 – Collaboration and Engagement
Risk and Assurance	No specific risks have been identified through this work.
Legal implications/ regulatory requirements	None identified.
Financial Implications	None identified
Workforce & Training Implications	A brief review concluded WMAS has c300 staff who have had training in QI, further work is needed to understand where this needs to develop further and to what level.

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Communications Issues	None identified at this stage
Diversity & Inclusivity Implications	In developing QI expertise and participation WMAS has a duty to ensure that we support participation particularly from a gender and ethnic minority perspective.
Quality Impact Assessment	N/A
Data Quality	N/A

Action Required

a) To receive and note the Report
b) To support the development of a WMAS QI strategy which will develop and organisational wide approach to QI, to support continuous improvement aligned to our national and local priorities.

WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10a MONTH: July 2021 PAPER NUMBER: 08a

Introduction

During 2020/21 WMAS engaged with a range of QI initiatives, from a national and regional perspective. However, as the pandemic response started to de-escalate in July 2020, it wasn't long before a re-escalation in October through Winter, with wave 2 and 3 and now as time of writing this report what appears to be a wave 4. This re-escalation has impacted on progress, not least with the national ambulance improvement faculty.

In addition to WMAS own efforts around QI and the need to develop and embed this further, there are some key drivers for further change, not least the recently published CQC strategy (published in May 2021), where QI and a Trusts capability in that area forms one of four pillars of future focus. Furthermore, given the integration agenda and the move to Integrated Care Systems, WMAS will need to work with partners to further integrate the offer of care to patients, irrespective of who the end of the line provider is at pace.

Whilst WMAS have progressed a range of QI initiatives, an overarching strategy to QI is required, one which provides a clear direction and framework for colleagues, which prioritises our efforts in line with our vision, values, objectives and priorities and provides our colleagues with the tools to improve.

Current Position

How many WMAS colleagues have received training in QI?

WMAS recently received an FOI which asked us how many staff had been in receipt of QI training, it was in the context of a hypothesis that those organisations with higher CQC ratings prioritised QI.

Through the Engaging Leaders programme run by the OD team c300 staff have undertaken a level of QI training so far, with a further 45 colleagues planned for this year. The engaging leaders program is open to all staff at agenda for change band 6 and above.

WMAS also has a range of more senior colleagues who have completed further training in QI, through post graduate level courses, however what has been completed and by who hasn't been easily identifiable.

Whilst the Emerging Leaders program supports QI development within the organisation, WMAS should consider supporting a range of colleagues to also undertake the Health Foundation Q programme "Generation Q", which is a health sector leading program for QI for senior leaders in the NHS.

Not only does the Generation Q fellowship provide advanced learning in QI, it is also in itself a vast community now of QI experts across the NHS, who are networked with each other.

QI Framework

In December 2020 EMB approved a QI Framework for WMAS, this was subsequently presented to and ratified by Quality Governance Committee.

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The QI Framework is intended to support all colleagues, by providing them with the necessary guidance on where QI methodology could be used and the tools to use to support any work.

It is a supportive document, essentially a QI toolbox for colleagues, however more work is needed to spread and truly embed a QI approach within the organisation, which is linked to our new vision, objectives, and priorities, signed off by the board in May 2021.

COVID-19 Lessons learnt learned – one year on.

WMAS have undertaken several engagement exercises around lesson learned from covid, two excercises earlier in the pandemic, led by the people directorate and another one by the Operations team.

This engagement events also culminated in a lessons learned one year on document, with a survey of our staff and associated action plan which followed (presented to board as a separate agenda item)

Whilst the pandemic remains with us, WMAS has been constantly improving practice and process in response to it, what was previously a pandemic incident response has now been mainstreamed in many different ways into business as usual.

Maternity care - Cuddle Pockets and Trans warmer mattresses

Following feedback from patients and crews WMAS was the first Ambulance Trust to introduce "cuddle pockets" for still born babies in 2021. The bespoke, hand made cuddle pockets helped to provide a more compassionate and sensitive means to transport parents and the baby to hospital.

This initiative has also been picked up by a several other Ambulance trusts now to, including EEAST and EMAS.

In addition to the cuddle pockets, WMAS also introduced "trans warmer" mattresses, a mattress for infants, where additional warming for comfort and need can be used, this development has been well received by our staff.

"little life saver campaign"

WMAS launched the little lifesaver campaign March 2021. Using our social media presence we provided fun and interactive on-line material such as a downloadable activity book and teaching for children to have:

- A virtual tour of an ambulance
- How to make a 999 call
- How to put somebody in the recover position
- How to do CPR

WMAS received superb feedback on this from the CQC, one of the Deputy Chief Inspectors for Hospitals who is a mum of two young children had the link sent to her by a whatsapp group she is in. It was shared more broadly by the CQC but the WMAS Chief Executive also received a note of praise from the CQC on the work - a good example of reach of social media in a positive context.

Model Ambulance and Use of Resources

During July and August of 2020 NHSE/I re-started the development of the model ambulance service in relation to the Use of Resources Programme which was in place pre pandemic for the acute hospitals sector.

This work, which has been supported by WMAS was done in anticipation of the CQC returning to its inspection model (which was suspended during covid) at that stage by September 2020 and therefore in a place to eventually launch a Use of Resources Domain for the Ambulance Sector to.

Clearly the way the pandemic progressed meant the CQC to this day never re-started its full whole organisational inspection process, which has resulted in the Use of Resources work for the ambulance sector remaining in abeyance.

Integration of care – Test of change with South Warwickshire NHS FT

South Warwickshire NHS FT are national leaders when it comes to the management of integrated care and frailty. WMAS has been working with them for a number of months on a test of change program which culminated in a presentation of the outcomes and next steps on the 13th July EMB.

WMAS staff upon arriving at patients who did not require immediate conveyance, who were over the age of 80 in the South Warwickshire area have been able to speak to a Consultant Geriatrician, twelve hours a day, seven days per week. Four consultants leading a multi-dispclianry team, including community-based services were then able to engage in a discussion about the patients needs, whether that be at home or hospital and if hospital, whether it needed to be ED or not.

The team were also monitoring the CAD screen available at the hospital, and if appropriate, were responding to patients directly, this enabled WMAS to either stand down response enabling the resource to be re-utilised, or to indeed transport patients, but with a plan and known arrival in place – a so called “elective frailty admission”

The results from this work have been impressive:

- 48% of conveyances were stopped
- LoS of those admitted reduced to 2.8 days (this is in a co-hort of >80 years of age)
- Step change reduction in conveyance rate for those >80 years of age
- Virtual ward managing a caseload of frailty at home
- The community team could respond to patients with complex, sub acute needs quicker than WMAS could, supporting WMAs to release resource.

WMAS are now working with SWFT and the regional UEC team to embed this learning and develop a scaled-up model across the region.

The national ambulance improvement faculty

The board of WMAS signed a MOU with NHS Horizons and several other key partners, it took effect from June 2019.

A launch event was held in London, facilitated by Prof Helen Bevan and the NHS Horizons team in August 2019, it was attended by all Ambulance Services, including those from the devolved administrations to. A report from the day was received in September 2019 (see appendix A)

The event was clearly full of conversation and constructive debate. However, by the end of the day, there was not a universally agreed way forward or an agreed practical solution, but there was an acknowledgement that more discussion and debate is needed.

Crucially, it was apparent that participants are willing to further discuss how improvement is best curated nationally, within ambulance services, and how a faculty may or may not support this.

A number of suggestions were made as to the most effective means of making progress: including sponsorship by a smaller group of senior executives; becoming a formal project of the AACE QGARD group; to naturally growth through the ambulance Q network.

The view from NHS Horizons was to make the faculty an effective reality there were three options which required further discussion which NHS Horizons would facilitate.

The Critical issue though was after the launch event, the work in this area essentially stopped, firstly as the ambulance sector got into winter and then of course the pandemic which remains with us today. We need to work again with NHS Horizons and the ambulance community to re-start this collaboration and to conclude an outcome over the best way for the NHS Ambulance sector to spread innovation and cross fertilise learning and improvement.

Summary

Despite the winter of 2019/20 which rapidly progressed into the pandemic which remains with us today, WMAS has been actively engaged in a range of improvement activities, which have been set out within this report.

However, there is a need to develop an overarching strategy for QI within WMAS, one which is aligned to national drivers, such as the CQC, but also one which respects our local vision, strategic objectives and priorities.

Whilst WMAS is supporting colleagues in QI work through leadership development and the QI Framework, we need to further develop our capability and capacity when it comes to QI, again aligned to an organisational strategy.

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Toyota is often cited as an example of QI through primarily through the implementation of "Lean methodology", one thing they can do is track how many ideas for improvement their staff have generated each year which have been put into practice, the last known number was 18 ideas per staff member in that year – it's a bar WMAS should strive to meet to.

The Board are asked:

- Note the improvement activities which have been progressed (and indeed remain suspended due to the pandemic) since the last report in July 2020.

- To support the development of a WMAS QI strategy which will develop and organisational wide approach to QI, to support continuous improvement aligned to our national and local priorities.

Report of the Improvement Faculty
Accelerated Design Event : Friday 2nd August 2019

Testing and building the concept of a national ambulance improvement faculty

HORIZONS

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

#ProjectA #AmbFaculty

The purpose of this report

What this report seeks to do:

- Present the inputs and outputs from the Ambulance Improvement Faculty Accelerated Design Event (ADE) on 2nd August 2019
- Make a record of what happened on the day
- Document the wealth of information and experience that the attendees brought to the summit
- Bring about an action plan of next steps

What this report doesn't seek to do:

- Make verbatim notes

The Ambulance Improvement Accelerated Design Event 2nd August 2019

Forty four leaders and paramedics from the English, Welsh, Scottish and Northern Irish Ambulance services came together on 2nd August in Chapter Hall, Museum of the Order of St John. They met to explore ways to co-create the concept of a national ambulance improvement faculty.

The aims of the Accelerated Design Event (ADE) were to:

- Understand the current situation, the challenges faced and the opportunities
- Work together to co-create the future, building connections and sharing learning across geographical and organisational boundaries
- Give everyone a voice and hear all the ideas
- Identify the improvement support that might be needed for the future
- Build a sense of shared purpose about the future for a faculty
- Identify the key actions that can be taken to deliver a faculty

The event was facilitated by Helen Bevan from the NHS Horizons team. The event utilised an “accelerated design” methodology, with the goal of covering as much work in five and a half hours as might take us two months using conventional methods of engagement.

Helen Bevan, Chief Transformation Officer NHS Horizons welcomed all to the event

Helen outlined the agenda for the day and the aims of the event.

"The aim of the day is to test and build the concept of an improvement faculty for ambulance services. Today we will build a sense of shared purpose about the future we want for the faculty"

Key question(s) that participants were asked to explore through the day:

1 - Could a nationwide Improvement Faculty for Ambulance Services help support the spread of improvements that work?

2 – What form would it take?

3 – What are the next steps?

"We need to think about how we can create systems and support for spreading and scaling change? We also need to take into account the recommendations from the Carter report on how we implement good practice".

Carter report – why is it important?

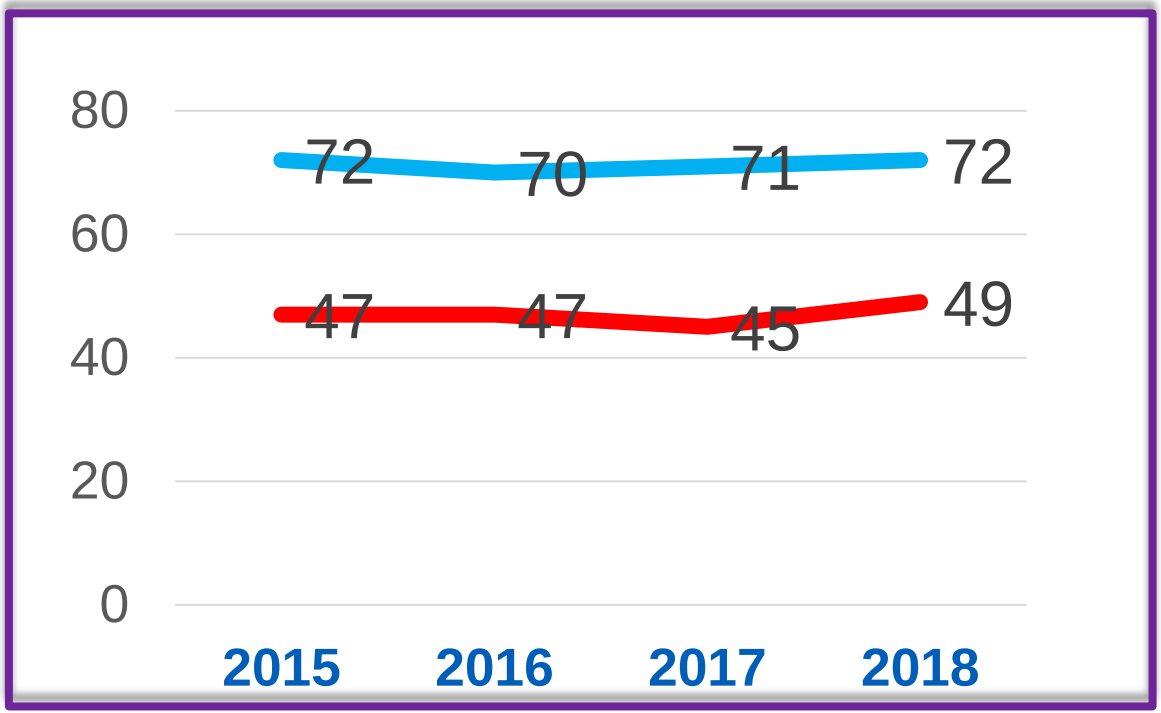
- Nine recommendations to improve patient care, efficiency and support for frontline staff.
- Staff need better support to undertake their hugely challenging roles.

Throughout the review we identified areas of good practice and ‘what good looks like’. The challenge ……..is how to ensure the approach of the best is rapidly industrialised across England. Implementation will require leadership, the right infrastructure and the necessary capability and capacity to drive change. (Lord Carter)

- *The question asked of participants - Are we confident that our approach to spreading “the best” can deliver this expectation? Could a national improvement faculty for ambulance services support the aims of Carter?*

Reviewing the outcomes of the NHS staff survey

Question KF7 - Staff feel they can contribute to improvement



Mean score: all NHS staff

Mean score: all ambulance staff

"Results from the staff survey demonstrate the clear need to create an environment where staff can contribute to improvement".

Source NHS Staff Survey 2015 to 2018

A changing environment

"We need to start shifting our thinking from independent to interdependent strategies. Instead of individual services and silos we need to think about the bigger picture and aim for an outward mind set"

Our changing environment

NHS

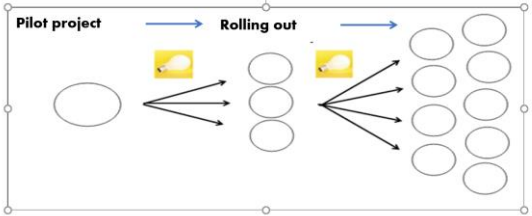
- Long Term Plan
- Carter review
- Integrated Care Systems
- Urgent and Emergency Care
- Development of PCNs
- #ProjectA

Drive

Adaptable
Flexible
Productive
Innovative
Consistent
Partnerships
Population health focus

#ProjectA #AmbFaculty

Across the globe, researchers and practitioners are questioning the conventional "spread" model



"If we opened our eyes we would see the wonderful irony. Trying to manage human change through pilot and roll-out has actually grown something. A proliferation of project managers".
John Atkinson

@HelenBevan @horizonsnhs

How we want to work today

Inward mindset		Outward mindset
My organisation/group	⟷	The bigger system
My interests	⟷	Our shared purpose
Silos	⟷	Collaboration
Independent	⟷	Inter-dependent
Behaviours that protect and advance me and/or my group	⟷	Behaviours that advance the collective result

Source: The Arbinger Institute

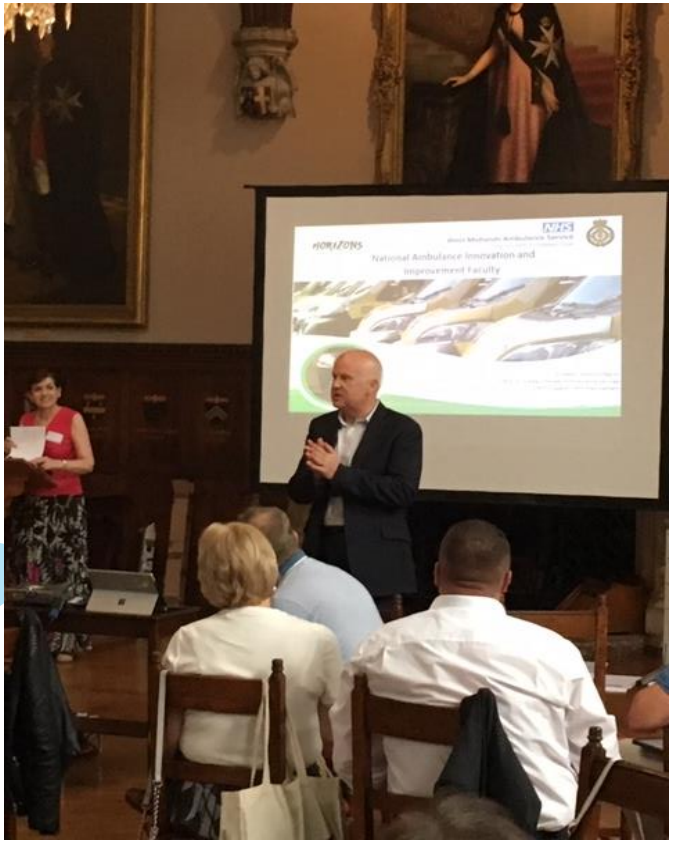
Welcome by Anthony Marsh, CEO of West Midlands Ambulance Service University NHS Foundation Trust
Why today is important……

Fantastic to get the energy and the representation of the services today. In my Strategic advisor role, I see great pockets of excellence and best practice, we want to spread this at pace. Lets create something the NHS has never done before - identity best practice and transfer it into other organisations so staff and patients can benefit.

We believe best practice brilliant ideas exist already. We want to capture the best ideas that reduce unwarranted variation, provide a legacy to #ProjectA, support the Carter efficiency programme and accelerate improvements across the whole of the sector - very much identifying what already works. We are all now delivering fantastic services but huge variation and our approach thus far – hasn't stopped the variation. We must work as a sector to embrace and identity ideas that we can implement across the ambulance sector. It would be great if primary care and community services can join us thus broadening our scope across the NHS.

In terms of the faculty I would hope that all ambulance services get involved and support its growth. It needs an academic partner to underpin the research bid and proposals to help with funding for the improvement methodology, going forward we can work with the University of Wolverhampton.

We want the ambulance service to be the best it can be and the envy of others across the world.



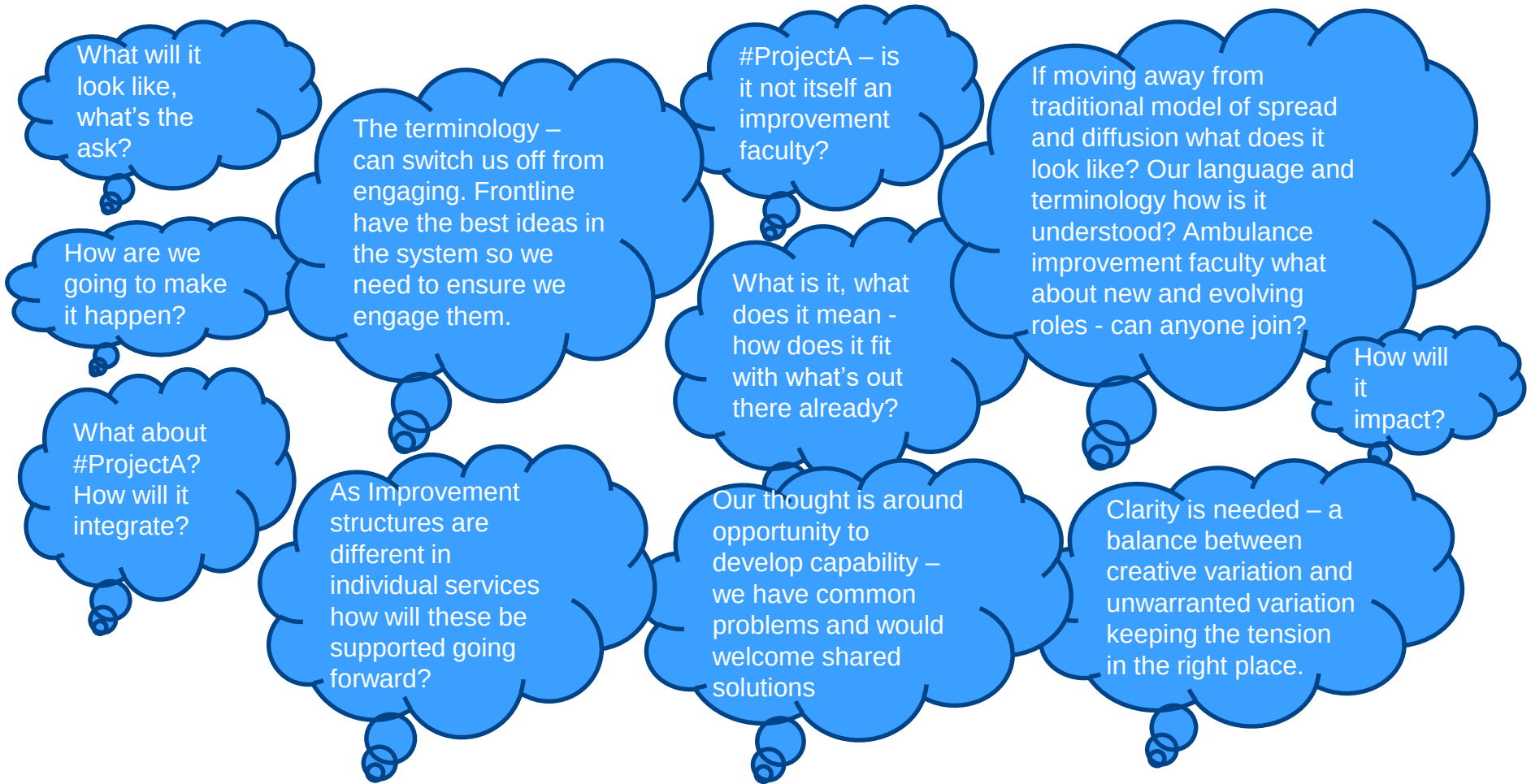
Connection 1-2-4-ALL

1 - In silence, think about your own answer
2 - Now discuss with your neighbour
- **What's common to us, what's different?**
- **Are there any patterns emerging?**

3 - Now each pair find another pair and discuss again
4 - Now as a group discuss, What stood out that the rest of the group needs to hear?

Question – What am I curious about today in relation to a nationwide ambulance improvement faculty?

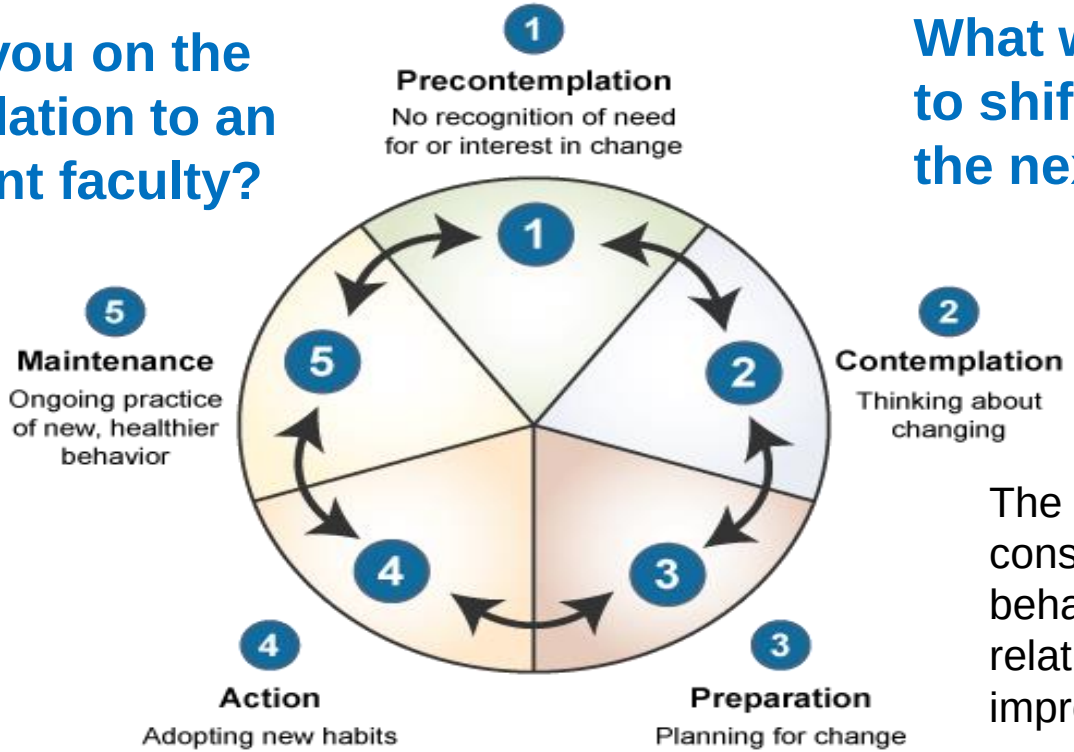
A summary of the thoughts from the 1-2-4 All



“Stages of change”
Transtheoretical model of behaviour change

Where are you on the model in relation to an improvement faculty?

What will it take to shift you to the next stage?



The participants started to consider this model of behaviour change in relation to the ambulance improvement faculty

Prochaska, DiClemente & Norcross (1992)

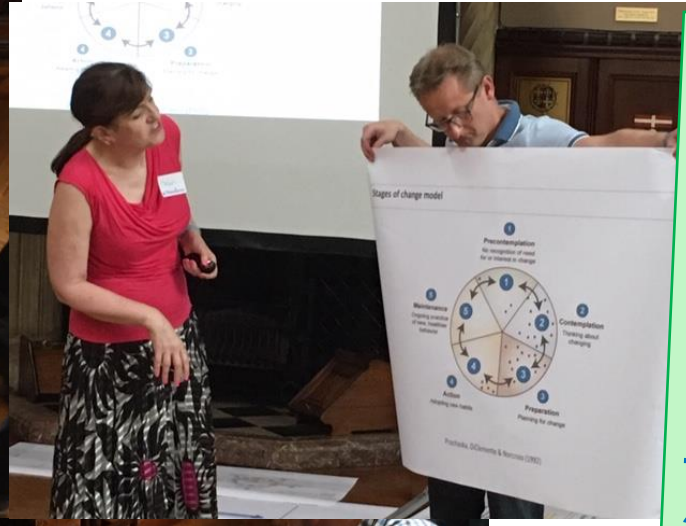
“Stages of change”
Transtheoretical model of behaviour change

90% of the tools available for health and care improvement are designed for the “action” stage

The reality of our change situation

- Our tools are often not effective at the stage of change that most people we work with are at
- It’s hard to engage people in change
- It’s hard to get people to make the changes we want them to make
- People get irritated, defensive, irrational
- We feel powerless in our ability to lead or facilitate the change

We want to engage people at the right time and in a manner that allows them to facilitate change and with appropriate tools for change.



Participants were asked to mark with a sticker on the change model poster where they were on the model in relation to an improvement faculty? Also to think about what would it take to shift them to the next stage?

The results
Transtheoretical model of behaviour change

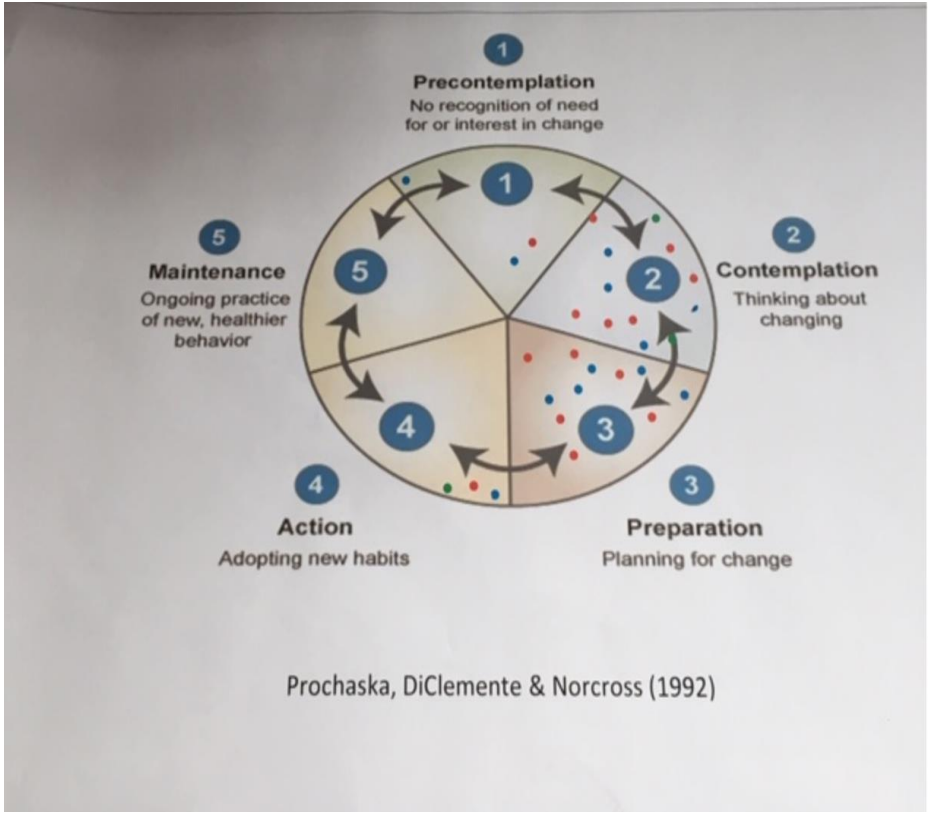
1.

NO, NOT ME.

Pre-contemplation

- I am not thinking about changing my behaviours, actions or work processes
- The problem or issue is outside my frame of awareness or my perceived need

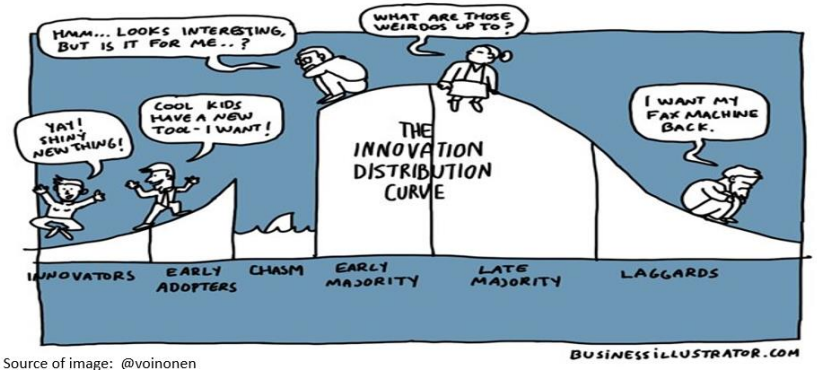
- The focus should be on creating awareness for me of the need to change
- Remember the goal is not to make me (as a precontemplator) change immediately, but to help me move to contemplation



From the activity it was apparent that most participants where between stages 2 Contemplation and 3 Preparation

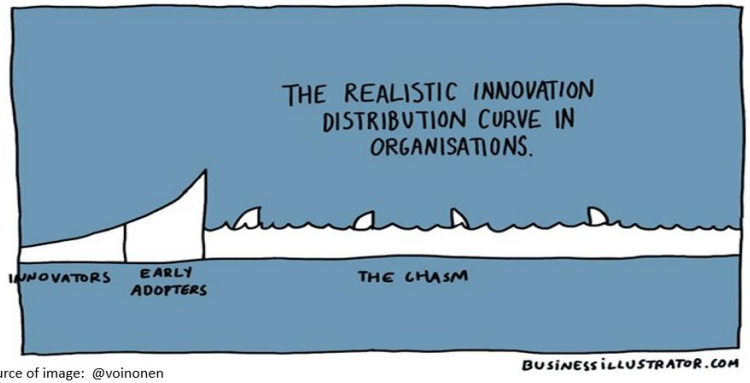
Why does innovation not spread?

Beware the chasm!



Source of image: @voinonen

Beware the chasm!



Source of image: @voinonen

We started to consider why good practice does not easily spread.

Helen explained the concept of Geoffrey Moore's innovation chasm. How do we get across the chasm with the faculty in mind?

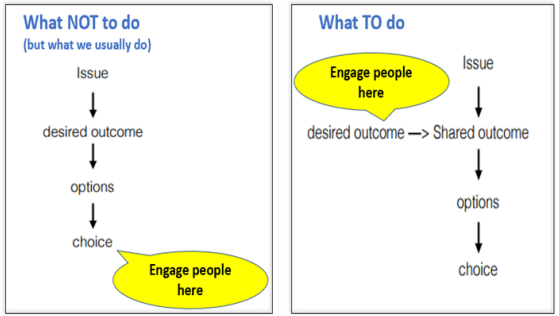
"We need to seek good practice and to spread it.

A top down approach does not work adequately for spreading good practice, it is not quick enough. Hierarchical structures are for demand and order.

For the faculty, we need connections, relationships and networks".

Thinking through concepts that could help us develop an improvement faculty

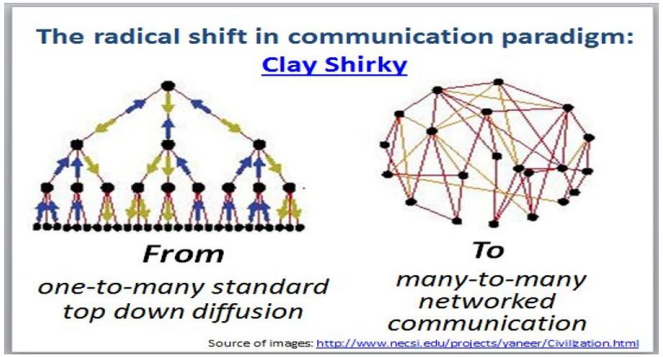
Mark Jaben on the science behind resistance to change



We don't need buyers (who "buy-in" to change)
We need investors

A number of "thoughts for the room" started to emerge as discussion moved to different concepts of spread:

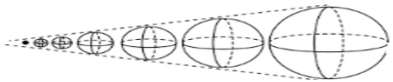
1. We need to stand in the shoes of those we want to spread things to.
2. Context is everything – a core idea, people need to take and make it their own. How can we mobilise it?
3. Harness energy and motivation – build a spectrum of allies.
4. If we want to scale up we need to get others to help co-design it.
5. Ban 'buy in' – we need investors with co-creation and shared outcomes.



Emerging themes in spreading improvement

- Increasing attention to the **demand** side, to better understand the adopter's point of view
- Coalition building (social movements and social media)
- Harness energy / motivation of group wider than innovators and enthusiasts
- The importance of co-design for subsequent scaling (investors not buyers)

Source: Diane Ketley



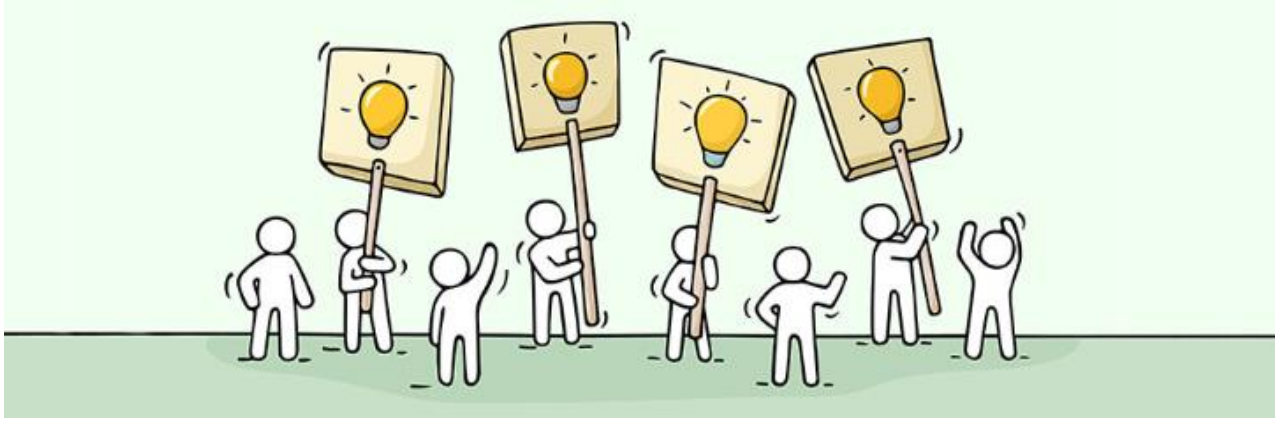
HORIZONS

NHS

What improvements have we implemented in our/my service that could make a difference if they were spread nationally?

Discussion

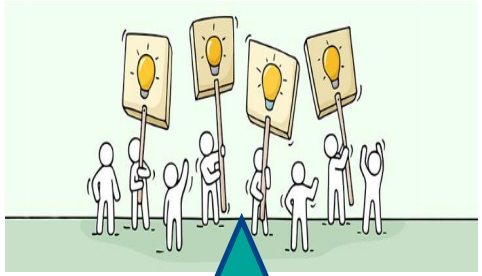
We asked participants to capture, on a flip chart, their ‘good practice’ examples that could make a difference across the country.



#ProjectA #AmbFaculty

What improvements have we implemented in our/my service that could make a difference if they were spread nationally?

JRL Calc app
Make ready teams
High intensity users prog
Nursing home triage
Intelligent conveyancing
Mental health cars
QI training scheme
Local improvement awards
Maternity helpline EOC
Hospital handover protocols



Lots of examples of good practice

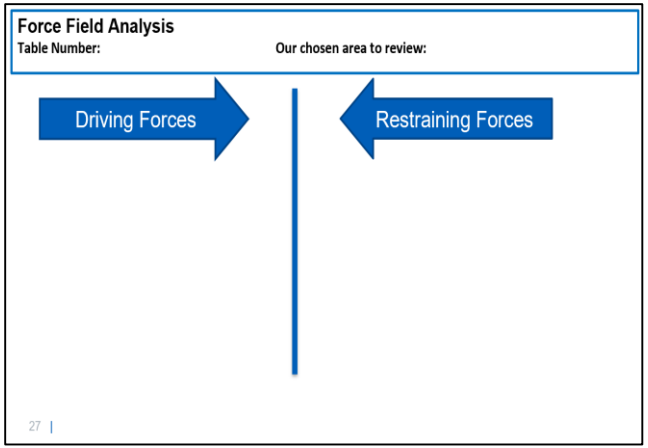
Flow centres
#RUOK
Mental health hubs
Falls framework
Reduce ‘on scene’ RAPID
EOLC CPD programme
Lets debrief
OOH’s GP access improved
Local improvement hubs
MH nurses in EOC

#ProjectA #AmbFaculty

Forcefield analysis

The groups took an example from the previous discussion that they thought could/should be spread wider/nationally

1. What were the positive forces for change that were needed to help spread this idea?
2. What were the restraining forces that may prevent it spreading widely (“crossing the chasm”) and thus need to be overcome?



Examples chosen included:

1. Joint Royal Colleges Ambulance Liaison Committee, JRCALC App (plus)
2. Using data to improve conveyance and outcomes
3. Domestic violence response guidance
4. Mental health response cars
5. Improved protocols for turnaround with emergency departments

Force Field Analysis – Summary Feedback

Driving Forces

Local Design/ Applicability
Simplicity
Financially sound
Created by many
Accepted Risk
Got structural support/ right governance
Common problems in services
Governance mandated
Enthusiasm of the team to make the changes
We have lots of data to look at

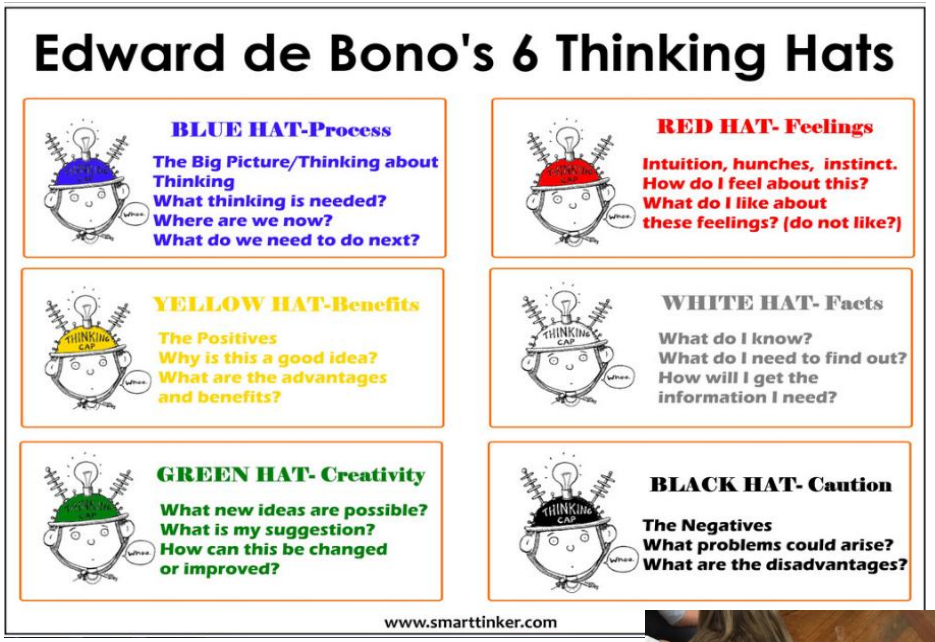
Restraining Forces

Conservatism
Risk Adverse
Financial Investment
Not connected into supporting structures
National and local not all investors
Terminology
Restrictive and constraining governance
Willingness of partners to participate in improvement
How do we get communication right about new ideas and innovation?
Availability of and efficiency of data
Geography
Ability of testing proof of concept

The examples have been of fantastic quality, practical examples that have been delivered with passion and a hands on approach. This raises challenges on spread, we have bottom up permission to do it but no one is mandating. We need to find a balance – how to support existing ideas and how to define topics. Interesting thoughts around methods on how to share.

Sasha Karakusevic,
Project Director NHS Horizons

Taking different perspectives - De Bono's 6 thinking hats



The participants were asked to look at the potential for an improvement faculty from different perspectives.

De Bono's 6 thinking hats was used to facilitate this.

Everyone was able to contribute to each 'colour hat'. **See appendix 3 for full outcomes.**

De Bono 6 Thinking Hats feedback

Each ‘hat colour’ provided feedback in the form of one sentence that encapsulated and summarised the conversations

Red (Feelings): A spectrum of confusion of the offer to real optimism of working together

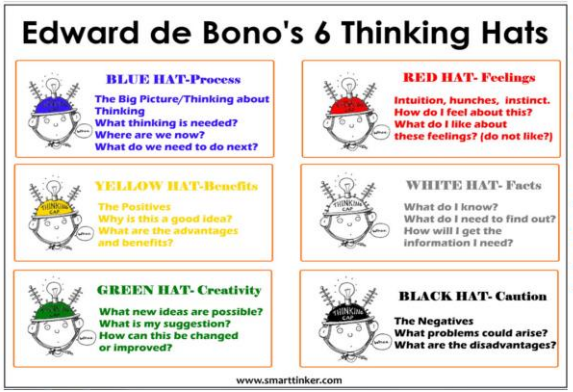
Green (Creativity): Trail blazing faculty that delivers ambitious and flexible quality Improvement to enable ambulance and other stakeholders to deliver our aims.

Black (Caution): What is it? Assumptions have been made on our behalf.

White (Facts): Clearly agreed by all, questions to answer.

Yellow (Benefits) : Opportunity for purposeful networking and sharing to improve services.

Blue (Process): What is it? Who is it? Has it already sailed?



Parallel thinking for effective problem solving and exploring new ideas

A National Improvement Faculty for Ambulance Services

Action planning - “unconference style”

Area	Topic to action
A	Using the ideas around spreading intelligent data how might the faculty work (the process)?
C	How will the faculty help create new knowledge about spreading change (research)?
D & E	What is the role of partners (NHSE/I, AACE, AHSNs etc) in supporting the faculty?
F	What infrastructure is needed to make the faculty a reality?
G & H	How would a faculty determine and manage priorities? When should a faculty get involved?

Go to the area that is topic you want to talk about.
If it is full go to another area

From the morning and post lunch conversations a number of themes emerged that the room wanted to explore in more depth.

Actions were then discussed.

Actions to make the faculty a reality

Infrastructure

- Engage more with the stakeholders – this feels like just the beginning of the discussion on the rationale and need for the faculty
- Set the faculty up so that it solves the problem we are trying to resolve – form following function
- Ensure we know what the faculty will look to accomplish and build around this

Using spread of "intelligent data" how might the faculty work?

- Provides a forum to share the idea of intelligent data
- Uses data to sense check and refine ideas and results
- Provides support and expertise to develop the idea
- Collects and refines evidence that supports (or not) the effectiveness of ideas
- Unlocks barriers between organisations in use and share of data
- Providing networks and contacts of expertise of data
- Brings in expertise in relation to data and analysis that sits outside of the ambulance service

How will the faculty create new knowledge on spreading change?

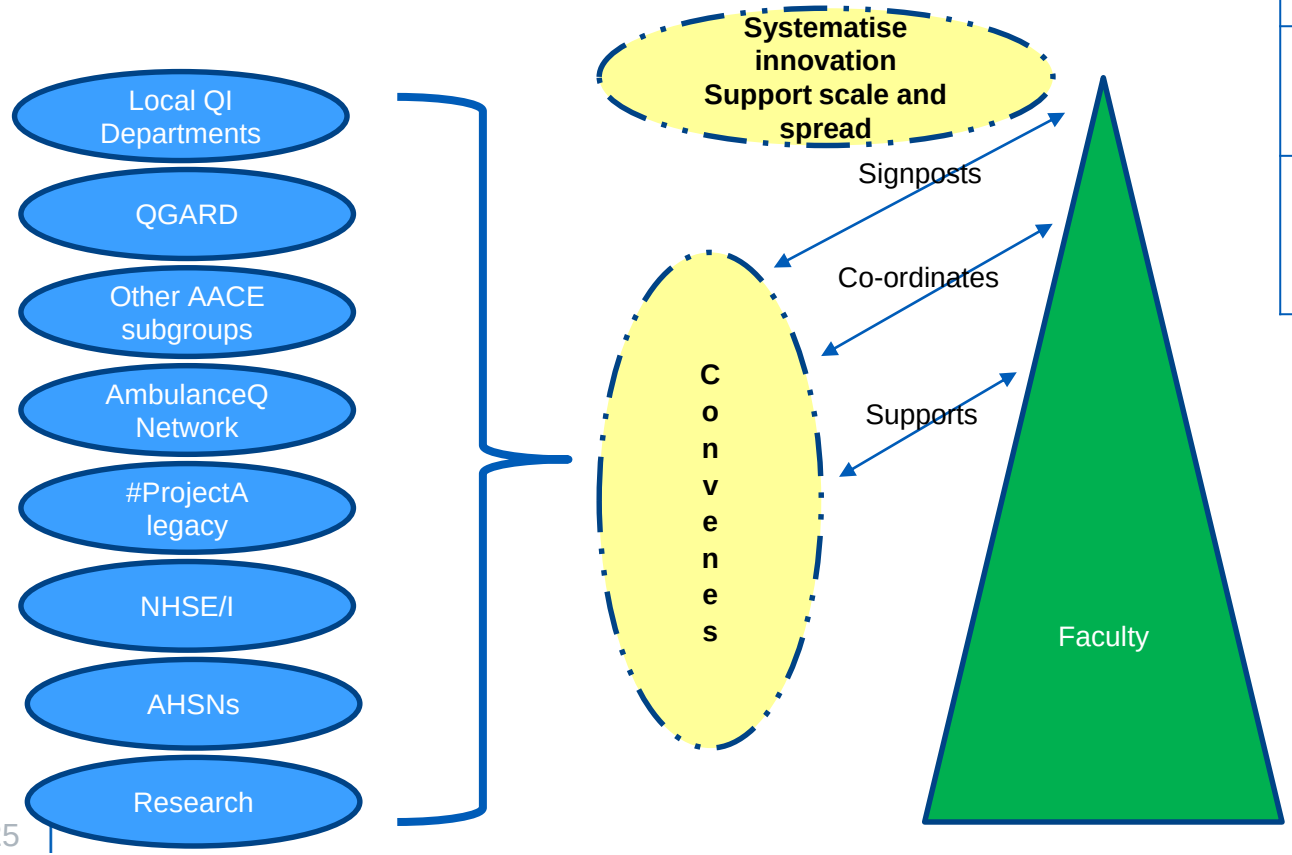
- Develop a programme of work/research which focuses on exploring and mapping different clinical and organisational contexts to better understand the environments (amb + systems) which are conducive to different improvement projects. Use this to support individual orgs and projects
- Develop organisational diagnostic for ambulance services (highly complex and dispersed organisations)
- Design from the outset key success factors for the faculty
- Provide advice on prioritisation of ideas in local context. Help join up initiatives locally and across services.
- Develop 'Quotient for Capacity' – scale and complexity vis a vis cost benefit analysis.
- Share insights and learnings back to networks – AACE, national forums etc
- Link people into CPD, signpost support and funding opportunities – demonstrating investment in research and QI staff.
- A focus on creating fellowship not focus on leadership (core principle)

How does a faculty manage priorities and when does it get involved?

- Engages all services – understands what people are doing:
  - What is the baseline
  - Discusses and facilitates – gathers the intelligence
- Considers mandated priorities – eg NHSI/E – how can it support across the service?
- Where there is new/something difficult – looks to support and get involved
- Considers where spread of good practice or real standardisation can be impactful
- Core principle – simplification not complication:
  - Look to eliminate duplication
  - Share learning and development process – not just answers/solutions
  - Become a repository for information and connection
  - Democratic/engaging in selection of work programmes

See next page for diagram and feedback from Networks and Partners Group

Role of partners and the faculty



What is the role of partners in supporting a faculty?
Significant support and willingness from partners to support the faculty in whatever functions are agreed and associated form.
Sense that faculty becomes the convenor for the ambulance service of current QI activities but remaining true to the ethos of supporting local bottom up initiatives to spread and scale.
Principles could be: 1 – Bottom up, not top down 2 – Supportive not directive 3 – Enabling not takeover

Faculty brings:

Resource

Structure

£'s

Rigour

Commitment

Results

Unconference conversations - Feedback

It's clear that there is a huge amount that we could do, but what should we do? We do think there's a need to look at data and how we can share and mine this and many more opportunities. Let's not over complicate it, but whatever we do has to have a demonstrable value and impact. We also have to ensure that whatever we do we take our staff and stakeholders with us and that we are good at embedding changes at local & national level.

This is a real priority, feels like there is an opportunity to engage across our work but not sure what it is and what it looks like yet. Don't over complicate – use it not to come up with good ideas but determine and spread what/where they are. I see a forum that shows priorities and possibilities – individuals and organisations choose which and how.

A hugely valuable and real collection of will in the room. We may have been here before so let's not waste it. I still have some confusion, what it is what it looks like? This could be a potential forum that will prevent duplication, share good practice and lessons learned for colleagues and friends on a similar journey.

Unconference conversations - Feedback

Lovely to be with fellow colleagues who are passionate about improving. Our struggles are common, and we have shared empathy. More discussion would be helpful – what's the problem we are trying to resolve, and what are we trying to accomplish? Carter themes or broader? We need the clarity to design the faculty. Lots of enthusiasm in the room today.

Good informal networks developed over last few months with real super connectors. How can we achieve best of existing networks whilst recognising the complexity that a faculty may help us unravel?

Let's not over complicate, ensure we take our staff and stakeholders with us. This must have sustainability and there is opportunity to determine what's different across services. Let's ensure it is embedded in QI.

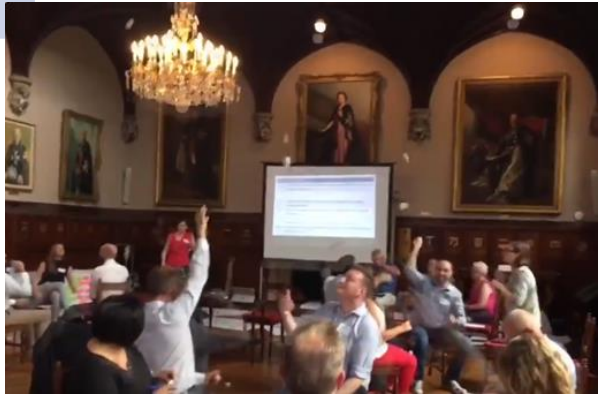
There are lots of links to networks and partners that are already doing good work, AmbulanceQ #ProjectA, QGARD etc - all working to improve QI. A faculty can bring together and be the convenor to support the linkage and direction for these existing network structures and garner shared commitment. Enthusiasm in room obvious - what is it that we do, what's the problem and what's the ask? Keep the discussion bottom up and enabling.

Snowstorm Finale – Feedback, one good thing

One thing that is good and provides a base to build from: Collaborating
There are lots of ideas out there we should be sharing them more.
Huge appetite for ‘something’
People are keen to learn from one another
There is a willingness to do something
We are so much stronger when we learn together
There is a willingness but lots of questions about the what

One thing that is good and provides a base to build from: Reflections
Ambulance staff are well motivated to make change
Starting with the term faculty that implies structure gets in the way of discussion
We do need a venue to share ideas and would enjoy being part of
The 6 Hats working brainstorming
The need for more investors and not ‘buy in’ has come to fruition

One thing that is good and provides a base to build from: Experience and Improvement
We have a wealth of experience , data and evidence between us all. We must be able to better integrate/ build upon it better to improve our services
There is a thirst for more structured QI but we don’t know how it will look at UK level.
Share number of networks already in place
Good to network with some
Lots of good improvement going on with good improvers across the service There are like minded passionate people that could support and develop services for all patients- I want to be part of that



Snowstorm Finale – Feedback, one thing to take account of

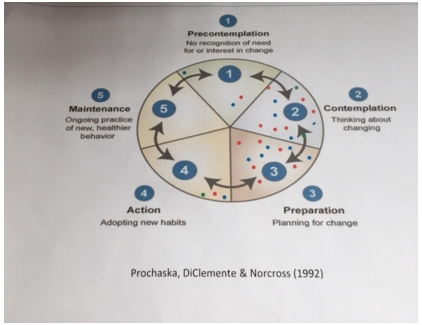
One Thing We Need To Take Account Of In Taking A Faculty Forward: Clarification
The focus is too narrow
Define the scope of the faculty
Need more answers
Clear definitions, clear structure / governance
Plan moving forward, scope / Scale / Plan
We need to define the "Hunger" we have
Is it a faculty or a platform to share ideas / Good practice?
Needs more that 1 HEI Partner (why limit?)

One Thing We Need To Take Account of In Taking A Faculty Forward: Existing Communities
Serve existing community and groups
Serve existing community and groups Engage better with improvement community before framing and progressing.
Step back from assumption about solution and engage existing quality networks and other in defining problem and exploring possible solutions and engage with trusts to advise the next stage

One thing we need to take account of in taking the faculty forward: Sharing
Needs to be an enabler to share and learn as well as develop staff to be improver
Lets get on with sharing the ideas!
We need to all invest and open up design options

One Thing We Need To Take Account Of In Taking A Faculty Forward: Next Steps
It must be owned/led by all trust. This would be co-design
Need next steps. Great we're all talking but need to see actions & understanding of how it is going to look, who is the lead overall?
This "faculty" need to be clearly delivered.
Simplification not complication
I appreciate that Anthony Marsh has had the energy and wisdom to get this going

A national improvement faculty for ambulance services – next steps



"There are lots of links to networks and partners that are already doing good work, AmbulanceQ #ProjectA , QGARD etc - all working to improve ambulance QI. A faculty can bring these together and be the convenor to support the linkage and direction for these existing network structures and garner shared commitment. Enthusiasm in the room is obvious - what is it that we do, what's the problem and what's the ask? Keep the discussion bottom up and enabling". ***(Andrew Parker, Clinical Governance Manager, Scottish Ambulance Service - reflections to the room at the end of the workshop)***

The event was full of conversation and constructive debate. By the end of the day, there was not a universally agreed way forward or an agreed practical solution but there was an acknowledgement that more discussion and debate is needed. Crucially, it was apparent that participants are willing to further discuss how improvement is best curated nationally within ambulance services, and how a faculty may or may not support this.

A number of suggestions have been made as to the most effective means of making progress: including sponsorship by a smaller group of senior executives; becoming a formal project of the AACE QGARD group; to natural growth through the ambulance Q network. To make the faculty an effective reality we will need to include all three options in further discussion.

NHS Horizons is therefore offering to host a number of virtual sessions (via Zoom) that build on the work to date, and develop a number of options for consideration by AACE and individual ambulance services. During these sessions, we'll be working to ensure the potential options:

- curate the context of improvement and are not wholly about assigning programmes of work or monitoring performance of projects;
- help the service nationally and locally define the improvement needed, facilitating idea sharing, linking people together, accessing academic support and embedding an ambulance service approach to QI

Dates, details and joining instructions will be sent in due course to participants on the day and interested parties.

Twitter activity #ProjectA #AmbFaculty

Lee Davies @LeeDavies12345 · Aug 2
Look forward to being part of the #ambulancefaculty @helenbevan #projectA

> **Jonathan Turnbull-Ross** @JTR_WAST · Aug 2
> Today, I'm with UK Ambulance Improvement colleagues discussing proposals to develop a Ambulance Improvement Faculty! Facilitated by the fantastic @helenbevan

Ian Baines @ihbaines · Aug 2
Now this is a venue, Chapter Hall, Museum of St Johns. @helenbevan asked us all to take inspiration from such an historical building - we want to co create a national ambulance improvement faculty #AmbFaculty **#ProjectA** @horizonsnhs @AACE_org

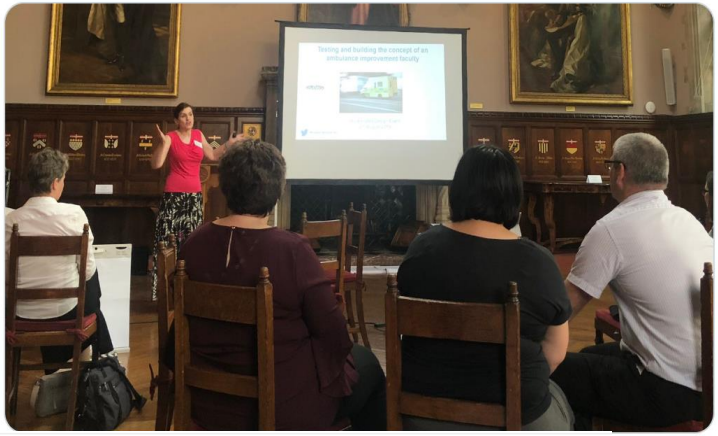
Lewis Andrews @EEAST_Clinical · Aug 2
#AmbFaculy **#ProjectA** from a conversion many months ago- here we go putting together the building blocks for a national ambulance improvement faculty @EastEnglandAmb @EEAST_DirCQI #QSIR

James Wenman @jrw999 · Aug 2
@helenbevan opening today's accelerated design event to test and build the concept of an ambulance improvement faculty **#projectA** #AmbFaculty @swasFT #qi @theQCommunity

Katherine Birch @katherinebirch7 · Aug 2
Looking forward to the Accelerated Design Event in London today, supporting service improvement across the ambulance service **#ProjectA** #AmbFaculty

James Wenman @jrw999 · Aug 2

@helenbevan opening today's accelerated design event to test and build the concept of an ambulance improvement faculty **#projectA** #AmbFaculty @swasFT #qi @theQCommunity



Jonathan Turnbull-Ross @JTR_WAST · Aug 2

The venue for today's Ambulance Improvement Faculty workshop is the Museum of the order of At John.

An early St John ambulance on display...how times have changed - yet core principles remain
#projectA #AmbFaculty

Dan R @__DanR__ · Aug 2

Replying to @EEAST_Clinical @EastEnglandAmb and @EEAST_DirCQI

A legacy from **#ProjectA** and one of many unintended benefits of the last year of collaboration.

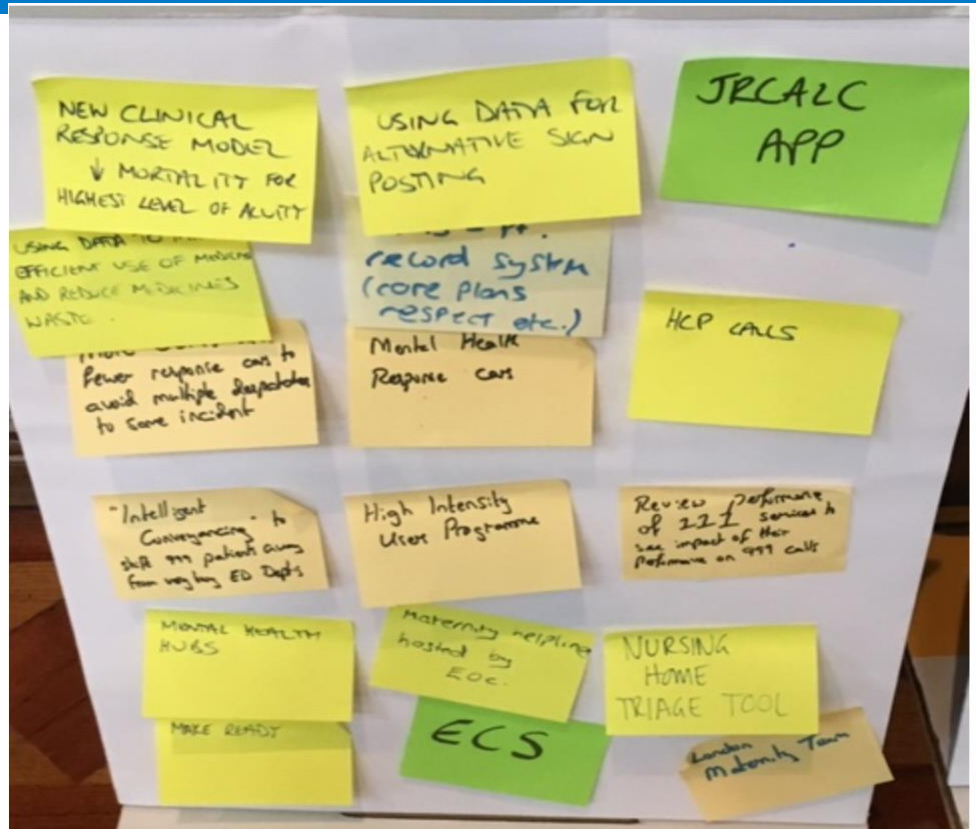
Lynsey Oates @OatesLynsey · Aug 2

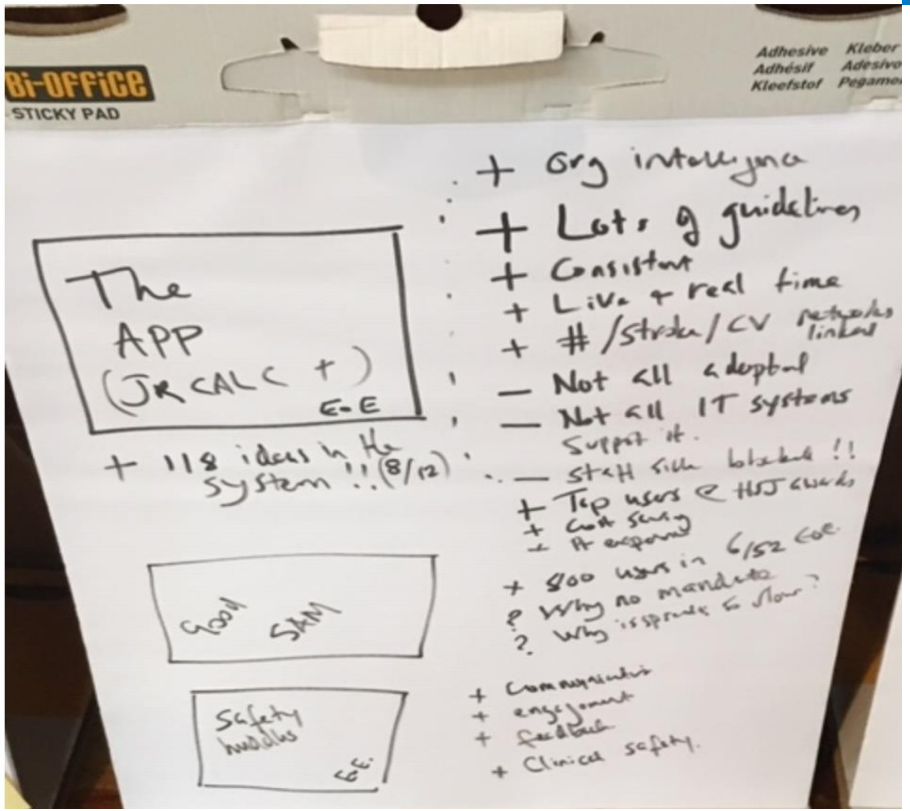
Professor Anthony Marsh , National Strategic Advisor of Ambulance Services explains the vision for the Improvement Faculty @wmasandyproctor @AACE_org @horizonsnhs **#ProjectA** #AmbFaculty

999safeguarding @999safeguarding · Aug 2

Discussions around an ambulance faculty of innovation and improvement. Loads of amazing projects out and about across the nation how do we all benefit from these #quality #staffengagement **#projectA**

Appendix 1 – Output good practice activity





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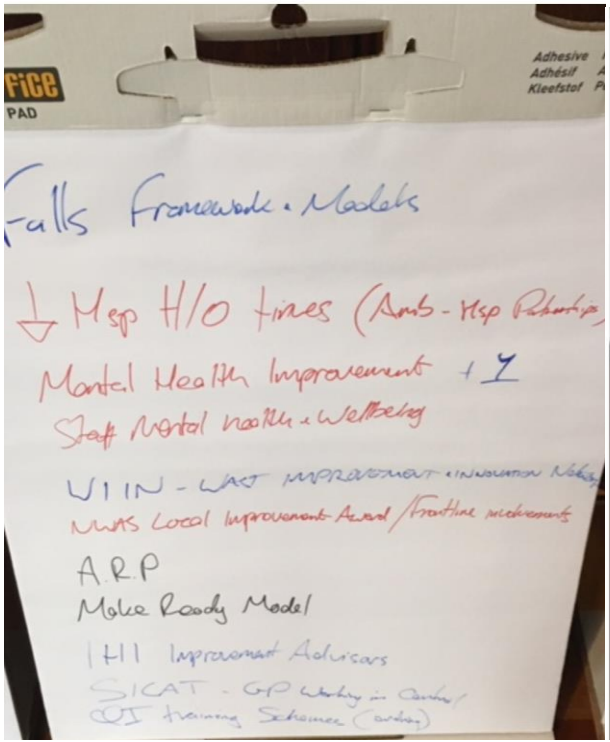
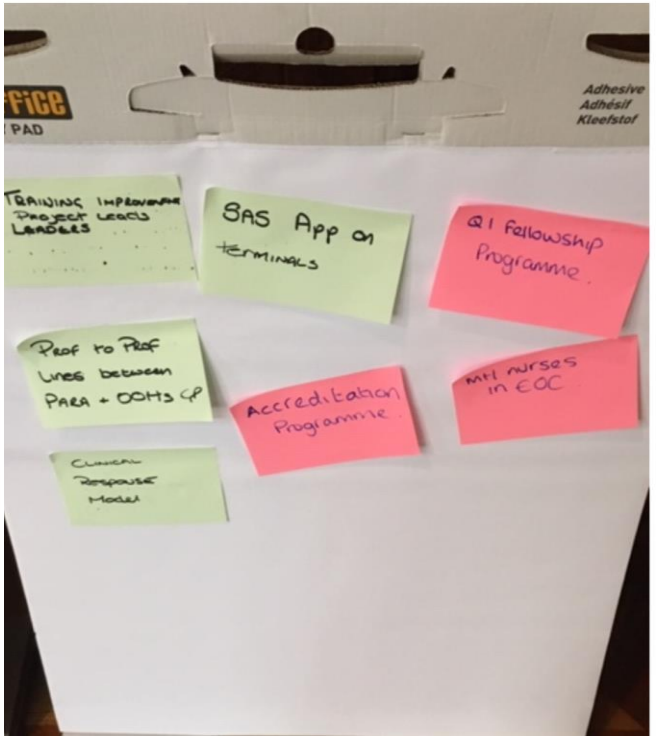
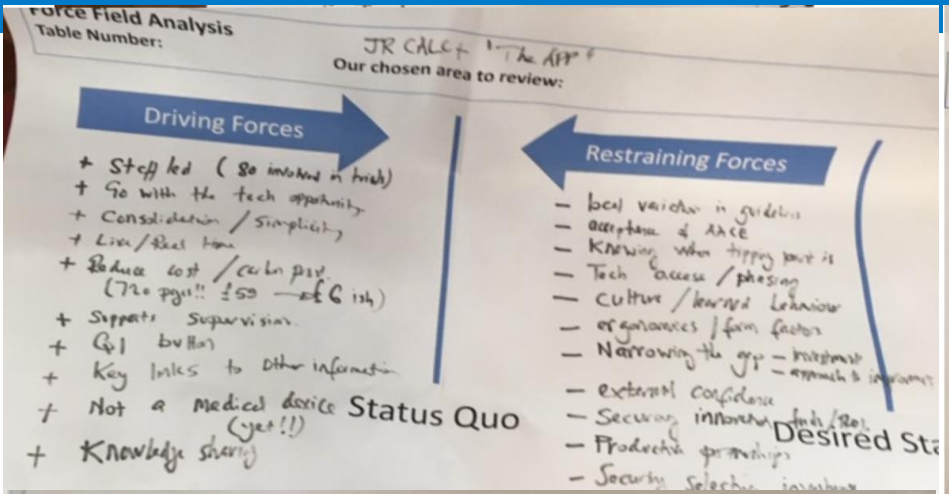
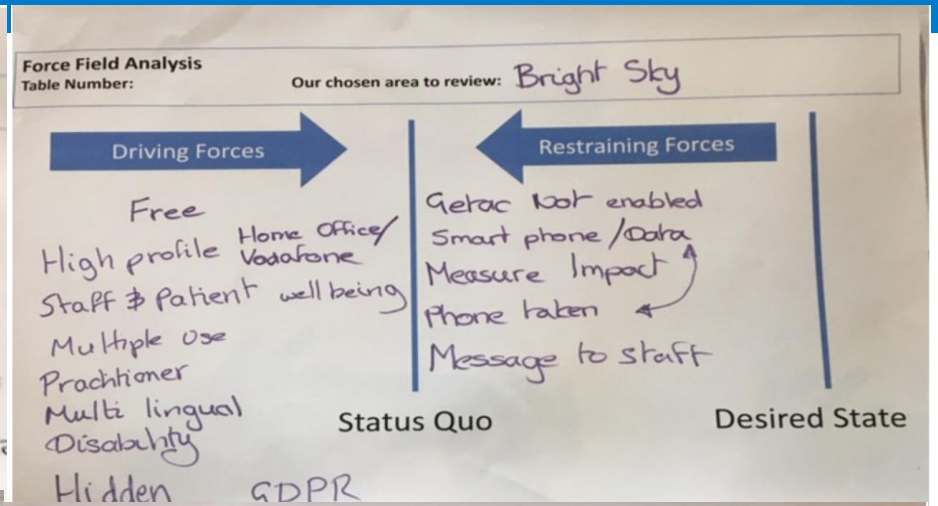
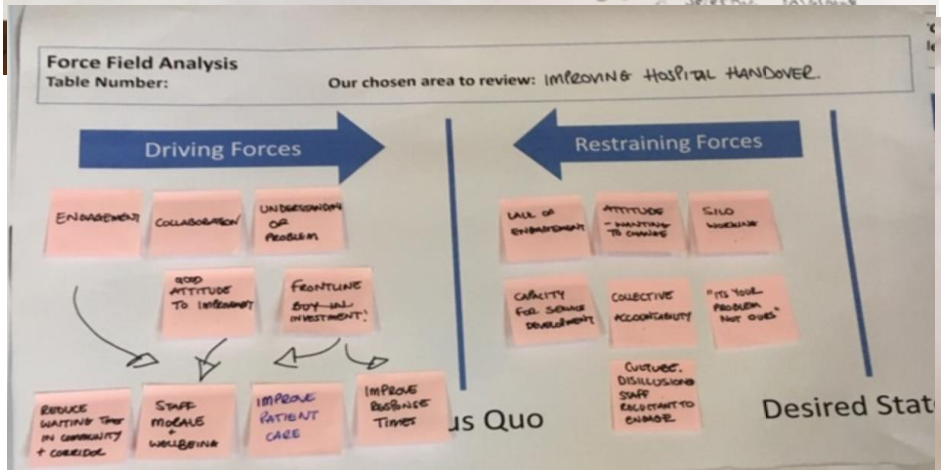


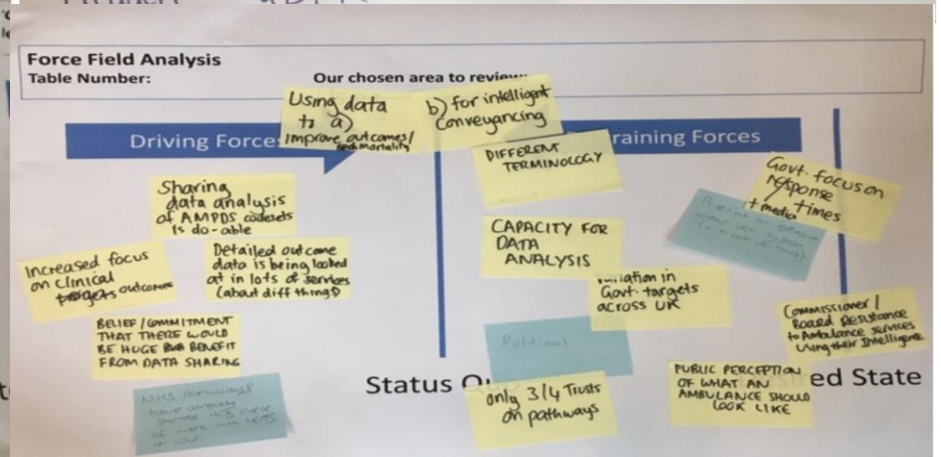


Appendix 2 - Output from forcefield activity

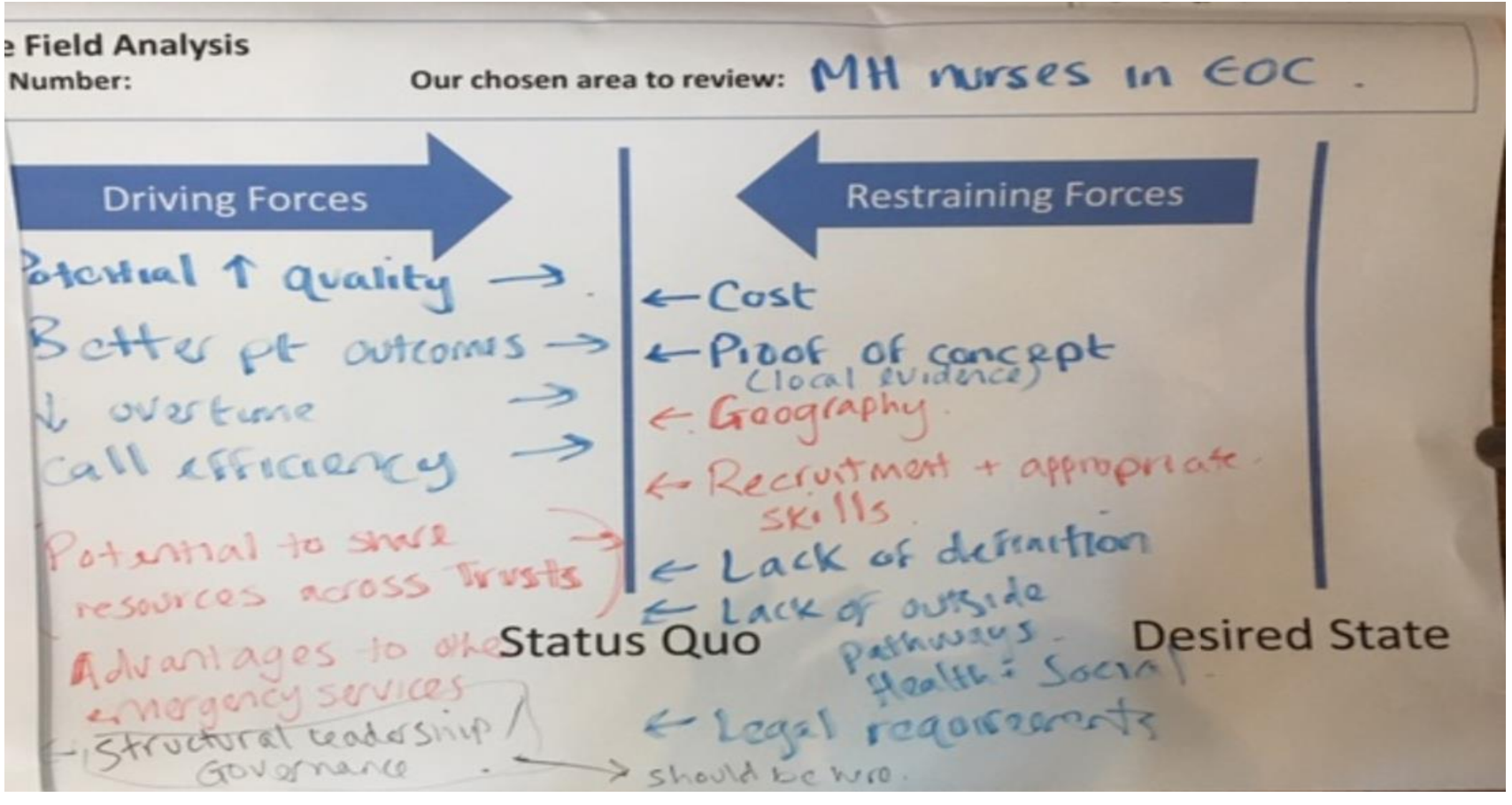




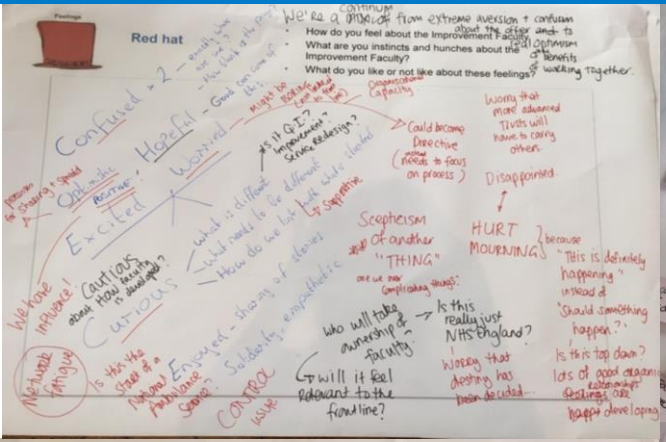


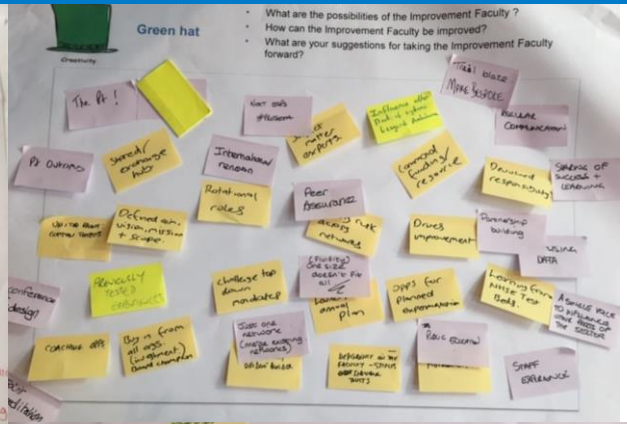


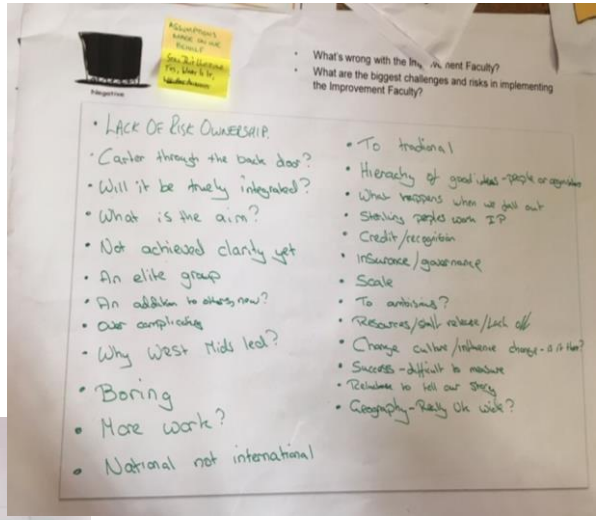
Appendix 2 - Output from forcefield activity

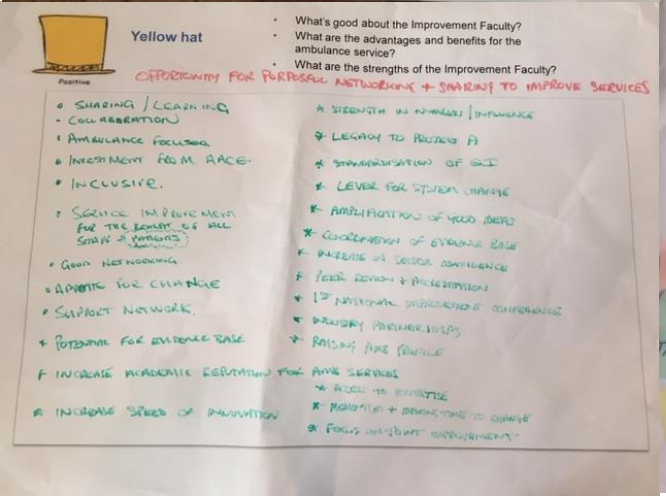


Appendix 3 - Output from De Bono 6 thinking hats









Red hat

How do you feel about the Improvement Faculty
What are you instincts and hunches about the Improvement Faculty?
What do you like or not like about these feelings?

- We're a continuum from extreme aversion and confusion about the offer to real optimism of the benefits of working together
- Confused – exactly where are we?/ How blank is the page?
- Hopeful – Good can come from this
- Worried – Might be boring (not lined to the frontline)
  - Could become directive (instead needs to focus on process)
  - Organisational capacity
- Optimistic – For process, for sharing & spread
- Positive – We have influence
- Cautious – about how faculty is developed
- Curious – what is different? – is it QI? Improvement? Service redesign?
  - what needs to be different?
  - How do we link (supportive) with what's started?
- Network fatigue
- Is this the start of a national ambulance service

A spectrum of confusion of the offer to real optimism of working together

- Enjoyed – sharing of stories
- Solidarity – empathetic
- Control issue
- Who will take ownership of faculty?
  - Will it feel relevant to the front line?
  - Is this really just NHS England? – worry that destiny has been decided
- Worry that more advanced trusts will have to carry others
- Disappointed
- Hurt Mourning – because 'this is definitely happening' instead of 'should something happen?'
  - Is this top down?
- Lots of good organic relationships are developing

Green hat

What are the possibilities of the Improvement Faculty ?
How can the Improvement Faculty be improved?
What are your suggestions for taking the Improvement Faculty forward?

- The pt!
- Pt exp.
- Pt outcome
- Shared exchange hub
- United front: common themes
- Unconference – don over design
- Joint accreditation
- Defined aim, vision, mission and scope
- Previously tasked experiences
- Coaching opps.
- Buy in from all orgs, (investment) Board champions
- Next steps #ProjectA
- International renown
- Rotational roles
- Challenge to down mandates
- Just one network (merge existing networks)
- Coordinator / bridge builder
- Subject matter expert
- Peer assurance
- Sharing risk across networks
- (Fluidity) – one size doesn't fit all
- Launch annual plan
- Dependency on the faculty – stifles individual Trust
- Influence other parts of systems beyond Ambulance
- Command funding / resource
- Drives improvement
- Opps. For planned experimentation

- Public education
- Change methodology
- Trail blaze make bespoke
- Regular communication
- Devalued responsibility?
- Partnership building
- Visualising data
- Learning from NHSE Test beds
- A single voice to influence other parts of the sector
- Staff experience

Trail blazing faculty that delivers ambitious and flexible quality Improvement to enable ambulance and other stakeholders to deliver our aims.

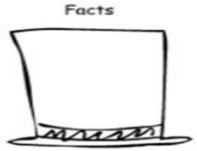
Black hat

What's wrong with the Improvement Faculty?
What are the biggest challenges and risks in implementing the Improvement Faculty?

- Lack of risk ownership
- Carter through the back door?
- Will it be truly integrated?
- What is the aim?
- Not achieved clarity yet
- An elite group
- An addition to others, new?
- Over complicating
- Why West Mids led?
- Boring
- More work?
- National not international
- Too traditional
- Hierarchy of good ideas – people or organisations
- What happens when we fall out?
- Stealing peoples work IP
- Credit/recognition
- Insurance/Governance
- Scale
- Too ambiguous or ambitious
- Resources/staff release/Lack of
- Cost (no money)
- Is there a 'buy in'/Investors?
- Change culture / influence change – is it there?
- Success – difficult to measure
- Reluctance to tell our story
- Geography – Really UK wide
- Assumptions made on our behalf
- Still don't understand this, what is it?
- Show me what it is?
- Top down

- Nothing new
- Cuts across existing networks – Is this #Project A Re-invented (x2)
- Already determined
- No evidence – Does a faculty work?
- West Mids focus (University Wolves)
- Existing work ongoing
- Requires Equal commitment
- Have we the right people
- Name/Complicated terminology
- Is scope wide enough (Amb system)
- Or is it too wide? ↔
- Are we creating a subculture - A clique of people in the know?
- How will we connect with one another?
- Will be consistently inconsistent
- Who makes the decisions

What is it? Assumptions have been made on our behalf?



White hat

What are the facts and data we need to know to implement the Improvement Faculty?
How will we get the information we need?
What do we need to know?

- Until there is a clear agreement by all of the role, structure, function, vale and outputs of the faculty (or other title/approach) the questions cannot be answered!
- Will we meet? (design)
- How often?
- What's out there already?
- Do we need this? – what's the evidence for a 'faculty concept'?
- Who is leading this?
- Are other partners welcome?
- If evidence driven, how will we collate data/agree how data is used?
- Who can attend/participate
- What works well?
- Are all opinions equal?
- What roles/skills needed?
- Do we have these already?
- Who will be representative
- What does good look like?
- What will 'it' achieve?
- Need 'system' engagement/drives
- Is there an agreed direction/vision
- What do we have already? QI skills
- Success for faculty
- Cost implications
- What scale? – How many people, projects etc?
- What are the quick wins?
- What process is required to be a 'member'?
- Will the colleges engage/host?
- Where will the data sit? & how will the data be shared?
- Who will lead/manage? – practical & perception
- Doe sit need to be managed?
- Is it sustainable?
- How do we prioritise the work/scale?
- Who's bought into this idea?
- Level of commitment?

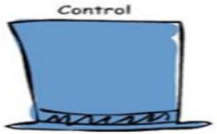
Clearly agreed by all, questions to answer.

Yellow hat

What's good about the Improvement Faculty?
What are the advantages and benefits for the ambulance service?
What are the strengths of the Improvement Faculty?

- Sharing / Learning
- Collaboration
- Ambulance focused
- Investment from AACE
- Inclusive
- Service improvement for the benefit of all staff & patients
- Good networking
- Appetite for change
- Support network
- Potential for evidence base
- Increase academic reputation for the ambulance services
- Increase speed of innovation
- Strength in numbers/influence
- Legacy to project A
- Standardisation of QI
- Lever for system change
- Amplification of good ideas
- Co-ordination of evidence base
- Increase in sector confidence
- Peer review & accreditation
- 1st National improvement conference
- Industry partnerships
- Raising Ambulance profile
- Access to expertise
- Momentum and making time to change
- Focus on joint improvement

Opportunity for purposeful networking and sharing to improve services.



Blue hat

Thinking about the Improvement Faculty process, what additional thinking is required?
Where are we now?
Where do we need to go from here?

- Starting point?
  - Grand Vision?
  - Collect JD CAS
- How do we stop the boat from rocking.
- How do we get in.
- Buy in or how committed are you?
- Time.
- Successful planning.
- Is it a group of experts or jut anyone.
- Common language/terminology
- Who!!
- What makes up the faculty.
- Is this actually of benefit?
- Who will benefit?
- How do we measure success?
- What is it?
- It this the real life?
- Is this a faculty?
- Resilience & future proofing
- Is this a Ferris Wheel?
- Will it be mandated?
- Adequate representation from Trusts i.e. not just one person.
- One Hat does not fit all. Geographical differences
- GDPR?
- Information sharing
- Need a structure
  - Terms of References
  how it leads into other groups
- Sustainable
- Is it a lottery?
  - standardisation

- Governance
- - Regional / National Trusts
- Identify common themes
- What is the process of decision making
- Do we really want to go there?
- Will it make a difference?
- How to qualify?
- Is there already a structure that fits?
- How is QI defined?
- What is the role of the exciting group?
- Are there these expertise in other organisation already?
- Any other Trusts we can learn from to ensure we don't fail the same?
- There is not process?
- Keeping performance managers at arms length
- How will allocate the resources
- Physical or virtual?
- How do we establish priorities or respond to requests?
- Where is the faculty best placed?
- Are we sure that is a need?
- Do we need another process?
- Who is in charge vs who is actually in charge?
- What is the direction / goal
- Who feeds the beast?
- Cost
- What is the structure?
- How are decision made /prioritised?
- Who makes the decisions?
- Engagement with all staff
- Flag on the Mast?
- - Project A

- Discussion within organisation mission control
- Is this being force-fed?
- Have we missed the opportunity of investors as we are at buy in stage?
- How often?
- Who meets?
- How many from each Trusts

What is it? Who is it?
Has it already sailed?

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 10b MONTH: July 2021 PAPER NUMBER: 08b

Covid -19 Lessons identified one year on – action plan	
Sponsoring Director	Vivek Khashu - Strategy and Engagement Director
Author(s)/Presenter	Nick Henry – Head Operational Information & Planning
Purpose	To brief the board on the lessons learned following the first twelve months of the Covid-19 pandemic and the associated actions.
Previously Considered by	EMB
Report Approved By	Vivek Khashu - Strategy and Engagement Director

Executive Summary

This Paper is presented to the Trust board following review at Executive Management Board to confirm that the Trust have completed a review of the first twelve months of working with COVID-19, including a completed survey of our staff. All the items raised within the survey were reviewed by an appropriate senior manager or Director.

In completing the review, the Trust received positive feedback, however there were also several items feedback which have been reflected on with associated action put in place.

The pandemic has posed a unique and unprecedented challenge to all NHS Trusts, including WMAS, the likes of which colleagues have not seen before across entire careers spanning thirty years or more. The pandemic continues to the challenge the NHS and WMAS, but the learning, structures and processes have made responding to and managing wave two, three and now four more business as usual, rather than "incident"

Whilst the national road map has essentially released all control measures with a legal footing from July 19th 2021, WMAS has not stood down any measures which either protect patients or staff in a covid pandemic context, this is likely to remain the case for the medium term.

This document is also being utilised to inform the complete re-write of the Trust Pandemic Flu Plan, which is a linked piece of work.

Related Trust Objectives/ National Standards	SO1 Safety, Quality and Excellence, SO2 A great place to work for all, SO3 effective planning and use of resources, SO4 Innovation and SO5 transformation, collaboration and engagement

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 10b MONTH: July 2021 PAPER NUMBER: 08b

Risk and Assurance	No specific risks have been identified through this work.
Legal implications/ regulatory requirements	None identified.
Financial Implications	In month three 2021/22 WMAS spent £825k on covid relates measures, this is the lowest level of spend since the pandemic began, in month one 2020/21 the Trust spent £5.33m
Workforce & Training Implications	The lessons learned work in Covid 19 is supporting a review of the Trusts overarching pandemic plan
Communications Issues	None identified at this stage
Diversity & Inclusivity Implications	Specific attention during the pandemic was paid to a number of groups, especially the following: • Ethnic Monitories • Gender • Age This was particularly the case regarding targeted support for vaccination.
Quality Impact Assessment	N/A
Data Quality	N/A

Action Required

The Board of Directors are asked to:

1. To receive and accept the action plan.

WMAS COVID-19 Lessons Identified One Year On: Action Plan

Action Plan in response to COVID-19 to date following engagement exercise between 4 March 2021 and 18 March 2021

Rag Status	
	Work required
	Work underway
	Complete

How would you improve on what has been done or how could you enhance the future response?

PPE				
No	Category / Comment	Actions	Action owner	Rag Status
1	Stock control took up a massive amount of time and effort. This was an issue that retailers have had sorted since the invention of the barcode.	PEE stocks now 'normalised', excess stock being pulled back into central stores to reduce counting burden within hubs	VK	
2	The trust has taken the approach that one PPE solution fits all. This isn't always the case such as when aircrew are told they have top wear powered hoods and flight helmets. This isn't possible and so staff have to balance risk benefits and often fly intubated patients whilst in level 2 PPE. We have asked for a specialist solution but been told the same WMAS party line. I think going forward there has to be acceptance that specialist teams may require specialist PPE.	It is important that all staff follow the PPE guidance set by the Trust to protect staff and patients. The Trust reviewed the this item a number of times and reviewed what was happening nationally also to inform the decision.	NH	
3	For staff that had to be abstracted due to non-compliance with social distancing or for not wearing PPE - I believe that the implementation of sanctions could have deterred people form this action. The choice of staff being non-compliant with these regulations caused in some cases a detriment to the workforce.	It is important to ensure that all staff remain updated on the changing in requirements that were changing regularly and the use of sanctions would be a last measure for the Trust	CC	
4	Prior to COVID 19 awareness and wearing of PPE across the trust was poor. Now we have reached high standards this needs to be maintained	Agreed, level 2 PPE requirements not likely to be changed when dealing with patients in the medium term – PPE briefed on almost weekly within the bulletin	VK	
6	Faster introduction of PPE although i appreciate difficulty outsourcing a large quantity	PPE availability now mainstreamed with a minimum 14 day stockholding	VK	

7	Simplified PPE counts earlier, not threatened OMs.	Learning taken from the period, there is a requirement to have correct information	VK	
8	I think the response was very adaptive and good however, there was a general consensus from staff on site that the wearing of masks on site came too late	The Trust was following PHE advice throughout, with the benefit of hindsight the introduction of masks nationally should have happened sooner, knowledge around transmission took some time to ascertain centrally.	VK	

Arrangements				
No	Category / Comment	Actions	Action owner	Rag Status
9	As an OM it has been a struggle to put out the peaks required for the demand for this pandemic with the number of fleet we have, however i cannot provide a quick solution of how we could have fixed this quickly without borrowing or recommissioning older vehicles.	There has been work with the SOM's and OM's for planning of rosters and peaks to be balance fleet across hubs.	NH	
10	The late introduction of wearing PPE on stations and in vehicles. Late introduction of social distancing on sites. These could have reduced potential infections of staff members.	The Trust followed PHE guidance in relation to healthcare workers and workplaces, PHE guidance evolved as more was understood about the virus and methods of transmission.	VK	
11	The use of data for an early implementation a recovery plan / map. In the infancy of COVID vaccination, trends with +ve and -ve cases could be mapped to forecast potential improvements in the near future ie we have 500 staff vaccinated, of those 500 zero have now contracted C19 so therefore when we have x% vaccinated this is the position in which we may be. Also not enough cleaning support or emphasis on vehicle Clorox after each and every shift. The implementation of Cab Clorox would increase VPO workload by a matter of seconds but could have a profound effect of transmissibility. No appetite for this even when clusters and outbreaks occurring on Hubs, all attention focused on Hubs and not vehicles.	The data of the number of staff vaccinated was known through the booking system and national reporting was not available until mid to late Jan. This information was tracked although the vaccine is not 100% effective and so this could not be utilised as suggested. The Trust did manage any outbreaks with deep cleaning and focus by the local teams very well and the Trust was commended for this by PHE.	NH	
12	I don't think we as a trust could have responded to the pandemic any better. However, I did feel the some staff took a laissez faire approach towards their own personal safety which then had a knock on effect for the safety of other staff. I felt left down by my colleagues who I expected more from. I think in terms of social distancing this was difficult on some hub sites especially during the winter months this.	The Trust will continue to keep staff informed of any information as guidance changes and will work with all staff to ensure PPE and following of guidance is followed as all staff have a responsibility to manage health & safety	NH	

13	The asset management system. Tracking stock usage and burn rates was not easy. For example if stock left AB after their stock count and had arrived at the hub before there's it got counted twice and needing investigating. An automated system of stock locations from it's arrival at AB to being put on vehicles would have saved a lot of admin at the time and give a really clear picture on PPE burn rates and compliance. ie scan it onto a DCA and then if X number of masks aren't used in a day when that vehicle attended Y number of jobs it highlights an issue.	The Trust is in process of a tracked stock solution that will improve the understanding and use of items. Its understood that this was a difficult and necessary requirement to undertake and learning has taken place	CC	
14	From my own area, a request was made early on for additional staff, I proposed that these would be fixed term for 18/24mths and reviewed at 12mths, this was to continue to support all areas 7 days a week, unfortunately this didn't happen, as a result I have a number of staff who have been struggling with burn out and mental health problems (3 on meds and higher than usual sickness), front line is extremely important, but back office makes all that work, unfortunately the money that we have spent on volunteers and overtime that could have been utilised in house would have been a better use of funds. Saying all that hindsight is a wonderful thing and we have done the best with the hand that we have been dealt	Given the unknown impact of the global pandemic there were arrangements in place there were different solutions deployed to boost the number of staff available for key functions, this included mobilising volunteer organisations who had assess to staff (at that point furloughed from their normal employment). Drafting WMAS staff from non-essential functions was undertaken for the Incident Command Room, alongside the Trusts position of sustaining normal organisational control administratively and managerially. Within future planning, options will be sought to make processes easier and highlight the need to provide a staff uplift staffing for logistical functions early.	CC	
15	We have been severely hampered in the latter stages with loss of fleet, whilst I appreciate these vehicles were kept for several months beyond their lease it has added a considerable headache at the back end of the pandemic,	The fleet profile is continually reviewed and subjected to senior commander scrutiny prior to any fleet being released. Operational actions taken to manage outputs and peak loads	NH	
16	From a NACC point of view, in phase one resources were readily available with additional staff being brought in from both WMAS and NARU. During the first wave, demand was relatively low and rightly the additional support was scaled back after time. However, when the second wave hit and demand was significantly higher and more prolonged with further workstreams added, the additional support did not return despite this all being highlighted. If this had been under review, it was not communicated effectively to NACC staff. For future response, this could be improved with regular contact. This has been implemented in the form of a weekly conference calls but is not the correct forum to highlight specific NACC issues as it involves a wider group. Further resilience could have been added to the small team by having the ability to log	I am not in favour of on ad hoc on call without proper renumeration and this was unfortunately not part of the financial package agreed by NHSE. Weekly conference call could have been utilised but other comms processes were in place and with hindsight could have been utilised more effectively. This will be looked at for future NACC long term engagements	KP	

	on to NACC systems from home, to only be utilised during very busy periods or when no noticed incidents happen. This could have been agreed on a rotational basis between the team on a quasi-"on call" basis which would have required only 1 laptop etc.			
17	Rather than be immediately reactive to every little change or issue I feel taking a short time longer to come up with a more complete response/solution would be beneficial.	The Trust, like all others, was dealing with an unprecedented situation. However, the learning from how the incident unfolded and the learning from that would now stand us in good stead going forwards.	VK	
18	Review staffing levels vs actual peak demand more regularly, and not plan more crews than available fleet	This has been covered previously with changes to fleet profile	NH	
19	Incredible pressures on Operations Managers. Lesson learnt would be to increase Operations managers to 2 on duty especially at bigger hubs to cope with the sheet demand on stock counting, monitoring staff compliance with PPE. - This was done but only after a complaint from several OMS in relation the amount of pressures and seemingly unnecessary repetitive reporting. As a paramedic I believe that there was a complete over stocking of vehicles of both masks and Aprons especially the heavy blue aprons. But again lessons learnt and newest stock of aprons are good but need a proper holder.	There was a steep learning curve at the start of the pandemic with the request for information required for national reporting that took time to get into a rhythm. The Trust worked to improve PPE and then amended load list accordingly to ensure levels were correct for staff, it's a balance that takes time to adjust accordingly.	NH	
20	As no one had been through a Pandemic before all the lessons learnt will benefit WMAS in the future such as reporting and spreadsheets which were constantly changing during each shift causing excessive work in compiling the changed sheets on top of the day to day stress of COVID management was not ideal, this would not happen in the future	I think the point answers itself. We learned a lot in the early days but quickly got into a rhythm regarding reporting. Reporting mechanisms are now established and effective.	JB	
21	Knowing what we do now allows us to prepare for a similar incident in the future. I would increase the size of our central stores and hold more stock there instead of on Hubs, maintaining a stronger hold on our stock and providing more detail on usage rates etc. This would also reduce workloads on the operational management team with PPE audits etc. The digital make ready system may have helped with providing detail if implemented before the pandemic. I feel that following this pandemic we will be very well prepared for similar incidents in the future, and will also be able to transfer implemented guidelines etc and make them generalisable across the trust	The requirement to hold a greater stock on hubs enabled resilience to ensure that should there be an issue with central stores ability to deliver stocks, each hub had enough stock to last at least a week. Understanding this impacted at a local level, it was important to maintain resilience. The Trust did also make provision for an additional unit to house stock further into the pandemic The Trust has increased central stores storage ability 3-fold in the new Sandwell facility.	CC	
22	Kept permanent crew partners for the duration of the pandemic to reduce C19 close contact abstractions	This was reviewed as part of the risk assessment and due to the number complexities in making this arrangement work with skill mix and other abstractions, this was not a viable option when reviewed.	NH	

23	Within the incident room permanent dedicated admin support	Whilst the NACC is currently operating the admin available 5 days a week can be utilised.	JB	
24	The initial lockdown demand wasn't as high as the second wave. Some of the Tech to Para staff that had only a couple of weeks left at University could have been left and they would have gained their HCPC registration earlier thus would have gained more Paramedics into Operations.	This has been reflected upon as part of this review, due to the unknown impact of wave 1, it was the right decision based on the initial demand that was experienced by the Trust.	NH	
25	Bring all the systems and cleaning schedules in at the start of another epidemic.	Noted	MD	
26	Clinical Response, COVID Education	Noted	MD	

Communications				
No	Category / Comment	Actions	Action owner	Rag Status
27	We have kept staff up to date pretty well, but the Comms out of the Senior Command Team meetings was not good enough. This has been improved more recently, but i think could still get better. I am thinking in particular about how decisions that are made at SCG will land not only with staff, but other departments and their managers, even directors. While i do not question the need to do many of these things, it is about how you do them so that you keep everyone on the same path and working collectively - sometimes it has felt a little bit like us and them, which doesn't help.	There was an addition to the Senior Command team agenda to ensure that communications to the organisation were covered at the end of each meeting. SCG information was shared within the organisation to the appropriate COVID cell teams, very few actions came from the SCG's	ACM	
28	It was impossible to have foreseen the impact COVID was to have, but I think learning, reflection and pre-empting near miss, aswell as understanding the Trust strategic vision and risk appetite at all levels would be key. Greater communication to all Staff on how their role plays a part in the higher tier strategy and decision making	Their were weekly briefs from the CEO to begin with, initially well attended, participation started to reduce to very low levels. The briefs were intended to avoid exactly this kind of issue.	VK	
29	We have lots of streams of communication with staff (email, text, social media etc) but none that definitely reach all operational staff. Could we identify a singular source to cascade all essential messages to all operational staff?	the simple answer is that one size does not fit all which is why we use a range of options to get messages to staff. Different age groups use different methods to communicate. Text messages are perhaps the most likely to get to the largest	MM	

		number of staff because almost everyone has a mobile phone, but trying to keep up to date on numbers would be a challenge. We know that a small group of staff never access their work emails. Research would suggest that using a range of options is the most likely way of landing a message with the largest number of staff.		
30	Overall, I believe our trusts response was successful. However, there is always room for improvement, mainly around the small ticket items. Departmental communication and involvement. I truly believe WMAS made all the correct decisions with all of the big-ticket items.	the key to this is to ensure that all of the decision making bodies, EMB, Senior Command Team etc carefully consider how those decisions are communicated to staff, the speed at which the decisions are disseminated and the potential impact that those decisions might have.	MM	
31	There was a lot of confusion at the start regarding booking staff of sick with COVID and changing the sickness at the end of the isolation period if they are not fit to return which now causes a lot of confusion when establishing if a person is within criteria for sickness policy activation - would be useful to use this as a lesson in case of future pandemics and how to report it on their sickness record.	NHS employers guidance dictated how this was managed and there were national delays in this being produced and published. Local WMAS action cards in place detailing how this should be managed in the system.	CB	

Initials Key	
Initial	Name
ACM	Anthony Marsh
CB	Carla Beechey
CC	Craig Cooke
JB	Jeremy Brown
KP	Keith Prior
MM	Murray McGregor
NH	Nathan Hudson
VK	Vivek Khashu

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 11 MONTH JULY 2021 PAPER NUMBER 09

Title	Review of the Board Committees
Sponsoring Director	The Chairman
Purpose	To present the outcome of a review of the Board Committees.
Previously Considered by	The meeting of the EMB held on 29 June 2021 The Board Briefing meeting held on 30 June 2021
Report approved by:	The Chairman

The Board at its meeting in July 2020 agreed a revised governance and committee structure. Although there were a number of changes to the Trust committee structure, for the purpose of this report the salient matter was the former Resources Committee was deleted from the structure and its Terms of Reference was distributed between the following two committees which were established in its place:

- A Performance Committee
- A People Committee

These committees were in addition to the Quality Governance Committee. The Board are asked to confirm the committee structure attached as Appendix A and in particular note the proposal to delete the Workforce Development Group as it duplicates executive management meetings within the Trust which involve workforce representatives.

The EMB, at its meeting on 1 June 2021 agreed that it was now timely to review the Board Committees, primarily to reduce duplication i.e. an issue being discussed at several committees and then the Board; and also in the light of changes to the Board membership.

The Trust Secretary was asked to meet with each of the lead directors (and NEDs) and discuss:

1. Have we got the right number of Committees?
2. Does the ToR have the right membership and focus?
3. What do you think we can do to make the Coversheet more helpful?

The outcome of those discussions were presented to the Board Briefing meeting in June 2021 and a copy of the report is available upon request to the Trust Secretary. In addition further meetings took place between the Chairman, CEO, Committee Chairs and lead directors.

The attached report sets out the outcome of the review and presents for approval a schedule showing the Membership, the duties and objectives of each Committee.

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. The Committee structure should enable the Board to carry out its duty of oversight and also formulate strategy. The committees should enable the directors of the Trust to carry out these duties
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. The primary responsibility of the Board of Directors of the West Midlands Ambulance Service NHS Foundation Trust is to provide governance and stewardship to the Trust in accordance with UK laws and regulations. It is established pursuant to the NHS Act 2006 as amended by the Health and Social Care Act 2012 and regulations implementing the Act. The NHS Act 2006 (Schedule 7) (As amended) requires the Board of Directors to have in place a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate. In addition the same regulations requires the Board of Directors to have in place: • A committee consisting of the chair, the Chief Executive and the other non-executive directors to appoint or remove the executive directors. • A committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the executive directors The Trustee Committee enables the Board to carry out its duties under Charities legislation.

Financial implications	The Performance Committee of the Board has responsibility for providing information and making recommendations to the Board of Directors on financial and operational performance issues and for providing assurance that these are being managed.
Workforce & Training Implications	The purpose of the 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 aims to 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..
Communications Issues	The salient matters considered at meetings of the Board of Directors and the Council of Governors are disseminated if appropriate within the Trust through the Weekly Brief. Members of the public and the press are welcome to attend public Board and Council meetings. The meeting dates and the papers for the public meeting are available on the Trust website.
Equality and Diversity Implications	The Trusts duties under the Public Sector Equality Duty will be included within the Terms of Reference for the Board and its Committees.
Quality Impact Assessment	Not applicable in relation to the content of this report although this comes within the Terms of reference for the QGC
Data Quality	The documents referred to in this report are held by the Trust Secretary.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 11 MONTH JULY 2021 PAPER NUMBER 09

Recommendation:

a. Review and then confirm the Committee Structure attached as appendix A, in particular note the recommendation to delete the Workforce Development Group as it is felt it duplicate management meetings within the Trust.
b. That the schedule of Membership and Duties attached as Appendix B be approved, and incorporated into the standard Terms of Reference for each Committee, and that each Committee now review the Terms of Reference and report any variations to the next ordinary meeting of the Board.
c. That the Trust Secretary be requested to vary the annual cycle of Committee meetings to free up directors time to concentrate on delivering their objectives and present it to the Board Briefing meeting in September 2021.
d. To consider and agree the changes to the Report Template for use at all meetings of the Trust (Attached as Appendix C)
e. That all Committees and Groups without exception are to immediately use the Board Papers App.

The Review of the Board Committees – June 2020

The background and reasons for the review

The Board at its meeting in July 2020 agreed a revised governance and committee structure based around five key themes. For the purpose of this report those key themes are set out below:

1) Strategy - The strategic direction of the organisation has to be owned and agreed by the board as a whole and that formulating strategy is therefore a whole-board activity. As we look forward the future delivery of healthcare, the impact of robotics, of artificial intelligence, and of genomics are going to be immense. The role of artificial intelligence, home-based clinical informatics and the 'internet of things' in particular will bring huge changes and huge opportunities for us in WMAS. Couple these technological changes with the evolving role of paramedics in the delivery of healthcare away from their traditional role in 999 services and we have really exciting opportunities ahead of us, and WMAS can lead with these opportunities rather than be led by others. Therefore as a board it needs to position itself to be able to dedicate significant protected time to thinking these issues through, and how we build our new strategic direction. This will require better focus in terms of meetings of the Board and the structure of its governance also better engagement with stakeholders.

2) Streamlining - The time spent in Board and Committee meetings needs to have better focus so that it can be more productive with our time. The frequency of committees and sub-committees within WMAS is generally acceptable, but some meetings do seem to last much longer and that in terms of time management should never as a rule last longer than 3 hours. After 3 hours the meeting loses its identity and also focus it is also doubtful that it is productive due to lack of concentration.

3) Structure of Committees - In terms of developing a more streamlined approach to the governance of the Trust as previously stated, it is appropriate for the Board to annually review its Committees and governance. Generally, the Committees structure in existence is still appropriate. However, directors have in the past suggested that the Resources Committee has so much within its Terms of Reference that it is unable to provide detailed focus on the key issues. To this end and given the publication of the interim NHS People Plan it is timely to consider splitting the Resources Committee into a Finance & Performance Committee and a People Committee. This would allow the drawing up of much clearer Terms of Reference and provide better focus.

4) Succession (and resilience) - as the Covid emergency has shown we have some exceptionally talented people in WMAS. Which provides us with an opportunity develop our 'talent pipeline' so that ideally, we have at least one credible candidate in-house for every senior job that becomes available. This could be a key role for the newly established people committee) to give some thought to how we can strengthen our talent planning across the organisation and how non-executives could add value in this area.

5) Stakeholder engagement – WMAS has a reasonable track record in engaging with key stakeholders; this will be a good base to respond to the changing health care system and structure. In this changing landscape we will need to develop even stronger relationships with the NHS (especially trusts and ICS/STPs), with key partners in the third sector, with Local Authorities, with academic providers, and to develop strategic alliances where these can help in our objective to remain a world leading provider.

It was within the context of the above that the current Committee structure was proposed. Although there were a number of changes to the Trust committee structure as part of the July 2020 report, for the purpose of this report the salient change was, as stated above, that the former Resources Committee was deleted from the structure and its Terms of Reference was distributed between the following two committees which were established in its place:

- A Performance Committee
- A People Committee

These committees were in addition to the Quality Governance Committee. The current committee structure is attached as Appendix A.

The EMB, at its meeting on 1 June 2021 agreed that it was now timely to review the current Board Committees, to reduce duplication i.e., an issue being discussed at several committees and then the Board; and also in the light of changes to the Board. The schedule attached as Appendix B enables the Board to see the membership and duties of the each Committee to compare and reassure itself that there is no duplication in terms of duties.

The Audit Committee, Remuneration and Nominations Committee and the Trustee Committee Terms of Reference are required by regulation and the Terms of Reference are based on national guidance and best practice. Therefore, these Committees are still satisfactory but annually the Terms of reference are reviewed to ensure that they remain fit for purpose. The Audit Committee reviewed its ToR in March 2021. The Chairman is considering the ToR for the Remuneration and Nominations Committee. Whilst the Trustee Committee is governed by Charity Regulations in terms of stewardship of the General Charity funds held by the Trust.

The methodology of the review was set out in the EMB resolution which was to speak to each of the directors both executive and Non-Executive to ensure that that there was consensus the Trust Secretary was asked to meet with each of the lead directors (and NEDs) and discuss NB due to pressures of work several directors were not available at the time of writing this report. Given though that this is a dynamic process their views will still be sought and fed into the review prior to the Board meeting in July 2021 when any changes to the committee structure will be determined:

1. Have we got the right number of Committes?

2. Does the ToR have the right membership and focus?

3. What do you think we can do to make the Coversheet more helpful?:

The outcome of the discussions was submitted to the Board Briefing Meeting on 30 June 2021 and are available upon request to the Trust Secretary. The following is a summary of the key findings:

There is a majority of the Board members that favour the retention of the People Committee although it is likely all the Committees (with the exception of Audit, Trustee and the Remuneration & Nominations Committees) need a refocus in terms of their Terms of Reference. **(Comment: The Duties & Membership of the Committees are attached as Appendix B)**

The ToR of the three Committees need to be far clearer and concentrate on strategic oversight rather than completely focus on shorter term performance numbers. If performance numbers are submitted as part of oversight then they should have appropriate explanation and analysis, highlighting the key risks and mitigation for the Trust and its patients and staff that committee can then review. (**Comment: Risk and the relevant elements of the BAF should be reviewed by the Committee. We have now included within the schedule of the Terms of Reference attached Appendix B the specific Strategic Objective relevant to that Committee. Any risks to meeting that objective should be reviewed by the relevant Committee.)**

Although it is recognised the proximity of the People Committee and the QGC Committee in terms of purpose and assurance. It is important that there is triangulation between all the committees but not overlap (**Comments: The schedule at Appendix B enables the Board to review this matter).**

As part of the review the Committee Chairs and lead directors may want to consider reviews of their workplans and Terms of Reference so that they are aligned with the strategy and salient risks for the Trust and if possible build in some “deep” dives on specific issues for the purpose of assurance. (**Comment: that the workplan for each committee include a specific deep dive matter)**

The review of Terms of Reference should ensure overlap with the board is avoided. We should look at what has to be “retained” by the Board for oversight and good corporate governance and what does not and is part of the delegation to the CEO and executive as set out in Standing Financial Instructions; and then what effectively falls out for the committee to consider. As it currently stands it has been stated that “just going through the same reports that are then submitted to the Board is not good use of time for anyone so it’s purpose needs to be additive ie add value and scrutiny not repeat”. (**Comment: The Standing Financial Instructions set out the matters reserved to the Board. Indeed very few matters are reserved to the Board other**

than strategic oversight and values of Contracts over £250k. Everything else is delegated to the CEO and a full list of the matters reserved to the Board is attached as an annex to this report for the information of members)

We need the reports of directors to the Board to be focussed on the key strategic objectives and risks to delivery. Greater analysis included so that the Coversheets enable the reader to focus on purpose and why the matter has been included in the papers. **(Comment: the Directors reports need to be relevant to the purpose and ToR of the specific Committee. The recommendations should be relevant to that Committee as detailed in the following comments.)**

Papers need to be brief and specific to that committee with clear recommendations relevant for that committee or group.

The papers should be as accurate and professional in terms of presentation and distributed in a timely fashion. It is recognised that we operate in an everchanging environment that means reports to the Board and its committees can change so updates to reports can be made, but if there are no updates accept that the report has been read and allow the membership to either agree with the recommendation which should be relevant and clear to that committee.

At present papers are presented via Board Papers App. Some Groups and Committees do not and use other means of circulating papers. It is important that there is a consistent approach and that all groups and committees should use Board Papers App.

The Board coversheet at present includes numerous boxes that takes time to complete and also does not, it was stated add value. The Coversheets need to be reviewed in line with good practice concentrating on purpose, links to strategic objectives and risk and the salient matters for that committee or group and a clear recommendation. **(See appendix C for review)**

In recognising that we have reduced the membership of the Board the cycle of Committee and Group meetings will be reviewed, also Membership so that the Committee meetings are manageable and that there is time to highlight and escalate any risks to the ordinary meeting of the Board. **(Comment the Trust Secretary will review the Trust Committee meeting matrix and present it to EMB for review prior to Board consideration)**

There needs to be tight control of the subgroup meetings below the Board Committees so that they too are focussed and clear in their remit of providing assurance and good governance and not just duplicating reports upto the appointing Committee and then Board.

The BAF and salient risks should be seen as the key document for Board and its Committees and should be referenced in all Papers and reviewed by the Board in detail at least twice a year.

As part of the review the Chairman convened a meeting individually with each of the Committee Chairs, Lead Directors , Governance Director & Trust Secretary and the CEO to discuss the focus of Committee meetings and their purpose in terms of Assurance. Finally each of the Committee Chairs and executive director leads have reviewed the contents of the Committee membership and duties and the outcome of thos discussions are set out in the schedule attached.

Recommendations for review

a. Review and then confirm the Committee Structure attached as appendix A, in particular note the recommendation to delete the Workforce Development Group as it is felt to duplicate management meetings within the Trust.
b. That the schedule of Membership and Duties attached as Appendix B be approved, and incorporated into the standard Terms of Reference for each Committee, and that each Committee now review the Terms of Reference and report any variations to the next ordinary meeting of the Board.
c. That the Trust Secretary be requested to vary the annual cycle of Committee meetings to free up directors time to concentrate on delivering their objectives present it to the Board Briefing in September 2021.
d. To consider and agree the changes to the Report Template for use at all meetings of the Trust (Attached as Appendix C)
e. That all Committees and Groups without exception are to immediately use the Board Papers App.

Professor Ian Cumming OBE
Chairman
West Midlands Ambulance Service University NHS Foundation Trust
June 2021

ANNEX

DECISIONS RESERVED TO THE BOARD

General Enabling Provision

The Board may determine any matter for which it has delegated or statutory authority in full session within its statutory powers.

Regulations and Control

1. The Constitution of the Foundation Trust requires the Board to approve Standing Orders (SO), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business.

2. Suspend Standing Orders of the Board of Directors

3. Amend the Standing Orders of the Board of Directors

4. Ratify in public any urgent decisions taken by the Chairman and Chief Executive

5. Approve a scheme of delegation of powers from the Board to committees

6. Require and receive the declaration of Board members' interests that may conflict with those of the Trust and determining the extent to which that member may remain involved with the matter under consideration

7. Require and receive the declaration of officers' interests that may conflict with those of the Trust.

8. Approve arrangements for dealing with complaints.

9. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto.

10. Receive reports from committees.

11. Confirm the recommendations of the Trust's committees where the committees do not have executive powers.

12. Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust.

13. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board.

14. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property.

15. Authorise use of the seal.

16. Ratify or otherwise instances of failure to comply with Standing Orders brought to the attention of the Board

17.Discipline members of the Board or employees who are in breach of statutory requirements or SOs.

Appointments/ Dismissal

1. Appoint and dismiss committees (and individual members) that are directly accountable to the Board.

2. Appoint, appraise, discipline and dismiss Executive Directors.

3. Confirm appointment of members of any committee of the Trust as representatives on outside bodies.

4. Appoint, appraise, discipline and dismiss the Secretary

5. Approve proposals of the Board's Remuneration and Nominations Committee regarding directors and senior employees and those of the Chief Executive for staff not covered by that Committee.

Strategy, Plans and Budgets

1. Prepare an Annual Report and submit this to Prepare an Annual Report and submit this to NHSI

2. Subject to having regard to the views of the Council of Governors, to give information as to its forward planning in respect of each financial year to NHSI.

3. Where the Board agree a forward plan that contains a proposal that the Trust carry out an activity other than the provision of goods and services for the provision of health services in England, and also the income it expects from doing so, the Council of Governors must determine whether it is satisfied that the carrying out of that activity will not to any significant extent interfere with the fulfilment by the Trust of its principle purpose or the performance of its other functions, and then notify the Board of its determination.

4. If the Board proposes to increase by 5% or more the proportion of its total income in any financial year attributable to an activity other than the provision of goods and services for the provision of health services in England, it may implement the proposal only if more than half of the members of the Council of Governors voting approve of its implementation.

5. Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust, having regard to any guidance issued from time to time.

6. Approve the Trust's policies and procedures for the management of risk.

7. Approve Outline and Final Business Cases for Capital Investment subject to any proposal that the Trust consider significant is approved by the Council of Governors

8. Approve budgets.

9. Approve annually Trust's proposed organisational development proposals.

10.Ratify proposals for acquisition, disposal or change of use of land and/or buildings.

11.Approve PFI proposals.

12.Approve the opening of bank accounts.

13.Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £250,000. However emergency approval can be sought for payments in excess of £250,000 through compliance with SO 5.2.1.

14.Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Finance (for losses and special payments) previously approved by the Board.

15.Approve individual compensation payments.

16.Approve proposals for action on litigation against or on behalf of the Trust.

17.Review use of NHSR risk pooling schemes (LPST/CNST/RPST).

Policy Determination

1. Approve management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff.

2. Policies so adopted shall be listed and appended to this document by the Secretary

3. Receive the Independent Auditor's Report sent by the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee.

4. Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.

Annual Reports and Accounts

1. Receipt and approval of the Trust's Annual Report and Annual Accounts, but if necessary to delegate authority to the Audit Committee to recommend authorisation of Accounts with approval noted by the Trust Board at the following meeting.

2. Receipt and approval of the Annual Report and Accounts for Funds held on Trust.

3. To present to the Council of Governors the Annual Accounts, and the report of the auditor on those accounts, and the Trust's Annual Report.

Monitoring

1. Receive such reports as the Board sees fit from committees in respect of their exercise of delegated powers.

2. Continuous appraisal of the affairs of the Trust by means of the provision to the Board of such information as the Board may require from directors, committees, and officers of the Trust as set out in management policy statements. All monitoring returns required by the appropriate regulatory bodies and the Charity Commission shall be reported, at least in summary, to the Board.

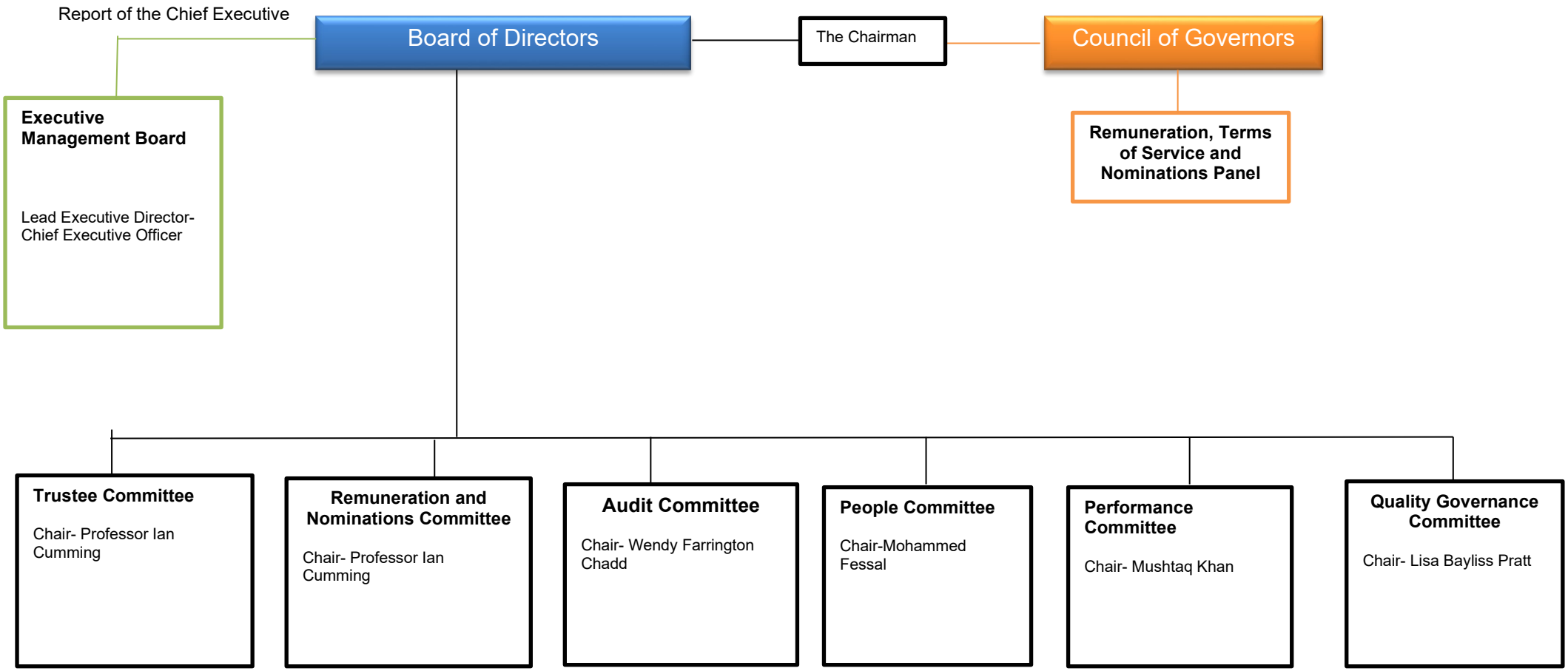
3. Receive reports from the Director of Finance on financial performance against budget and other external and internal financial targets.

4. Receive reports from the Chief Executive on actual and forecast income.

The decisions and duties delegated by the board to committees are laid out in the appropriate Terms of Reference of the Committees.

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

TRUST COMMITTEE STRUCTURE

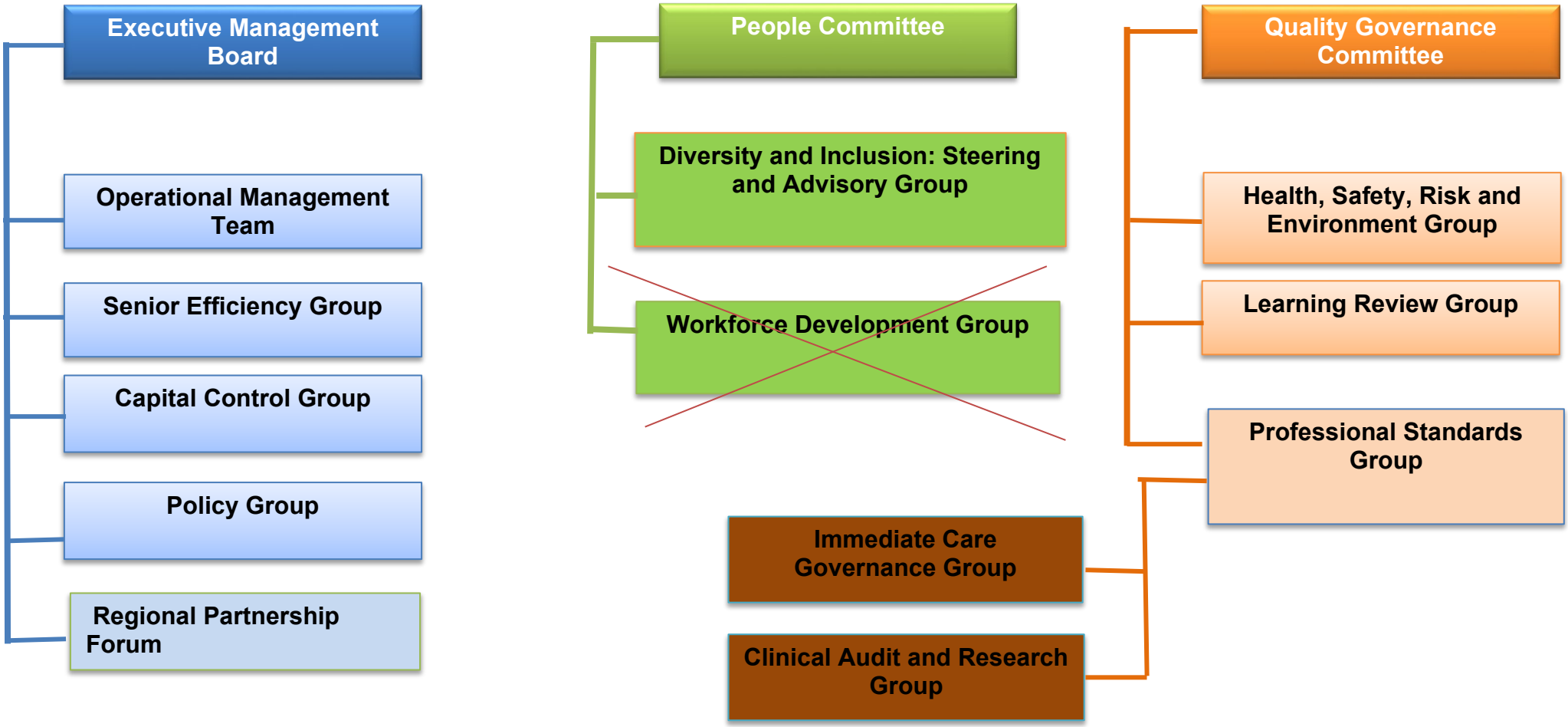


Working Groups are not shown on this chart except those reporting directly to the Board of Directors

Version 1 April 2021

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

TRUST COMMITTEE STRUCTURE



Version 1 April 2021

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Quality Governance Committee	People Committee	Performance Committee
Strategic Objectives: **SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients)** **SO5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care)**	**Strategic Objectives:** **SO2 – A great place to work for all (Creating the best environment for all staff to flourish)**	**Strategic Objectives:** **SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control)** **SO4 - Innovation and Transformation (Developing the best technology and services to support patient care)**
Membership: Non-Executive Directors • Lisa Bayliss Pratt (clinical experience) • Mohammed Fessal Executive Director of Nursing and Clinical Commissioning Executive Medical Director Lead paramedic for urgent and emergency care Clinical Governance Lead for 111	**Membership** Non-Executive Directors (to include the NED Wellbeing Guardian) • Mohammed Fessal • Narinder Kooner (NED Well Being Guardian) • Lisa Bayliss Pratt The People Director Non-Emergency Services Operations Delivery Director Emergency Services Operations Delivery Director Director of Finance or a representative Integrated Emergency and Urgent Care Director	**Membership** Non Executive Directors: • Mushtaq Khan • Narinder Kooner • Wendy Farrington Chadd Director of Finance Director of Strategic Operations and Digital Integration Integrated Emergency & Urgent Care Director
Role and Purpose		
The purpose of the Quality Governance Committee is to provide the Trust Board with an objective and independent review of quality, to support the delivery of safety and excellence in patient care. This remit includes a focus on six key dimensions: • Patient Safety – avoiding harm from care that is intended to help people.	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,	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.

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• Clinical Effectiveness – providing services based on evidence and which produce a clear benefit. • The experience of the patient – establishing a partnership between practitioners and service users to ensure care respects their needs and preferences. • Timeliness of care – ensuring care is delivered in a timeframe that reduces harmful delays. • Efficiency – avoiding waste and maximizing the positive impacts of available resources. • Equitable – providing care that does not vary in quality because of a service users' characteristics. The Committee will enable the Trust Board to obtain assurance that high standards of care are provided, and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to: • Promote safety, high quality patient care across all Trust departments • Identify, prioritise and manage risk arising from clinical care • Ensure the effective and efficient use of resources through evidence based clinical practice • Ensure that the Trust is aligned to the statutory and regulatory requirements relating to quality and safety	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.	

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• Ensure effective supervision and education and training of the workforce • Protect the health and safety of Trust employees • Ensure effective information governance across the Trust's functions.		
Duties		
Review of Clinical and Quality related strategies • The Committee has primary responsibility for the compilation and delivery of the Quality Account and associated Annual Reports. • Receive and review the recommendations from Executive Management Board (EMB) and recommend to the Board approval of all clinical and quality related strategies (Clinical, Quality and Stakeholder Engagement), and to regularly monitor achievement of the associated strategic priority objectives and milestones. **Review of Compliance/Clinical and Quality** • To receive and regularly review recommendations on all contractual and regulatory compliance in respect of clinically and quality governance standards and duties.	**Review of National Guidance** • Review national workforce guidance and strategies, for example the NHS People Plan, and their applicability to the Trust. • Monitoring and review of the Trust's People Plan as part of strategy • Consider and recommend to the Board, the Trust's overarching People Plan and associated activity/implementation plan(s) to support Trust forward strategy. • Obtain assurance and monitor delivery of the People Plan through the associated activity/implementation plan. **Monitoring relevant KPIs** • Consider and recommend to the Board the key people and workforce performance metrics and targets for the Trust. • Receive regular reports to gain assurance that these targets are being achieved and to request and receive exception reports where this is not the case.	**Integrated Performance** • Review the performance of the Trust and ensure there is integration across workforce and activity planning at both a Trust and directorate level. **Exception reporting on non financial matters** • Receive exception reports on non finance performance when required focusing on areas that require attention **Scrutiny and overview** • Provide overview and scrutiny in any other areas of financial and operational performance referred to the Committee by the Board. **Effectiveness of reporting systems** • Monitor the effectiveness of the Trust's financial and operational performance reporting systems ensuring that the Board is assured of continued compliance through its annual reporting, reporting by exception where required.

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Compliance with Information Governance specifically related to patient data. • To receive and review the recommendations in relation to compliance with all relevant information governance legislation and guidance including Caldicott Guidelines and SIRO report Data Protection Act with respect to the use of clinical data and patient identifiable information **Monitor performance against the Quality Account** • Monitor performance against the Quality Account and annual priority objectives ensuring a continual drive for quality improvement. **Make recommendations to the Board on the content of the Quality Account** • To receive and review the recommendations of EMB in relation to the Trust's Quality Account before submission to the Board. **Monitoring Quality & Clinical KPIs** • To receive and regularly review recommendations on the performance against relevant quality and clinical KPI's and seek assurance that adverse	**Review risks to delivery of relevant Strategic priorities and Risk** Review and provide assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee, seeking where necessary further action/assurance. Review workforce related risks identified on the Corporate Risk Register and seek assurance in relation to risk mitigation and future activity/plans. The Committee is responsible for setting their appetite and tolerance (as per the Trust risk Appetite Statement) for levels of risk which pertain to their Strategic Objective. Any actions which are identified to reduce the relevant risks need to be logged, assigned, monitored appropriately and escalated to the BAF if relevant. **Review workforce metrics** Review workforce related elements of the Performance Scorecard and provide assurance on the adequacy of the Trust's performance against operational workforce metrics. **Strategic reviews** Conduct reviews and analysis of strategic people and workforce issues at national and local level and, if required, agree the Trust's response. **Confidential reporting** Provide assurance to the Audit Committee and Board that that arrangements are in place to allow staff to raise in confidence concerns about possible improprieties in financial, clinical or safety matters, and that those processes allow	• That reporting on the financial performance of the Trust is being triangulated against agreed plans, progress and performance measures, reporting on progress to the Trust Board **Assurance of business development opportunities, Capital, and revenue investment schemes** • Approve the Trust Business case process • To provide the Board of Directors with assurance that major capital investment schemes are in line with the Trust's overall agreed strategy that the development, effective management, and delivery of the Trust's capital programme is being carried out, and that this is fit for purpose • Evaluate, and review the financial validity of individual significant investment decisions (that require Board approval), including the review of outline and full business cases. Business cases that require Board approval will be referred to the Committee following initial review by the Executive Management Board **Monitoring financial performance** • Review the Trust's performance against its annual financial plan and budgets. that the robustness, credibility and quality of financial management and

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variances are acted upon to meet all defined standards and targets. **Workforce quality governance (Should this be People Cttee?)** • To receive and regularly review recommendations on the adequacy of, and performance against, workforce quality governance measures, and monitor the effectiveness of action plans to address adverse variances. **Learning from Incidents, deaths and complaints** • Receive and review the report from the Learning Review Group and make appropriate recommendations to the Board in relation to Quality . • Proposed: To receive the Coroners and Claims report. • Receive and review incident themes and complaint themes and trends from the results of patient surveys, PALS, Staff Surveys and seek assurance from the Executive Director of Nursing & Clinical Commissioning that appropriate action is being taken to address any risks to quality. **Quality of safeguarding** • Seek assurance from the Executive Director of Nursing & Clinical Commissioning that appropriate	any such concerns to be investigated proportionately and independently. **Staff Communications** Seek assurance on the adequacy and effectiveness of staff communication and levels of staff engagement **Any other matter referred to the Committee** Seek assurance on any additional matter referred to the Committee from the Board. **D&I** To receive and review the Equality, Diversity & Inclusion Strategies and annual implementation plans, arising out of analysis of the WDES, WRES, Gender Pay Gap and EDS2 information and data. **Training & Development** To oversee and seek assurance on the development and delivery of the Trust's education and training strategy through the development of clinical and non clinical skills in new and innovative ways.	planning information is reviewed and triangulated by the Committee. • Receive the ICS performance and system decisions • Agree the key performance and progress measures relating to the full assurance purpose, including: o the Trust's strategic financial priorities o national performance and statutory targets o consolidated financial performance summaries and related budgets o statement of financial position o working capital performance o cash flow status o progress on capital investment programme o use of resources ratings o risk mitigation **Monitoring operational performance** • Review the Trust's operational performance against its annual plan and to monitor any necessary corrective planning and action.

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processes are in place that safeguard adults and children. **Clinical Audit & Research and Development** • Within the remit of the Committee, and as deemed appropriate by the Committee, make recommendations to the EMB and Audit Committee for topics/issues to be considered for inclusion in the annual internal audit programme also Clinical Audit Programme and the Research and Development programme. • To receive and monitor at least quarterly the annual clinical audit programme and R&D programme. **References from EMB** • Regularly review EMB business reports of key issues and assurances referred by, or within the remit of, the Committee. **Quality Impact Assessments/CIP** • Review and receive assurance from the EMB on the rigour of CIP and material service change Quality Impact Assessments, making appropriate recommendations, and escalate any concerns to the Board patient safety so that it can assure the Board that risk is		**Overview of medium and Long terms financial planning** • Review the wider finance strategy • Provide overview and scrutiny to the development of the medium and long term financial models (MTFM and LTFM) • Ensure the MTFM and LTFM is designed, developed, delivered, managed and monitored appropriately that the strategic financial principles, priorities, risk and performance parameters are aligned and support the Trust's strategic objectives and its long-term sustainability • Ensure that the annual and longer term plan is triangulated for patient demand, capacity (including workforce), performance and finance • Ensure that appropriate clinical advice and involvement in the MTFM and LTFM is provided **Oversight of the Trusts estate management** • Monitor the performance of the Trust's physical estate and non-clinical services and that the Trust's resources and assets are being used effectively and efficiently • Review proposals for acquisition, disposal, change of use of land/buildings

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being managed according to organisational policies and procedures. **Quality, Safety & Risk** • The Committee is responsible for the escalation of significant Quality and Safety risks from the Risk Register to the Board and has specific responsibility for the management of the Trusts Clinical risk register. • Review the recommendations of any relevant external or internal reports and monitor effective and timely implementation of associated action plans. • The Committee is responsible for setting their appetite and tolerance (as per the Trust risk Appetite Statement) for levels of risk which pertain to their Strategic Objective. Any actions which are identified to reduce the relevant risks need to be logged, assigned, monitored appropriately and escalated to the BAF if relevant. **Strategy and Quality (BAF)** • To receive and review the recommendations from EMB on any material changes in the profile of resource related risks which relate to the strategic objectives included in the BAF.		**Delivery of annual and long term waste reduction programme** • Review the in-year delivery of annual efficiency savings programmes • Overview and scrutiny of a multiyear efficiency and waste reduction programme **Regulator compliance** To receive That the Trust's compliance with current statutory and external reporting standards and requirements, including NHS and Treasury policies and procedures **Monitoring Key Performance Indicators** • Review the performance indicators relevant to the remit of the Committee **Strategy & Risk** • Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee or the Board as appropriate • The Committee is responsible for setting their appetite and tolerance (as per the Trust risk Appetite Statement) for levels of risk which pertain to their Strategic Objective. Any actions which are identified to reduce the relevant risks

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Oversight of Sub Groups • Approve the Terms of Reference of Reporting Groups and review annually and assess effectiveness. • Ensure through its Health, Safety, Risk & Environment Group the effective prevention and control of Healthcare Associated Infection (HCAI) for the organisation. • To agree the Terms of Reference and Annual work programme for the Health, Safety, Risk & Environment Group and receive appropriate recommendations from the Group. • Receive and review reports from: • Learning Review Group; • Health, Safety, Risk & Environment Group; and make appropriate recommendations to the Board in relation to Quality. **External/Internal reports relevant to the Committee** • At the sole discretion of the Committee's Chair, to review the recommendations of any relevant external or internal reports and monitor effective and timely implementation of associated action plans. **Review of its Terms of Reference**		need to be logged, assigned, monitored appropriately and escalated to the BAF if relevant. • That the Trust's degree of exposure to financial risk, and any potential to compromise the achievement of the strategic objectives is being effectively managed; • Provide the Board of Directors with advice and support on the development and delivery of the following strategies: ▪ Long term financial planning ▪ capital strategy ▪ investment strategy ▪ estates strategy ▪ the commercial strategy for the Trust ▪ digital strategy **Any other matters referred to the Committee** • Undertake any other responsibilities as delegated by the Board of Directors. Accountability and Reporting arrangements

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Annual review of the Committees' Terms of Reference and effectiveness, with a performance report to the Board		
Reporting Groups: The following report into the Professional Standards Group: Immediate Care Governance Group Clinical Audit and Research Group	**Reporting Groups:** Diversity and Inclusion: Steering and Advisory Group	

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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM	DATE	PAPER NUMBER

Reports

The production of high quality, concise papers (with appendices - if really necessary) is crucial for effective decision making, and these should be produced and circulated on time, and read in advance of the meeting by all invitees. Reports should have the standard coversheet, the template is attached. The report 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.

Coversheets require the following:

- Clear as to ownership/sponsor
- Clear purpose of the paper with clear rationale
- Clear on what the forum should do (recommendation)
- Sets out the key issues
- Where the paper has previously been discussed.
- Does the recommendation/Action fit the Strategic Objectives of the Organisation
- What are the risks for the Trust and what is the mitigation, controls
- Is there financial provision either Capital/Revenue and if appropriate is there a Business Case.
- Has Legal advice been sought and what is the legal advice
- The attached report should normally be no more than six pages in length excluding appendices.

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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM **DATE** **PAPER NUMBER**

Title [to correspond with the agenda]	
Sponsoring Director	Title of Director and name
Author(s)/Presenter	Who is the author? Post title
Purpose and action required	Why is the report being submitted to this committee? 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	Name of Director and title

Summary/Key Issues relevant to this committee
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 Is it contributing to the Trust Objectives:	Please tick relevant objective
SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients)	
SO2 – A great place to work for all (Creating the best environment for all staff to flourish)	
SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control)	
SO4 - Innovation and Transformation (Developing the best technology and services to support patient care)	
SO 5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care)	

Is the proposal required to enable the Trust to meet national standards? If yes state which.	e.g. CQC Registration, Conditions of Licence
Risk and Assurance	Consult Head of Risk (Matt Brown matt.brown@wmas.nhs.uk) to establish whether the matter/proposal is on the corporate Risk Log and what mitigation has been put in place and also cross reference to the Board Assurance Framework.

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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM **DATE** **PAPER NUMBER**

Legal implications/ regulatory requirements	Have you sought any legal advice if so, state what the advice was. If not , state "Legal advice not sought" To maintain compliance with both regulations and the conditions of licence and registration from the Regulators advise the Committee/Board if there is any legal implications such as contract or non compliance.
Financial Implications	Consult the Finance Director Claire Finn claire.finn@wmas.nhs.uk • Business case completed and approved? • Capital costs (ICS approval)? • Revenue costs (Recurrent/Non Recurrent costs)
Workforce & Training Implications	Consult the People Director Carla Beechey carla.beechey@wmas.nhs.uk
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? Consult Murray MacGregor for advice: murray.macgregor@wmas.nhs.uk
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 issues of equity 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

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM **DATE** **PAPER NUMBER**

	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 Consult Carla.beechey@wmas.nhs.uk Or the Head of D&I
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? Is there any further reading to assist.
Action required Be specific, because the recommendation will form the resolution in the minutes. Please be clear in term of what, how and when (and if necessary cost).	

Minutes of the Audit Committee held on 19 May 2021, 1000 hours via Microsoft Teams

Present:

Mrs W Farrington-Chadd	WFC	Non-Executive Director (Chair)
Mr M Khan	MK	Non-Executive Director

In attendance:

Ms C Finn	CF	Director of Finance Designate
Mr J Brown	JB	External Audit
Mr T Felthouse	TF	External Audit
Mr A C Marsh	ACM	Chief Executive Officer
Professor I Cumming	IC	Chairman
Mr C Knight	CK	Internal Audit
Miss Z Baker	ZB	Internal Audit
Mrs J Hill	JH	Local Counter Fraud Specialist
Mr I Geddes	IG	Chief Financial Accountant
Mrs P Wall	PW	Head of Strategic Planning
Miss E Nowell	EN	Senior Management Accountant

Secretariat:

Mrs D Stevenson	DMS	EA to Director of Finance

ITEM	Audit Committee Meeting 19 May 2021	ACTION
05/21/01	**Welcome and apologies**	
	WFC welcomed Mr Anthony Marsh, CEO, to the meeting and Professor Ian Cumming, Chairman, as an observer to the meeting. Apologies were received from Mrs N Kooner.	
05/21/02	**Minutes of the Last Meeting – 16 March 2021**	
	Resolved: The minutes of the meeting held on 16 March 2021 were agreed as an accurate record.	
05/21/03	**Matters Arising**	
	• ***Accounting Policies*** – CF said the updated version, which now includes requirements regarding Revenue from Contracts with Customers and Going Concern, is circulated to members for information only. • ***Cash and Treasury Management Policy*** – CF said this has been updated and published on the intranet and is for information only.	

	• All other actions from the last meeting were noted as being completed.	
	Resolved: a) The Committee approved the Accounting Policies and the Cash and Treasury Management Policy.	
05/21/04	**Internal Audit Update**	
	<u>Progress Report – May 2021</u> ZB outlined the progress report to the Committee which details delivery of the internal audit plan for 2020-21 since the March meeting. • 19 assignments have been issued as final reports. • 3 assignments are at fieldwork stage and will be carried forward into 2021-22, these are IT Security; Estates Maintenance; and Procurement, however, there are no areas of concern based on the work carried out to date. Since the last Audit Committee six reports have been finalised as follows: ***Payroll*** – Substantial assurance given. Two medium and five low actions were agreed. These are mainly associated with moving from a paperless based system. The Signatory list is to be updated annually; and the signing off of the Payroll will be authorised by email and text message buy the Director of Finance. ***Data Quality (Ambulance System Indicators)*** – Optimal Assurance. There were no management actions required as all controls tested were appropriate and in line with Audit Commission guidance for data quality. WFC said she was pleased that this audit was given optimal assurance and asked for this to be passed back to the team. ***Filestore Record Management*** – Substantial Assurance. There was one high priority action relating to data stored on the system, which is held off site, the company have access to all Trust data and there should be a "Data Sharing Agreement" in place - implementation date of 31 May. ACM said the Agreement has been received this week and he is confident that this action will be complete before the end of May. ***Management of Strategies, Policies and Procedures*** – Substantial Assurance. Several actions were identified, two medium and 6 low. The medium actions relate to making sure that the process is followed including the removal of outdated procedures and policies from the intranet and that Strategy reviews take place more regularly than every five years.	

	Data Security and Protection Toolkit – Requires Improvement. This is the annual review of the toolkit. The Toolkit opened in December 2020, the interim submission was February 2021, and the final submission is due at the end of June. The internal audit review took place at the end of February through to March. Out of the 10 National Data Guardian's (NDG) security standards there were four areas that received "limited" assurance. However, it was pointed out that none of the standards were risk assessed as "unsatisfactory". Eight actions agreed as high priority. WFC asked if there is an underlying issue relating to this area. ACM said it is mainly a timing issue as the submission deadline for evidence is not until June 2021 and asked if there could be an early follow up audit. WFC said this would be beneficial and would provide assurance to the Committee. MK also agreed and said this would be useful. ACM suggested an update is provided to the Audit Committee to be held on 9 November. ***Penetration Testing*** – Requires Improvement. The main issue relates to the LAN based security posture, which has improved but still requires work in this area. This mainly relates to out of hours support operating system and the requirement for an enhanced patching regime, 7 high actions were agreed. ACM confirmed that EMB had asked for the Pen Testing action plan to be brought back to a future meeting in order for it to be followed up. **<u>Looking ahead</u>** – • ZB said the team are moving forward with this year's plan. One review was requested to be pushed back from Q1 to Q2 (Ockenden review of maternity services) the Committee agreed to this proposal. • 64 management responses awaited, 1 of which is due within 30 days. There are none that are overdue. • KPIs for the full year are also included in the report. It was noted that the responses from management requires improvement (currently at 53% response within ten days) in order to turnaround reports in a timelier manner. ACM said ZB forwards an update to EMB monthly together with the internal audit plan and will pick up the 10-day management response at EMB. WFC thanked the internal audit team for their work over the past year. **<u>Internal Audit Annual Report and Head of Internal Audit Opinion</u>** CK outlined the annual report for 2020-21 to the Committee and said that in accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon and	**ZB**

limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes.

The opinion should contribute to the organisation's Annual Governance Statement. For the 12 months ended 31 March 2021, 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."***

This opinion is based on the work plan approved by Audit Committee, the internal audit assignments completed during the year, an assessment of Trust financial controls and the DS&PT assessment.

The areas covered during the year were:-

1. Governance
2. Clinical/Patient Safety
3. Quality/Performance
4. Financial Control
5. Information Management and Technology
6. Workforce
7. Estates and Facilities

The three audits already mentioned above that were not completed in year would not impact on the 2020/21 Head of Internal Audit Opinion.

CK also pointed out that Internal Audit placed no reliance on third parties for their assurance.

Internal Audit operate an internal audit quality improvement programme. An external quality assessment was also undertaken this year and the overall assessment covered 83 areas, of which 63 were fully compliant, the findings and action plan from this will be submitted to the July Audit Committee.

Monthly Insight Report

Circulated for information.

	Resolved: a) Update on DSPT to be submitted to November Audit Committee b) The Head of Internal Audit Opinion was noted by the Committee. c) Insight report noted by members.	**ZB**
05/21/05	**External Audit – ISA 260**	
	<u>ISA 260</u> TF outlined the ISA 260 report to the Committee and said it is a great achievement to be at the year-end position at this time in the year and congratulated CF, IG and the finance team for producing the accounts and working papers. The audit is substantially complete and KPMG expect to provide their audit opinion on the financial statements in early June 2021. TF pointed out members' attention to outstanding matters on page 4 of the report and said that the area they requesting more evidence for relates to provisions and accruals, but this will not affect the overall opinion. TF outlined the Audit Summary on page 5 of the report as follows:- ***Significant audit risks*** • Revenue Recognition and Block contract arrangements – the income was found to be appropriate under the new contract agreements put in place for the year. • Valuation of Land and Buildings – this was a lower risk area this year due to an independent valuation of Trust properties having taken place, which was inspected and agreed by KPMG. ***Value for Money*** No significant weaknesses were identified. There was one significant risk around financial sustainability. The risk concerns the establishment of the 2021-22 financial plan and the ICS system plan and following work on the arrangements in place there is no significant weakness linked to this risk. ***Mis-statements*** Two Unadjusted Mis-statements agreed as follows:- • Provision against NHS Debt – CF said she believes this has been treated appropriately and will be noted as a recommendation only. • Insurance prepayments posted to accruals - CF confirmed this is a presentational issue and does not have a bearing on the accounts. ***Annual audit report*** – from External Audit will be submitted to the July Audit Committee.	

	Control Efficiencies: One minor recommendation around authorisation of asset disposals. ***Going Concern:*** Still finalising work around this, but there are no items of concern due to the Trust's healthy cash position. MK asked how WMAS compared to other Trusts. TF said in terms of the audit process and preparedness, in his experience, WMAS is one of the best Trusts. JB echoed these sentiments and thanked the Finance team for their assistance. **KPMG Letter of Engagement** CF said it was recommended to bring the updated letter of engagement to the Audit Committee for approval. JB said it is the standard NHS engagement letter which has had some technical changes made to it.	
	Resolved: a) The Committee approved the ISA 260 on behalf of the Board of Directors. b) The Letter of Engagement was approved by the Committee.	
05/21/06	**Annual Report and Accounts**	
	Annual Report 2020-21, including Annual Governance Statement CF said the Annual Report summarises the performance of the Trust for the year 2020-21 and is in line with Group Accounting Manual (GAM) requirements. CF said all Directors have contributed to the Report. The report has been previously circulated to EMB for comment. The key section of the report is the Annual Governance Statement. ACM introduced the Annual Governance Statement in the Annual Report to the Committee and said he is confident that the Trust has a most effective system of internal control. He also pointed out that Lord Carter has confirmed that WMAS is the most efficient Ambulance Service in the country and he wants to ensure this position is maintained going forward. The system of internal control has served the Trust well and he also said the Trust will be moving across to the new Datex system. The capacity to handle risk in the Trust has been examined and the risk appetite has been reviewed by the Board and will be further reviewed during 2021. A new Head of Risk has been appointed in the last year. The Board Assurance Framework is submitted to EMB on a more regular basis. ACM said all staff, particularly operational staff, have responded very well to the risk of Covid-19 during 2020-21.	

The Trust is due to roll out body worn cameras to front line crews and will also be taking part in a stab vest pilot.

The Governance Director supports the Trust and ACM recorded his thanks to P Higgins.

In relation to Carbon Reduction, WMAS is the first Ambulance Service in the country to have an all-electric emergency ambulance and has added to this by obtaining two all-electric response cars, and a PTS electric vehicle is also being introduced to the Trust.

Oversight Framework – ACM said he is pleased the Trust maintained segmentation 1, during very difficult circumstances. The Finance team have continued to deliver on their milestones in a particularly difficult year.

With regard to Workforce strategies and systems WMAS does not outsource any services but has provided mutual support to other Trusts.

The Committee approved the Annual Report on behalf of the Board.

Year End Accounts 2020-21

CF outlined the accounts to members and IG presented the key points to note which are :-

- The Trust had £285k surplus at the end of the year.
- Cash balance of £47m.
- £32m Capital programme delivered.
- Income and Expenditure both increased due to additional Covid-19 costs and 111 full year effect. Covid costs stood at £30.5m.
- A PDC dividend was also received at the year end, for the purchase of iPads.
- CIP programme achieved for the year.
- Fixed assets – increased in the year.
- Financial regime changed during the year – months 1 to 6 saw block contracts with Covid reimbursement and Months 7 to 12 saw Funding envelopes determined at system level.

CF credited IG and the Finance team for all their hard work in producing the accounts and given how the pandemic has impacted on the organisation and audit colleagues and said that engagement with KPMG has been very well managed.

The Committee approved the accounts for 2020-21 on behalf of the Board.

	Quality Account 2020-21 PW presented the Quality Account to the Committee. The Quality Account has been produced in the standard format. This year there has been no national guidance released, but the Trust were advised by NHSE/I to disclose that the Quality Account is published in an unaudited format, the Quality Account was also published unaudited for 2019-20. PW pointed out the sections have been reviewed by QGC, EMB and the Board and have been subject to rigorous data quality processes. JB said the latest guidance states that external assurance on the quality account will not be provided for future years. WFC said the Internal Audit work programme covers all data and quality issues. The document will be presented to the Board of Directors for approval in May and the Board will be requested to approve the document, providing EMB the authority to ratify the final version on 15 June and all stakeholder responses received until 8 June 2021 will be incorporated into the final report. The document must be published and submitted to NHS Improvement by 30 June 2021. ***The Committee approved the Draft Quality Account.*** **Letter of Representation** This letter is of standard format. The letter is to be signed by A Marsh as Accountable Officer. ***The Committee approved the letter for signature.***	
	Resolved: a) The Committee approved the Annual Report and Audited Accounts 2020-21 and Annual Governance Statement on behalf of the Board. b) The Committee received and approved the draft Quality Account. c) The Committee approved the letter of representation for CEO signature on behalf of the Board.	
05/21/07	**LCFS Report**	
	LCFS Anti-Fraud and Bribery Annual report JH outlined the report to the Committee which details the work undertaken during the year, with a breakdown of days and costs. The plan comprised of a total of 95 days. 75 days were used for proactive work and 20 days for investigations split between the four themed areas of Prevent and Deter; Hold to Account; Involve and Inform; and Strategic Governance.	

The majority of days have been spent in the Prevent and Deter category and this relates to the proactive work undertaken regarding Fraud risk to the Trust. The proactive work undertaken together with target outcomes is outlined under section 4 of the report.

Section 6 of the report outlines the Trust's annual self-review of its compliance with Counter Fraud Standards. JH pointed out the self-assessment process has changed this year, and the toolkit will be submitted by the 31 of May 2021, the Director of Finance has approved the information.

JH outlined the summary of rating outcomes for 2020-21 as follows:-

SUMMARY OF RATING OUTCOMES 2020-2021 SUBMISSION							
Strategic Governance	1a	1b	2	3	5	6	9
Inform & Involve	4	7	11	12			
Prevent & Deter	10						
Hold to Account	8						

An Action plan on those areas that require improvement has also been produced.

LCFS Workplan 2021-22

JH said a lot of the work will be around raising fraud awareness to staff and how to report a fraud, there will be more engagement with staff during 2021-22. The Committee approved the work plan and WFC suggested a refresh and relaunch of some of the initiatives through various forums including via IT.

LCFS Progress Report

JH outlined the LCFS Progress report to the Committee, the following items were noted on the summary appendix:

One Red item noted –

1. ***National Procurement Exercise*** – currently awaiting direction from CFA about the scope of this review which is part of a national exercise. Latest update from CFA is that this work had been delayed due to COVID-19, but this will recommence in June 2021.

Three Amber items noted –

1. ***Post COVID-19 Assurance and Pre-employment checking -*** Work has been completed and it was concluded that ***no*** evidence of fraud was found.

	2. ***Conflicts of Interest*** **–** Work has been completed and it was concluded that no evidence of fraud has been found. Any detailed recommendations from these reviews will be submitted to the next meeting. 3. ***Review of Whistleblowing arrangements and staff awareness of the process (to be measured by staff survey or similar approach)*** **-** Deferred to 2021-2022. Alternative training/awareness software currently being sought to enable effective measurement of staff awareness.	
	Resolved: a) The Committee received and approved the Anti-Fraud and Bribery Annual Report. b) The Committee approved the 2021-22 Workplan. c) The Committee received and noted the LCFS Progress report.	
05/21/08	**Annual Report of the Audit Committee**	
	WFC thanked DS for producing the Annual Report of the Audit Committee and asked for comments. The Committee approved the report for onward submission to the Board.	
	Resolved: The Committee received and approved the Annual Report of the Audit Committee for submission to the Board.	**DS**
05/21/09	**Any Matters from other Committees**	
	WFC said there were no items to report.	
05/21/10	**Schedule of Business**	
	Noted by members. Any changes to be forwarded to DMS.	
05/21/11	**Any Other Urgent Business**	
	• ***Deloitte Covid-19 report*** – CF said this is the final report that was carried out on behalf of NHSE/I, it is pleasing to note that only minimal immaterial findings were found during the audit and shows the strong governance arrangements within the Trust. The document is circulated for information. • Professor Cumming also thanked the Committee and all the teams for their hard work and asked for his appreciation to be passed onto the staff.	
05/21/12	**Dates of Future Meetings 2021-22**	

	• 13 July 2021, 10am • 9 November 2021, 10am • 18 January 2022, 10am • 15 March 2022, 10am • 24 May 2022, 10am	
05/21/13	**Meeting of the Audit Committee in the absence of Officers from the Trust**	
	Held separately.	

Chair…….. Dated……
The meeting closed at 1130 hours.

Action Points – Audit Committee 19 May 2021

Minute	Details	To be actioned by	Complete/ Incomplete	Evidence
05/21/04	DSPT Update to November meeting	**ZB**		
05/21/06	Annual Report, AGS, Annual Accounts to be submitted to May Board.	**DS**	*Complete*	*Forwarded for submission to May Board.*
05/21/08	Annual Report of Audit Committee to be submitted to the Board.	**DS**	*Complete*	*Forwarded for submission to May Board.*
05/21/10	Schedule of Business: • Any further amendments to be forwarded to DMS.	**All**		

Date of next meeting:
13 July 2021, 10am

Minutes of the meeting of the Quality Governance Committee held on 24 March 2021
In view of the current National Emergency and the guidance on maintaining social distancing the meeting was convened by electronic means through Microsoft Teams software

Present:

Tony Yeaman	(TY)	Non-Executive Director (Chair)
Mohammed Fessal	(MF)	Associate Non-Executive Director
Dr Alison Walker	(AW)	Executive Medical Director
Mark Docherty	(MD)	Executive Director of Nursing & Clinical Commissioning
Andrew Proctor	(AP)	Quality Improvement & Compliance Director
Vivek Khashu	(VK)	Strategy & Engagement Director
Jason Wiles	(JW)	Lead Paramedic (Emergency Care)
Nick Henry	(NVH)	Head of Operational Information, Planning & Performance
Vicky Whorton	(VW)	EOC Clinical Manager
Stephen Thompson	(ST)	Staffside Representative

In attendance:

Pippa Wall	(PW)	Head of Strategic Planning
Jenny Lumley-Holmes	(JLH)	Clinical Audit Manager
Lisa Bayliss-Pratt	(LBP)	Non-Executive Director
Chris Kerr	(CK)	Head of Governance & Security

Secretariat:

Nicky Shaw	(NS)	PA to Executive Director of Nursing & Clinical Commissioning & Executive Medical Director

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
03/21/01	**Apologies and Introductions**	
	Apologies were received from Craig Cooke, Director of Strategic Operations & Digital Integration *(Nick Henry deputising in their absence)* and Robert Cole, Consultant Paramedic (Clinical Engagement). The meeting was quorate.	
03/21/02	**Minutes of previous meeting – 20 January 2021**	
	The minutes of the meeting held on 20 January 2021 were submitted.	
	Resolved:	
	That the minutes of the meeting held on 20 January 2021 be received and approved as a true and accurate record, pending the minor amendments to be made.	
03/21/03	**Action Log**	
	The QGC Action Log contains the schedule of matters upon which the QGC have asked for further action or information to be submitted. Matters on this log can only be deleted through resolution of the QGC. (For the avoidance of doubt unless specified below all matters contained on the QGC log will remain on the log until the QGC resolves that the matter can be discharged).	

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
	Resolved:	
	1. In relation to continued minute 07/20/5.3: Update on Staff Training in Neonatal Care AW informed neonatal care is part of the 3-yer cycle of the mandatory training and was provided as part of last year's updated therefore had not produced a report. The Clinical Manager – Maternity Lead organised a virtual training CPD event 'Born too Soon' with Birmingham Women's & Children's Hospital for staff last week which was well attended. The Trust is also planning on holding a joint event with the College of Paramedics for Emergency Care which JW is involved with. MD provided an update on the training with the heated mattresses which had been given as part of the event on the Transwarmer Mattress which has been purchased by the Trust to keep neonates warm. With regards to the cuddle pockets, 1,000 had been delivered yesterday and the remainder will be received of the end of the week. This will be rolled out by the end of the month which is ahead of the 3-month timescale given to the Board. There will be training with staff around compassionate care and the Trust has comprised on the IP&C standard using sterile single use items as the cuddle pocket is not sterile, but this outweighs the increase in the level of compassionate care to parents and other family members. LBP thought it was a fantastic achievement for the Trust to have these cuddle pockets which is brilliant news and asked what level of training will be required. MD replied it is more around getting staff to think differently in the way these situations are managed, and the language used i.e. not foetus they are babies. AW stated there will be varied information published through JW and the Clinical Manager – Maternity Lead in the weekly brief together with the rollout of resus training which will be incorporated into training packages. QGC agreed to discharge this continued minute.	**Discharged**
	2. In relation to continued minute 01/21/04:1: DRAFT Quality Improvement Framework AP informed the quality improvement framework has been implemented and started to be used for example in the review of COVID 1 year on with Senior Commanders in terms of how the Trust responded to the pandemic and although there were many positives there is still work to be done. It has been used in conjunction with the Major Incident Plan as part of engagement exercises and this is being presented to the Board at the end of the month. It will be utilised through an engagement exercise with the Winter plan as well.	

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
	Therefore, AP felt this action was complete and there will be ongoing utilisation and measurement of the success going forward. QGC agreed to discharge this continued minute. PW added the framework will be utilised with the roll out of the Trust Strategy and Enabling Strategies to build on what AP had been doing.	**Discharged**
	3. In relation to continued minute 01/21/05.2: CIP Quality Impact Assessment (pre-implementation for Board advice) The list of cost improvement programmes will be discussed under the CIP Quality Impact Assessment agenda item. QGC agreed to discharge this continued minute.	**Discharged**
	4. In relation to continued minute 01/21/05.4: Trust Board Reporting – Clinical Performance MD had circulated the link to 'Matthew's story' to committee members. QGC agreed to discharge this continued minute.	**Discharged**
	5. In relation to continued minute 01/21/06.2: Board Assurance Framework (BAF) and Risk Appetite Statement ST had been provided with the name of the Unite Staffside Official who had signed off the AACE guidance. QGC agreed to discharge this continued minute.	**Discharged**
	6. In relation to continued minute 01/20/11: New or Increased Risks highlighted at meeting The new/increased risks had been included in the Chair's Report to the Board of Directors on 27 January 2021. QGC agreed to discharge this continued minute.	**Discharged**
03/21/04	**Care, Quality & Safety**	
	4.1 Review of DRAFT Quality Account (initial and post stakeholder comments)/Monthly update	
	The Review of the DRAFT Quality Account (QA) (initial and post stakeholder comments had been submitted. PW informed the Quality Account Priorities are being submitted to the committee and confirmed these have been discussed at various meeting and with the Senior Clinicians who have presented them as priorities of their work. The Learning Review Group (LRG) have been through and discussed the priorities that need to be focused on following a review of the trends and themes which have been coming through during the year. The priorities agreed by Learning Review Group and the Executive Management Board are: • Cardiac Arrest Management • Maternity • Reduction in the volume of Patient Harm Incident during transportation by PTS • Learning from our Patient's Feedback	

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
	With regards to Maternity, this fits with the programme of work and response to the Ockenden Report but there is one amendment as a result of the discussion by the LRG, under clinical effectiveness it is not sure whether the Trust will be able to offer staff the opportunity to undertake clinical observer shifts on delivery suites as the group felt there might be limitations to actually doing this for the foreseeable future, especially if the Hospitals require staff to have an honorary contract. This will remain as an ambition, but it was felt that the Trust should not set out to offer something that it does not have the authority to deliver on currently. AW informed from working in an Acute Trust the number of opportunities for observer shifts are very limited. It is planned to do more work around this which will be fed into the Clinical and Quality Strategies. MF understood the rationale for the observer shifts being removed and requested an update in 6-12 months for assurance that this is being progressed. AW stated maternity cases are “high risk, low frequency” emergencies and we need to focus on these areas in our learning packages and improve outcomes for mothers and their babies. We need to understand how many maternity cases are attended, how many mothers deliver while under the care of WMAS, how many mothers deliver without any issues and in how many instances there is learning for the organisation. AW would like an annual update on this data. PW informed the priority for PTS had been discussed with their Senior Management Team who are fully on board to continue with this. For patient experience, it is the intention to ask patients to complete a survey at the end of 111 and PTS calls and both Senior Teams are engaged with that. The surveys are not yet ready to implement but there is a plan to do this throughout the year. AW referred to cardiac arrest management pointing out the graphs for ROSC within the hospital phase and the overall outcome are showing a general downward trend from 2019, of which some relate to the pandemic but that now we are a year on from the first lockdown. It was thought it would be helpful if to have a review of the cardiac arrest outcomes at the Clinical Audit and Research Programme Group (CARPG) and Professional Standards Group (PSG) and have the Consultant Paramedic for Emergency Care attend to provide further information and benchmarking against other ambulance services. There are a couple of issues that are thought to have impacted on the data: the reluctance from the public to telephone for an ambulance particularly in the early stages of the pandemic because of the risk of catching COVID, also the few minutes delay to change into full Level 3 PPE have impacted on ROSC and survival to discharge and there are other factors that we need to understand which is why it is important to focus on cardiac arrest management. It was noted the performance for the Care bundle is overall positive as the individual areas are at a high level and there is more work going on.	

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
	TY gave support that in terms of data against the ROSC that there should be a deeper review. MF agreed with the Consultant Paramedic attending the meeting, as this has been one of the key areas of discussion in the last few meetings and we need to understand this to be able to do the best we can do in the climate we are in. ST asked if other Trusts are doing this review in terms of ROSC and survival of patients particularly in terms of demographics and COVID. AW replied JLH is part of the national clinical audit group and there are discussions taking place and other ambulance services are looking at the data. JLH stated the trends are similar to trends across other services and WMAS is not an outlier for ROSC or survival to discharge. Hopefully we are coming out of that phase and will see an improvement. MD commented cardiac arrest is a mode of death and everyone ultimately dies of a cardiac arrest therefore we need to be careful of how we understand the data. What is needed is a better understanding of the meaning of the data, as it could simply be more people are dying during the pandemic period.	
	Resolved:	
	That the Quarterly Exception Report on the Priorities of the Quality Account be received and noted.	
	4.2 CIP Quality Impact Assessment (pre-implementation for Board Advice)	
	The report on the CIP Quality Impact Assessment (pre-implementation for Board advice) had been circulated. PW explained the Trust has been following the process that it follows each year but sometimes things come together in a bit of a hurry and this year assurance can be given that there has been robust challenge as this item has been to the Executive Management Board at least 3 times and there has been lots of discussion. The new Director of Finance has been involved in the Quality Impact Assessments and the Equality Impact Assessments have been reviewed by the Interim Head of Equality, Diversity & Inclusion and PW was aware quite a lengthy paper had been submitted to the committee. ST felt this has been the best way the CIPs have been made available to the committee in order to provide feedback and did notice reference to legal fees and an anticipated reduction, asking what this is based on. PW replied we need to be mindful that legal fees are primarily around HR but it has been widened further for other departments use legal advice. Therefore, it is making sense of the decision as to when legal advice is required with a caveat that should there be any significant challenge or employment tribunal then legal advice must be sought, noting if it is HR based this fluctuate with the number of staff. There is some caution if legal advice is needed, as savings will be sought elsewhere as it is only the intention to take a fraction off that budget, so it is not a significant risk.	

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	AW added it is also ensuring we have gathered as much internal advice and use the expertise of staff already within the Trust for example, AW had previously done internal medicolegal reviews which reduce the amount of medicolegal review fees. TY said from his experience, organisations can rush to seek legal advice without using internal advice and support first and should save legal advice for high end issues.	
	Resolved:	
	That the CIP Quality Impact Assessment (pre-implementation for the Board Advice) be received and noted.	
	4.3 Trust Board Reporting	
	The Clinical Performance Reports had been received. **Clinical Performance** JLH stated the report shows WMAS Ambulance Quality Indicator (AQI) data up to February 2021 and national data up to September 2020. AW raised we measure a lot of metrics using the SPC charts to highlight the areas of concerns, but this does not always answer all the issues, it only highlights when the variance goes outside the system. What we should be doing is reduce the variance being mindful those variance limits might be too wide, for example Stroke has not got a lot of variance but in January 2020 we did have some variance. JLH advised the Management of Stroke is tightly managed but the STEMI care bundle is not as tightly managed in terms of when painkillers are given the crew is not always going back to assess the clinical impact in terms of the level of pain reduction therefore if this piece of data is missing it impacts on the care bundle. Cardiac arrest has been alluded to in the Quality Account and there are no pins for special variance although some of these look on a downward trend and that is where AW has spoken previously around WMAS wanting to understand the data better. **Handover Delay Report** An executive summary had been provided outlining the findings from the Hospital Handover Delay Harm Review which had been done nationally because all ambulance services are seeing an increase in the trend for handover delays. The purpose of the review was to ascertain the risk of harm to patients on the back of the ambulance and the impact this has on patient care as there is a delay in receiving it. It was confirmed the focus of the review was for those patients delayed on the back of an ambulance or going into Hospital, it does not pick up on the harm for those patients in the community waiting for an ambulance. It was noted it is difficult to single out what those delays might have been. The review has been undertaken and co-ordinated nationally and will give us some figures on the impact this is having on our patients.	

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
	MD stated handover delays have been measured for many years and in a normal January the Trust loses about 4,000 hours due to handover delays of over 30 minutes, in January 2021 that figure was 7,550 so you can see to what extent how this has increased over the years. Although, this figure has come down, in February the number of hours lost would normally be approximately between 1,500 to 2,000 that number is 3,855 which is nearly double that expected. This is a significant loss of resource and when you think of all the work the Trust has put in to have a Paramedic on every ambulance with training, etc this means there are approximately 30-40 vehicles at the start of the shift that the service is unable to use. MD informed the Board of Directors received a presentation from a Dudley Paramedic around handover delays and this is not good for the morale of staff or patient care as the crews get to the patients quickly and transport to hospital quickly but then their onward treatment is delayed i.e. if they have a Stroke. It was noted that not every hospital has the same difficulty with handover delays and MD has written to the 4 worst hospitals, of which 3 are managed by the same Chief Executive. There are a couple of hospitals were there have been significant improvement, these being Worcester and Royal Stoke. There is concern for handover delays over the Easter period including the bank holidays following some of the Covid restrictions being relaxed and people starting to gather as there is a potential the numbers will increase with major trauma incidents, knife crime, etc. The other issue going forward will be the recovery period for Acute activity as they have done significantly less elective work over the last 12 months and there is a major national recovery plan for elective work which will include more admissions and higher bed occupancy therefore the patients being delayed would be those in and coming into Emergency Departments. AW completed agreed with MD had said because the handover report is extremely concerning, and the findings are only from a snapshot of cases. In terms of grade of harm perceived by reviewing the information, we have had patients who at the point of patient handover to Acute Trusts were at risk of having skin integrity problems including pressure ulcers, because the patient has been waiting in an ambulance for 8 hours which is not down to our staff but down to the handover delay system. The other risk identified was one of the cases reviewed was pre-alerted to the receiving hospital and should have had immediate assessment in the ED, this is concerning if any pre-alerted patient is not able to have access to the ED. The other even more concerning risk is to those patients in the community who are waiting for an ambulance to respond. MF stated the clinical performance report shows the organisation is concentrating on what it can improve, and this is reflected in the data as the Trust is doing a great job even though the last 12 months have been challenging and performance had remained pretty much the same and gave thanks to JLH for being able to show that within the report.	

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
	In terms of handover delays, MF felt it should be noted there are effects on our staff and the Trust should be trying as best as it can to measure this to see what else we can do. ST asked what happens when there had been a handover delay and when the patient has gone into the ED and then died, will this be seen this was attributed to WMAS death in our care or the Hospital. AW replied any death will be reviewed as part of the learning from deaths in the Acute Trust Hospitals. A serious incident review will be held by the Acute Trust. WMAS will be responsible up until the transfer of care to hospital on arrival at ED, after that is the duty of care lies primarily with the Acute trust. AW stated deaths are the tip of the iceberg around patient harm as it is the patients who are sat static for hours on an ambulance who are at risk as their issues are not picked up until much later. JLH advised in terms of the actual performance of the data, there national clinical quality group are doing some work reviewing all the Ambulance Quality Indictors (AQIs) as some are consistently above 94%-95% which has been achieved through the hard work of staff and implementing quality initiatives. The aim of the national work is to identify any other patient safety concerns or patient groups where we can put in quality improvement to increase performance. The national group have identified Management of Sepsis and Management of post Resus care bundles and there will be a clinical audit based on those 2 AQIs whereby we should see more improvements shared nationally. The other groups identified are mental health and falls. With regards to the cardiac arrest data, the Trust does use tablo and is using Power BI to look at lots of variances to see what affects the data. We are intending to bring in that data and looking at it on a more regular basis and breaking it down by area and audit and identify quality improvement and then re-audit 6-12 months down the line. With information from all data sources, we can monitor on a regular basis and identify where the variance is happening. JLH confirmed Power BI is available through Microsoft Office 365 and there is no issue with licenses. JLH referred to the Clinician Dashboard and staff have access to their own data to see where there is learning and can use for their CPD. MD said in response to the question raised around attribution to death occurred and reminded the committee of the lady who died from a nosebleed which was never reported as a serious incident and the Trust is pushing the Care Quality Commission on this, partly as the lady was in her 90's and because of the long delay outside the hospital whilst the lady deteriated as this is a true reminder of what happens when handover delays occur. ST agreed handover delays should not be the normal but a very rare exception and where patients are put at risk, this is not our fault. ST added the Nightingale Hospital set up but was never utilised therefore why should the Trust be putting up this.	

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
	In response, AW said the Nightingale Hospitals were mostly planned to be manned by the same clinicians working at the Acute Hospitals if the acute trusts were overwhelmed with patients and were not used more to keep the staff and patients in an environment, they were more familiar with to have higher patient safety. The hospital could have been used for as a stepdown facility for therapy, etc but again this would take away the Healthcare professionals from the Acute Trusts and there were several reasons this was not happening across the region. MF asked whether JLH would be able to provide in some degree more regionalised data showing the variance in secondary care, handover delays, etc so that we are able to support certain areas more. JLH replied this is something currently being worked, as the team are breaking the data down by region, but this might not be ready for the next meeting and would keep the committee updated on the timescale.	
	Resolved:	
	That the Clinical Performance Indicator Report be received and noted.	
	4.4 Executive Medical Director & Nurse Director Quality Summary Report	
	The Executive Medical Director & Executive Nurse Director Quality Summary Report had been submitted. MD outlined the contents of the report as follows: • **COVID-19** – currently more than 76% of staff have received their initial vaccination and staff are now going for their second vaccination. There have been a couple of outbreaks in the organisation, and we have kept business as usual all the way through the pandemic, an outbreak is classed as 1 or more linked case so this could just be 2 people. The smallest outbreak was 44 staff in 111 which were linked early in the pandemic. The Trust has declared all outbreaks and have worked with external agencies to ensure robust processes are in place to closedown the outbreaks. It was noted that it is unlikely that we were going to prevent all outbreaks therefore it is important we minimised the chance of an outbreak and there have been lessons learnt from the outbreaks i.e. meal breaks is where staff may let their guard down and some staff were having meal breaks together sitting in 1 car. The good news is the Trust is on top of all that now. • **Clinical Team** – the clinical team have worked well through the pandemic and staff have been issued with all the equipment they need to enable them to work effectively from home. In terms of MD's directorate, initially there were 5 TEAMS calls each week which has now been reduced to 3 times a week. MD is introducing a 1:1 session with staff if they feel they are struggling and do not want to discuss on the team call.	

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
	There has been very good support through the organisation at all levels for staff working from home and the Chief Executive recorded a personal message which was circulated to all clinical staff. • **HISB National Learning Report on Maternal Deaths** – this will be discussed as agenda item noting there is still work to be done. • **Patient Handover Delays** - this had already been mentioned. The hospitals are outlined in the report which shows everyone is not having the same problems. Heartlands Hospital is a massive concern as they receive a significant number of WMAS patients. If the situation keeps getting worse at the current rate the Trust will have no ambulances available to respond to patients in the community with emergency needs. • **Clinical Pathway Changes** – there have been numerous changes to pathways which has caused difficulty to staff, those that have taken place since the last meeting are detailed in the report. Overall, there have been approximately 37 different pathways changes and the clinical staff on the ground are doing a phenomenal job ensuring the patient are taken to the right place. • **Specialist Care Pathway Development** – MD had some good news advising the Trust is currently working with New Cross Hospital to have a specialist care pathway for vascular surgery. This will be beneficial for patients who require treatment for a dissecting aneurysm, as currently they are taken to the nearest Acute Hospital that provides vascular surgery. The success of this treatment is getting the patient to the right place, and currently there is not enough vascular surgeons able to do this. There are ongoing discussions around working on a regional rota so there will be good expertise in this area meaning better outcomes for patients. MD stated what he was trying to do is incorporate all the reports submitted to QGC into 1 report so that the committee does not receive multiple reports that duplicate information. Therefore, the Trust Information Pack data for February 2021, had been included in the report and MD highlighted the salient points as follows: • **Complaints** – the numbers have not broadly changed, there has been a slight increase, but we were hoping the public would be more tolerant during the pandemic, but they appear to be very demanding, and their expectations are high. • **Patient Safety** – no big changes on where we would normally be, but we do need to add a caveat that the number of incidents reported is likely to increase when activity is high. Serious Incidents (SI's) have increased slightly, and we can discuss this is more detail. There was a long discussion at Learning Review Group as we are having some emerging themes from incidents being report which have not been yet been investigated. One of which is our response to cardiac arrest.	

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
	MD reminded in previous years the Paramedics we had were tasked to more critically ill patients therefore gained experience in trauma and cardiac arrest. Now there is a Paramedic on every vehicle means this reduces the number of these jobs they attend each year therefore LRG are looking at this to see if we can identify if there is anything else we can do. It was noted at Learning Review Group, Paramedics might only attend 3-4 cardiac arrests each year therefore we are looking at the mandatory training sessions and up-skilling of Paramedics where they are not able to practice those skills clinically. • **Learning from Deaths** – another positive is that despite all of COVID, the Trust continued to review 100% of all deaths with the exception of 1 month which was March 2020 where a sample had to be taken because of the redeployment of our clinical staff into EOC. The Trust still reviews far more deaths than it is required to do, and we take all the learning from that. • **Safeguarding** – there has been a significant increase in domestic violence/homicide and child deaths which are the things you would expect might happen during pandemic lockdowns. Child safeguarding referrals have increased by 50% and although there are explanations it does not solve the concerns for child referrals. The safeguarding team are feeling the pressure of the increase in demand as it is not only the number of referrals but all the follow through work with multi agency teams. • **Medicines Management** – there has been an increased in controlled drugs incidents and one of the reasons for this is that the Trust is treating Misoprostol as a controlled drug (which can be used for abortion and potentially fall into hands that could misuse it). The increase is due to the packaging which is being addressed and may be due to the smaller safes on the new vehicles which has caused the drugs to be tightly packaged and caused the tablets to break out of the packaging. • **Claims & Coroners** – the numbers in the report are lower than last year but this does not necessarily mean there is a downward trend as some claims do not come through in the year that the incident happened. • **Infection Prevention & Control** – as you can see from the routine reporting, broadly speaking inoculation incidents have increased and splash and environment incidents have decreased which is what you would expect as IP&C is on everyone's radar a lot more and we have achieved proper IP&C standards which is a good news story and hope this carries on. • **Clinical Indicators** – these have already been discussed. • **CQUIN** – unfortunately, MD did not have an up-to-date number for the flu vaccinations for quarter 4. The "access to information on scene" is another good news story as the target was set at 5% and the Trust is achieving way above that figure. Congratulations to staff that are using it and for the EPR Lead who has done a lot of work on this.	

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	MD advised the report includes the list of other Nurse Director/Clinical Commissioning workstreams/meetings as follows: • Attendance at Quality, Governance & Risk Directors (QGARD) meetings which has been dominated by IP&C and there are concerns there are still lots of other agenda items which have been pushed back in priority. • Regional Emergency Department Clinical Directors – MD is the only Nurse who has an invite to attend this meeting. • Herefordshire & Worcestershire Clinical Ethics Forum – discussion around recovery in which they think it will take 2 years, but MD was of the opinion it would be more around 10 years. • Commissioning – the Trust is now on a block contract arrangement which mean there is a bigger concern to arrive at the financial envelope to deliver good care. WMAS are currently having discussions with Staffordshire around taking on their 111 service. Work has started on the integrated contract for 111 and 999. There is some proactive work with Care Homes around doing daily visits. • Meetings with SATH following their CQC improvement notice in relation to looking after young children with mental health problems. They are making improvements to mental health and patients are being transferred to facilities who can offer this. • Regular meeting with NHS England and NHS Improvement to discuss broad urgent and emergency care agenda and system pressures. • Attendance at the COVID vaccination steering group which is chaired by VK and these were weekly meetings, but the number is being reduced. • Health Overview & Scrutiny Committee (HOSC) meetings are being re-established and MD is attending a meeting this afternoon. The HOSCs are very supportive and complimentary of our organisation although there might be challenging with us at times. • Joint working with Public Health England on injury surveillance work. AW informed the report outlines the other areas she has been involved as follows: • **Senior Clinical Advice** – following a discussion at Professional Standards Group, the Trust is forming a review group for senior clinical advice which is a real opportunity as the 999 and 111 call centres are merging next weekend and this will allow us to review how clinicians can access expert advice in terms of critical care, pharmacy, mental health, etc. This group is being co-ordinated by the Integrated Emergency & Urgent Care Director. • **JRCALC** – as chair of JRCALC the group is currently reviewing a number of workstreams of which there are 140 guidelines and around 50 new pieces of guidance to develop. A JRCALC Lead for guideline development has been appointed and the group are trying to involve more senior clinicians from the ambulance services to support this role.	

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	AW had recently recompleted the Safeguarding Level 3 training and undertaken Advanced Caldicott Guardian and Responsible Officer Revalidation training which will be repeated in 2021 as part of the catch-up arrangements. AW has attended an 'A-Z of Black Lives Matter' resource review hosted by Birmingham and Black Country Sustainability Transformation Partnership who commissioned a fantastic engagement system through a small company the presentations and education are led by a poet and a rapper. From that work, AW and the Equality & Diversity Lead have agreed some funding to have a similar education system for WMAS as the company used You-Tube clips, videos streams, etc and AW, Pam Brown and Jason Wiles produced a conversation video which talked about the challenges and opportunities around race which will be placed on the intranet for staff to access. AW felt this was a really good way of engaging with people and would recommend it to everyone. These resources will be shared with the Non-Executive Directors and the Board so that are sighted on the work going on. AW had engaged with the General Medical Council (GMC) around the medical appraisal and medical revalidation review of all Doctors within WMAS. The Doctors in the enhanced care systems will be validated through their Acute Trust and the appraisal documentation will feed into that review. There is currently a piece of work being undertaken to review every Doctor in the ambulance service to obtain assurance of their GMC registration, appraisals, and revalidation which will be presented to the People Committee, QGC and the Board of Directors for approval. MF wanted to ask a couple of things, the first relating to the COVID vaccination and increasing the uptake, asking whether the Trust is visiting sites and doing further engagement with those staff who might not be having the vaccination i.e. BME, pregnant staff and whether this is a structured plan or just ad-hoc. In response, VK stated the organisation is aware of the distribution and where the concerns and the update by age. A paper is being submitted to Board next week to provide an update on the current position and some suggested steps to increase up to 80% and there are some areas lower than that i.e. BME is 54% and younger staff is 60% so there are still some areas to work on. MF asked if there has been a discussion around making the vaccination mandatory for staff like in Care Homes and VK replied this topic is covered in the Board paper. Secondly, MF asked in terms of working from home are the 1:1 calls just for clinicians. MD said he could only speak for the clinical directorate as these calls are being introduced as part of the plan of coming back to normality with proposed face to face conversations with staff after Monday which of course will be social distanced.	

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	The rationale for introducing the 30 minutes per person, is clearly some staff cope in a different way to others and not everyone copes in the same way. There were some members of staff who did not want to work from home as they also come to work for social interaction, therefore, what we will doing as we come out of lockdown is to seek from staff what their preference is and do whatever works best for them. The outcomes of these conversations will be taken back to the People Committee. MF referred to the huge number of changes to pathways and wanted to know if there are any risks real or apparent which have resulted in delays or non-conveyance. MD stated the changes to pathways have worked quite well, the risk is for examples paediatrics being taken into the Birmingham Children's Hospital and received such a good service the parents do not want them to go back to a more local hospital for care. MD added there is a caveat that the Trust is not going to go to a preferred Hospital to join another queue, when they might travel a longer distance where the Hospital has no queue and would do this for the benefit of the patients. In terms of the serious incidents over the timeframe, MF asked is there assurance staff are able to work through the backlog in terms of the learning and liaising with the staff involved as this workload will have an impact on staff. MD stated there was a discussion at Learning Review Group where it was noted there is a backlog of 45 incidents is higher than the number undertaken for last year. From MD's point of view, we need have some headroom to become more strategic in preventing the serious incidents from happening rather than investigations all the incidents because the learning and implementation should be the key focus. Secondly, the patient safety team is as streamlined as it can be, therefore, 1 member of staff could be investigating 10 incidents at one time which is too many. It was noted 1 investigation takes approximately 100 hours which is labour intensive for staff and realistically they should not have more than 2 or 3 investigations at any one time. MD said there has been a discussion at the Executive Management Board who have agreed to reallocate some of the Operations Team to assist with the investigations e.g. Lead Paramedic, Head of Clinical Practice for Trauma, etc. but this does not help immediately as we cannot reassign a half-investigated incident therefore need to continue with what we are doing and assign the new cases coming through to ease the pressure on the team. ST stated there was a conversation at Learning Review Group and staffside are becoming disturbed and concerned about this as most people on this committee will be aware staffside have been raising this for at least 2 years and the concerns are for members of team rather than about the team.	

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	Currently the Trust is at 81 incidents and we have not reached the end of the financial year yet and there are 45 investigations outstanding. If each investigation takes 100 hours that is 4,500 hours and staff are contracted 37 ½ hours therefore this equates to approximately 2½ years' worth of work along with the other demands of the role therefore we need to think about the impact this has on the family, staff investigating, Coroners, Commissioner sign off and lastly the staff being investigated as 2 patients in an incident equates to 10 members of staff and this is a stressful time for them waiting on the outcomes. ST acknowledged staff have been assigned to help out over the last few months, but some have given notice they will be back on the road soon. ST felt instead of putting everything into the frontline, the support services need to be serviced and facilitated appropriately and staff being pulled in to help doing the lower-level work but the staff still have to do the higher-level part of the role. Staffside concerns have been raised at Learning Review, QGC and will be on Monday at the Health, Safety, Risk & Environment Group on Monday as the Trust is not investing enough into this team. MF shared those concerns as over the last 12 months whilst being on this committee, it appears the issue keeps rolling on and becoming bigger. MF supported all of resources should be put into the frontline, but we need to back up the support services and this needs to be looked at and there is a good case to get through that back log. It is hard to pass over a serious incident review as you need to ensure individuals have the correct skill mix and undergo RCA training so they are able to support investigations AW agreed and shared the concerns around capacity and sustainability of system particularly as there has been a massive increase in 999 (17%) and 111 (45%) above demand, when the Trust were hoping to see a decrease in demand. The serious incident team are an expert team within the Clinical Team and supported ST comment about valuing that team as this is not an expertise that can be acquired quickly and may take up more time if staff are trying to train and do their job as well. AW highlighted if we are asking our Lead Paramedic to undertake 2 investigations, that is 200 hours they are losing from their other work in terms of the learning re: new medicines, equipment and pathways which will also be delayed. For a number of reasons, we need to move to a place where capacity and expertise is available as required, as these investigations are becoming more complex with the increase of chronic and acute conditions. JW said he has been involved with serious incident investigations for the last 10 years and the Trust has proved over the years how good it is in investing time in engagement with families and staff and this is reflected in Corners, court and family feedback and what WMAS is doing is being adopted nationally. What is happening is the organisation is falling short from the learning in particular how to address and prevent the incident from happening again.	

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	JW currently had 3 ongoing investigations which are all complex and is unable to give the time to implement learning from previous incidents to prevent them from happening. The team are good at firefighting and get to this position twice a year then catch up but then 3 to 6 months later are in the same position. JW stated these are not pleasant cases to deal with and will impact on staff particularly if they are dealing with 8 to 10 families who have generally lost a family member whereas the national guidance states staff should only have a couple of investigations at one time. The work is relentless and constant and talking from personal experience, will take its toll on staff. Following on from JW's comments, ST stated staffside are predominantly asking for a risk assessment for the non-clinical managers and support staff and the organisation needs to sit up and take these comments very seriously now and would like these to be discussed at the Board of Directors meeting at the end of the month otherwise staff are going to break. MF referred to the child safeguarding seeking assurance on the appropriateness of those referrals and, on the training, and competency of staff. MD replied a formal audit has not been done on every case but the Consultant Paramedic who leads on Safeguarding is on top of all the reviews. There are no concerns around inappropriate referrals even though we do have the odd complaint that a referral was made and the individual is not happy, but when it has been investigated the referral was appropriate. The Trust is training more frontline staff in Level 3 Safeguarding which is not geared to ambulance services and we do need to pick up with staff what they need to support them in that respect. MF said it was good to hear about the work being done on Medical Revalidation and would like more detail around Non-Medical Prescribing also the potential ability to prescribe controlled drugs and whether this had been reviewed and welcomed views in terms of demand and need for this. Finally, MF would welcome a conversation around the use of Naloxone. AW advised with regards to Medical Revalidation, there is a meeting with the HR Director and HR Lead so they tied into this work and when we have the information it will be shared appropriately. There are currently 23 Doctors linked to 111 and the vast majority of Doctors will be revalidated through NHSE Primary Care systems or the Clinical Commissioning Groups (CCGs). There are 30 Doctors linked to Midlands Air Ambulance (MAA) and the Medical Emergency Response Incident Team (MERIT) who we know are revalidated through the Acute systems. AW had recently completed the medical revalidation process for the Medical Lead for the National Ambulance Rescue Unit (NARU) as she is the Responsible Officer of the organisation they are linked to. The Responsible Officer is not allowed to appraise Doctors and will need to access the appropriate appraisal support for revalidation.	

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	Non-medical prescribing is a piece of work which was started at the end of the last year and the Trust Pharmacist is predominantly leading on this for 111 with the Pharmacy Lead for 111 being the Non-Medical Prescribing Lead for the Trust and will seek feedback through the 111 system. In terms of controlled drugs, MD is the lead Director and we can bring something back on controlled drugs in terms of prescribing recommendation for particularly drugs in Schedule 4 & 5 from an ambulance sector as a whole. MD added there are different ways of giving drugs that you do not have to prescribe. AW was happy to have a conversation about Naloxone, advising an audit was done on the use of Naloxone as a reversal agent for opiate overdose with the findings being a higher-than-expected use so we need to review this. JW said he had written the report and 55% of drugs administered are not clinically indicated as set out in JRCALC. There is a document that the ambulance services have been asked to complete to request authorisation of other medicines under the Schedules with exemptions. The ambulance services have responded including on medicines such as Midazolam. AW took the opportunity to provide a brief background on the PACKMaN research study which is Ketamine vs Morphine being administered as an analgesic in trauma cases.	
	Resolved:	
	a) That the Executive Medical Director & Executive Nurse Director Quality Summary Report be received and noted. b) That AW and MD provide feedback to MF on prescribing for particularly drugs in Schedule 4 & 5 from an ambulance sector as a whole. c) That a meeting is arranged to discuss Naloxone.	**AW/MD** **MF/AW**
	4.5 Update on Maternity Care Services	
	The HSIB Maternal Death Report had been received. MD stated the report was mostly for information of QGC as the Trust has done a review of the Ockenden Report and the majority of actions/recommendations were for Acute Trusts as they provide a full range of maternity services. The report has been discussed at Learning Review Group and agreed that the Clinical Manager – Maternity Lead will pull together a summary of both reports and actions specific to ambulance services and there will be an action plan presented back to the relevant groups including QGC.	
	Resolved:	
	a) That the Update on Maternity Care Services and the HSIB Maternal Death Report be received and noted. b) That the maternity action plan will be a future agenda item at QGC.	**MD**

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
03/21/05	**Risk**	
	5.1 Board Assurance Framework (BAF) and Risk Appetite Statement	
	The Board Assurance Framework (BAF) and Risk Appetite Statement had been circulated. MD stated there has been a lot of work done on the BAF following an internal audit review as it was not where we would have liked it to be when the current BAF was implemented. The BAF is being presented for scrutiny as a 'live' document, so everyone feels they have ownership of it. There have been changes made to the BAF since the last review by QCGC, these are mainly relate to Strategic Objective 1 which is mostly overseen by the Health, Safety, Risk & Environment Group. The changes made to the BAF are outlined in the report, noting there have been no changes to Strategic Objectives 3, and new risks have been added under Strategic Objectives 4 and 5. MD referred to the handover delays risk assessment which had been reduced a couple of months ago from a 20 to a 16, because we were saying with mitigation it could be a 16 but ideally this should be down to a 12. On that basis, there have been changes made to the risk appetite statement as it is not the role of the organisation to eliminate the risk but to manage it and acknowledging you might have to increase a different risk to manage the original risk. For example, you could recruit more staff to reduce a clinical risk but that might cause a financial risk therefore we need to make sure the appetite for risk is in the right place and being managed across the organisation. MD informed the BAF is being piloted on-line as we are introducing a live update whereby the BAF will be accessed via Sharepoint and individuals can review the document and record comments against the strategic risks which will form the basis of discussion at the meetings. TY said it will interesting to see how ownership is taken with live access. MF stated it was great to have this imbedded across the organisation and raised one question in relation to the stab vest as it states the Trust is looking at some samples but are these needed when the Police force have been wearing/using them for years. MD replied stab vests are uncomfortable to wear and when he worked in London staff did not wear them all the time and would only wear them following a dynamic risk assessment. ST advised there is no appetite for stab vests as lots of work has been done around the body worn cameras which the Trust is looking at first as a prevention and to record incidents. It is felt stab vests will attract stabbing and staff have spoken about the Policy, who are not complimentary of them at all.	

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	CK had been surprised by the variety of stab vests available and the Trust's Security Manager is looking at different samples as well as the type used by the Police to ascertain whether they are appropriate to use. CK added there have been a great deal of investigation into the body worn camera project to prevent physical and verbal assaults on staff.	
	Resolved:	
	That the Board Assurance Framework be received and noted.	
03/21/06	**Governance/Compliance and Regulation**	
	6.1 Review and approval of the annual Strategies Operational Objectives and Milestones	
	PW informed the Board agreed the review and approval of the annual strategies would be extended to September. The Trust is updating the 5-year strategy and a series of engagement events have been held with Governors, Clinical Commissioning Groups (CCGs), Sustainability Transformation Partnerships (STPs) and an internal staff briefing held last week with the Chief Executive Officer and VK. The Lead Commissioners are very supportive of the direction of travel of the organisation and the constant themes from the CCGs and STPs is the provision of services in rural services. The Trust is looking to commence local engagement with neighbouring and subregions. VK informed there had been an engagement event with staff last week and lots of questions had been asked with some of the main themes being: • Growing levels of integration of 999 and 111 and into other services • Desire for development skills further and not just around operational management but to enable staff to create a greater clinical career • Expand midwifery care from numbers in 111 as more work needs to be done for mothers calling asking about more general care through 111 • More community engagement with schools and communities • Staff wellbeing and mental health – a strategic report around mental health and wellbeing will be included on Strategic Objective 2. • In being a great place to work and there are a couple of other comments that need to respond • Accommodate disability in the workplace i.e. autism, Aspergers, – workplace responsible/legal duty to accommodate • Flexibility working in the workplace • Comments around environment responsibility in relation to additional use of PPE, etc and how to reduce waste • Greater infrastructure for electric vehicle charging including staff vehicles VK made one final comment, that staff appreciated the information on the thoughts and working of the Board and wanted to see more sessions like these. It may be these are held monthly or quarterly depending on what is happening in commissioning, strategy, etc.	

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	Overall, this was well received piece of engagement and supports the work done already as a Board with the priority being the health and wellbeing of staff. A more detailed report will be submitted to the Board of Directors at the end of the month. LB said it was good VK mentioned the priority being around mental health and staff wellbeing. In terms of sustainability, reducing waste is a live issue with our students and University partners and would be happy to work with VK on this as this is currently being embedded into all curriculums. VK was happy to have a discussion and advised it might be useful to circulate the strategy out to the Universities as well as Primary Care and the HOSCS to talk through the work being done.	
	Resolved:	
	That the verbal discussion on the Review and approval of the annual Strategies Operational Objectives and Milestones be received and noted.	
	6.2 Clinical and Quality Information Governance Assurance e.g. data quality reports, IG standards report	
	The Data Security Protection Toolkit (DS&PT) Report had been received. CK stated the report was 'as read' and wanted to draw attention to a few points, these being the processes for assurance against version 3 will follow the same process for version 2 as this proved to be successful. In terms of providing assurance, NHS Digital have approved the evidence for 6 lines against the CAD submission and the Cyber Security Group have reviewed 20 out of the 149 line and the evidence reported to the last Executive Management Board to provide assurance. CK stated that the Trust is on target to review and provide evidence against the remainder of the lines by 30 June 2021. The report has been presented to the Audit Committee who are aware that the data submission has been delayed to 30 June 2021 might cause issues to the annual governance statement. Internal Audit have also been made aware of this and are currently looking at some of the reviewed evidence.	
	Resolved:	
	That the Data Security Protection Toolkit (DS&PT) Report be received and noted.	
	6.3 Serious Incident Report	
	The Serious Incident Report for February 2021 had been submitted. MD highlighted there are 35 serious incidents open on STEIS and the report shows that we are not currently keeping on top of the timeframes which is no fault of the team but is mainly due to the increase in workload.	

ITEM	Quality Governance Committee (QGC) Meeting 24 March 2021	ACTION
	Clinical care continued to be the biggest issue long with discharge on scene of patient who subsequently deteriorated. There has been a discussion at LRG around discharge on scene, in that the Trust does not advise staff to leave patients at home, but we do have some high-risk cases, and it is worrying when we have the conversation reviewing serious incidents that there are patients that should have gone to hospital. AW added LRG have asked for the time period of recognition of a serious incident to be monitored from the date it was raised, to the date when there is a conversation staff about the incident, as there are sometimes quite long-time delays and we need to monitor the impact this is having on staff.	
	Resolved:	
	That the Serious Incident Report for February 2021 be received and noted.	
03/21/07	**Documents for Approval/Discussion**	
	None were presented.	
03/20/08	**Chair's Reports from Working Groups**	
	8.1 Learning Review Group (LRG)	
	The Chair's Report from the meetings held on 22 February, 25 January and 6 January 2021 and Action Logs of 25 January 2021 and 23 November 2020 had been received. MD advised these reports were slightly dated as LRG had met on Monday and not yet reported through. MD's general comment was the Trust has maintained a very robust learning review process and it is good this has continued through the pandemic as the group could have said we were note going to do it, but the group has the maturity to discuss the difficulties faced by organisation to ensure our patients are kept as safe as possible. The contents of the Chair's Report and Action Log were noted.	
	Resolved:	
	That the Chair's Report from the meetings held on 22 February, 25 January and 6 January 2021 and Action Logs of 25 January 2021 and 23 November 2020 be received and noted.	
	8.2 Health, Safety, Risk & Environment (HSRE)	
	The Chair's Report from the meeting held on 18 January 2021 and Action Log of 30 November 2020 had been circulated. MD informed the report is 'as read' and the next meeting is on Monday and the group has the enthusiasm to maintain business as usual.	
	Resolved:	
	That the Chair's Report from the meetings held on 18 January 2021 and Action Log 30 November 2020 be received and noted.	

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	8.3 Professional Standards Group	
	The Chair's Report from the meetings held on 28 January 2021 and 26 November 2020 and Action Logs of 26 November and 22 October 2020 had been submitted. NVH stated the reports were 'as read' and no new risks have been identified. MF requested more information about consent as he was unsure what this meant, in response JW stated this is around does the patient have all the relevant information for them to have the capacity to make an informed consent. There have been cases where there has been a missed STEMI and the crew have documented the patient refused to go to hospital, but they have not been told clearly enough why they needed to go. Alternatively, the clinician has not recognised the seriousness of the patient's condition and have told them they will be waiting for hours at hospital therefore the patient had decided not to go. MF asked if this has been addressed with a standard process to ascertain the nature of the issue and where the Trust is at with it. JW said the crew used to get the patient to sign the clinical record if they were refusing treatment or transportation to hospital which would be a blank screen therefore the patient did not know what they were signing for. The Trust has changed the layout of the screen, so the patient signs a statement which states 'you are refusing medical advice' so it is clear what they are signing for. MD added it is also around what risk the patient has been informed about in relation to their clinical condition. MF stated this is high up on the Care Quality Commission agenda as well and just wanted to get more clarification. TY noted this has been raised as major problem in litigation these days as well.	
	Resolved:	
	That the Chair's Report from the meetings held on 28 January 2021 and 26 November 2020 and Action Logs of 26 November and 22 October 2020 be received and noted.	
03/21/09	**Schedule of Business**	
	The Schedule of Business had been received.	
	Resolved:	
	That the Schedule of Business be received and noted.	
03/21/10	**Any Other Urgent Business**	
	AW took the opportunity to personally thank TY and on behalf of the organisation, not only as the current chair of QGC but as a Non-Executive who has worked for the Trust for the last 16 years noting this would be TY's final QGC meeting.	

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	TY had enjoyed working for the organisation over the last 16 years and had unexpectedly taken over as QGC chair recently and has seen a fantastic level of challenge and support from colleagues in a very professional manner. TY had seen the Trust through the 2006 ambulance services merger, then to Foundation Trust and then progression through to University status. MF had only known TY for a short time but had learnt a lot from the way this meeting is chaired and thanked TY for that opportunity. ST thanked TY on behalf of staffside as it has been a pleasure to work alongside him for over 16 years.	
03/21/11	**New or Increased Risks highlighted from the meeting**	
	No new or increased risks were highlighted at the meeting. There being no further business, the meeting closed at 12.40 pm.	
03/21/12	**Date and Time of the next meeting**	
	Wednesday 19 May 2021 at 13.00 pm via Microsoft TEAMS	

These minutes were agreed as accurate on Monday 24 May 2021

West Midlands Ambulance Service
University NHS Foundation Trust

Minutes and Actions of the People Committee held on 18th March 2021 at 1000 hours via Microsoft Teams

Members:

Caroline Wigley (Chair)	CW
Narinder Kooner	NK
Mohammed Fessal	MF
Kim Nurse	KN
Michelle Brotherton	MB
Nathan Hudson	NH
Linda Millinchamp	LM
Jeremy Brown	JB

In attendance:

Carla Beechey	CB
Barbara Kozlowska	BK
Pamela Brown	PB
Stephen Thompson	ST
Pete Green	PG
Simon Day	SD
Claire Finn	CF
Usha Ramnatsing	UR
Lucy Mackcracken	LM

Dawn John (Secretariat)	DEJ

ITEM	Meeting held on 18th March 2021	ACTION
03/21/01	**Welcome and Apologies:** The Chair welcomed everyone to the meeting and agreed with the group that all papers are to be taken as read and not given lengthy introductions, to allow time for full committee discussion.	
	Apologies: Nathan Hudson, Pamela Brown, Linda Millinchamp, Steve Thompson and Simon Day.	
03/21/02	**Declarations of Interest:**	
	No conflict of interests declared in any matters contained within the agenda for this meeting.	
03/21/03	**Minutes of the last meeting of the People Committee 28th January 2021:**	
	The minutes from the meeting on 28th January 2021 were submitted and agreed as an accurate record.	
03/21/04	**Actions arising:**	
	There is currently one action for this Committee**:**	

	***NHS People Plan**:* *It was agreed that Kim Nurse will work with operational colleagues to produce a paper for Board to outline implications of People Plan for WMAS, including outlining options and risks of paramedics working for primary care networks.* This action will be covered on today's agenda.	
03/21/05	**Workforce Key Performance Indicators dashboard and analysis:**	
	KN referred to papers 2 and 2a with salient points as follows: • The Trust is over established in terms of the frontline workforce and NHS 111. This is a managed process. Leaver levels are low. • The operational workforce has a skill mix of 61.94% paramedics. • The Agency spend in NHS 111 ceased completely in October 2020. • The Bank spend was high during the first two quarters of 2020/21 due to the students taken on to cover the pandemic. This is closely monitored, reducing between October and January, however, has increased again in February due to the increased requirement for the second pandemic peak. • The overtime was starting to reduce following costs associated with the pandemic at the start of the financial year, however, has been increasing since October with a slight dip in January. • Sickness absence rates had started to reduce to similar levels in 2019, however has risen over the winter period and the second peak in Covid-19 across the country is seen a steady increase that is starting to reduce in February. • The ethnicity mix in the Trust has risen in the 12-month period from 9.63% to 10.79% and the trajectory continues. We have more varieties of roles that are of interest to people from BAME backgrounds due to the NHS 111 service, which has a greater range of professional roles. • Overall the KPIs are strong in terms of mandatory training. Paused but back on track. PDRs have continued and are higher in numbers completed. • All indicators together show a strong performance. The Chair noted that to be on top of mandatory training and PDRs was an excellent achievement. Well done to all involved. The Chief Executive has been driving for business to continue as normal throughout the current health crisis and we are proud of our Directorates who have all kept things going. MF added that the progress in BAME recruitment is good. It would be useful to see the data in terms of regions and as a comparison with	

	other NHS organisations, as it is envisaged that the population of people from a BAME background working within the NHS is greater than that in the general public. MF further requested that when we look at Board level BAME representation, we split the information across Executives and Non-executives. It would also be useful to see the career progression in bands. KN confirmed that we access our data for analysis in the West Midlands from the Office of National Statistics and with the new Census 2021 is in progress, we will have access to new information. As a regional service, we focus our recruitment on people who will live and work in the area i.e. Birmingham has a higher percentage of people from BAME communities than Herefordshire. We can however explore the data further. BK added that there is a programme of reverse mentoring coming up in April for band 8 and above to work with Board executives and non-executives. Band 7 staff from a BAME background will be offered a 'day in the life' experience to sample roles they may be interested in. NK explained to the group about a cadet programme in Staffordshire, which is open to delegates from all across the regions, in the same way as University students often move out of their areas for courses. A regional breakdown of where our students come from would give us more of an indication of focus areas.	
	Resolved: a) That the contents of papers 2 and 2a are received and noted.	
03/21/06	**Workforce Plan Update and NHS People Plan Progress:**	
	CB presented papers 3 and 3a with main points as follows: It is pleasing to see how many of the NHS People Plan actions we already have in place and therefore there have been no surprises for the Trust. Some of the actions are amber with work ongoing. Assurance is provided to this group that the work is progressing well. CW highlighted the risk of losing Paramedics to Primary Care networks and secondly, the entire NHS risk of staff retiring due to the pressure and stress of the past pandemic year. CB stated that we have a good recovery plan in health and wellbeing. We also have a new member of the Mental Health and Wellbeing team; a Psychological Wellbeing Practitioner will support in low level intervention to allow the Mental Wellbeing Practitioners to focus on pro-active and preventative elements, including face to face consultations and delivering topics people are interested in i.e. diet and nutrition for shift workers etc.	

	MF asked about body worn cameras and stab proof vests. CB advised that the body worn camera trials are not led by the Workforce Directorate, however this is ongoing and being piloted at more hubs. Stab proof vests are not currently being trialed, but a paper is due to be presented to Board. To further clarify with regard to our Mental Health and Wellbeing provisions within the Trust, CB advised that alongside our Practitioners, there is also an online service called QWELL and the staff uptake and feedback from this is excellent. It provides a forum where staff feel they can say things they may not disclose in a face to face situation. Demand for services has been high and we can offer support in a variety of ways. A discussion followed and the group acknowledged the value of modern technology. Going forward the Mental Wellbeing Practitioners will have more capacity to look at analysis and feedback from QWELL and also our occupational health provider to see if there are areas we need to address in different ways. CW raised the point in the People Plan on flexible working as we move out of the pandemic. KN stated that LAS are running a mass consultation exercise with their staff to gather views on the pros and cons home working. The group discussed further and it was overall felt that staff will want to move forward on a 'blended' basis with home and office working. CB advised the group that the Flexible Working policy is under review with staffside and takes into consideration effectiveness, views of managers and personal development. The DoH will be preparing papers for release and we will have headroom to challenge the way we worked before, reinforcing personal employment contracts and more agile working. Feedback from consultations with staff will be very helpful. NK asked about staff who may need extra equipment for home working. CB responded that risk assessments are held with line managers and IT have been excellent in helping with equipment and resources. Some staff have their specialised workstations and chairs at home. There are also articles in the Weekly Brief to guide staff if they need any further assistance. CW asked CB to produce a separate paper at the next People Committee around Paramedics working for Primary Care networks, and the risks. CB agreed that this would be a useful study as vacancies advertised so far have been fixed term contracts so it will be interesting to see if staff leave a substantive role to take these up. **ACTION: Carla Beechey**	

	Resolved: a) That the contents of papers 3 and 3a be received and noted. b) CW asked CB to produce a separate paper at the next People Committee around Paramedics working for Primary Care networks, and the risks. CB agreed that this would be an useful study as vacancies so far have been fixed term contracts so it will be interesting to see if staff leave a substantive role to take these up. **ACTION: Carla Beechey**	**Carla Beechey**
03/21/07	**Workforce Casework Report:**	
	Carla Beechey presented paper 4 as submitted. Highlights as follows: • Short term sickness continues to be well managed and early intervention is positive. • There are no appeals, challenges or conflict in disciplinary actions. • Grievances are low and generally resolved locally and informally. The report sent to EMB on a quarterly basis has no areas for concern or disproportionate action. • All policies and procedures are compliant and thanks are offered to Staffside for carrying on this work to ensure policies are updated and reviewed. The Flexible Working policy is being updated.	
	Resolved: a) That the contents of paper 4 be received and noted.	
03/21/08	**Workforce Update:**	
	CB presented paper 5 to the group with the main points as follows: • Recruitment is ongoing and the role of Student Paramedic is still very attractive with over 800 applicants. Interviews are held virtually and therefore more flexibility on times can be offered. DNA and DNB rates will be looked at to ascertain if offering interviews online has reduced the numbers. • Difficulties in obtaining C1 licences continues due to the pandemic. We are working closely with our provider CTT to get people through the system as swiftly as possible. • Corporate inductions will be live online from 1st April and are as interactive as possible with feedback built in so that we can	

	continue to develop and improve. The introduction starts with a video welcome from the Chief Executive. • A Succession Planning development programme starts for Operational Managers next week. • Covid-19 vaccinations for all health care workers is at 79.71%. A question-and-answer session was organised last week to enable those remaining to make an informed decision. • Absence for Covid-19 abstractions are gradually reducing and remain closely monitored. Staff who are shielding will be brought back at the end of March, unless the government advises otherwise. The group discussed the positive numbers on the Covid-19 vaccine uptake and explored any barriers to key themes such as risk of infertility, for which there is no evidence, and apathy in the younger generation who feel they are less at risk. It was overall felt that peer to peer support is more likely to influence vaccine uptake rather than top-down encouragement, which can sometimes be misconstrued as dictating. People have valid concerns around the vaccine, particularly within the BAME communities and the recent news around side effects from the AstraZeneca vaccine has added to reservations. We are however moving in the right direction and their many positive messages and campaigns. The government have made it clear that the Covid-19 vaccine is not mandatory. However, should vaccine passports be introduced for foreign travel, it is felt that this would be a massive incentive for people, particularly the younger generation, to get it done.	
	Resolved: a) That the contents of paper 5 is received and noted.	
03/21/09	**Flu Vaccination Progress:**	
	KN presented paper 6 and stated that the Flu vaccine uptake this season was good in all areas with great efforts from peer vaccinators. The group discussed the impact of the global lockdown on supplies of Flu vaccination for next year i.e. were there enough cases of Flu in Australia for a vaccine to be produced for the Northern hemisphere? The World Health Organisation have been looking at strains and will be able to deliver the Flu vaccination programme as required. We are also awaiting guidance on an annual Covid vaccine, but information is not available as yet.	

	The group further discussed the potential of linking Covid and Flu vaccinations together next season in terms of increasing the uptake and dual gift vouchers. We may not know exactly what will happen, but we can still plan so that we are ready. The Trust procurement team are in the process of identifying vaccine supply, ready for September roll out. The Trust will be able to deliver the Flu vaccine programme each year and have a clear structure and weekly planning meetings. At present the Covid-19 vaccine is delivered by hospitals and GP networks. As soon as we have further information, we can adapt our vaccination programme.	
	Resolved: a) That the contents of paper 6 be received and noted.	
03/21/10	**Diversity and Inclusion Progress:**	
	Apologies had been received for PB. Therefore paper 7 is here for noting today and will be presented again at the next meeting.	
	Resolved: a) That the contents of paper 7 be received and noted.	
03/21/11	**Education and Training Update:**	
	Kim Nurse presented paper 8 with the salient points as follows:- • High activity with ongoing mandatory training and new student paramedics. • Year 1 AAP accredited through FutureQuals with apprenticeship levy funding. This is a level 4 qualification, upskilled via pathways with University partners. Academic partners are working to design a conversion programme. • Many students remain 'stuck in the system' due to the health crisis. Discussion are ongoing and good progress is being made to return all students to their studies. • Working with some students to transfer to a degree programme, which has been favourably received. • The Workforce plan is met along with the skill mix and the Education and Training provision is in good shape.	
	Resolved: a) That the contents of paper 8 are received and noted.	
03/21/12	**Staff Survey Results Overview:**	
	Usha Ramnatsing and Barbara Kozlowska presented papers 9 and 9a:	

	• Responses have exceeded expectations this year, given the health crisis, winter floods and 900 new staff. • Most improved areas include staff feeling they have enough resources to meet demands. • Areas to concentrate on include staff engagement and recognition. A discussion followed and it is clear that the Trust have a suite of offerings for staff engagement, upskilling supervisors, Listening into Action, coaching and support yet we do not see the full extent of that in the Staff Survey results. A staff engagement app is being developed and will go live soon. The app offers information all in one place, staff suggestions and all ideas matter. Managers will be able to respond quickly. The Chair expressed her opinion that there may be a theme in our culture in that we are not strong in asking the staff's opinion. The recognition side takes work and time. MF offered his appreciation of the high numbers of staff responses to the survey this year. He further explored the possibility of the moment of response not being truly reflective of the view. Individuals may favour some questions over others. Equal conversation is also needed to bring people in to drive the change. The group further discussed elements around not all staff knowing their line manager i.e. ambulance crews would have the duty OM, HALO and control with each shift. Overall staff morale and engagement has improved year on year when compared to other trusts. The Staff Survey Response Action Group have met recently and will have an action plan by April 26th. Some areas have shown tremendous improvement e.g. PTS so it will be helpful to have further conversations with Michelle Brotherton to see what her staff have been doing.	
03/21/13	**Schedule of Business 2020 – 2021:**	
	Board Assurance Framework will be added to the schedule.	
03/21/14	**Any Other Urgent Business:**	
	The Chair formally welcomed Claire Finn in her new role as Director of Finance as an active member of the People Committee. The Chair marked the fact that this is Kim Nurse's last meeting and wished her well in her retirement and future career. CW thanked KN	

	for her distinguished service to the Trust and the continuity of the Executive Team linked to the high performance of the ambulance service. Thanks were also offered for KN's workforce agenda and everything she had achieved. KN reflected on her time with WMAS, which she considers to be a fantastic organisation with ongoing personal development and learning high on the priorities. She also offered her thanks to everyone and hoped that once the pandemic was over, it would be possible to meet up. CW also advised the Committee that this is also her last meeting and she is not sure at this point which NED will take over as Chair. This will be discussed at the next Board meeting. She thanked the members for their input into the new People Committee and hoped that momentum would continue into the next financial year. MF and NK echoed the well wishes and thanks. NK expressed her particular thanks to CW for making her so welcome as a non-executive director and for all the support. With regard to People Committee papers, MF asked that no embedded documents are added as they are difficult to access on some devices. Currently the People Committee meets every 8 weeks on a Thursday morning at 1000 hours. MF would like consideration to be given to a Monday meeting instead. **Action: Dawn John** The Chair thanked everyone for another excellent and efficient debate and closed the meeting at 1200 hours.	**Dawn John**
03/21/15	**Dates of Future Meetings:**	
	All via Microsoft Teams unless otherwise advised: **2020 to 2021**: ~~Thursday 19th November~~ 2020 ~~Thursday 28th January 2021~~ ~~Thursday 18th March 2021~~ **2021 – 2022** Thursday 13th May	

	Thursday 8th July Thursday 2nd September Thursday 4th November Thursday 13th January Thursday 10th March Please check that these meetings are in your diaries.	

The meeting closed at 1200 hours.

Action Points – People Committee September 2020

Minute	Details	To be actioned by	Complete/ Incomplete	Evidence
11/20/05 1	**NHS People Plan**: It was agreed that Kim Nurse will work with operational colleagues to produce a paper for Board to outline implications of People Plan for WMAS, including outlining options and risks of paramedics working for primary care networks. **Action: Kim Nurse**	**KN**	**Paused until March Meeting.**	**18 03 2021:** Discussed in full at the March People Committee – agenda item 06 – detailed in the minutes above.
03/21/06	CW asked CB to produce a separate paper at the next People Committee around Paramedics working for Primary Care networks, and the risks. CB agreed that this would be a useful study as vacancies so far have been fixed term contracts so it will be interesting to see if staff leave a substantive role to take these up. **ACTION: Carla Beechey**	**May 2021**		**Matt Ward – Consultant Paramedic invited to attend the meeting on 24th May to present on this subject.**
03/21/14	Currently the People Committee meets every 8 weeks on a Thursday morning at 1000 hours. MF would like consideration to be given to a Monday meeting instead. **Action: Dawn John**	**May 2021**	**Complete**	**New schedule of dates in diary and listed on every agenda.**

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 14 MONTH: JULY 2021 PAPER NUMBER: 11

Board of Directors Schedule of Business	
Sponsoring Director	Prof. Ian Cumming
Author	Governance Director & Trust Secretary
Purpose	The Board are requested to review the contents of the attached and approve the schedule of business for the year ahead.
Previously Considered by	Not Applicable
Report Approved By	The Chair of the Board of Directors

Executive Summary

The workplan of the Board is attached, also included are those development sessions that are considered appropriate for members of the Board of Directors to maintain their knowledge and skills.

The workplan of the Trust should also align with the workplans of its Committees and will require review in line with any changes in the governance structure and the Terms of Reference of the Committees.

The schedule of business is normally the responsibility of the Chair of the Board of Directors and facilitated by the Trust Secretary in consultation with EMB. It is intended, following comments made at meetings of the Board Committees that the schedule will be further reviewed to enable papers to be submitted to the Board and its Committees in a timely fashion and avoid duplication, and directors of the Trust have been requested to review the content to make sure that it is correct, relevant and timely.

Related Trust Objectives/ National Standards	All Trust Objectives
Risk and Assurance	The Code of Governance states that it is the Chair's responsibility for ensuring that directors (and governors) receive accurate and timely and clear information that is appropriate for their respective duties The Chair should ensure that the Board receives timely and considered papers, this schedule is a means of establishing specific standards in the preparation of the board papers.

	Without a robust schedule of business The Board would function inadequately without appropriate and timely information.
Legal implications/ regulatory requirements	The schedule as aimed at ensuring compliance with all regulatory requirements
Financial Implications	The schedule of business should be influenced by the Trust's financial and strategic planning and also compliance regimes to which the Trust is subject.
Workforce Implications	Workforce matters, such as the Staff Survey are included in the schedule of Business.
Communications Issues	Dates of Board of Directors meetings are advertised on the website and key partners are advised of the dates.
Diversity & Inclusivity Implications	Equality Impact Assessment complies: Equality Impact Assessment is not applicable and will be undertaken in relation to projects and programmes.
Quality Impact Assessment	Not applicable for this report
Data Quality	The schedule is influenced by the reporting and planning requirements of the Trust.
Action required The Board of Directors are requested to review the contents of the schedule attached and if appropriate approve the schedule of business for the year ahead.	

	Board Schedule of Business		Lead	30/06/21	28/07/21	Aug-21	29/09/21 Strategy Day	27/10/21	24/11/21 Strategy Day	Dec-20	26/01/22	23/02/22 Strategy Day	30/03/22	27/04/22 Strategy Day	25/05/22
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	CB		✓										✓
	Physical and Verbal Assaults to Staff Report	Report through QGC	CC/JK		✓										✓
	Better Births Annual Report	Report through QGC	MD		✓										✓
	Annual Report on Health and Safety, including fire safety	Report through QGC	MD/MB		✓										✓
	Freedom to Speak Up Report		MD					✓						✓	
Quality Impact Assessment Report (and also any Equality Impact Assessment) Relating			CF/PW										✓		
Governance															
Annual Governance Statement as part of the Annual Report		Confidential	CF												✓
Annual Budget (including capital programme and CIP programme) - Draft			CF									✓			
Annual Budget (including capital programme and CIP programme) - Final			CF										✓		
Review Board Assurance Framework and Significant Risks			MD/MB		✓			✓			✓		✓		
Review of Register of Seals		Confidential	PH					✓							✓
Reports from Commitee Chairs	Audit Committee		WFC		✓			✓			✓		✓		✓
	Annual Report of Audit Committee		WFC		✓										✓
	Performance Committee		MK		✓			✓			✓		✓		✓
	Quality Governance Committee		LBP		✓			✓			✓		✓		✓
	People Committee		MF		✓			✓			✓		✓		✓
	Remuneration and Nominations Committee		IC		✓			✓			✓		✓		✓
Review of Terms of Reference to Committees of the Board			PH										✓		
Annual Review of Self Assessement of Committees of the Board and their membership			PH											✓	
Review of Goverance structure of the Trust			PH										✓		
Staff Survey Action Plan Quarterly Review		Report through QGC	CB		✓			✓			✓		✓		
Staff Survey Action Plan Annual Outcome Report		Report through QGC	CB												✓
NHS Resolution Annual Scorecard		Confidential	MD										✓		
Update on NARU - KP to attend			KP												✓
Serious Incidents report		Included in MD/AW report	MD/ST		✓			✓			✓		✓		✓
Claims & Coroners Report		Confidential	MD/MK		✓			✓			✓		✓		
Trust Information Pack															
Regular performance KPI based exception reports covering:					✓			✓			✓		✓		✓
Finance including CIPS and Capital Programme			CF		✓			✓			✓		✓		✓
Corporate Indicators			CK		✓			✓			✓		✓		✓
Clinical Indicators			MD		✓			✓			✓		✓		✓
Operational Key Perforamnce Indicators			CC		✓			✓			✓		✓		✓

Workforce Indicators		CB		✓			✓			✓		✓		✓
Strategy & Engagement														
People Strategy (review Sept 2019)		CB					✓							
Operational Strategy (review Sept 2019)		CC												
Clinical Strategy (review Sept 2019)		MD												
Quality Strategy (review Sept 2019)		MD												
Stakeholder Engagement Strategy (review Sept 2019)		VK/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		MD												
Fleet Strategy		CC												
Research Strategy		CC												
Commissioning Intentions		MD					✓							
Operating Plan (NHSI Submission)		VK								✓		✓		
Finance Strategy		CF												
5 Year Strategic Plan		VK								✓		✓		
Regulatory, Guidance or Contractural														
Annual Audit Letter ISA 260	Confidential	Auditors												✓
Annual report and accounts	Confidential	CF												✓
Quality Account Approval		PW/VK												✓
Review of Register of Interests - Directors		PH												✓
Data Security and Protection Toolkit (March - review, October - conf.of submission)		CC/CK					✓					✓		
GDPR/Data Protection Officer Report		CC/CK												
Learning From Deaths Report	Included in MD/AW 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	Nicola Albutt	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/Claire Finn					✓								
Miscellaneous Items														
Winter Plan		CC				✓								
Festive Plan		CC						✓						
EDS2 Engagement Outcome		PB												
National Ambulance Service Improvement Faculty/Quality Improvement within the Trust		VK		✓										