NHS
West Midlands Ambulance Service
University NHS Foundation Trust

AGENDA

TITLE OF MEETING: Meeting of the Board of Directors

Wednesday 27 May 2020 at 1400 hours
In view of the current National Emergency and the guidance on maintaining social distancing this meeting will be convened by electronic means through Microsoft Teams software.

Membership

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

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

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

In attendance

Ms K Freeman	KF	Private Secretary – Office of the Chief Executive
Mr K. Prior	KP	Director, National Ambulance Resilience Unit
Dr. R. Daniels	RD	Executive Director – UK Sepsis Trust
Ms. M. Mead	MM	National Project Co-Ordinator – UK Sepsis Trust
Mr N. Hudson	NH	Emergency Services Operations Delivery Director
Mrs M. Brotherton	MB	Non-Emergency Services Ops Delivery Director
Mr J. Brown	JB	Integrated Emergency & Urgent Care Director
Mr N. Henry	NH	Head of Operational Information & Planning
Mr A. Aston	AA	Advanced Paramedic / Staff Governor
Ms S. Bessant	SB	Advanced Paramedic / Staff Governor
Mr D. Spencer	DS	EOC Controller/ Staff Governor
Mr S. Gardner	SG	Staff Side Representative
Mr P. Higgins	PH	Governance Director & Trust Secretary
Mr M Fessal	MF	NHSI NExT Scheme Placement

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

Agenda Items:

Item No	Description	Lead	Paper No/ Comments
01	**Chairman's introduction and any matters to report**	Chair	Verbal
02	**Declarations of Interest**		
	To declare any conflict of interest members may have in any matters contained within the agenda for this meeting.	Chair	Verbal
	Review of Registers a) To receive the Register of Directors' Interests b) To receive the Register of the Governors interests.	Trust Secretary	Paper 01a Paper 01b
03	**Sepsis Presentation by Melissa Mead – National Project Co-ordinator & Dr Ron Daniels Executive Director – UK Sepsis Trust**	CEO to introduce	Presentation
04	**National Ambulance Resilience Unit Update**	KP	Presentation
	Action | To receive the Update		
05	**Any Questions from the Public relating to matters to be discussed at this Board of Directors meeting.**	Chair	Verbal
06	**Board Minutes**		
06A	To agree the Minutes of the meeting of the Board of Directors held 25 March 2020 and the extraordinary meeting on the 29th April 2020	Chair	Paper 02a & 02b
06B	Board Action Log	Chair	Paper 03
07	**Covid 19 Update**		
	• Second Phase of NHS Response to COVID19 Action Plan. (04a) • Operating Framework for urgent and planned services within hospitals (04b) • IPC Board Assurance Framework (04c) • Daily PPE Situational Report. (04d) • Senior Command Team Action Log Weeks 1-5. (04e) • Senior Command Team Action Log Archive. (04f) • Senior Command Team Latest Action and Risk Logs – 4/5/20. (04g) • Senior Command Team Key Actions List (04h) • New Disinfection method for Emergency Ambulances (04i) • Covid Secure Ambulance Non-Healthcare areas (04j) • Covid 19 Government Recovery (04k) • Mutual Aid Report (04l)	CEO	Paper 04

Item No	Description	Lead	Paper No/ Comments
	• Covid 19 – A Staff Governor perspective - Verbal		
	The Board of Directors is requested to receive the update on the Trust's response to the Covid 19 Pandemic and to seek any clarity or assurance.		
08	**Winter Planning 2020/21**		
	a) To receive a presentation from the Chief Executive on the Trust's Operational Plan for the Winter period 2020/21 b) To receive the Winter Planning Recruitment Report		
	Action — a) To receive and note the presentation of the Chief Executive and his Senior Command Team. b) To receive the Winter Planning Recruitment report	CEO	Paper 05a & 5b
09	**Chief Executive Officers Update Report**		
	To receive the report of the Chief Executive Officer.	CEO	Paper 06
	Action — To note and determine as appropriate the matters contained within the report.		
10	**Trust Information Pack**		
	To receive the Trust Information Pack	EMB members (as appropriate)	Paper 07
	Action — To review the content of the Trust Information Pack		
11	**Quality Governance Committee**		
	To receive the Minutes of the meeting held on 2nd March 2020. To receive a report of the Chair of the Quality Governance Committee on the meeting held on 11th May 2020	JI/MD/ AW	Paper 08
	Action — a) Receiving the minutes of the meeting held on 2nd March 2020 b) Receiving the report of the Chair of the Quality Governance Committee on the meeting held on 11th May 2020.		
12	**Quality Account**		
	Action — To receive and endorse the recommendation of the Quality Governance Committee.	JI/MD/AW	Paper 09
13	**Departmental Annual Reports 2019/20**		
	Action — To receive and approve the draft annual reports	PW	Paper 10
14	**Audit Committee**		
	To receive the Minutes of the meeting held on 11 March 2020. To receive a verbal report of the Chair of the Audit Committee on the meeting held on 22 May 2020.	WFC/LJM	Paper 11 The meeting of the Audit Committee

Item No	Description		Lead	Paper No/ Comments
	Action	a) Receiving the minutes of the meeting held on 11th March 2020. b) Receiving the verbal report of the Chair of the Audit Committee on the meeting held on 22nd May 2020.		takes place on 22nd May and minutes will be circulated after the meeting and the Chair of Audit Committee will give a verbal report.
15	**Resources Committee**			
	To receive the Minutes of the meeting held on 20th February 2020 (The report of the Chairman of the Committee was received at the Extraordinary Meeting April 2020)		CW/CC/ LJM	Paper 12
	Action	To receive the Minutes of the meeting held on 20th February.		
16	**Renumeration & Nominations Committee**			
	To receive a report of the Chair of the Remuneration and Nominations Committee on the meeting held on 25 March & 30 April 2020		Chair	Paper 13
	Action	To receive and note the report.		
17	**Operational Plan**			
	Action	To receive and endorse the content of the report	LJM/PW	Paper 14
18	**Learning from Deaths**			
	Action	To receive and note the report	MD	Paper 15
19	**Licence Conditions**			
	Action	To receive and note the report	PH	Paper 16
20	**New or Increased Risks Arising from the Meeting**			
	Action	To receive and note the risks	Chair	Verbal
21	**Board of Directors Schedule of Business**			
	To include the Council of Governors Schedule of meetings and Development Sessions			Paper 17
	Action	To review and note the Board Schedule of Business	Secretary	
22	**Any Other Business** (previously notified to the Trust Secretary)		Chair	
23	**Review of Guiding Principles**		PH	Circulated by email for response
24	**Date and time of the next meeting:** **The next meeting will be on** **Wednesday 29th July 2020 at 14:00 hours**		Chair	

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

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 02   **MONTH: May 2020**   **PAPER NUMBER: 01**

Register of Directors' and Governors Interests	
Sponsoring Director	Professor Ian Cumming - Chair
Author(s)/Presenter	Trust Secretary
Purpose	To receive the Register of Directors' Interests and also the Governors declared interests.
Previously Considered by	Not applicable
Report Approved By	Professor Ian Cumming – Chair

Executive Summary

Section 35 of the Trust's Constitution sets outs the Registers that the Foundation Trust must hold which are:
• a register of Members showing, in respect of each Member, the constituency to which they belong and, where there are classed within it, the class to which they belong;
• a register of members of the Council of Governors;
• a register of interests of Governors;
• a register of Directors; and
• a register of interests of the Directors.

Attached are the registers of interests for the Governors and Directors. Other registers are available upon request.

In addition, Directors are reminded that there is the following duties imposed upon all Directors of a Foundation Trust:

• A general duty to promote the success of the Trust, and
• A duty to avoid conflicts of interest, not to accept any benefits from third parties and to declare interests in any transactions that involve the Foundation Trust

Related Trust Objectives/ National Standards	Obligation under regulations and also the Regulators Code of Governance.
Risk and Assurance	Failure to declare a conflict of interest or to not act in the interests of the Trust carries with it the possibility of the very least damaging the reputation of the Trust. In addition the Bribery Act includes custodial sanctions for any breaches.

Legal implications/ regulatory requirements	This report is based upon statutory requirements.
Financial Implications	Not directly applicable to the contents of this report
Workforce Implications	These matters are brought to the attention of Executive Directors and are implied terms of employment. The requirements contained within this report are brought to the attention of Non-Executive Directors and incorporated into their letters of appointment.
Communications Issues	Sections 37 and 38 of the Constitution covers the inspection and availability of the Registers held by the Trust, and the public have the right to inspect the registers held. We also publish the registers on the website.
Diversity & Inclusivity Implications	Not directly applicable to the contents of this report
Quality Impact Assessment	Not directly applicable to the contents of this report
Data Quality	Registers are held by the Trust Secretary and available for inspection upon request.
Action required To receive the Registers of Interests attached.	

WEST MIDLANDS AMBULANCE SERVICE NHS UNIVERSITY FOUNDATION TRUST
CODE OF CONDUCT AND CODE OF ACCOUNTABILITY REGISTER OF BOARD OF DIRECTORS' INTERESTS 2020-21
Section 35 of the Constitution sets out the Registers that the Foundation Trust must hold. Section 35.1.5 requires the Trust to hold a Register of Interests of the Directors. Section 37 and 38 requires the Trust to make the Register available for inspection by members of the public.

			Non-Executive Directors		
Title	**Name**	**Role**	**Notifiable Interest**	**Indirect/ Direct**	**Signed to agree to Code of Conduct and the Nolan Principles**
Prof.	Cumming, Ian	Chairman	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	16.04.20
			Chair of Global Healthcare Workforce and Strategy - Keele University -	Direct	
			Visiting Professor – University of Pavia	Indirect	
			SRO for healthcare in the UKOTs – PHE/HEE	Indirect	
			NHS Global Workforce Ambassador – NHS	Indirect	
			Chair – Swimming and Health Commission (Swim England)	Indirect	
			Board member & Audit Committee chair – Avonreach Multi-academy Trust	Indirect	
			Hon Professor – Lancaster University	Indirect	
Mrs	Farrington-Chadd, Wendy	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	16.04.20
			Managing Director Evanti Consulting – Providing Consultancy in Healthcare	Indirect	
			Non Executive Director (Governor) at Telford College	Indirect	
Ms	Kooner, Narinder Kaur	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust Charity	Indirect	30.04.20
			GBH Lakes/Land Ltd	Direct	
			Sikh Women's Action Network	Direct	
Mr	Yeaman, Anthony	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust Charity	Indirect	16.04.20
			Partner/Member of Weightmans LLP (Solicitors) activity for NHS Resolution and other NHS bodies, NHS Resolution provides cover to WMASU NHS FT. Weightmans act for Trust	Direct	
			Director at Blythe Healthcare Solutions Limited (Consultancy and education company)		
Mrs	Ivey, Jacynth	Non-Executive	Trustee of West Midlands Ambulance Service University	Indirect	30.04.20

			NHS Foundation Trust General Charity		
		Director	Independent Consultant	Direct	
			Preferred Provider, delivering NHS England WRES Experts Programme	Indirect	
			NED Birmingham Community Healthcare NHS Foundation Trust	Indirect	
			Chair Bethel Health & Healing Network	Indirect	
			Independent Governor – Plymouth Marjon University Board of Governors (appointed 1st February 2020_	Indirect	
Mrs	Wigley, Caroline	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	16.04.20
Mr	Ahmed-Khan, Mushtaq,	Non Executive Director	Board Director – Non Executive – Accord Group Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect Indirect	16.04.20

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Executive Directors					
Title	**Name**	**Role**	**Notifiable Interest**	**Indirect/ Direct**	**Signed to agree to Code of Conduct and the Nolan Principles**
Mr	Marsh, Anthony	Chief Executive Officer	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	16.04.20
			NHSI Operational Productivity Advisory Board member– Review of the ambulance sector (Lord Carter Review)	Indirect	
			IMAS Partner	Indirect	
			NHS IMAS Strategic Advisory Board Member	Indirect	
			Chair of the Association of Ambulance Chief Executives	Indirect	
			Ambulance Advisor Health Education England	Indirect	
			CQC Specialist Advisor	Indirect	
			CQC Executive Reviewer	Indirect	
			Vice President of the Ambulance Staff Charity	Indirect	
			Pro-Chancellor – University of Wolverhampton	Indirect	
			Patron of the "Help if we can" charity	Indirect	
			CQC Well Led Reviewer	Indirect	
			Honorary Professorship – Wolverhampton University	Indirect	
			Vice Chair St John County Priory Group in Staffordshire also Hospitallier for the Group	Indirect	
			National Strategic Adviser of Ambulance Services (NHS Improvement/ NHS England)	Direct	
Mrs	Millinchamp, Linda	Director of Finance	Trustee of West Midlands Ambulance Service University NHS Foundation Trust	Indirect	16.04.20
Mrs	Nurse, Kim	Director of Workforce and Organisational Development	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	16.04.20
			Workforce Assurance Lead – NHS England Proton Beam Therapy Programme	Indirect	
Mr	Docherty, Mark	Director of Nursing and Clinical Commissioning	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	16.04.20

			Directors		
Title	**Name**	**Role**	**Notifiable Interest**	**Indirect/ Direct**	**Signed to agree to Code of Conduct and the Nolan Principles**
Mr	Cooke, Craig	Director of Strategic Operations and Digital Integration	None		13.05.20
Mr	MacGregor, Murray	Communications Director (Non Voting)	None		16.04.20
Mr	Prior, Keith	Director of NARU (Non Voting)	None		21.04.20
Mrs	Brotherton, Michelle	Non-Emergency Services Delivery Director (Non Voting)	Mr Jonathan Brotherton (Husband) Chief Operating Officer – University Hospitals Birmingham	Indirect	16.04.20
			Mrs Joanne Haskins (Sister) Paramedic – Evesham	Indirect	
			Mr Thomas Haskins (Nephew) Technician – Worcester	Indirect	
			Miss Catherine Smith (Sister) EOC Controller – Millennium Point HQ	Indirect	
			Miss Bethanie Haskins (Niece) NEPT Controller/Planner	Indirect	
Mr	Wheaton, Steve	Resilience and Specialist Operations Director (Non Voting)	None		16.04.20
Mrs	Wall, Philippa	Interim Strategy and Engagement Director (Non Voting)	None		16.04.20
Mr	Proctor, Andrew	Quality Improvement and	Care Quality Commission Has been employed with the CQC as a Clinical and	Direct	05.04.20

		Compliance Director (Non Voting)	Professional Advisor since May 2014.		

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CORPORATE GOVERNANCE
GOVERNORS DECLARATION OF INTEREST 2019-20

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

Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation	Notifiable Interest	Indirect/ Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
			Public Governors			
Mr	Peter Brookes	Public – Birmingham	Wyre Forest Ambulance Service Charity No 515390	Direct	24/10/12	
			Ambulance Service Institute Membership No L7980	Indirect		
			College of Paramedics – Membership No CP004720	Indirect		
			Volunteer at the Royal Orthopedic Hospital Birmingham (Patient Services) in the Teaching and Development Department	Indirect		
Mrs	Jeanette Mortimer	Public – Birmingham	*Daughter works in Patient Transport Services*		13/12/19	
Mrs	Julie Winpenny	Public – Black Country	Works for West Midlands Fire Service	Direct	10/01/20	
Mr	Samuel Penn	Public – Black Country	*None*		03/02/17	
Mr	Lachman Jassi	Public – Black Country	None		09/01/15	
Mr	John Davies	Public – Coventry and Warwickshire	Avon Valley Community Responders (Non responder) Trustee	Direct	14/09/16	
			Trustee/Treasurer National Association of Community First Responders	Indirect		
			Chaplain, Stratford Sea Cadets, TS Ghurka	Indirect		

Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation)	Notifiable Interest	Indirect/ Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
			Cllr. Chair Gaydon Parish Council	Indirect		
Mr	William Brown	Public – Coventry and Warwickshire	*Awaiting declaration*			
Dr	Brian William	Public – Coventry and Warwickshire	*None*		10/01/20	
Mrs	Eileen Cox	Public – Staffordshire	Company Director of Woodhouse Academy, Biddulph, Staffordshire Member of North Staffordshire CCG Patient Congress Chair of Biddulph Valley Surgery PPG	direct	24/10/12	
Mr	Uday Katkar	Public – Staffordshire	*Awaiting declaration*			
Mr	David Hardy	Public – Staffordshire	None		09/01/19	
Mr	Judy D'albertson	Public – West Mercia	*Awaiting declaration*			
Mr	Roy Aldcroft	Public – West Mercia	Shropshire County Councillor Market Drayton town Councillor Market Drayton Patient participation Group	Indirect Indirect Indirect	10/01/18	

Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation	Notifiable Interest	Indirect/ Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
Mrs	Helen Higginbotham	Public – West Mercia	Husband is employed as a paramedic by the Trust	Direct	06/01/19	
Staff Governors						
Ms	Sarah Bessant	Staff – Emergency and Urgent Operational Staff	None		06/01/14	
Mr	Adam Aston	Staff _ Emergency and Urgent Operational Staff	Elected Councillor – Dudley Metropolitan Borough Council Member West Midlands Fire Authority Member + Steward Unison Member – Labour Party Member St John Ambulance Member – College of Paramedics	Direct Direct Direct Indirect Direct Indirect	28/01/19	Labour Party
Mr	Duncan Spencer	Staff – Emergency Operations Centre Staff	None			
Mr	Matt Brown	Staff – Support Staff	Awaiting declaration			

Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation	Notifiable Interest	Indirect/ Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
Mr	Andrew Rowles	Staff – Non emergency	Unison Representative		18/01/17	
Appointed Governors						
Ms	Becci Bryant (With effect from 26 July 2018)	Appointed – Emergency Service	Chief Fire Officer – Staffordshire Fire Service Leadership exchange CIC		09/01/19	
Mr	Dave Fitton	Appointed – Community First Responder	I work for Midlands and Lancashire Commissioning support Unit as Head of Urgent and Emergency Care for the Regional Capacity Management Team I am currently seconded to NHSE as Urgent and Emergency Care Operations Manager in the Midlands until 31 March 2020 Within my work with RCMT and NHSE I work with the Strategic Capacity Cell		15/05/19	
Miss	Alisha Rahmen	Appointed – St Johns Ambulance	Cadet – St John Ambulance	Direct	09/01/19	
	Shajeda Ahmed (Coventry & Warwickshire Partnership NHS	Appointed - NHS Provider	*Awaiting*			

Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation	Notifiable Interest	Indirect/ Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
	Trust)					
	Professor Geoff Layer (Vice Chancellor University of Wolverhampton.)	Appointed-Representing Universities that are represented on the West Midlands Ambulance Service University NHS Foundation Trust HEI Consortium	*Awaiting*			

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Board Action Log

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
10/19/18	**Diversity & Inclusion Update:** a) That Mrs Brown would arrange for the Network Chairs to attend a Board of Directors meeting and give an update on their top five issues.	**PB**	**May 2020**	The network has not met recently due to winter pressures and have been invited to attend a Board meeting once winter pressures are over.
10/19/20	**Commissioning Intentions:** a) the Director of Nursing & Clinical Commissioning & Interim Engagement & Strategy Director come up with some downside scenarios for each area listed above.	**MD/PW**	**May 2020**	MD/PW to provide an update at the May meeting.
03/20/05	**Board Action Log - BME Representation, Progression & Leadership Action Plan** a) Mrs Ivey asked that the BME Action Plan is submitted to the Quality Governance Committee for review.	**KN**	**May 2020**	Update at the meeting
03/20/23	**Board of Directors Schedule of Business** a) The Trust Secretary would update the Schedule to include the Annual Equality report.	**PH**	**April 2020**	Completed
04/20/03	**Update from the CEO on COVID-19** b) Mrs Ivey as Chair of the National Diversity Forum would pick up the issue of the disproportionate effect on BAME staff and report back to the Board on what other Ambulance Services are doing.	**JI**		Update at the meeting

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
	c) Mrs Kooner will liaise with the Communications Director regarding people in the community to link in with regarding the message about dialing 999 in you require help.	**NK**		Update at the meeting
	d) A copy of the Graduate Paramedic Risk Assessment would be sent to Mr Gardner.	**CC**		Update at the meeting

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Minutes of the meeting of the Board of Directors held on 25 March 2020,
at 1400 hours, Via Teleconference

Present:

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

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

In attendance:

Mr P Higgins	PH	Trust Secretary
Miss K Freeman	KAF	Private Secretary
Prof I Cumming	IC	HEE
Mr V Khashu	VK	NHS England / Improvement

ITEM	Board of Directors Meeting – 25 March 2020	ACTION
03/20/01	**Welcome, Apologies and Announcements**	
	Apologies for absence received from Mohammed Fessal. The Chair welcomed everyone to the Public Board Meeting and noted that this would be a different meeting today given the national emergency and there would be a requirement to keep the Board to the minimum time to enable colleagues to return to their duties as soon as possible.	
03/20/02	**Declarations of Interest**	
	There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda.	

03/20/03	**Questions from the Public**	
	There were no questions received.	
03/20/04	**To agree as an accurate record the Minutes of the Meeting of the Board of Directors held 29 January 2020**	
	The minutes of the meeting held 29 January 2020 were submitted.	
	Resolved:	
	That the minutes of the meeting held 29 January 2020 be approved as a correct record subject to the following amendment: • Top of Page 9 – Learning from Deaths – amend last sentence to read 'WMAS is the only Ambulance Service doing it to this quality'.	
03/20/05	**Board Log**	
	The Board Log that contains the schedule of matters upon which the Board have asked for further action or information to be submitted. Matters on this log can only be deleted through resolution of the Board. (For the avoidance of doubt unless specified below all matters contained on the Board log will remain on the log until the Board resolves that the matter can be discharged).	
	Resolved:	
a)	In relation to continued minute 01/20/04 – Questions from the Public. The Trust Secretary had prepared and submitted the response to the questions received. On this basis, it was agreed that the matter could be discharged.	**Discharged**
b)	In relation to continued minute 01/20/11 – National Ambulance Service Improvement Faculty / Quality Improvement within the Trust. The Trust Secretary had added this item to the forward planner. On this basis, it was agreed that the matter could be discharged.	**Discharged**
c)	In relation to continued minute 01/20/17 – BME Representation, Progression & Leadership Action Plan. The culture section in the BME Action Plan has been reviewed and the action plan circulated. The session on BME Recruitment has been added to the forward planner for a future meeting. On this basis, it was agreed that the matter could be discharged. Mrs Ivey asked that the BME Action Plan is submitted to the Quality Governance Committee for review.	**Discharged** **KN**
03/20/06	**Chair's Update**	

	A report of the Chair was submitted. The Chair outlined the salient matters contained in the report submitted and explained that following the passing of a former Governor Councillor Peter Bilson, who was also Deputy Leader of Wolverhampton Council and a former Mayor of Wolverhampton he had the honour and privilege of attending Peter's funeral and personally conveying his condolences to Peter's family and friends.

The Chair explained that although the Ambulance Leadership Forum was cancelled the event for NEDs took place on a virtual basis and was well supported. This took place thanks to our Deputy Chair, Tony Yeaman who identified the need for such an event which the Chair hoped will now become an annual occurrence.

The Chair pointed out that Board Members will be aware of the excellent Chaplaincy Service provided by Vanetta Griffiths who has addressed the Board at past meetings. It is proposed that the Chaplaincy Service is expanded on a Multi Faith and voluntary basis to ensure that wherever they are based that staff have access to a Chaplain related to their faith.

The Chair advised Board Members that the Governors have also agreed to reappoint Jacynth Ivey to the role of Non-Executive Director for a further term of one year commencing on 1 May 2020.

The Chair concluded his report by stating that after 14 years in the position of Chairman he was handing over to the new Chairman Professor Cumming who will take up his new role with WMAS on 1st April 2020. The Chair took the opportunity to wish everyone well for the future. The Chair explained that the Trust is in a strong position under the leadership of a successful Chief Executive Officer and under his leadership he knew it will go from strength to strength. | |
	Resolved	
	a) That the contents of the Chairs Report be received and noted.	
03/20/07	**Trust Information Pack**	
	The Trust Information Pack was submitted for review by the Board. The Trust Information Pack provides the Board with detailed performance analysis of each of the key areas of the Trust including Clinical, Quality, Finance and Operational performance.

The Director of Strategic Operations & Digital Integration reported that:
• There was a period in operations when demand in January and early February was not in line with what has been seen before. That changed at the end of February. | |

	• At this stage close to the end of the year the Trust is in a good position and meeting all the performance metrics apart from the 95% call answering target which over the last two weeks has been very challenging due to COVID-19. Mrs Wigley asked in relation to the demand on 111 if the Trust knew or if it was able to categorise normal demand against COVID-19 demand. The Director of Strategic Operations & Digital Integration explained that demand was up due to COVID-19 symptoms and people being worried. The Director of Finance apologised for the delay in sending out the finance paper and reported that: • Month 11 is good. • CIPs have already been achieved. • Capital – the Trust is waiting for delivery of the final vehicles. • The Trusty is meeting all its financial duties.	
	Resolved:	
	a) That the contents of the Trust Information Pack be received and noted.	
03/20/08	**Quality Governance Committee (QGC)**	
	Jacynth Ivey presented the report from the Committee Meeting held on 2 March 2020 and the minutes from the Committee Meeting held on 20 January 2020. Mrs Ivey advised the Board that all reports were received in line with the Schedule of Business. The Information Governance Standard had not been to the QGC and had been submitted to the Board today. In relation to the NHS Staff Survey the Committee was looking for further detail to understand which directorates/ areas have specific challenges. The Gender Pay Gap report was approved by the Committee and was presented to this meeting of the Board for review and approval to publish. A report was received on the WRES and WDES which showed some improvement on each of the WRES indicators. Further work required on how the data is presented. Narinder Kooner joined the meeting. Mrs Ivey advised the Board that the Committee received an update on COVID-19. The Committee had not seen the full CIP list or the QIAs. The Director of Workforce & OD advised the Board that the Gender Pay Gap report shows an improvement over the last three years and she wished to now put the report and action plan on the Trust's website. The Director of Workforce & OD confirmed that she would follow up on the triangulation of the staff survey report and presenting the data in an easier format.	

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	Resolved:	
	a) That the minutes of the meeting held 20 January 2020 be received and noted. b) That the Report from the QGC Meeting held on 2 March 2020 be received and noted. c) That the Board approved the Gender Pay Gay Report & Action Plan being published on the Trust's Website.	
03/20/09	**Audit Committee**	
	Mrs Wendy Farrington-Chadd, Chair of the Audit Committee presented a report from the Committee Meeting held on 11 March 2020 and the minutes from the meeting held on 16 January 2020. Mrs Farrington-Chadd advised the Board that six Internal Audit reports have been completed since the last meeting. Action plans have been agreed by Directors for all Audit reports and these will be followed up by Internal Audit. The Internal Audit Plan for 2020/21 was discussed and approved subject to changes to be reviewed – this will be finalised in the next few weeks. The plan has been developed in line with the HFMA Audit guidance and relates to the risks identified through the BAF. The Risk Management and BAF review opinion relates to the areas outlined in the last Board session and all actions are contained in the workplan, including the need to revise the Risk Management Strategy. Mrs Farrington-Chadd explained that the update from External Audit largely focused on Final Accounts and year end planning. The Director of Finance informed the Committee that Final Accounts planning was underway internally with planning in place to support remote working arrangements and continuity due to Covid-19. The Committee discussed and approved the Going Concern Review paper presented by the Director of Finance. Mrs Farrington-Chadd informed the Board that the annual self-assessment was completed during the meeting and is attached to this report. The Trust Secretary explained that the BAF item on today's agenda was in response to the Internal Audit report and had been revised in consultation with Internal and external Audit.	
	Resolved:	
	a) That the Report from the Audit Committee Meeting held on 11 March 2020 be received and noted. b) That the minutes of the Audit Committee Meeting held on 16 January 2020 be received and noted.	

	c) That the recommendation of the Audit Committee that there are no material uncertainties that may cause significant doubt about the Trusts ability to continue as a going concern be received and approved.	
03/20/10	**Going Concern**	
	The Director of Finance informed the board that the Directors of the Trust have a responsibility to assess the Going Concern status of the organisation as this is an underpinning assumption when preparing the annual financial statements. This report provides the Directors with an overview of their responsibilities together with an understanding of the responsibilities of the Trust's External Auditors with respect to the Going Concern assumption when expressing their opinion on the financial statements. Preparing statements on a 'Going Concern' basis means that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case it would be necessary to prepare the statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The Director of Finance explained that this was reviewed in detail at the Audit Committee who went through the types of evidence the Committee should consider. The Director of Finance drew the Boards attention to the final list of evidence that was put together. In relation to the E&U Contract which had not yet been agreed the Director of Finance explained that the decision on planning has now been overtaken. The Director of Finance had therefore amended the evidence for the E&U Contact to this having now been agreed. NHS England/NHS Improvement . Have taken over compulsory Central Support for Trusts which supersedes any agreed plans up to the end of the COVID 19 emergency. The Director of Finance proposed the Trust Board accepts that the Trust prepares the accounts on a 'Going Concern' basis. This was agreed by Mrs Farrington-Chadd as Chair of Audit Committee.	
	Resolved:	
	a) That the contents of the report be received and noted. b) That the Board of Directors confirmed the Going Concern status of the Trust.	

03/20/11	**Resources Committee Chair's Report**	
	Caroline Wigley as Chair of the Resources Committee presented a report of the Committee Meeting held on 20 February 2020. The minutes of the meeting held on 16 January 2020 were submitted. Mrs Wigley reported that the Committee had received a short video presentation of the worst hit flood areas in West Midlands. The crisis had been well anticipated and managed with no requirement for mutual aid. The Trust then moved from the flooding issues to COVID-19. Finances remain strong. Mrs Wigley advised the Board of a strategic workforce risk identified regarding the Primary Care Networks wishing to recruit paramedics discussion on this would be required at some point.	
	Resolved:	
	a) That the report of the Chair of the Resources Committee Meeting held on 20 February 2020 be received and noted. b) That the minutes of the meeting held on 16 January 2020 be received and noted.	
03/20/12	**Renumeration & Nominations Committee**	
	A report of the meeting held on 26 February 2020 was submitted.	
	Resolved	
	That the contents of the report be received and noted.	
03/20/13	**Freedom to Speak Up (FTSU) Report**	
	The Director of Nursing & Clinical Commissioning explained that the Report submitted provides assurance to the Board that FTSU is being progressed appropriately and effectively in the Trust through the work and activities of the FTSU Guardian supported by the Executive Director (ED) and Non-Executive Director (NED) FTSU Leads, and advocates. Reporting arrangements were detailed, together with regional and national updates. The Director of Nursing & Clinical Commissioning explained that the Trust is in a strong position regarding FTSU and the actions it is taking. The recommendations for future will be reviewed considering the current national emergency. In relation to the Self Review Tool the Director of Nursing & Clinical Commissioning explained that the Trust has undertaken most things and is ahead on these. The Director of Nursing & Clinical Commissioning advised the Board that there are not a lot of FTSU concerns coming through which he thought was good as staff have other avenues in which to raise concerns.	

	Mrs Wigley advised the Board that she had met with Barbara Kozlowska the report author and talked through the issue of the number of concerns received but pointed out that it is difficult to calculate what is an appropriate number of FTSU submissions. Mrs Wigley explained that she has attended the training with the Advocates, but she was not sure how the current climate would impact on FTSU. Mrs Wigley assured the Board that the CQC thought the Trust's process was effective and the Internal Audit report into FTSU was 'substantial'. Mrs Wigley was confident at this stage with the Trusts process and procedures in place. Mrs Ivey asked how confident colleagues were that all concerns are being raised through other channels and how confident in the assurance being received. Mrs Wigley advised Board Members that NQPs and BME Staff were highlighted in her letters. In the early days the Trust did receive concerns from BME Staff but not now. Mrs Wigley confirmed that his is linked in with the networks. Regarding the numbers Mrs Wigley asked Board Members to let her any suggestions on how the Trust can get greater assurance. The Director of Nursing & Clinical Commissioning agreed with Mrs Ivey's comments but pointed out that the Trust does have the ER54 system where staff can raise issues. Mrs Ivey noted the need to look at all the data to see who does report and record this by ethnicity and gender.	
	Resolved:	
	a) That the contents of the report be received and approved.	
03/20/14	**Final Annual Budget (including Capital Programme & CIP Programme) and Quality Impact Assessment (QIA) Report (& also Equality Impact Assessment) Relating to CIP**	
	The Director of Finance went though the presentation which had been emailed to all Board Members. The Director of Finance explained that at the point COVID-19 became a national emergency National financial rules were established, and all contracting plans were suspended. All Commissioners and Providers will comply with the Rules. There is to be clear focus on Cash and Creditor payments; pay as soon as invoices are cleared and not to wait up to 30-day terms. Agency Rates will still be monitored. Capital will also be controlled in the period 1 April to 31 July 2020. The Director of Finance was not clear what this meant for the Trust who already has vehicles on order. The Executive Management Board took the decision to continue with the Trust's original Capital Plan. The Director of Finance explained that she will be recoding COVID-19 as a separate element in the system as the Trust does for NARU. The Trust will receive block payments from Commissioners for the next four months. The Director of Finance explained that this gives the Trust an issue as Month 9	

was the point when the finances were reviewed, and the Trust had not had 111 for any length of time at that point. The Trust needs to ensure this gets added into its payments. The Director of Finance proposed the draft budget which was submitted to the Board of Directors in February is approved as follows:

- Income - £323.9M
- Pay - £247.9M
- Non-Pay - £79.6M

Overall, the Trust is £3.5M short. Of that £1M relates to the cost increases for NHS 111 which leaves the Trust £2.5M adrift. This is the same figure as relates to Agenda for Change. This was the only figure that was outstanding in discussions with the Commissioners. £2.27M has been taken out for CIPs. The Director of Finance explained that the CIPs and QIAs are also submitted today for approval. Work continues on the Workforce Plan. The Director of Finance proposed the Board of Directors accept the plan acknowledging the gap remains down to AfC. Mrs Farrington-Chadd supported the budget and noted that the Board was approving this for now but pointed out the need to come back to this in Quarter One in some detailed way to ensure issues around the pandemic are picked up in full. Mrs Farrington-Chadd asked the Director of Finance if the payments as at December 2019 levels posed any risk to the Trust. The Director of Finance advised the Board that the Trust will be paid at the income levels as at the end of December and Commissioners will pay the Trust directly. The Centre will monitor how income is going against expenditure and they will feed cash into the system. The Diretcor of Finance explained that clearly this was a risk for the Trust, but she believed that WMAS was one of the few Trusts that could cope with this in the short term. The Director of Finance confirmed that she will separate out COVID-19 costs from normal.

The CEO joined the meeting.

The CEO reinforced the Director of Finances point and confirmed that the Trust will return to normal as soon as possible and that the Trust is recording all costs associated with COVID-19.

All Board Members approved the Budget submitted today.

The CEO confirmed that this will be reported to each Board meeting so it can be formally monitored.

The Interim Strategy & Engagement Director advised Board Members that the CIPs & QIAs report is also presented today. QIAS have been completed for all CIPs. This had not been submitted to the QGC but since then it has been shared with all Board Members prior to today's Board Meeting. It was agreed that all schemes presented were low risk in terms

	of impact on quality except for the corporate changes which is seen as a medium risk. This was due to the Board level accountability or risk. The Interim Strategy & Engagement Director explained that the EMB were actively reviewing the management arrangement for risks and this was discussed at EMB on 24 March.	
	Resolved:	
	a) That the contents of the report be received and approved. b) That the contents of the presentation be received and noted. c) That the Board of Directors approved the budget. d) That the Board of Directors: - Noted that the Trust has followed the agreed framework for review of the Cost Improvement Programmes proposed for 2020/21. - Approved the content of the Impact Assessments. - Acknowledged that an equality statement section has been incorporated into the Quality Impact Assessment. - Noted that where relevant, a mid-year review of the Impact Assessments will be carried out, in addition to the monthly financial monitoring report.	
03/20/15	**Chief Executive Officers Update Report**	
	The CEO explained that the report was as submitted. The CEO updated the Board regarding the Trust's response to COVID-19. The CEO advised Board Members that the level of support that our staff have given to us so far has been amazing. This is an organisational response; not just operations: the corporate staff from HR, Recruitment, Communications, IT, Finance are all playing their part in supporting frontline operations and those working in EOC and the PTS team. The CEO reported that after an immense effort to get everything ready on time, the first shift which will see an additional 20 crews per day responding from Bromsgrove Hub went live. The doubling in day shift numbers has been achieved by recruiting 120, year 3, graduate paramedics from several universities in the region. All of those who have joined the service are just weeks away from gaining their HCPC registration. They will all be teamed up with qualified staff, mainly paramedics. The CEO explained that with the current situation likely to deteriorate further over the next few weeks, the Trust has had to make some difficult decisions. Making something like this happen could not have been achieved without the help of the staff at Bromsgrove. I would like to place on record my grateful thanks for the positive way that you have embraced this change. The Trust is training 130 Year 2 graduate student paramedics to work as assistants to VPOs across all sites to further increase capacity. The Trust is now getting support from the 4x4 services so that we can increase the capacity to deliver equipment to our hubs. The Chief explained that the Trust is fully compliant with the requirements to provide staff with appropriate PPE and we will ensure that continues. The	

CEO informed Board Members that he was confident that we will have enough resource to ensure staff remain within the boundaries of the European Working Time Directive and continue to get the time off that we all need. The CEO reported that the Trust was doing everything it could to protect the 999 Service. Over 100 additional call handlers are in training and will be live before Easter. The Trust has 24/7 full command and control arrangements in place and the Senior Command Team meet daily including weekends. The CEO advised the Board that he will oversee the deployment of national assets and mutual aid. This will also involve liaison with other emergency services at the national level and coordination of Military Aid to Civilian Agency (MACA) requests. The CEO explained that the Trust is training 320 PTS staff to receive additional training to undertake high dependency work. The Trust has maximised the fleet, equipment, stocks, supplies & PPE and is looking at further contingencies. The CEO advised the Board that St John Ambulance have been deployed and they report daily to the CEO. A Service Level Agreement (SLA) has been drafted for St John Ambulance and this will come to the Board for formal sign off. This sign off may have to be dealt with electronically. The CEO informed the board that he was confident that the Trust is doing everything it can to protect staff and the public and to save as many lives as possible.

Mrs Wigley thanked the CEO for the update and pointed out as had been said previously if there is one person who is brilliant to lead on this then it is the CEO. Mrs Wigley asked the CEO for an idea on how the CEO saw this going forward in terms of sustainability – how the CEO and Senior Team can sustain the current working arrangements. The CEO advised the Board that the Trust has a very strong Senior Command Team and a specific structure which serves the Trust well. The CEO reported that the Trust is on the front foot currently and will soon move from planning to response stage. The CEO confirmed that the Trust was still complying with the working time directive and has not bought out or formally cancelled any annual leave for operational staff. The CEO stressed that parts of the trust were under immense pressure and working flat out. The Trust is doing everything it can to protect the critical infrastructure.

In relation to handover delays Mrs Kooner pointed out that this has been an issue before and asked how this was now. Mrs Kooner also asked in relation to the lock down and social distancing if the CEO was having much say in the Governments dealing of this issue. The CEO replied in response to handover delays that there was a problem with some hospitals but given that most hospitals are freeing up flow most have substantially improved although there are still some delays. The CEO explained that all staff on the Trusts payroll are classed as key workers. It will take a whole organisation effort to help with the measures putting in place. Regarding testing the CEO assured the Board that he is listened to very well by the National Team and there will be further announcements in the coming days regarding testing for the ambulance sector. Mrs Kooner explained that her

	point about the lock down was that there were still so many people going out to work and she asked if the Trust had enough kit to deal with this pandemic and protect its staff. The CEO confirmed that the Government will be issuing further guidance regarding the lock down and the police are reinforcing this. The CEO stressed the importance of social distancing and washing hands. The CEO assured the board that he was confident the Trust has enough stocks of PPE and equipment to respond appropriately. The CEO explained that the Trust has substantially increased staffing at Procurement to deal with the increased stock levels. The CEO explained that he was reviewing the role of the thirteen CAS sites and he reserves the right to pull the staff based at the CAS sites into the Hubs. In relation to social distancing Mrs Wigley pointed out that she had recently taken to a patient to hospital and there were hospital staff walking around in groups of six and seven. Mrs Wigley asked if the Trust was making guidance clear to its staff on social distancing and in particularly in busy Emergency Departments. The CEO pointed out that the guidance is out there, and we should all take responsibility as best we can to ensure we are complying with the rules. Mrs Wigley agreed but noted the need to ensure NHS Staff do not think they are different. The Chair thanked the CEO for his update and said that it is clear from the update that WMAS has a very robust and comprehensive plan in place which will protect staff, the public and save lives across the West Midlands. He wished to say how grateful the Trust is about the extraordinary level and dedication being shown by staff at all levels and in all areas of the organisation. There is no question that the public should be immensely proud of all of you.	
	Resolved:	
	a) That the contents of the report be received and approved.	
03/20/16	**Board Assurance Framework (BAF) & Significant Risks**	
	The Trust Secretary explained that the BAF attached at Appendix 1 is the current Framework. As the Board are aware following the Internal Audit review of the BAF and Risk Framework, the structure of the BAF has been amended with the focus on the risks to delivery against the Strategic Objectives. The attached revised Board Assurance Framework has been constructed in consultation with colleagues from Internal Audit and also the Trust's Auditors. In addition, given the move to aligning the strategic objectives with the BAF the Interim Strategy and Engagement Director has been fully involved and given direction in relation to the construction of the framework attached. The Board of Directors reviewed the attached proposed Framework at its Strategy Day in February 2020 and agreed to recommended approval of the Framework at the next ordinary meeting of the Board of Directors.	

	Resolved	
	a) That the contents of the BAF be received and noted. b) That the risks rated 12 and above be received and noted. c) That the revised BAF be approved for implementation as from 1 April 2020.	
03/20/17	**Draft Five Year Strategic Plan**	
	The Interim Strategy & Engagement Director explained that there had been a lot of discussion around strategy over the previous months and she had also discussed this with Professor Cumming. The Board of Directors have been involved in the development of the new Strategic Objectives and have received various iterations of the strategy format and layout. At the meeting in January 2020, a simplified version of the strategy was presented, and some changes and additions were agreed. The attached incorporates the agreed changes and is presented as an update today. With the change of Chairman, it was agreed that nothing would be agreed in advance of the financial year end, therefore this strategy is still in draft format. Once full year figures are available, the document will be updated and re-presented for approval at the agreed time. It is requested, however, that the Board of Directors approves the Strategic Objectives, to facilitate: • Alignment of existing work streams to the new objectives • Approval and implementation of the Board Assurance Framework	
	Resolved:	
	a) That the Contents of the report be received and noted. b) That the Board of Directors approved the proposed strategic objectives, on the understanding that further work will be planned to develop longer term work streams and engage with staff and stakeholders	
03/20/18	**Data Security & Protection Toolkit**	
	The Trust Secretary advised the Board that the report is as submitted and is presented to the Board each year. The submission date for Data Security & Protection Toolkit has been postponed by NHSD until 30 September 2020.	
	Resolved:	
	a) That the contents of the report be received and noted.	
03/20/19	**Directory of Services (DoS) Update**	

	The Director of Nursing & Clinical Commissioning explained that the purpose of this presentation is to update the Board on the current situation with the Directory of Services which is hosted by WMAS on behalf of the Clinical Commissioning Groups. The original intention was to bring along the DoS leads but that is not appropriate now given the current situation. This came about following Lord Carter's review into productivity. The Director of Nursing & Clinical Commissioning explained that the report today was submitted for assurance to the Board. WMAS has been leading on this. The DoS is a central web-based live database of health and social care services. It provides real time information about services that are available to patients for their current condition and can link with our electronic patient record. WMAS has a very well-developed DoS that is hosted on behalf of the CCGs. We employ 5 Paramedics who lead on the development of the DoS, each aligned to a STP footprint, covering a population of 5.7million people. There are over 7,000 active services that are populated to date and we have over 1,000 users of the web-based DoS providing a service to 111 and 999 practitioners 24 hours a day every day of the year. The DoS provides a capacity management system to ensure that patients are only sent to services that can meet their needs and have capacity to treat them. Mrs Kooner asked if can WMAS refer patients just to NHS organisations or also Local Authority services. The Director of Nursing & Clinical Commissioning confirmed that the DoS contains NHS, voluntary, social and local authority services.	
	Resolved:	
	a) That the contents of the report be received and noted.	
03/20/20	**EDS2 Engagement Outcome**	
	The Chair explained that he had attended the event at the Apna Ghar in Birmingham. The Director of Nursing & Clinical Commissioning confirmed he had also attended and that it was a first-class event. The Director of Workforce & OD pointed out that it was a good event. The offer was received from the Apna Ghar Centre to host the event which attracted people for all areas of the equality agenda. A lot of useful context was gained form the event. The Director of Workforce & OD explained that the report presented today shows this is a high priority for the Trust. An action plan will be put together following this event. The Director of Workforce & OD recommended the report to the Board and asked that this be approved to go on the Trust's website. This was approved by the Board.	
	Resolved:	
	a) That the contents of the report be received and noted. b) That the Board approved the report for publication on the Trust's website.	

03/20/21	**To Confirm Authority of the CEO to Authorise Purchase Orders up to the Value of £250k**	
	The Director of Finance explained that the Board is asked annually to confirm the authority of the CEO to authorise revenue and capital purchase orders up to the value of £250k as per the Standing Financial Instructions of the Trust and Scheme of Delegation. The Board confirmed the CEO's authority.	
	Resolved:	
	a) That the contents of the report be received and noted. b) That the Board confirmed the authority of the CEO to authorise purchase orders (capital and revenue) up to the value of £250k as per SFI, Scheme of Delegation and Delegated limits (page 90 of SFIs).	
03/20/22	**To Confirm Authority to Audit Committee to Approve the Annual Report & Accounts 2019/2020**	
	The Director of Finance explained that the Board is asked to confirm the authority of the Audit Committee to approve the Annual Report and year end accounts for 2019/2020 at its meeting on 22 May 2020 in order for the accounts to be submitted in line with statutory deadlines. The Board confirmed this authority for the Audit Committee.	
	Resolved:	
	a) That the contents of the report be received and noted. b) That the Board confirmed the authority of the Audit Committee to approve the Annual Report and year end accounts for 2019/2020 at its meeting on 22 May 2020.	
03/20/23	**Board of Directors Schedule of Business**	
	The revised Board Schedule of Business was submitted. Mrs Ivey pointed out that the Annual Quality Report was missing from the Schedule of Business.	
	Resolved:	
	a) That the Board Schedule of Business be received and noted. b) That the Trust Secretary would update the Schedule to include the Annual Quality report.	**PH**
03/20/24	**Any Other Business**	

	Mr Yeaman explained that he had hoped to have done this in person but given the current situation that is not possible. Mr Yeaman on behalf of himself personally, the Board of Directors, Council of Governors and Staff wished to thank Sir Graham for the major contribution he has made to the Trust. Sir Graham he pointed out leaves a very proud and successful record. Sir Graham he reported has overseen major changes in the Ambulance Service including make ready, paramedics on every vehicle, digital integration, University status and 111. This was echoed by everyone present. Mr Khan agreed and thanked Sir Graham for being an amazing mentor to him. The Trust Secretary agreed and pointed out that he had always found Sir Graham's guidance and support helpful and he wished to place on record his grateful thanks for this. Mr Yeaman confirmed that the Trust would arrange something together in the coming months.

Sir Graham thanked everyone for their kind words. Sir Graham wished to thank all the members of the Board past and present for their contribution to the work of the Board the level of commitment by the Board Members has been excellent and very much appreciated by me in my role as Chair. A great deal has been achieved by the WMAS over the past fourteen years. The Board has carried out its role to a high standard and has carried out appropriate challenge and scrutiny, but it has never stood in the way of progress. Board Members devoted a great deal of time and effort to ensuring success in regard to so many developments. I will always rate the Community Ambulance Service (Make Ready) as the most ambitious project that we or any other Ambulance Service ever carried out, our continued success in performance and finance stems from that work. It was the product of the whole Board working together, to close sixty traditional Ambulance Stations and build fifteen Hubs was an amazing concept but when Anthony said he could deliver the outcome in two years it was going to be a difficult time scale to achieve but it was done. The Members of this Board have brought enthusiasm, dedication and commitment to the work of the WMAS. You all should be justifiably proud of all the achievements and every Board member should be rated as "Outstanding". Sir Graham welcomed Professor Cumming to the Trust and wished him well for the future. | |
| 03/20/25 | **Date and time of the next meeting**

27 May 2020 – 14:00 hours | |

Minutes of the meeting of the Board of Directors held on 29 April 2020, at 1500 hours,
via Microsoft Teams

Present:

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

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

In attendance:

Mr P Higgins	PH	Trust Secretary
Mr M Fessal	MF	NeXT Director
Miss K Freeman	KAF	Private Secretary
Mr S Gardner	SG	Staff Side Representative

ITEM	Board of Directors Meeting – 29 April 2020	ACTION
04/20/01	**Chairman's Introductions, Apologies and Announcements**	
	The Chairman wished to place on record his thanks for the tremendous work being undertaken across the whole of the Trust. He wanted to thank all the staff but also the Directors and Senior Management Team for doing everything they have to keep staff safe and save lives. The Chairman explained that he had looked earlier in the week at the number of ambulances the Trust had out, and it was 450. This time last year the Trust had 300 out on the same day at the same time. The fact that the Trust has been able to increase the number of ambulances by 150 is extraordinary and something that no other Service has achieved. Due to the work carried out the Trust has avoided any reliance on the fire service or military, which has allowed them to concentrate on their own work or helping other parts of the NHS for example the military helping set up the Nightingale Hospital; the same cannot be said elsewhere. The Chairman pointed out that that	

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	things like that do not happen by accident; it takes good leadership and management and a huge amount of work from staff in every corner of the Trust. A huge 'thank you' needs to go to all of Team WMAS. There were no apologies for absence.	
04/20/02	**Declarations of Interest**	
	There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda.	
04/20/03	**Update from the CEO on COVID-19**	
	A report of the Chief Executive was submitted. The Chief Executive Officer (CEO) thanked the Chairman for his kind comments at the start of the meeting. The CEO explained that in the papers for this meeting, colleagues will find a summary briefing paper along with the Senior Command Team Action and Risk Logs attached as appendices. In addition, the CEO has attached the Trust's Covid Surge Plan to provide assurance to the Board that as a Trust we are taking all available steps to protect our staff and patients during this period. The CEO explained that the Senior Command Team meet daily and the actions and risk logs from those meetings are submitted to the Executive Management Board (EMB) for assurance and are submitted today for governance purposes. The CEO explained that his top priority continues to be to protect the critical infrastructure of the 999 service. In particular to save lives and protect our staff therefore ensuring we continue to deliver patient care and have no effect on partner "blue light" agencies. The CEO advised the Board that activity for the Trust is above contract which is largely due to the Commissioners reducing the baseline this year. This is underpinned by a substantial increase in capacity and the CEO explained that there is a Qualified Technician or Registered Paramedic on all crews. The CEO explained that he has recorded several thank you video recordings for specific teams so that he can pass on his deep appreciation for everything staff are doing. The feedback from these recordings has been very humbling. The CEO is personally sending a card to all staff that are hospitalised. The CEO advised the Board of a Member of Staff based at Worcester Hub who had died; however, this was not caused by the COVID-19 virus. The CEO explained that obviously due to the current situation the Trust cannot hold a Service Funeral but in discussion with the family and staff at the Hub it has been agreed to hold a Memorial Service at some point in the future.	

The CEO explained that the NHS is now getting ready to switch back on some services which will increase activity. It was noted that when the weather is better the Trust is seeing more people out and about and more activity. The CEO advised the Board that overwhelmingly the Public are adhering to the guidelines.

The CEO reported that the Trust took part in the national minutes silence yesterday at HQ, The Academy and Hubs. Dragonfly who are filming in the Trust at present recorded the minutes silence at HQ.

At the conclusion of the CEO update, Mrs Ivey asked the CEO that given the media interest regarding the disproportionate impact COVID-19 is having in the BAME community and the fact that 70% of staff that have died have been from a BAME background what discussions are taking place within the Trust to address this fact. The CEO informed the Board that the Trust is very mindful and conscious of what appears to be a very disproportionate effect on people from a BAME background. The Director of Workforce & OD has drafted a letter which will be sent to all BAME Staff. The CEO explained that the Trust is not aware of anything it needs to do differently regarding the service it is providing. The CEO explained this may change if the Trust went to Surge Level 2 and it was stacking calls. The CEO reported that the Trust will absolutely make sure any communities more vulnerable or susceptible would be prioritised as the Trust does for at risk patient groups. The CEO confirmed that the Senior Command Team, is focused on this issue. The Director of Strategic Operations & Digital Integration advised the Board that his team have had specific discussions regarding BAME staff and the Communities. He confirmed that the Trusts PPE did take account of cultural requirements for staff. The Director of Strategic Operations & Digital Integration informed the Board that for PTS Renal patients from the BAME Community the Trust has provided the social distancing on all assets and PTS Staff have access to all the PPE. The CEO explained that the Trust has also issued PPE individually to the Renal Patients that attend clinics several times a week.

The Director of Nursing & Clinical Commissioning advised the Board that the Trust was working with hospitals regarding patients being left on scene or refusing to go into hospital. The Trust has access to Senior Clinicians in hospital 24/7. This went live yesterday and is providing more confidence in the Community. This is a good example of engagement with partners in the system to try and provide assurance to the Community. Mrs Ivey explained that it is only anecdotal that patients are saying they do not want to get transported due to the risk of getting COVID-19. The Director of Nursing & Clinical Commissioning informed the Board that Warwick Medial School have done some research regarding heart attack and stroke patients and have not found that people are being reluctant to come forward. The Chairman asked Mrs Ivey if there was more she thought the

	Trust could be doing and if so what. Mrs Ivey explained that she is the Chair of the National Diversity Forum and she would pick this up at that Forum to see what other Ambulance Services are doing. Mrs Kooner explained that in some communities especially with the elderly there are language barriers. Mrs Kooner pointed out in terms of PPE particularly for Sikh members they will have a turban, beard and moustache. The CEO confirmed that the Trusts hoods do cover all of this and the Trust also has use of language line. Mrs Kooner asked how the Trust is getting the message out in different languages that if the Public needs help, they still need to dial 999. The CEO replied that this goes back to the Chairman's point made earlier if there are local leaders in the Community that the Trust can get the message to for them to translate then we need to be given the details of who to contact. Mrs Kooner will liaise with the Communications Director regarding people in the community to link in with. In relation to testing and home testing and how this has reduced absence Mrs Wigley asked about levels of take up. The CEO reported that the numbers continue to fall due to the lock down and social distancing. The CEO explained that the Trust has been able to ensure all staff that require a test are booked in for testing. The Director of Strategic Operations & Digital Integration reported that the Trust has sent 1,250 staff for swabbing and currently 635 staff off work. This also includes staff off sick with normal sickness. Mr Gardner wished to place on record his thanks to the Management Team for what they have done following the death of the member of staff from Worcester Hub. Mr Gardner asked in relation to the Graduate Paramedics if he could have a copy of the risk assessment that was undertaken. The CEO confirmed that a copy of the risk assessment would be sent to Mr Gardner and he thanked Mr Gardner and his Union Colleagues for their support during this difficult time.	
	Resolved:	
	a) The contents of the papers be received and noted including the Covid Cell Action Log, Covid Cell Risk Log and Covid Surge Actions. b) Mrs Ivey as Chair of the National Diversity Forum would pick up the issue of the disproportionate effect on BAME staff and report back to the Board on what other Ambulance Services are doing. c) Mrs Kooner will liaise with the Communications Director regarding people in the community to link in with regarding the message about dialing 999 in you require help. d) A copy of the Graduate Paramedic Risk Assessment would be sent to Mr Gardner.	 **JI** **NK/MM** **CC**

04/20/04	**COVID-19 Proposed Temporary Governance Arrangements**	

A report of the Chief Executive was submitted.

The CEO explained that when this pandemic first hit the UK, he was very clear that the Trust has a very strong and robust structure in place. The Executive Team run the business as usual and the Assistant Chiefs run their independent service lines. The CEO pointed out that this is the only Ambulance Service run this way, but it works. Working from home has some benefits but also challenges. The Executive Team have done a great job getting on with the day to day business and that has been helpful. The Assistant Chiefs responsible for each of their service lines continue to do a great job. The CEO advised the Board that he was very clear that the Trust needed to hold on to two ambitions:

1) That the Trust still needed to run and maintain business as usual.
2) That the Trust should hold onto its governance arrangements and continue business as usual (Board/Interviews/Sub-Committee Meetings) but recognising that we are dealing with a national emergency. Urgent and important work to continue but not to create too many bureaucratic reports.

The CEO was clear that he did not want meetings cancelled and despite the national guidance the Trust has not done that. The CEO explained that the papers submitted today broadly reflect the approach taken by the Trust but is has not adopted much of the national guidance as the Trust wished to maintain strong governance and oversight.

The Chairman advised the Board that the Trust Secretary had just sent round an email received from the Royal Stoke University Hospital who were starting conversations about 'ramping back up' their governance arrangements in the light of the latest letter from the CEO of the NHS. The Chairman pointed out that WMAS is in a very good place as we have not stopped our governance process.

Mr Yeaman advised the Board that in his opinion he saw this as a very sensible approach to maintain as much as possible which would allow the Trust to recover as quickly as possible. Mrs Farrington-Chadd also agreed and noted the need to try and keep as much traction as possible but noted the need to review agendas, papers and the length of meetings. Mrs Farrington-Chadd referred to a useful document received from the HFMA aimed at NEDs. This is a good check list and will be useful to help try and curtail the length of papers and meetings and the burden on the Executive Team. The Chairman agreed with comments received which followed his view on meetings etc going forward. Mrs Wigley found this a very good debate and the Board has received very good assurance on the governance of the Trust coupled with the response to a national emergency

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and continuing with the day to day work as well. Mrs Wigley thanked the CEO for content of the report and direction of travel for the Trust. Mr Khan echoed what had already been said noting that the way the Trust has been able to manage is a credit to the Organisation. Mr Khan pointed out that this is an opportunity for the Trust to review what it does as it will not be able to go back to what as binormal before.

Mrs Ivey agreed with everything that has been said and noted in relation to quality governance are we getting the level of assurance required as opposed to the level of detail. Mrs Ivey agreed with keeping the governance framework going but streamlining and getting only the assurance that is required. The Chairman noted the Boards consensus with this approach. The Chairman advised the Board of the challenge for Public Meetings going forward and the need to consider if the Trust goes down the route of live streaming or recording meetings in future. The Chairman explained that for now he and the CEO have agreed after each Board meeting to do a quick piece to camera which will be put on the Trust's website. Inviting the Public to attend Board meetings is some way of for now.

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	Resolved:	
	That the Board of Directors: • Received and noted the contents of the paper seeking clarification where necessary. • Authorised the Chief Executive and his nominated deputy to continue to take any appropriate action in consultation with the Chairman, required to protect the interests of patients and staff and maintain a safe service during the period of this incident until further notice. • Ensured that there is appropriate governance in relation to any matter that is normally reserved to the Board under Standing Financial Instructions and the Chief Executive will be authorised to take any appropriate and material action in such cases and liaise with the Chair and/or Deputy Chair and log all such decisions and report to the Board at its next ordinary meeting. • Approved the revised governance arrangements set out in this report and that the Constitution of the Trust be varied as appropriate given the circumstance of this national emergency. That the Council of Governors be requested to approve the contents of this report by written resolution.	
04/20/05	**Resources Committee Meeting – 20/4/20**	
	Mrs Wigley gave an update and reported on a very good meting which highlighted the Trust's strong end of year progress. All operational and financial end of year targets were achieved. Mrs Wigley explained that it had also been helpful to get assurance from the Director of Finance on the	

	detailed record being kept regarding COVID-19 costs. The Committee also noted the sensible line the Trust is taking regarding annual leave etc. Mrs Wigley explained that the Committee noted that the system has changed to be a very cash driven system and we are paying suppliers quickly to ensure they are kept in business. The Committee also received an update on testing for COVID 19. The risks associated with cyber security were noted by the Committee with the UK receiving the highest numbers of attack. This was a major risk for the Trust and would be kept under review. The Chairman gave his thanks and congratulations to the Team for the strong financial and operational end of year performance.	
	Resolved:	
	a) That the contents of the paper be received and noted.	
03/20/06	**New or Increased Risks Highlighted Today**	
	Risks highlighted today as follows: • PPE – funding/purchasing and quality • Cyber Security • PPE fraud	
03/20/07	**Any Other Business**	
	07a – Annual Accounts	
	The Trust Secretary explained that the Annual Accounts for last year have been circulated to the NEDs and he asked that any comments are sent back to the Director of Finance.	
	Resolved:	
	a) That the contents of the update be received and noted.	
	07b – Oldbury Project	
	The Director of Strategic Operations & Digital Integration informed the Board that the Trust is continuing with this project and the plan is to now go out to OJEU advert. The Director of Strategic Operations & Digital Integration further explained that the Trust needs to have a lease that it can activate by 31 March 2021 which is why it is commencing the process now.	
	Resolved:	
	a) That the contents of the update be received and noted.	

| 03/20/08 | **Date and time of the next meeting** | |
| | **27 May 2020 – 14:00 hours** | |

DRAFT

Board Action Log

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
10/19/18	**Diversity & Inclusion Update:** a) That Mrs Brown would arrange for the Network Chairs to attend a Board of Directors meeting and give an update on their top five issues.	**PB**	**May 2020**	The network has not met recently due to winter pressures and have been invited to attend a Board meeting once winter pressures are over.
10/19/20	**Commissioning Intentions:** a) the Director of Nursing & Clinical Commissioning & Interim Engagement & Strategy Director come up with some downside scenarios for each area listed above.	**MD/PW**	**May 2020**	MD/PW to provide an update at the May meeting.
03/20/05	**Board Action Log - BME Representation, Progression & Leadership Action Plan** a) Mrs Ivey asked that the BME Action Plan is submitted to the Quality Governance Committee for review.	**KN**	**May 2020**	Update at the meeting
03/20/23	**Board of Directors Schedule of Business** a) The Trust Secretary would update the Schedule to include the Annual Equality report.	**PH**	**April 2020**	Completed
04/20/03	**Update from the CEO on COVID-19** b) Mrs Ivey as Chair of the National Diversity Forum would pick up the issue of the disproportionate effect on BAME staff and report back to the Board on what other Ambulance Services are doing.	**JI**		Update at the meeting

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
	c) Mrs Kooner will liaise with the Communications Director regarding people in the community to link in with regarding the message about dialing 999 in you require help.	**NK**		Update at the meeting
	d) A copy of the Graduate Paramedic Risk Assessment would be sent to Mr Gardner.	**CC**		Update at the meeting

Second Phase of NHS Response to COVID-19

Senior Command Team Review Version V3.3

No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
1	Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis we recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly.	Review / Risk assess BAME staff on frontline	KN	29.05.20		
2	The national Nightingale team will work with Regions and host trusts to develop and assure regional proposals for the potential ongoing availability and function of the Nightingale Hospitals.	Work with Nightingale Team to understand the proposed use and level of patient movements expected	KP	29.05.20		
3	All NHS local systems and organisations working with regional colleagues fully to step up non-Covid19 urgent services as soon as possible over the next six weeks,	Potential impact to EOC,999, 111 and PTS	JB,NH, MB	05.06.20		**PTS update** 126 vacancies advertised to backfill the PTSHD Induction courses planned from June Backfill complete by end of October 2020 June starters – 36 confirmed

No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
						27 vehicles required (16 stretcher/11 sitter) – backfill HD requirements Impact on PTS operating model due to reconfiguration of services Acute/Community to create 'clean and dirty' areas for Covid. Minimal evidence available of concrete proposals on how NHS will ramp up Letter sent to Accountable Officers of CCG's, Acute and Community Trusts re their plans. Plans still being worked through with an update expected early June. Where possible preference is to continue where possible with telephone/video appointments. **EOC/111 Update** EOC and 111 are continuing to maximise resourcing in all control rooms to meet patient needs. This includes non-clinical and clinical staff.

Second Phase of NHS Response to COVID-19: Senior Command Team Review Version V3.3

No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
4	In addition, you should now work across local systems and with your regional teams over the next 10 days to make judgements on whether you have further capacity for at least some routine non-urgent elective care.	Review current Trust position	MB/MD	09.05.20		PTS SOM (Senior Operations Manager) meeting with commissioners/Acutes to ascertain plans to reinstate out patients and electives. Plans still being worked through – notification early June.
5	'lock in' beneficial changes that we've collectively brought about in recent weeks.	Review Trusts current position and actions taken	ACM	29.05.20		
No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
6	Annex Strengthen 111 capacity and sustain appropriate ambulance services 'hear and treat' and 'see and treat' models. Increase the availability of booked appointments and open up new secondary care dispositions (SDEC, hot specialty clinic, frailty services) that allow patients to bypass the emergency department altogether where clinically appropriate.	Maintain and consider further enhancing 111 provision ie staffing levels etc	JB	13.06.20		111 recruitment has continued meaning staffing levels in 111 and EOC are strong. GP Connect is being made available that will enable direct GP appointment bookings that need to be ultised as a suitable alterative to ED or OOH as required. Continue with e the strong SCC clinical staffing to support see and treat and avoid ED conveyance where possible.
7	Provide local support to the new national NHS communications campaign	Murray and Jeremy agree on	MM/JB	29.05.20		Nationally this message continues to be pushed,

No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
	encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.	communications strategy and how will support the communications campaign for 999 and 111				including on the front end of 111 calls.
8	Ensure that urgent and time-critical surgery and non-surgical procedures can be provided at pre-Covid19 levels of capacity.	Consider impact on PTS services	MB	13.06.20		Recruitment on going to backfill PTSHD staff and vehicles Impact of reconfiguration of services at Acute/Community hospitals
No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
9	All NHS acute and community hospitals should ensure all admitted patients are assessed daily for discharge, against each of the Reasons to Reside; and that every patient who does not need to be in a hospital bed is included in a complete and timely Hospital Discharge List, to enable the community Discharge Service to achieve safe and appropriate same day discharge.	Further consider of impact on PTS services	MB	13.06.20		Currently discharge activity is 20% below (pre Covid) Ensure discharge teams continue to adopt national guidance and ensure only patients that require PTS transport are conveyed. Potential conflict of contractual KPI's and COVID KPI's – discharge %
10	Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease.	Consider impact on E&U service	MD/NH	13.06.20		Resourcing Monitoring for EU as the focus is to ensure we have enough resourcing to match the demand. Currently with the help of the university students we are able to keep up with the patient demand requirements, this is

No	Detail	Suggested response	Lead Person	Due Date	Rag	Update
						due to lockdown and the extra resources we have available to respond. 20/05/20 MD to write to the actus on the requirements
11	Hospitals to prioritise capacity for stroke services for admission to hyperacute and acute stroke units, for stroke thrombolysis and for mechanical thrombectomy.	Understand what this means for E&U service	MD/NH	13.06.20		Resourcing Monitoring for EU as the focus is to ensure we have enough resourcing to match the demand. Currently with the help of the university students we are able to keep up with the patient demand requirements, this is due to lockdown and the extra resources we have available to respond. 20/05/20 NH MD to write to the actus on the requirements
12	Establish all-age open access crisis services and helplines and promote them locally working with partners such as local authorities, voluntary and community sector and 111 services.	Consider if work required within 111 and or DOS	JB	29.06.20		DOS to be updated once services become available.
No	**Detail**	**Suggested response**	**Lead Person**	**Due Date**	**Rag**	**Update**
13	Providers and commissioners must maintain good vaccine uptake and coverage of immunisations. It is also likely that the Autumn/Winter flu immunisation programme will be substantially expanded this year, subject to DHSC decision shortly.	Review and horizon scan ahead of 20/21 flu vaccination program	KN	29.06.20		

Second Phase of NHS Response to COVID-19: Senior Command Team Review Version V3.3

14	In response to Covid19, general practice has moved from carrying out c.90% of consultations with patients as face-to-face appointments to managing more than 85% of consultations remotely. 95% of practices now having video consultation capability live and the remaining few percent in the process of implementation or procurement of a solution. GP Practices should continue to triage patient contacts and to use online consultation so that patients can be directed to the most appropriate member of the practice team straight away, demand can be prioritised based on clinical need and greater convenience for patients can be maintained.	Review Trusts position on remote consultations and understand the potential benefits to the organisation	CC	29.06.20		
15	All NHS secondary care providers now have access to video consultation technology to deliver some clinical care without the need for in-person contact. As far as practicable, video or telephone appointments should be offered by default for all outpatient activity without a procedure, and unless there are clinical or patient choice reasons to change to replace with in-person contact. Trusts should use remote appointments - including video consultations - as a default to triage their elective backlog. They should implement a 'patient initiated follow up' approach for suitable appointments -	As point 14 Review Trusts position on remote consultations and understand the potential benefits to the organisation	CC	29.06.20		

Second Phase of NHS Response to COVID-19: Senior Command Team Review Version V3.3

	providing patients the means of self-accessing services if required.					
16	As part of the 'dial before you walk' proposal develop the ability to triage calls from patients who think they require a visit to ED	In order to understand what this actually looks like and to get a feel for the number of calls this could generate Regional, WMAS are proposing a trial at one or two Acute Trusts in the Black Country. A clear understanding on what dial before you walk actually looks like must be provided from NHSE before this can start.	JB	26.05.20		

Rag Status	
   	Work required
   	Work underway
   	Complete

Initials Key

Initial	Name
ACM	Anthony Marsh
CC	Craig Cooke
NH	Nathan Hudson
MB	Michelle Brotherton

KN	Kim Nurse
KP	Keith Prior
JB	Jeremy Brown
MD	Mark Docherty
MM	Murray MacGregor

Second Phase of NHS Response to COVID-19: Senior Command Team Review Version V3.3

Operating framework for urgent and planned services in hospital settings during COVID-19

Purpose

- The NHS has created unprecedented surge capacity, including HDU and ITU, to treat and care for patients with confirmed COVID-19 infection.

- The challenge now facing the NHS as it begins the second phase of its response to the outbreak is to maintain the capacity to provide high quality services for patients with COVID-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery.

- Local healthcare systems and individual providers have already started planning for this. A key objective in executing these plans must be to minimise the transmission of COVID-19 infection within hospitals, also referred to as hospital-onset infection or nosocomial transmission.

- Delivery against the national expectations and principles set out in this framework will require strong and focussed leadership from local healthcare systems, underpinned by excellent clinical judgment and patient communication.

- Whilst this guidance is intentionally focussed on hospital settings, including acute, community and mental health, many of the principles will be relevant to other healthcare settings and connecting services, including ambulance, primary and community care.

Framework

1. Careful planning, scheduling and organisation of clinical activity

2. Scientifically guided approach to testing staff and patients

3. Excellence in Infection Prevention and Control (IPC)

4. Rigorous monitoring and surveillance

5. Focus on continuous improvement

1 Careful planning, scheduling & organisation of clinical activity

NHS

> **Planned & Elective** and **Urgent & Emergency** care pathways present different opportunities and challenges for minimising hospital transmission of COVID-19 requiring careful planning, scheduling and organisation of clinical activity.

Planned & Elective Care	Urgent & Emergency Care
• Patients should only be required to attend hospital where clinically necessary- maximise all opportunities for remote, multi-professional virtual consultations. • *Admission:* only patients who remain asymptomatic having isolated for 14 days prior to admission and, where feasible, tested negative prior to admission (see next page on testing). *Outpatient:* only patients who are asymptomatic should attend, ensuring they can comply with normal social distancing requirements. • Enhanced planning and protection for patients who are clinically extremely vulnerable (shielded) from COVID-19. • Ensure any patient who subsequently tests positive or shows symptoms can be immediately isolated.	• On arrival, ensure patients are immediately identified as either i) asymptomatic; ii) symptomatic for COVID-19; iii) COVID+ and apply appropriate Infection Prevention and Control procedures. • Ensure within the Emergency Department and Urgent Access Clinics asymptomatic patients can comply with normal social distancing requirements. • Ensure any patient who subsequently tests positive or shows symptoms can be immediately isolated or managed in a COVID+ cohorted area. • Enhanced planning and protection for patients who are clinically extremely vulnerable (shielded) from COVID-19, identified from Summary Care Record or by referring clinician pre-arrival where possible.

Maximise opportunities for creating physical and / or visible separation between clinical and non clinical areas used by patients on a Planned & Elective care pathway and those on an Urgent & Emergency care pathway. Solutions must be flexible and sustainable as demand and activity levels change over the next few months.

Maintain consistency in staff allocation where possible and reduce movement of staff and the cross over of care pathways where feasible between Planned & Elective care pathways and Urgent & Emergency care pathways.

Ensure planned activity aligns with other dependencies, inc. testing capacity, medicines supply, consumables and PPE.

A scientifically guided approach to **testing the right patients and staff, at the right time and frequency** (updated as the evidence evolves) will underpin efforts to minimise COVID19 transmission in hospitals.

The testing approach described below follows advice from the Chief Medical Officer for England and will be kept under constant review during the early stages of the second phase of the NHS response to COVID-19.

Patients

Emergency Admissions: all patients should be tested on admission. For patients who test negative, a further single re-test should be conducted between 5-7 days after admission.

Elective Admissions (including day surgery): patients should isolate for 14 days prior to admission along with members of their household. As and when feasible, this should be supplemented with a pre-admission test* (conducted a maximum of 72 hours in advance)**,** allowing patients who test negative to be admitted with IPC and PPE requirements that are appropriate for someone who's confirmed COVID status is negative.

Inpatients: any inpatient who becomes symptomatic, who has not previously tested positive, should be immediately tested as per current practice

Other day interventions: testing and isolation to be determined locally, based on patient and procedural risk.

Discharge: all patients being discharged to a care home or a hospice should be tested up to 48 hours prior to discharge.

Staff

Symptomatic: all staff or members of their household who are symptomatic should be tested as per current practice.

Asymptomatic: additional available NHS testing capacity should be used to routinely and strategically test asymptomatic frontline staff as part of infection prevention and control measures. Local health systems should work together with their labs and regions to agree the use of available capacity.

Serology

Access to **antibody testing**, as part of the government's testing programme, will also begin to be made available to NHS staff and patients during this next phase. The results will be used to build our understanding and knowledge of COVID-19 and inform the clinical approach. More details will be set out in due course.

* Pre-admission testing should not require a patient to break isolation requirements - the Department of Health and Social Care is leading the rollout of home testing.

3 Excellence in Infection Prevention and Control

NHS

Excellent implementation of **Infection Prevention and Control (IPC)** procedures is paramount in reducing healthcare associated infections, including nosocomial transmission of COVID-19.

- **Follow the [national IPC guidance](#)**: evidence based, web accessible and printable: associated checklists and compendium of all relevant IPC resources, including training resources, available in one central place (maintained in 'real time'). And use the **[IPC Board Assurance Framework](#)** to ensure that recommended IPC measures are being reliably implemented within & across the organisation.

- **Use the appropriate level of Personal Protective Equipment (PPE)**, in line with the latest guidance from Public Health England.

- **Minimise potential COVID-19 Health Care Worker (HCW)** transmission (including HCW to HCW) through supporting staff with:

  - Good hand and respiratory hygiene; keeping hands away from face when wearing any face protection.
  - Declaring all COVID-like symptoms, however mild, and not attending clinical areas for work.
  - Wherever possible, reducing movement between different areas.
  - Social distancing (2 metres) inside & outside of clinical areas e.g. during work breaks and when in communal areas.
  - Understanding the risk of surface contact transmission and frequently cleaning any shared equipment e.g. mobile phones, desk phones and other communication devices, tablets, desktops, keyboards etc

NHS

> **Rigorous monitoring and surveillance** will be central to understanding COVID-19 transmission within hospitals, providing transparency on performance and supporting a focus on continuous improvement.

- **Public Health England and NHS Digital are establishing routine data collection systems on COVID-19**, including standard definitions of 'hospital onset', at Trust level. This will enable rates of nosocomial transmission to be identified and tracked weekly.

- **Routine data to be available to Trusts by end May 2020**, with data linkage with Spine and Hospital Episode Statistics (HES) planned, enabling:

  ✓ Sub-group analysis/patient stratification to identify patient risk factors;
  ✓ Previous hospital episode stays to be identified.

- Surveillance to be underpinned through system level and regional oversight.

Measure for Improvement

Capture organisational data and measure for improvement

Improvement Methodology

Use an established improvement methodology to identify changes and measure their impact

Clinically Led Pathway Improvements

Ensure a focus on clinically led pathway improvements / redesign to eliminate unnecessary hospital attendances and further reduce risks for patients requiring hospital care and treatment

Build Local Learning Systems

Build local learning systems to capture and share best practice and support the use of peer review

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS

AGENDA ITEM: 07 **MONTH:** May 2020 **PAPER NUMBER:** 04c

IPC/COVID-19 Board Assurance Framework	
Sponsoring Director	Director of Nursing and Clinical Commissioning – Mark Docherty
Author(s)/Presenter	Director of Nursing and Clinical Commissioning – Mark Docherty
Purpose	This framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.
Previously Considered by	No previous considerations to note.
Report Approved By	Director of Nursing and Clinical Commissioning

Executive Summary

Effective infection prevention and control is fundamental to our efforts. NHS England and NHS Improvement have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE COVID-19 related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings, to include the ambulance sector. Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

Related Trust Objectives/ National Standards	West Midlands Ambulance Service University NHS Foundation Trust (the Trust) is committed to addressing the risks of healthcare associated infection and serious communicable diseases, through a strategy aimed at dealing proactively with the outcomes and continually developing safer working practices. This board assurance framework aims to ensure that all risks associated with the prevention and control of infection, namely COVID-19 is adequately controlled.
Risk and Assurance	See - IPC Risk Register / Pandemic Risk Assessment
Legal implications/ regulatory requirements	There are no legal implications/ regulatory requirements specifically associated with this board assurance framework. This is not a mandated document.
Financial Implications	There are no financial implications associated with this board assurance framework.
Workforce Implications	There are no direct workforce implications associated with the delivery of this board assurance framework. The Trust continues to ensure adequate controls are in place in relation to effective infection prevention and control.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY
NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS

AGENDA ITEM: 07   MONTH: May 2020   PAPER NUMBER: 04c

Communications Issues	To be shared with the Board and Board of Directors. There are no communication issues associated with this paper.
Diversity & Inclusivity Implications	There are no diversity and inclusivity implications associated with this paper.
Quality Impact Assessment	No quality impact assessment has been carried out.
Data Quality	No data quality issues are associated with this paper.
Action required For information of the Trusts Board of Directors.	

Infection prevention and control (IPC) board assurance framework

4 May 2020, Version 1

NHS England and NHS Improvement

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE COVID-19 related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

Ruth May
Chief Nursing Officer for England

1. Introduction

As our understanding of COVID-19 has developed, PHE guidance on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful for directors of infection prevention and control, medical directors and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Health and Safety at Work Act 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are

treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated appropriately.

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure:			
Infection risk is assessed at the front door and this is documented in patient notes	- EOC/Pathways symptom screening - NEOC screening for symptoms - Operational staff ascertain symptom history as part of their initial on-scene assessment/ history taking - Due to sustained transmission and to mitigate the risk of infection, operational staff wear level 2 Personal protective equipment (PPE) to all cases.		
Patients with possible or confirmed COVID-19 are not moved unless this is appropriate for their care or reduces the risk of transmission	- Trust issued guidance is aligned to Public Health England guidance and monitored through the National Ambulance Service Infection Prevention and Control Group (NASIPCG), a subgroup of AACE. - Clinical presentation / risk assessment. Operational staff are advised to follow CN/403 and PTS/017		
Compliance with the PHE national guidance around discharge or transfer of COVID-19 positive patients	- PTS to follow PTS/017 aligned to PHE ambulance sector guidance. - E&U crews follow CN/403.	No formal COVID-19 PTS guidance released	Following PHE Ambulance Sector guidance. Risk assessments in place and reviewed by Director of PTS, Risk Manager, and IPC
Patients and staff are protected with PPE, as per the PHE national guidance	- A wide range/variety of PPE is available to all frontline operational staff and CN/404-PPE to support.		
National IPC PHE guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	- PHE guidance monitored by the NASIPCG, produced jointly with all ambulance services and shared to all Trusts for implementation. - The Trust is compliant and aligned with PHE guidance.		
Changes to PHE guidance are	- Changes to guidance is implemented into Trust Notices and sent		

brought to the attention of boards and any risks and mitigating actions are highlighted	- to Trusts Senior Strategic Command meeting. - New ambulance specific guidance is agreed through the AACE governance process and disseminated.		
Risks are reflected in risk registers and the Board Assurance Framework where appropriate	- Risk register regularly monitored, updated to reflect current practice. Risk assessments are presented to Health Safety Risk Environment Group (HSREG).		
Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	• IPC focussed Risk Register to include processes and practice for infectious diseases and reviewed with the Risk Manager as required. Pandemic risk assessment regularly updated to reflect current guidance and learning from incident reporting mechanism.		
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
Teams with appropriate training care for and treat patients in COVID-19 isolation or cohort areas	- Operational staff – trained to complete in-between patient cleans of ambulance and associated equipment - Vehicle Preparation Operatives/Make Ready – vehicles cleanliness, IPC contamination clean, Deep Clean. - External contractor – premise Chlorclean arrangements		
Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	- Compliant and following PHE guidance for ambulance decontamination - Vehicle Preparation Operatives (VPOs)/ following Trust notices - Churchill cleaning contractor - Fleet Tracker – IT system to record vehicle cleanliness - IPC Cleaning Schedules – reviewed and up to date - IPC Procedures – reviewed and up to date - Clinical Notices – updated and released as required		
Decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE national guidance	- Compliant and following PHE guidance for ambulance decontamination - MR/060 – VPO guidance for vehicle decontamination - CN403 – COVID guidance for crews for in-between patient cleans and post aerosol generating procedures i.e. suction, advanced airway manoeuvres.		
Increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE	- Compliant and following PHE guidance - MR/060 – deep clean/IPC Contamination - CN403 - Churchill contractor – premise Chlorclean in place across sites - EOC/high risk areas advised increased cleanliness requirements		

national guidance		Gaps in Assurance	Mitigating Actions
Linen from possible and confirmed COVID-19 patients is managed in line with PHE national guidance and the appropriate precautions are taken	- Staff advised where possible, leave used linen at hospital. If linen is returned, staff advised on the process within CN/403.		
Single use items are used where possible and according to Single Use Policy	- Medical Devices Policy - IPC Procedures - Direction given in operational notices for reuse of specific PPE e.g. powered hoods, visors etc (see ON/705)		
Reusable equipment is appropriately decontaminated in line with local and PHE national policy	- Staff issued decontamination process for reusable items. Such as Visor and PRPH). For example, MR-056, ON/705		

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure:			
Arrangements around antimicrobial stewardship are maintained	- Antimicrobial Stewardship for medical/ clinical prescribers and not currently applicable to WMAS.		
Mandatory reporting requirements are adhered to and boards continue to maintain oversight	- Antimicrobial Stewardship for medical/ clinical prescribers and not currently applicable to WMAS.		

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure:			
Implementation of national guidance on visiting patients in a care setting	- Visitor guidance not applicable for the Ambulance Sector as agreed NASIPCG.		
Areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas marked with appropriate signage and where appropriate	- Visitor guidance not applicable for the Ambulance Sector as agreed NASIPCG.		

with restricted access			
Information and guidance on COVID-19 is available on all Trust websites with easy read versions	- Trust Intranet - Weekly Brief Articles - IPC SharePoint site - Clinical Notice in easy view *(bullet point order)* with reference to further reading and hyperlinks provided		
Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	- Clinical handover of patient at receiving unit - CN/403 advises staff to inform the receiving unit prior to arrival and on handover - NEOC PTS booking form and PTS/018 Control Notices informs NEOC to update crew prior to scene arrival - EPRF – documentation of infectious status		

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection	- EOC/Pathways symptom screening - NEOC screening for symptoms - Operational staff ascertain symptom history as part of their initial on-scene assessment/ history taking - Due to sustained transmission and to mitigate the risk of infection, operational staff wear level 2 Personal protective equipment (PPE) to all cases.		
Patients with suspected COVID-19 are tested promptly	• Not applicable as ambulance services **do not** test patients.		
Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested	• Not applicable as ambulance services **do not** test patients.		
Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	- PTS staff convey many patients for routine appointments, PTS are advised to follow Trust guidance issued in PTS/017. This document outlines PPE and the need to communicate the infectious status of the patient.		

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			

All staff (clinical and non- clinical) have appropriate training, in line with latest PHE guidance, to ensure their personal safety and working environment is safe	- All staff receive IPC training on induction - Mandatory clinical updates - Safe selection and use of PPE videos available on IPC SharePoint Trust intranet site - Mandatory workbook clinical/non-clinical - Make ready – decontamination process/notice - Trust notices (clinical, PTS, operational, safety notices) - e-Nav online education		
All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it a record of staff training is maintained	- Induction - Mandatory Clinical Update - e-Learning package - Mandatory Workbook - Trust Notices - IPC PPE Procedure - IPC Procedures - Management of Infectious Diseases - E&T maintain training records		
Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	- Reuse of PPE and associated risk assessments have been approved by AACE/CEOs. The QGARD membership holders own this restricted document to enact as required. This would include the reuse of surgical masks and coveralls and considered high risk.		
Any incidents relating to the re-use of PPE are monitored and appropriate action taken	- Trust wide daily stock checks in place - Incident room monitor Trust wide stock usage daily - EPRF captures what level of PPE used for low/high risk cases - IPC/Risk to continually review COVID-19 related incident report forms to highlight trends and themes to discuss/report at the Trusts HSREG. - Staff advised to follow Trust notices in relation to reuse specific items of PPE such as powered hoods and visors. Staff have been issued with individual issue eye protection.		
Staff regularly undertake hand hygiene and observe standard infection control precautions	- E&U / PTS / Special Operations perform monthly hand hygiene audits. The results from these audits are reported at the Trusts HSREG.		
Staff understand the requirements for uniform laundering where this is not provided for on site	- Guidance for the management of uniform, transport and laundering has been issued in CN/403 - IPC Procedures - Uniform Policy		
All staff understand the symptoms of COVID-19 and take	- PHE Ambulance Guidance - Weekly Brief Articles		

appropriate action in line with PHE national guidance if they or a member of their household display any of the symptoms.	- Encouraged staff to interact with local operational management for face to face support and give clarity - The Strategic Capacity Cell at HQ continues to support staff with queries and is encouraged in CN/403 - HR action cards developed to support managers with staff members FAQs i.e. shielding categories, symptomatic.		

7. Provide or secure adequate isolation facilities

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure:			
Patients with suspected or confirmed COVID-19 are where possible isolated in appropriate facilities or designated areas where appropriate	- In the absence of isolation facilities ambulance services are exempt from criterion 7 of the Health and Social Care Act however, Trusts should be alert of the need for patients to travel alone. For example, high risk renal patients (PTS) and patients who are suspected of COVID-19. - Extremely vulnerable patients continue travel in isolation - PPE issued to driver/staff/patient	Specific PTS guidance required and escalated by NASIPCG to PHE/NHSE/I Cell	Implemented PTS/017 to align with national ambulance sector guidance as detailed PHE website.
Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	- Social distancing is encouraged across the Trust. - PTS may carry more than one patient at any given time, if so, patients are limited to no more than 2 and should be spaced out accordingly to best meet social distancing. Additionally, staff and patients both wear PPE.		
Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	- Social distancing is encouraged across the Trust. - Management of Infectious Diseases Procedure - Clinical notices produced to support operational staff with other alert organisms such as CN/394 for Carbapenemase Enterobacteria. - Extremely vulnerable patients travel in isolation - PPE issued to driver/staff/patient		

8. Secure adequate access to laboratory support as appropriate

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure that:			
Testing is undertaken by competent and trained individuals	COVID-19 Testing is carried out in two ways: • At an approved Test Centre • Self-Swabbing – with approved equipment. • Testing occurs at approved test centres • Tests are currently processed by local hospital laboratories by qualified micro-biologists and lab-personnel.		

	• Majority of staff are booked and receive a test within 24h of reporting symptoms • The Trust is offering all staff with COVID concerns (but not clear symptoms) the ability to access a COVID Test promptly. • The Trust aims to provide household members of confirmed COVID-19 staff member the opportunity to access a test As per PHE guidance, when colleagues self-swab they are given guidance on the procedure in a number of ways, including: • Telephone advice when the swab-swab is booked. • Written guidance provided with the swab • Email of video guidance on how the swab should be obtained		
Patient and staff COVID-19 testing is undertaken promptly and in line with PHE national guidance	COVID-19 Diagnostic Tests are currently only screening for SARS-CoV-2 RNA PRC, which means that other illnesses will not be detected. PHE Guidance for testing can be found here.		
Screening for other potential infections takes place	COVID-19 Diagnostic Tests are currently only screening for SARS-CoV-2 RNA PRC, which means that other illnesses will not be detected.		

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure that:			
Staff are supported in adhering to all IPC policies, including those for other infectious organisms.	- PHE Ambulance Guidance - Weekly Brief / Clinical Times - JRCALC app - Important updates emailed directly to all staff - IPC SharePoint - Dedicated Intranet COVID-19 page - e-learning - HART specialists in High Consequence Infectious Disease - Management of Infectious Diseases - Effective multi-tiered management structure i.e. OM, TIC and Incident Room support		
Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	- Agreed and disseminated via NASIPCG approved by AACE - Ambulance Guidance - Weekly Brief - JRCALC app - Emailed directly to all staff - IPC SharePoint - Dedicated Intranet COVID-19 page - Management of Infectious Diseases		
All clinical waste related to	- All Trust clinical waste is sent for incineration		

confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current PHE national guidance.	- All Trust clinical waste is segregated into the yellow clinical waste stream. - Following National Ambulance PHE Guidance - IPC Procedures - COSHH Policy - Staff are advised on the management of clinical waste via Trust notices CN/403 and PTS/017 - Weekly Brief articles		
PPE stock is appropriately stored and accessible to staff who require it	- IPC PPE Procedure - Supporting Trust notices - Received and dispatches from Central Stores - COVID Incident Room Cell Coordination - Strategic Command oversight - Locally on Hubs - Ambulances (DCAs/RRVs)		

10. **Have a system in place to manage the occupational health needs and obligations of staff in relation to infection**

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Appropriate systems and processes are in place to ensure:			
Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	**Wellbeing:** • All staff isolating or shielding due to being at risk are recorded in GRS and ESR for identification purposes. • Regular contact and welfare checks undertaken through local line manager and weekly operational sickness meetings with managers and HR continue to discuss any staff concerns or issues and put appropriate support in place. • Personal letter from CEO to BAME at risk colleague offering support routes and priority testing. • Shielding staff to be written to offering support and ensuring not disengaged from the Trust. • Access to the weekly briefing and associated clinical and operational notices available to all staff whether in work or at home. • Occupational Health advice and support available for managers and staff and designated OH advice line for COVID-19 enquiries. COVID-19 additional response: • Use of email, Trust Weekly Brief, intranet landing page, Health & Wellbeing and COVID-19 guidance intranet pages, SALS	Those staff who have not disclosed their "at risk" health status or pregnancy to the Trust or their manager	Weekly brief articles encouraging staff to do so, open door manager engagement presence on all sites

	network and staff social media group to regularly disseminate mental wellbeing signposting, guidance and promotion of digital mental health products currently free to the NHS workforce. • Liaison with additional NHS IAPT Therapy Services to expedite workforce access to treatments when distress is reactive to Covid-19		
Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	• Powered respirators do not require fit testing • IPC SharePoint PowerPoint presentation available and shared via Weekly Brief with hyperlink • Education & Training deliver training on powered respirators to all new starters whilst at The Academy • Powered respirators are on the current mandatory clinical update for all frontline clinical operational staff • Education & Training maintain staff training records • Care and maintenance is achieved through the 28-day deep clean cycle and recorded on Fleet Tracker.		
Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	**Testing:** • Testing available for both symptomatic and asymptomatic staff, and symptomatic members of household including children through home testing. • Testing takes within 24 hours of request or identification, through either drive through test site or home test where required. • Testing booking in process is transacted by a HR professional daily, 7 days per week.	Those staff not wishing to undergo testing of their family members	Dealt with individually my local managers on a case by case basis - very small numbers
Staff that test positive have adequate information and support to aid their recovery and return to work.	• Staff members are personally notified by phone by an officer of the Trust should they receive a positive test result for COVID-19 providing advice and guidance. • They receive a follow up welfare call from their own line manager and agree next contact date and method for onward support. • OH available should further specialist advice be required.		

Links to Trust evidence referenced within the above Board Assurance Framework

CN/403 – COVID-19	Link here
CN/404 – IPC PPE COVID-19	Link here
PTS/017 – PTS Transportation of suspected/confirmed COVID-19	Link here
PTS/018 – PTS COVID-19 (NEOC)	Link here
MR/056 – Powered Respirator Unit and Hood Management	Link here
MR/060 – COVID-19 Vehicle Decontamination	Link here
ON/705 – Eye Protection	Link here
PHE Ambulance Trust Guidance	Link here

Item	Anchor Brook PM Day Before	A/E Hubs Fleet Tracker	PTS IPC PPE Stock Levels	Stock Qty Column B	Used Qty Column D	Justification of Daily Usage
Aprons (x200)	0	348650	139000	487650	15000	3500Case A/E x 3, PTS 2000 cases x 2. 500 shrinkage
Body bags	581	488	0	1069	5	WMAS removal BAU
Clinical Waste bags (x25)	40725	30600	8625	79950	5500	1 bag per case A/E PTS
Eye Protection (Safety Glasses)	12139	40423	1699	54261	200	Personal Breakages 3.5%
Face Visors	1150	8902	2915	12967	20	Personal Breakages 0.35%
FiT Test Full Kit	0	0	0	0	0	N/A
FiT Rest Solution	0	0	0	0	0	N/A
Gloves - Unspecified (x100)	98900	316200	35800	450900	550	3500 A/E cases x 6 = 21000. 515 A/E Fleet cleaning x 2 = 1030. 2000 PTS Cases x 4 = 8000. 260 PTS Fleet Cleaning x 2 = 520
Gloves - Small	62500	0	30900	93400	10000	
Gloves - Medium	108100	0	27500	135600	10000	
Gloves - Large	111700	0	27000	138700	10000	
Gowns	0	0	0	0	0	Level 3 PPE = 30 cases per day x 4 Staff (2 Crews) = 120. LEVEL 3 PPE SPLIT WITH COVERALLS ON PRO RATA BASIS
Hand Hygiene Unspecified (1ltr Sanitiser)	1460	2675	464	4599	138	A/E = 44. PTS = 22 HUBs = 20 x 15 = 300 + MP/111/Academy = 60 = 360/20% = 72 66+72 = 138
Hand Hygiene - Alcohol Gel	7722		7221	14943	650	
Hand Hygiene - Handwash	1672		0	1672	20	
Hand Hygiene - Moisturiser	0	0	0	0	0	
Masks - FFP2	0	0	0	0	0	N/A
Masks - FFP3	20480	0	0	20480	0	N/A
Masks - Type IIR	0	117103	9150	126253	18500	3500Case A/E x 4 = 14000, PTS 2000 cases x 2 = 4000. 500 shrinkage
Swabs	0	0	0	0	0	N/A
Coveralls	4660	6878	0	11538	110	Level 3 PPE = 30 cases per day x 4 Staff (2 Crews) = 120. LEVEL 3 PPE SPLIT WITH GOWNS ON PRO RATA BASIS
General Detergent (1 ltr)	223	0	0	223	30	Not stored on stations - issued to cleaners directly. Usage baserd on daily stores (AB) issue

Awaiting Count AM	
Not Used	

Line Item	Stock Qty	Used Qty	RAG Status	Exisiting Escalation Number
Aprons	487650	15000	Green (> 3 Days) (4)	
Body Bags	1069	5	Green (> 3 Days) (4)	
Clinical Waste Bags	79950	5500	Green (> 3 Days) (4)	
Eye Protection	54261	200	Green (> 3 Days) (4)	
Face Visors	12967	20	Green (> 3 Days) (4)	
Fit Test Full	0	0	Green (> 3 Days) (4)	
Fit Test Solution	0	0	Green (> 3 Days) (4)	
Gloves - Unspecified	450900	550	Green (> 3 Days) (4)	
Gloves - Small	93400	10000	Green (> 3 Days) (4)	
Gloves - Medium	135600	10000	Green (> 3 Days) (4)	
Gloves - Large	138700	10000	Green (> 3 Days) (4)	
Gowns	40	10	Green (> 3 Days) (4)	
Hand Hygiene - Unspecified	4599	138	Green (> 3 Days) (4)	
Hand Hygiene - Alcohol Gel	14943	650	Green (> 3 Days) (4)	
Hand Hygiene - Handwash	1672	20	Green (> 3 Days) (4)	
Hand Hygiene - Moisturiser Cream	0	0	Green (> 3 Days) (4)	
Masks FFP2	0	0	Green (> 3 Days) (4)	
Masks FFP3	20480	0	Green (> 3 Days) (4)	
Masks IIR	126253	18500	Green (> 3 Days) (4)	
Swabs	0	0	Green (> 3 Days) (4)	
Coveralls	11538	110	Green (> 3 Days) (4)	
General Detergent	223	30	Green (> 3 Days) (4)	

Issues to highlight

Daily PPE SITREP Collection

PPE Stock Levels Data Collection

For: **West Midlands Ambulance Service University NHS Foundation Trust**; Sun 3 May 2020

Submitted: **Mon 4 May 2020, 7:14 a.m.** by **James Williams (james.williams@wmas.nhs.uk, West Midlands Ambulance Service University NHS Foundation Trust)**

Status: **Complete**

PPE Stock Levels

Line Item	Stock Qty	Used Qty (24hrs)	RAG Status	Exisiting Escalation (CPC/NSDR) Number
Aprons	487650 *	15000 *	Green (>3 Days)	
Body Bags	1069 *	5 *	Green (>3 Days)	
Clinical Waste Bags	79950 *	5500 *	Green (>3 Days)	
Eye Protection - Goggles / Glasses	54261 *	200 *	Green (>3 Days)	
Face Visors	12967 *	20 *	Green (>3 Days)	
FiT Test - full kit	0 *	0 *	Green (>3 Days)	
FiT Test - solution	0 *	0 *	Green (>3 Days)	
Gloves - Unspecified	450900 *	550 *	Green (>3 Days)	
Gloves - Small	93400 *	10000 *	Green (>3 Days)	
Gloves - Medium	135600 *	10000 *	Green (>3 Days)	
Gloves - Large	138700 *	10000 *	Green (>3 Days)	
Gowns	40 *	10 *	Green (>3 Days)	
Hand Hygiene - Unspecified	4599 *	138 *	Green (>3 Days)	
Hand Hygiene - Alcohol Gel	14943 *	650 *	Green (>3 Days)	
Hand Hygiene - Handwash	1672 *	20 *	Green (>3 Days)	
Hand Hygiene - Moisturiser Cream	0 *	0 *	Green (>3 Days)	
Masks - FFP2	0 *	0 *	Green (>3 Days)	
Masks - FFP3	20480 *	0 *	Green (>3 Days)	
Masks - Type IIR	126253 *	18500 *	Green (>3 Days)	
Swabs	0 *	0 *	Green (>3 Days)	
Coveralls	11538 *	110 *	Green (>3 Days)	
General Detergent	223 *	30 *	Green (>3 Days)	

Issues to highlight

West Midlands Ambulance Service
University NHS Foundation Trust

Senior Command Team Meeting

Action Log- Week 3: 30 March – 05 April 2020 plus Monday 06 April

	Item	Details	To be actioned by	Evidence
1	Hours owed	a) NH to continue to look at hours owed	NH	**Complete**
2	Weekend command arrangements	a) DM/AP to continue to collate and distribute the weekend oncall / strategic arrangements for each weekend	DM/AP	Ongoing
3	Exercise Plan	a) Updated exercise Plan to be brought back to senior Command Team meeting	SW/EM	Ongoing/ July 2020
4	Seating at MP	a) Names to be added to each computer desk position at MP	CC	Ongoing May 2020
5	Commonwealth games	a) Dates to be circulated b) New vehicles deployment numbers for the months of April, May, June, July 2022	SW	**a) Complete** **b)** Ongoing / July
6	COVID-19	a) JB to check SCC staff are up to speed with COVID-19 requirements b) CC to scope out the usage of 2 rooms in Navigation Point with phone lines and computers. c) ACM to appoint an Assistant Chief to oversee the COVID Coordination centre d) JBJ to develop a rota for the Strategic COVID cell 7 days a week Monday to Friday SW and JBJ undertaking earlies and lates and weekend fulfilled e) SW to ensure the Press Dept can publish documents out of hours	JB CC ACM JBJ SW SW	**a) Complete** **b) Complete** **c) Complete** **d) Complete** **e) Complete**

	Item	Details	To be actioned by	Evidence
		f) SW to make note for ACM to contact Jeff Worrall with regards to Mid Staffs Hospital not having a COVID-19 POD g) Additional respiratory hoods CC to order an additional 500 h) What patients would not be taken to ED, all to send a list to AP i) New Telephone number in the SCC for COVID-19 Case Transports Hub CC to arrange j) All departments to ensure that hand hygiene gels, wipes and tissues are fully deployed across all sites and appropriate stocks are in place	CC AP CC ALL	**f) Complete** **g) Complete** **h) Complete** **i) Complete** **j) Complete**
7	Flu lessons learnt	SW to draft a letter for ACM with reference to flu lessons learnt	**SW**	**Complete**
8	COVID-19	a) SW to work with the NACC to produce a crib sheet with reference to COVID-19 based on major incident b) SW/CC to increase stock levels of PPE More surgical -a box of surgical masks to go on each DCA in addition to what's in the PPE pack Further aprons on each DCA in addition to what's in the PPE pack. c) SW to confirm with Euan Connell exactly how many boxes of surgical masks he has d) SW to order 1,000 more boxes of surgical masks e) SW to order 1,500 more hood filters	**SW** **SW/CC** **SW** **SW** **SW**	**a) Complete** **b) Complete** **c) Complete** **d) Complete** **e) Complete**

![West Midlands Ambulance Service University NHS Foundation Trust logo]

	Item	Details	To be actioned by	Evidence
9	Universities	a) DM to contact Barbara to ensure ACM and NH are informed immediately if the Universities closed because of COVID-19 b) NH to inform Barbara, the SOM's and therefore the staff that if universities are closed staff are to present at their hub	DM	**a) Complete** **b) Complete**
10	Shadow cover	a) All to identify who would cover for who (Critical people ACAO, SOM's, EOC Commanders, 111 Commanders and other critical people) if required, all to inform ACM by Monday Summary table with 2 column, critical people in column 1, then the persona who will provide shadow cover in column 2. b) All to organise themselves to be able to work from home if required	ALL	**a) Complete** **b) Complete**
11	Business Continuity Plans	a) All areas to review their business continuity plans by the end of the week Friday 13 March 2020	ALL	**Complete**
12	Phone numbers	All to ensure all the COVID numbers are in their phones that have been circulated	ALL	**Complete**
13	Command arrangements	a) SW to ensure SCG's, TCG's are covered b) NVH to oversee the Duty Director shifts and update rota c) DM to pull together a table for officer availability including retired officers d) Mark Gough to be added to the ACAO Board	SW NVH DM AP	**a) Complete** **b) Complete** **c) Complete** **d) Complete**

West Midlands Ambulance Service
University NHS Foundation Trust

	Item	Details	To be actioned by	Evidence
14	Covid-19 flow charts	AP/JB to update COVID (Paper 12) take off the COVID-19 Response Service (advice line) National and update NACC/NARU section	**AP**	**Complete**
15	Research Paramedics	JB inform, relocate and train the 5 Research Paramedic to work in the SCC with immediate effect	**JB**	**Complete**
16	FAQ's paper	NH to chase Training officers reference FAQ's paper	**NH**	**Complete**
17	VPO's	NVH to update ACM what VPO's will be doing	**NVH**	**Complete**
18	COVID flowchart	NH to visit the academy to approach soon to be graduate Paramedics for employment prior to registrations arrive	**NH**	**Complete**
19	COVID Risks	SW to start COVID risk register	**SW**	**Complete**
20	Everbridge system	NVH to provide an update at tomorrows meeting with regard to Everbridge recall to duty system	**NVH**	**Complete**
21	EP Manager meeting	SW to arrange a meeting between ACM and EP Managers	**SW**	**Complete**
22	ETO's	NH to update ACM what ETO's will be doing	**NVH**	**Complete**
23	Grad Paramedics	NH to visit the academy to approach soon to be graduate Paramedics for employment prior to registrations arrive	**NH**	**Complete**

24	Everbridge	Update to go on Fridays meeting agenda	**AP**	**Complete**
25	Oxygen	MB to put together table of oxygen deliveries for each PTS site	**MB**	**Complete**
26	ACAO COVID-19 roles	AP to circulate updated COVID-19 ACAO responsibilities Version 5	**AP**	**Complete**
27	Incident room rota	SW to compile rota for the next 10 days in the incident room for tomorrow's meeting (11.03.20)	**SW**	**Complete**
28	Alternate duties staff	a) External students - DM to send an email to Karen Freeman for next EMB item for external student administration b) NH to add an extra column on paper 8 to include staff members base town location for tomorrow's meeting (11.03.20) c) NH to provide names from paper 8 to JB	**DM** **NH** **NH**	**a) Complete** **b) Complete** **c) Complete**
29	Inbound flight	SW to organise the HART training team (4 operatives) for the inbound flight at 14:30 to Birmingham tomorrow, x1 HART confirmed case vehicle and x1 operational night Ambulance	**SW**	**Complete**
30	FAQ's document	DM to send the authorised versions to Murray to circulate	**DM**	**Complete**
31	SCC COVID-19 spreadsheet	a) JB to change what the SCC record on the COVID-19 spreadsheet to be only 999 cases and a separate report for 111 COVID-19 call volumes	**JB**	**Complete**
32	PPE	a) SW to escalate stock levels to distributors of PPE b) ACM requested SW to bring the Tyvek paper to tomorrow's meeting and the latest updated document for ACM to review	**SW** **SW**	**a) Complete** **b) Complete**

		c) NH to advise Ops that unused items in IP&C packs to be brought back to hubs and not wasted	**NH**	**c) Complete**
33	Civil contingencies return	Paper 16 approved at meeting for SW to release.	**SW**	**Complete**
34	COVID-19 Risks	a) SW presented a draft for comments, comments by 9am b) AP to present commented and updated version at board tomorrow.	**SW** **AP**	**a) Complete** **b) Complete**
35	CFR's	Review cases attended by CFR's considering COVID-19 and PPE	**NH**	**Complete**
36	PPE	X1 Roll of aprons and X1 box of each of the 2 types of surgical mask on every DCA 13/03/20	**SW**	**Complete**
37	External Paramedic students	Contact Sophie Cooper how many students are in year 1, 2, 3 and how many weeks left training after 13/03/20	**AP**	**Complete**
38	Important COVID 19 Telephone Numbers	Send out to Gold Commanders via email	**DM**	**Complete**
39	Information for weekly Briefing	Issue to Press office COVID19 Action Plan, COVID19 Internal Pathway card, COVID19 FAQs, COVID19 Commander actions and responsibilities	**DM**	**Complete**
40	Unused PPE	Place article in Weekly briefing regarding not disposing/wasting unused PPE	**NH**	**Complete**
41	External Students	Gain update from Paul Tolley regarding the approx. 120 students that will continue placements Update 13/03/20	**AP**	**Complete**

42	Additional call takers	Create paper of what other staff can be tasked to take 999 calls 16/03/20	**JB**	**Complete**
43	PTS surge plan	Create paper for surge opportunities 17/03/20	**MB**	**Complete**
44	HART surge plan	Create paper for surge opportunities	**SW**	**Complete**
45	Increase/change of PPE on DCAs	Spread sheet to CC for reassurance that DCAs have new load (Apron and mask)	**NH**	**Complete**
46	Changing of 999 reporting	Split suspect case transfers in and out of hospital into high/low risk	**SW**	**Complete**
47	Stock ordering	Conversation to be had with Euan Connell regarding orders 17/03/20	**CC**	**Complete**
48	OM Stock take	OMs to take a stocktake every Tuesday night after trial on 16/03/20. Steve to create form and Nathan to implement. Andrew to put form online	**NH/SW/AP**	**Complete**
49	Cardiac Arrest PPE	Steve to speak to Alison regarding crews wearing PPE in cardiac arrest. What criteria should CFRs be responded to and wearing what PPE	**SW**	**Complete**
50	Decontamination guidance	Chase the PHE update to clarify what is needed	**ACM**	**Complete**
51	Review PPE guidance	Speak to Karl McGilligan regards advice	**SW**	**Complete**
52	PTS data template	All PTS data in one table	**MB**	**Complete**

53	Review staff self-isolation	Review, with Alison, the requirements of self-isolation period for staff	**SW**	**Complete**
54	Stafford PTS contract	Identify and retain 2 ETOs from moving to Operations for PTS training from April	**MB**	**Complete**
55	Ambulance Trust Daily sit rep paper	a) SW to update the Paper 03 b) AP to send to KP for review and update	**SW** **KP**	**a) Complete** b) **Complete**
56	PPE Guidance	a) KM to update the clinical notice ready for the publication of the national guidance b) AP to find out what is in the PTS IP&C packs	**KM**	**a) Complete** **b) Complete**
57	Students	a) AP to inform PT the 800 students are to be stood down and not on WMAS placements. PT to deal on Monday. b) PT to send the names of the 120 to NH	**AP**	**a) Complete** **b) Complete**
58	Hub stock takes	Stock take on hubs every night OM to undertake and update NH and Incident room daily	**NH**	**Complete**
59	Everbridge	CC and NH to provide an update on 15.03.20 on the Everbridge system	**CC/NVH**	**Complete**
60	CFR	a) Suspend CFR deployments until PPE deployed b) NH to draft and email and circulate to gold group c) JB to ensure EOC Suspend	**NH**	**a) Complete** **b) Complete** **c) Complete**
61	PTS	MB to put information out reference patients who are symptomatic and transports	**MB**	**Complete**
62	PPE Delivery	CC to speak with Euan reference the PPE needing to go out in the morning following the new delivery to stores	**CC**	**Complete**

63	Notice to be drafted in case masks run out	CC to request KM to draft an urgent notice for crew advice on what to do if run out of masks to use the	**CC**	**Complete**
64	CFR PPE	Make and distribute CFR PPE packs 16/03/20	**NVH**	**Complete**
65	Consumables for CFRS	How to supply consumables for CFR's 18/03/20	**NVH**	**Complete**
66	Recall of HART leavers	Steve to recall 5 members of staff that have left HART within the last 12 months	**SW**	**Complete**
67	Stock levels	Daily conference call with Euan Connell regarding stock levels	**ACM/CC**	**Complete**
68	Stock shortage	OM stock check form to be updated so OMs can notify of any shortages they identify	**NH**	**Complete**
69	COVID-19 SCC log	Change of detail to reporting, reduce level of detail required	**JB**	**Complete**
70	Update of relevant COVID Information	Any new information to be sent to COVID Incident email to share	**ALL**	**Complete**
71	3rd party providers	Consideration of suppliers going bankrupt/unable to fulfil orders and knock on effect to WMAS	**ALL**	**Complete**
72	St Johns offer of assistance	Consider offer from St Johns in assistance to service	**ALL**	**Complete** – Decision not to take up offer
73	Review of Deployments	a) TIC to be tabled on 17/03 b) OM 18/03	**NH**	a) **Complete** b) **Complete**

74	Review of loggists in COVID Incident Room	Requirement to fill rota. Directors to be contacted to see if they can gain assistance.	JB	Complete
75	Hart Alt duties staff	HART Alt duties to move to Incident room loggist lines	SW	Complete
76	Managers awareness of isolation guidance	OMs/Duty managers/Contract managers need to keep aware of current guidelines. One page briefing to be created	CC	Complete
77	MP Reception staffing	2 people required on MP reception and a 3rd person available to fill in if needed. Refresher training may be needed	KF	Complete
78	Re-deploy HART transfer vehicles	X2 DCAs from HART to be kitted and taken to Bromsgrove for 23/03/2020	NH	Complete
79	Re-deploy HCRT transfer vehicles	X10 DCAs from HCRT to be kitted and taken to Bromsgrove for 30/03/2020	NH/MB	Complete
80	PTS work load to decrease	PTS to only transport essential patients from 20/03/2020	MB	Complete
81	HALO period extension	Email to be sent to Mark Docherty regarding extending HALO cover past March	NH	Complete
82	NACC Funding	ACM to advise KP on NACC funding figure	ACM	Complete
83	COVID-19 Action Cards	Review action cards produced by CC	ALL	Complete

84	LHRF	Steve to produce paper for Hereford and Worcester LHRF	SW	Complete
85	LHRF Rota	LHRF schedule added to SG/TCG rota	SW	Complete
86	Review NILO deployment	Review on 20/03/2020	SW	Ongoing on hold
87	Review HART transfer procedure	COVID-19 HART Transfers of Confirmed Cases 19/03/2020	KP	Complete
88	NARU Courses	Continue running NARU courses, only cancel if other services pull candidates	KP	Complete
89	Command Arrangements	Start new Command rota arrangements 23/03/2020	ALL	Complete
90	Duodote Stocks	Check availability of duodote for extra vehicles coming into service at a) SW at HART base b) NH at hubs c) AP with Martin Minard and Euan	SW NH AP	a) Complete b) Complete c) Complete
91	PRPH hoods	On-call Tac commanders hoods to be redistributed to oncoming DCAs at Bromsgrove	NH	Complete
92	EOC Deep dive	In Depth look at Call answering and Deep dive	ACM/JB	Complete
93	Further PTS staff	Following a meeting between ACM, MB,NH, PT and AP ACM gave the following actions to MB: a) MB to identify how many of the 120 people being trained are C1 qualified	MB	a) Complete b) Complete

		b) MB to identify a further 40 staff members, of the new additional 40 PTS staff requested just mentioned how many will have C1		
94	E&U Relief staff	Following a meeting between ACM, MB, NH, PT and AP ACM gave the following actions to NH: a) NH to cancel relief and overtime on days b) NH to ensure peak output is 460 7 days a week c) NH to ensure Non Para relief next week onwards is moved to nights d) NH to ensure C1 students at Bromsgrove only work with a Paramedic at Bromsgrove not to work with a Technician e) 200 night crews on	**NH**	**a) Complete** **b) Ongoing** **c) Complete** **d) Complete** **e) Ongoing**
95	CPR PPE	Level of PPE needs to be decided Currently Level 2 CPR unless AGP, which requires upgrade to level 3	**KM / AW**	**Complete**
96	PPE shortage	Letter to be drafted and sent to Keith Willetts	**ACM / CC / AP**	**Complete**
97	Doctors PPE	a) Letter to Doctors to be re-written regarding PPE b) 4 sets of Masks to be sent to identified Doctors	**SW** **SW**	**a) Complete** **b) Complete**
98	Staff in isolation	Assess when staff may be returning from isolation and reasons for isolation a) CC to speak to Chaitra b) NVH to pick up the dashboard	**CC**	**a) Complete** **b) Complete**
99	Reservists	Not to release reservists from service to military – Health emergency	**ALL**	**Complete**
100	SCG and TCG chart	SCG and TCG chart to be changed to identify separate counties	**AP**	**Complete**

101	Easter	a) Refrain from standing staff down over period b) Easter cover to be increased for Senior Command Team	NH / MB NVH	a) Complete b) Complete
102	Contingency	Year 1 university students, Driver training vehicles and Major incident vehicles to be built into contingency plans.	AP	Ongoing
103	Fuel	Ensure hub fuel bunkers are at max levels	TP	Complete
104	Year 1 Uni students	ACM / NH / PT to meet on the morning of 24/03 to discuss year 1 uni students	ACM	Complete
105	Free fuel	Craig to publish notice regarding how to claim free fuel from BP and checks required	CC	Ongoing
106	Year 2 Uni student uniform	Additional university uniform for year 2 students	DM	Complete
107	Key workers	Every staff member of WMAS classed as a key worker	ALL	Complete
108	AGP PPE	ACM to seek clarification Nationally of PPE for AGPs	ACM	Complete
109	Refreshments on hubs	Supply of tea and coffee for staff Craig to speak to Euan. Update 23/03/2020	CC	Complete
110	Trauma Tool	Steve to update when trauma tool finalised	SW	Complete
111	RPI	Continue to decrease RPI 26/03/2020	JB	Complete

112	National Easter Guidance	ACM to issue national Guidance	ACM	Ongoing
113	Alternative masks	Communicate with Karl regarding using alternative masks – FFP2/FFP3	CC	Ongoing
114	PRPH Filters	a) Discussion regarding guidance of filters. ?Re-usable. b) Risk assessment form required	ACM / CC CC	a) Ongoing b) Ongoing
115	Tympanics and safety goggles	Requirement to secure Goggles and tympanics on hubs	CC / NH	Ongoing
116	PTS notices	Review circulated PTS notices and provide Michelle with feedback	ALL	Ongoing
117	CQC Staff	Possible arrangements of CQC staff being deployed within the incident room. AP to send CC details of the volunteers.	AP / CC	**Complete**
118	Final Contingencies	Create grid showing final options for contingency, including MI vehicles, Yr 1 students etc	AP	**Complete**
119	Helicopter deployments	SW to look at helicopter deployments and utilising staff elsewhere. SW to update	SW	**Complete**
120	HART Guidance	Keith to send out HART National Guidance, including reducing cleaning fluid for HART Breathing Apparatus in line with national standard	KP	**Complete**
121	Logistics Drivers	Steve to contact West Midland 4x4 to assist with driving logistics vans	SW	**Complete**
122	Key PPE items	PPE stock levels required AP to be included in meeting daily	CC	**Complete**

123	Updated PPE notices	Read and feed back to Craig regarding the updated COVID notices by Karl	All	**Complete**
124	St Johns MOU	a) Andy to collate feedback from colleagues who have already received. b) Mark and Keith to read and feed back	AP MG / KP	Added 23.03.2020
125	NACC Mutual aid request	Keith to develop a table explaining requirements of mutual aid and what is involved to be shared with other services	KP	**Complete**
126	Return to WMAS	Nathan contacting 80 ex-members of staff regarding return to WMAS that have left within the last 12 months	NH	**Complete**
127	Surge actions taken	Review surge stages and actions taken	ALL	**Complete**
128	PTS hub staff allocations	Michelle to update Nathan with locations of PTS staff that will be working front line to allow allocation of hubs	MB	**Complete**
129	PRPH Hoods	a) Possibility of replacing FRSM with FFP3 to replace b) Possible reuse of PRPH filters	CC CC	a) **Complete** b) **Complete**
130	CCPs relocated to Bromsgrove	CCP paramedics from CCP cars to work on DCAs from Bromsgrove 26.03.20	NH	**Complete**
131	Access all area cards	2 Access all area cards ordered. One kept on Craig's person. The other to be kept in Craig's desk	CC	Added 24.03.2020
132	Spare FFP3 Masks	Spare FFP3 masks to be stored at Kidderminster station from Anchor Brook	CC	Added 24.03.2020
133	COVID-19 Co-ordination centre	COVID-19 co-ordination centre not to be stood down. Discussion required with Chris Green	JB	Added 24.03.2020

134	TCG requirement	Steve to Speak to SCG chair to discuss capability of the single TCG of West Midlands and Warwickshire	**SW**	**Complete**
135	SCG structure	Andy to update SCG structure with Justin to cover Herefordshire TCG	**AP**	**Complete**
136	CFR Mandatory training	Nick to continue CFR training, heavily focusing on PPE	**NVH**	**Complete**
137	Working time directive	Working time directive to be upheld. To review weekly	**ACM**	**Complete**
138	Home working	Statement regarding Homeworking to be issued	**ACM / CC**	**Complete**
139	Year 2 uni students for front line work	Andy to find out from Paul how many year 2 students have C1 licences which can go to front line for Thursday	**AP**	**Complete**
140	Return of staff	Andy to issue notice to Directors that all staff interested in returning WMAS to be directed to Nathan	**AP**	**Complete**
141	FFP3 Test kits	Testing kits to be gathered from all sites and redistributed	**CC**	**Complete**
142	Re-use of PRPH hoods	Paper to be sent to Exec-Directors for immediate feedback and once confirmed issue a notice confirming re-use	**CC / KM**	**Complete**
143	Alternate Hood devices	180 alternate devices and 700 relative filters on order	**CC**	**Complete**
144	National Union letter reply	Letter to be issued that all staff comply with national guidance and to complete relevant risk assessments	**KM**	**Complete**

145	PPE Notice	Craig to issue notice in Weekly briefing regarding supply and reasons for different levels of PPE	**CC**	**Complete**
146	Field Hospital	ACM to identify somebody to provide WMAS input	**ACM**	**Complete**
147	Corporate staff relocation	Jez to identify member of staff that is not being utilised, to go into co-ordination centre	**JB**	**Complete**
148	New EOC call takers	120 new call takers to be in EOC by Easter 25 Clinicians trained and able to take calls by Easter	**JB**	**Complete**
149	Extra Call taking seating	Craig to identify how many extra seats on first floor in MP	**CC**	**Complete**
150	Extra phone lines utilised from NP	Craig to identify extra lines in NP that could be used to take 999 calls	**CC**	**Complete**
151	111 National Contingency	Jez to notify that 111 may require National Contingency due to installation of new generator	**JB**	**Complete**
152	CCP Desk MP	CCP desk at MP not to be removed due to foreseen increase of calls due to new trauma tool	**JB**	**Complete**
153	Trauma Tool	New Trauma tool to be issued in Weekly Briefing and as Clinical notice	**SW**	**Complete**
154	NACC HART Booking form	Booking form to be removed, due to increase in cases	**KP**	**Complete**
155	PTS to front line	Michelle to update 26/03 regarding numbers confirmed to move to front line	**MB**	**Complete**

156	ACM Shadow	ACM identified Linda Millinchamp as accounting officer and to deliver Operations. Nathan to replace Craig if needed	**ACM**	**Complete**
157	CEO Contingency	Inform Mark Docherty how he stands in the CEO contingency plan	**ACM**	**Complete**
158	Everbridge	SOC to be trained in Everbridge system	**NVH**	**Complete**
159	Possibility of CPR becoming AGP	Nick to confirm if CPR to be designated as an AGP	**NVH**	Added 26.03.2020
160	Confirmed staff returning to WMAS	30 staff including Uni lecturers to return to WMAS starting 30.03.2020	**NH**	**Complete**
161	Governors Briefing	Complete briefing paper for ACM to disseminate	**DM**	**Complete**
162	Testing FFP3 test kits	Confirmed x 37 3M kits complete kit x 1 Scott complete kit x 35 bottles (sweet) x 25 bottles (bitter) Decision made to store all masks and test kits to be stored at Kidderminster	**CC**	**Complete**
163	CCP Numbers	List of all CCPs and base locations to be circulated	**SW**	**Complete**
164	New Pathways Card 36	New national pathways escalation process to be discussed	**CC / JB**	**Complete**
165	Gold Field hospital call	Steve to represent WMAS at Field Hospital Conference call	**SW**	**Complete**

166	NHS Voluntary Service	Michelle to contact commissioners regarding utilising voluntary service to assist conveying of suitable pt's	**MB**	**Complete**
167	Sit rep	a) John Woodhall to run complete first WMAS daily of sit rep for WMAS this evening b) Keith to send to the 3 other test services for trial c) Keith to send out to all other 9 services after making any changes, with advice to complete and send into NACC for 09:00 daily	**JW** **KP** **KP**	a) **Complete** b) **Complete** c) **Complete**
168	Grad students plan	Andy to create a table to demonstrate when students training and coming into ops	**AP**	**Complete**
169	Additional Uni students	Andy to contact Paul Tolley regarding re-contacting all Year 2 and 3 students	**AP**	**Complete**
170	Return to WMAS 24 months	Nathan to notify Kim Nurse regarding contacting staff who left the service within the last 24 months	**NH**	**Complete**
171	Field Hospital Transfer	a) 4,000 bed capacity hospital located at NEC b) CCPs to be ring fenced to Bromsgrove to assist with transfers c) Majority of transfers to be made at night	**ALL**	d) **Complete** e) **Complete** f) **Complete**
172	Secondary Employment	Andy to notify Kim Nurse that only ACM to authorise secondary employment	**AP**	**Complete**
173	Heli-med transfer	Steve to investigate possibility of COVID positive Heli-med transfers. What was done in Sierra Leone	**SW**	**Complete**
174	Governors Brief feedback	Gain feedback from Murray	**DM**	**Complete**

175	Check for spare PRPH Hoods	Check all locations for spare hoods	**ALL**	**Complete**
176	Contact Training school	Nathan to contact Paul Tolley regarding Student plan going forward	**NH**	**Complete**
177	Stock at Anchor brook	Nathan to push more stock to hubs	**NH**	**Complete**
178	Year 2 names for front line	Nathan to provide names for 100 Yr2 students to move to frontline 30.03.2020	**NH / PT**	**Complete**
179	Year 1 student names	Nathan and Paul to provide 100 names from approx. 215 to start VPA training and 115 names for front line	**NH**	**Complete**
180	Level 2 PPE BBE	Bare below Elbow / Sleeve protectors for level 2 PPE 30.03.2020	**CC / KM**	**Complete**
181	Call takers Screen	Screen protectors between call taker positions. Craig to feedback 30.03.2020	**CC**	**Complete**
182	Fleet Update	HCRT DCAs back in system. X2 HDU vehicles to be kept at Tollgate until known where they will located	**CC**	**Complete**
183	Tympanics in EOC	Staff to have temp taken within first half hour of shift, or if feeling unwell during shift If staff feeling unwell they should ask for temp to be taken.	**JB**	**Complete**
184	HART Training Team	a) HART mandatory training Monday to Thursday to continue b) Steve to investigate possibility of providing extra HART cover, assisted by 2 new incoming vehicles	**SW** **SW** **SW**	a) **Complete** b) **Complete** c) **Complete**

		c) Steve to update daily staffing list with additional vehicles and to circulate to Gold commander's group daily		
185	PTS private providers	Michelle to circulate sent letter to COVID ICC group	**MB**	**Complete**
186	Staff Testing	ACM to contact Sandwell CEO regarding staff testing – Times / Location. EOC STAFF ONLY. Once EOC complete Paramedics and Technicians to be tested	**ACM**	Added 29.03.20
187	Uni Lecturers	Returning Uni lecturers to be given one day update	**NH / PT**	**Complete**
188	Year 2 VPAs	Year 2 students to be placed as VPA duties before front line duties. Nathan to speak to PT	**NH**	**Complete**
189	Year 1 students	275 year 1 students to be split across VPAs and front line. Nathan to provide names	**NH**	Ongoing for Tuesday
190	Safety Goggles	Safety goggles. Ensure required amount on each hub and provide personal issue to all staff	**CC / NH**	**Complete**
191	HART allocations	Steve to update allocations with initials on empty vehicles	**SW**	**Complete**
192	Tympanic stock	Close stock keeping on tympanics on all locations due to low levels	**ALL**	**Complete**
193	New style PRPH hoods	New style hoods to be given to OMs and VPOs	**NH**	Ongoing for Friday update

194	HART 3rd Vehicle	Steve to make list of missing kit to make up 2 new incoming vehicles	**SW**	Ongoing for Thursday update
195	Mutual Aid vehicle	Steve to review contents and make a list of any additional equipment required	**SW**	**Complete**
196	Major Incident vehicles	All major incident vehicles to ne kitted with BLS and ALS, leaving all current kit on board	**CC / SW**	Ongoing for Monday
197	New stretchers	Order 10/15 new stretchers	**CC**	**Complete**
198	Hospital based ambulance stretchers	Nathan to take stock check of number and type of stretchers based at hospitals	**NH**	**Complete**
199	WMAS Vehicle list	Craig to update list to include driver training vehicles	**CC**	**Complete**
200	Private PTS	Private companies to be advised that we will help provide information or direction as required, but if they fail to		**Complete**
201	Distribution of new style hoods to Drs	27 new hoods to be sent to Drs on guidance signed off by Craig	**CC / SW**	**Complete**
202	Retire and return staff	Retire and return staff approx. 30 to see PT before bank Holiday ASAP	**NH**	**Complete**
203	Retire and return video	Send Video appealing to retired staff to Nathan	**DM**	**Complete**
204	Everbridge Test	Test system on all groups	**NVH**	**Complete**

205	Uni Lecturer Uniform	Craig to source helmets for uni lecturers	CC	**Complete**
206	Pathways Card 36	Implement and feedback on Card 36 01.04.2020	JB	**Complete**
207	NHS Voluntary Service	Delay in implementing due to DBS checks	MB	Ongoing
208	Coverall Gowns	Craig to investigate possibility of sourcing ASAP	CC	Ongoing-order placed
209	Weekly Briefing Article	Craig to issue article regarding strict bare below elbow and use of sleeve protectors when appropriate	CC	**Complete**
210	EOC screen protectors	360 EOC screen protectors ordered, waiting to be manufactured and installed	CC	**Complete**
211	Year 2 Uni students	70 addition year 2 students to go straight to ops bypassing VPA duties, unless they want to do VPA duties	NH	**Complete**
212	Stretchers on PTS vehicle	96 PTS vehicles capable of taking a stretcher. Craig to place order for a) 12 stretchers from Stryker (Belgium) expected 10.04.2020 b) 12 from Ferno (US) expected 10.04.2020 To order ASAP	CC	a) Ongoing b) Ongoing
213	Spare stretcher details	Nathan to send Andy details regarding spare stretchers and what we use them for, to make a table.	AP	**Complete**
214	Staff testing call	ACM, CC, MD and AP call reference staff testing. 01.04.2020	ACM / CC	**Complete**

215	PRPH Hoods to UHB	ACM to speak to UHB regarding New style Hoods 01.04.2020	ACM	Complete
216	Inhaler spacers	Craig to place order for 5,000 inhaler spacers ASAP	CC	Complete
217	Daily National Nightingale call	Keith to join daily Nightingale hospital conference call 01.04.2020	KP	Complete
218	Comms at Nightingale Hospital	Craig to investigate comms at the hospital desk at the Nightingale hospital	CC	Complete
219	Nightingale PTS numbers	Michelle to update Steve with PTS numbers for whole region not just WMAS covered areas 01.04.2020	MB	Complete
220	National Nightingale guidance	Andrew to send brief to all regarding national guidance regarding Nightingale hospital	AP	Complete
221	Midlands Nightingale Conference Call	Keith to take over Midlands Nightingale conference calls from Steve 01.04.2020	KP	Complete
222	KP Incident room role	Keith Prior now released from Covid Incident Room	KP	Complete
223	REAP escalation update	Advised that move to REAP level 3 when continuously in Surge level 2. ACM and CC to confirm when. Escalation to level 3 would reflect RESPONSE stage of the incident	ALL	Complete
224	REAP level 4	We would look at escalating to REAP level 4 when approaching major incident levels	ALL	Complete
225	Clinical Navigator	Starting at WMAS Surge level 2 Clinical managers placed in EOC to manage dispatch stack.	JB	Ongoing for Friday

226	National Surge level 3	When in National Surge level 3 Clinical navigators would be looking through cat 3 and 4 to identify incidents that require response	**JB**	Ongoing for Friday
227	Additional phone lines	38 extra seats identified. Another 10 phones needed, Requirement to extend red box recording licence to cover new lines Order will be placed tonight 01.04.2020	**CC**	Ongoing for Friday next week
228	HART vehicle update	All 4 RRVs to have identical load list. One main response vehicle holds drone. Spare discovery car 2 crew carriers. PPE kits to be place on all new vehicles. Welfare vehicle requires defib, BLS and ALS Steve authorised to order remaining kit Place order on 02.04.2020	**SW**	Ongoing for next Thursday
229	Card 36	Currently in use and no issues	**JB**	**Complete**
230	Voluntary services	Local Authority voluntary services start with PTS on 06.04.2020	**MB**	**Complete**
231	Student presentations	Andy to check times for presentations on 06.04.2020	**AP**	**Complete**
232	Spare stretchers	Spare stretcher table to sent to Covid cell for adding to log	**AP**	**Complete**
233	Inhalers / spacers	12,000 spacers and 3,000 inhalers ordered on 01.04.2020	**CC**	**Complete**

234	Ambulance Liaison Officer for Nightingale	Nathan to identify x5 suitable staff to cover Officer duties at Nightingale	**NH**	Ongoing update for Tuesday
235	Oxygen Supply	Strong management required regarding managing oxygen stores and other important resources	**NH**	**Complete**
236	PRPH Hoods	Ordered 150 more PRPH hoods this week	**CC**	**Complete**
237	PRPH Hoods Supply	Craig to contact UBH CEO regarding where hoods are located	**CC**	**Complete**
238	3M PRPH hoods	Craig has formally escalated formally regarding no supply	**CC**	**Complete**
239	MP power issues	Power issues at MP resolved – to remove from risk register	**CC / AP**	**Complete**
240	Paramedic/Police ROLE car	a) Steve to ask police why they aren't going to use their own medics b) Nick to find out how many cases of this type we attend	**SW** **NVH**	a) Ongoing b) **Complete**
241	Risk register review	Craig and Andy to go through Risk register	**CC / AP**	Ongoing for monday
242	Covid 19 financial review	Craig to go through COVID Costings log	**CC**	Ongoing for Tuesday
243	50 PTS HDU vehicles	a) 50 PTS HDU vehicles on days, 10 on lates responding from 06.04.2020. b) Remaining year 2 students to work on PTS vehicles	**MB**	a) **Complete** b) **Complete** c) **Complete**

		c) Weekend cover as much as possible, but to be covered on O/T		
244	Private PTS providers	Michelle and Mark to send letter to Private companies outlining details of what they are required to do 02.04.2020	**MB / MD**	**Complete**
245	Inhaler spacer storage	Craig to assess requirement for storage of spacers	**CC**	**Complete**
246	Updated PRPH hood guidance	a) PRPH Hoods guidance update required regarding battery charging and filter change b) Letter to be sent to UHB with guidance	**CC**	**a) Complete** **b) Complete**
247	Duty Director rota	Gaps to be filled in 14.04.2020 – 19.04.2020	**NVH**	**Complete**
248	Extra HART staff	Increased HART staff over Easter weekend. Bring table to ACAO meeting showing normal staff and O/T staff 06.04.2020	**SW**	**Complete**
249	Hand-Held Radios	Keith to decide how many radios to be sent to EoE Ambulance service	**KP**	**Complete**
250	Staff Testing	a) Sandwell testing 30 per day b) Edgbaston testing approx. 500 c) Independent testing 200 tests – Nationwide Pathology Labs. To be used in locations in periphery of region. 10 OMs / officers to do 10 tests per day for 2 days. Cameron McVittie and Carl Cooper to organise officers and testing d) Decline Nottingham testing	**NH/JB/MB** **JW / NH** **MD**	**a) Complete** **b) Complete** **c) Complete** **d) Complete**
260	PPE Update	a) New guidance to be released to in Operational notice.	**KM** **MB**	**a) Complete** **b) Complete** **c) Complete**

		b) Michelle to talk to Tony Page regarding clinical waste on PTS vehicles c) Michelle to put together PPE packs together for PTS vehicles	**MB**	
261	Helimed	Steve to contact Hannah regarding Air assets, PPE and requirement	**SW**	**Complete**
262	Finance meeting	Arrange 30 min meeting between ACM and Craig 06.04.2020	**DM**	**Complete**
263	Swab collection	Nathan to speak to MD to arrange for collection of swab samples that have been collected	**NH**	**Complete**
264	PTS clinical waste	Michelle to arrange fitting of Clinical waste holders on vehicles	**MB**	Ongoing
265	Handheld radios	Steve to update Craigs table for hand held radios 06.04.2020	**SW**	Ongoing for Monday
266	Request for extra handheld radios	Keith to put in request to NACC for 100 handheld radios	**KP**	**Complete**
277	Nightingale Discharges	WMAS PTS to do all Birmingham Nightingale discharges.	**MB**	Ongoing for Monday
278	Nightingale Urgent care	Michelle to investigate requirement of WMAS PTS	**MB**	Ongoing for Monday
279	Everbridge tests	Nick to check with NILOs regarding reply of message 06.04.2020	**NVH**	**Complete**

280	Confirm DMA output for Easter weekend	Nathan to check daily DMA report to confirm PTS-HD are on GRS correctly 07.04.2020	**NH**	Ongoing
281	PTS – HDU for Easter weekend	Michelle to arrange O/T for PTS-HD for Easter weekend 07.04.2020	**MB**	Added 04.04.2020
282	Letter to Hospitals regarding PPE	Letter to be sent stating what PPE WMAS staff will be wearing in hospitals	**MB**	**Complete**
283	4th HART vehicle	Review requirement if 4th vehicle is required 10.04.2020	**CC**	Added 04.04.2020
284	Swab testing table	Nathan to create table regarding Staff testing 05.04.2020	**NH**	Ongoing
285	Test results	Jeremy to CCG regarding assurance that they will have enough people to staff Co-ordination centre	**JB**	**Complete**
286	Everbridge	Lee Carter to complete Everbridge training 10.04.2020	**NVH**	Added 05.04.2020
287	PTS - HDU	PTS-HDU vehicles uplifted to 20 on lates and 20 on Saturdays	**MB**	Added 05.04.2020
288	New PRPH hoods	New hoods and filters to be exchanged and in place 08.04.2020	**CC / SW**	Added 05.04.2020
289	Spare vehicles	Nathan to confirm with Craig that spare vehicles are on the correct hubs	**CC / NH**	Added 05.04.2020

290	Kidderminster stores	Craig to revise what is going to be stored at Kidderminster 06.04.2020	**CC**	Added 05.04.2020
291	Test kits	Nathan to reserve 10 swab kits to be held back and authorised by ACM or CC in ACM's absence	**NH**	Added 05.04.2020
292	Swab results	Nathan to identify staff that will be used to feedback results to staff	**NH**	**Complete**
293	C/N 403	Michelle to update notices with changes in blue and issue tonight	**MB**	**Complete**
294	Haywood Hospital	Mark to get confirmation in writing which patients are to go to Haywood	**MB / MD**	Added 05.04.2020
295	Stafford hospital cardiac arrest	Mark to check that New Cross Hospital are aware of divert from Stafford re cardiac arrest	**MB / MD**	Added 05.04.2020
296	HALO conference call	Nathan to arrange daily conference calls between TIC and HALOs	**NH**	**Complete**
297	Stand up all resources	All resources to be in place for Easter weekend	**ALL**	Added 06.04.2020
298	Names of staff / Ex-staff	a) Name any staff that may be of use during the COVID crisis b) Nathan to compile list and form table	**ALL** **NH**	Added 06.04.2020
299	EOC Screens	To complete installation of call taker screens in Tollgate and PTS control	**CC**	Added 06.04.2020
300	Additional Radios	Decide how best to use additional radios 09.04.2020	**ACM / CC**	Added 06.04.2020

301	Derby PTS provider	Michelle to find out who covers Derby regard to PTS, in relation to Discharges from Nightingale hospital	**MB**	Added 06.04.2020
302	Nightingale Urgent care	Urgent care centre opens 09.04.2020. PTS expected to transport 10-20 pts at peak. Referrals only to be made by GP or 111	**MB**	Added 06.04.2020
303	Confirm numbers of additional staff	Dan to speak to PT regarding exact numbers of who have attended the academy and who have confirmed that they will be attending	**DM**	Added 06.04.2020
304	Secure Kidderminster Stores	Craig to ensure the storage facility at Kidderminster is secured. Will be visited once per day	**CC**	Added 06.04.2020
305	Aprons	Craig to update on delivery of improved quality of aprons 09.04.2020	**CC**	Added 06.04.2020
306	Check document versions	Keith to confirm with authors of documents that he has received before circulating	**KP**	Added 06.04.2020
307	Changes to COVID summary update	Craig to add in totals for each column of table	**CC**	Added 06.04.2020
308	Areas wanting to stand up own facilities	ACM to raise concerns about areas wanting to stand up own facilities other than Nightingale, at national level	**ACM**	**Complete**
309	Swab summary table	Nathan to make swab table into a summary	**NH**	Added 06.04.2020
310	HART utilisation over Easter	a) Jez to brief EOC on how HART are to be used over Easter period b) Steve to highlight to Je who is the T/L and that they are to be left on base	**JB** **SW**	Added 06.04.2020
311	National Table top exercise	Keith to attend Birmingham nightingale to participate in table top exercise 07.04.2020	**KP**	Added 06.04.2020

| 312 | MOD MACA representative | ACM / KP to contact MOD representative regarding MACA | ACM / KP | **Complete** |
| 313 | Additional Call takers | Jez to have 23 additional 999 call takers in place 09.04.2020 | JB | Added 06.04.2020 |

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

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Senior Command Team Meeting

Archived Action Log

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

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

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

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

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
55	06.04.20	Nightingale Urgent care	Urgent care centre opens 09.04.2020. PTS expected to transport 10-20 pts per hour at peak. Referrals only to be made by GP or 111	**MB**	**Complete**	07.04.20
56	06.04.20	Confirm numbers of additional staff	Dan to speak to PT regarding exact numbers of who have attended the academy and who have confirmed that they will be attending	**DM**	**Complete**	07.04.20
57	06.04.20	Secure Kidderminster Stores	Craig to ensure the storage facility at Kidderminster is secured. Will be visited once per day	**CC**	**Complete**	07.04.20
58	06.04.20	Aprons	Craig to update on delivery of improved quality of aprons 09.04.2020	**CC**	**Complete**	07.04.20
59	06.04.20	Check document versions	Keith to confirm with authors of documents that he has received before circulating	**KP**	**Complete**	07.04.20
60	06.04.20	Changes to COVID summary update	Craig to add in totals for each column of table	**CC**	**Complete**	07.04.20
61	06.04.20	Areas wanting to stand up own facilities	ACM to raise concerns about areas wanting to stand up own facilities other than Nightingale, at national level	**ACM**	**Complete**	06.04.20
62	06.04.20	Swab summary table	Nathan to make swab table into a summary	**NH**	**Complete**	07.04.20
63	06.04.20	HART utilisation over Easter	a) Jez to brief EOC on how HART are to be used over Easter period	**JB**	**Complete**	07.04.20

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

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

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

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

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

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

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

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

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

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

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

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

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
30	03.04.20	PTS clinical waste	Michelle to arrange fitting of Clinical waste holders on vehicles	**MB**	**Complete**	20.04.20
144	15.04.20	CFR Visor production	Nick to follow up on offer of company to produce visors for CFRs	**NVH**	**Complete**	20.04.20
153	16.04.20	Covid risk assessments	COVID-19 related risk assessments to be brought to Mondays 20.04.20 meeting	**CC**	**Complete**	20.04.20
160	17.04.20	EOC masks	a) Jez to speak to Reena regarding staff wearing masks in EOC b) Trial masks in EOC c) Consider number of mask required if deemed acceptable to be used	**JB**	**a) Complete** **b) Complete** **c) Complete**	20.04.20
162	18.04.20	EOC clinical waste bins	KM to check guidance to see if clinical waste bins are required for EOC used masks	**KM**	**Complete**	20.04.20
165	18.04.20	Outdoor Benches	Create table regarding how many benches are required and where they are to be located – to assist with social distancing	**CC / NH / MB / JB**	**Complete**	20.04.20
166	18.04.20	Action Card	Mark Gough had received feedback on the COVID-19 ACTION CARD 7 - Version 3- "Staff off sick due to a positive test for COVID-19 and are asymptomatic" Approval given in meeting	**MG**	**Complete**	20.04.20
163	18.04.20	REAP levels	Craig to complete paper on how we compare to REAP levels at present	**CC**	**Complete**	21.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
167	20.04.20	Mutual Aid	Update mutual Aid table and circulate	**CC**	**Complete**	21.04.20
168	20.04.20	Benches	Order 100 outdoor benches for Hubs, EOCs, 111	**CC**	**Complete**	21.04.20
169	20.04.20	REAP levels	Decision made to change to REAP level 1 with immediate effect after considering all factors involved and REAP to be reviewed daily as a standing agenda item on the senior command team meeting	**ALL**	**Complete**	21.04.20
170	20.04.20	Leaving DCAs on scene	Nathan to discuss with TICs regarding leaving DCAs on scene	**NH**	**Complete**	21.04.20
171	20.04.20	Decontamination of DCAs	Nathan to re-iterate via TICs that DCAs are to go back to home hub not the closest	**NH**	**Complete**	21.04.20
172	20.04.20	COVID risk assessment	Provide feedback on Covid risk assessment to Andy Proctor by close of play 20.04.20	**ALL**	**Complete**	21.04.20
173	20.04.20	Order of new style aprons	• Craig to send Aprons paper to Exec team tonight for urgent approval Craig to order aprons if approval gained on 21.04.20	**CC**	**Complete**	21.04.20
174	20.04.20	Reuse of PPE	Wait for National guidance to be released and form our own advice	**MG**	**Complete**	21.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
175	20.04.20	Additional protective screen for EOC's 111, PTS control	Jeremy to order additional screens for EOC, NEOC, NACC and 111 at a cost of £20,000. Approved by all present to proceed	**JB**	**Complete**	21.04.20
178	20.04.20	Future Plans	All to provide feedback to Andy regarding what they would like to be included in future meeting agenda items	**ALL**	**Complete**	21.04.20
148	16.04.20	Re-run of Nightingale Hospital exercise	Keith to ensure the exercise at Nightingale is re-run following the lessons learnt have been implemented.	**KP**	**Complete**	22.04.20
159	17.04.20	Aprons PPE	Continue pursuing Thicker and larger Aprons and redistribute poorer quality ones to services working in a more controlled environment	**CC**	**Complete**	22.04.20
179	21.04.20	Surgical mask differences	The variant of surgical mask to be removed from front line use	**CC / NH / MB**	**Complete**	22.04.20
180	21.04.20	Mutual aid table	Late Incident room Commander to circulate mutual aid table daily	**CC**	**Complete**	22.04.20
181	21.04.20	Release of lock down measures	All resourcing to be kept at current level and position to deal with expected workload	**ALL**	**Complete**	22.04.20
182	21.04.20	Additional supervision in EOC	Additional Supervision to be provided in EOC and 111	**JB**	**Complete**	22.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
183	21.04.20	Meeting format	Ongoing ACAO meetings to be conducted on TEAMS rather than Skype. Trail run meeting being undertaken on 22.04.20 AP to arrange	ALL	**Complete**	22.04.20
184	22.04.20	MDI's conference call	Conference call to be arranged for tomorrow 23.04.20 to discuss MDI's and spacers. ACM, CC, MD, Alison Walker, Jason Wiles. AP to arrange	AP	**Complete**	23.04.20
187	22.04.20	Thank-you videos	Dan to send clips to relative ACAOs and Directors	DM	**Complete**	23.04.20
21	01.04.20	Additional phone lines	38 extra seats identified. Another 10 phones needed, Requirement to extend red box recording licence to cover new lines Order will be placed tonight 01.04.2020	CC	**Complete**	24.04.20
176	20.04.20	Personal Issue PRPH hoods	Craig to investigate options that are available to be ordered for Personal issues hoods.	CC	**Complete**	24.04.20
188	23.04.20	Visors Notice	Create notice regarding differing visor models	CC	**Complete**	24.04.20
194	23.04.20	Action Cards	Cards have been signed off and now to be sent to Carla and Incident room for documenting	NH	**Complete**	24.04.20
177	20.04.20	CCP Cars	Re-instate x2 CCP cars (Oldbury and Worcester)	SW / NH	**Complete**	27.04.20

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No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
185	22.04.20	Training 2020 / 2021	Create a one-page paper describing training to be undertaken for the next year	**NH / MB / JB**	**Complete**	27.04.20
189	23.04.20	Dual Trained call takers	Dual training of call takers to continue into winter period	**JB**	**Complete**	27.04.20
190	23.04.20	PTS recruitment	Michelle to continue recruiting PTS staff	**MB**	**Complete**	27.04.20
191	23.04.20	VPO recruitment	Continue to recruit baseline number of 139 VPOs	**NH**	**Complete**	27.04.20
192	23.04.20	AAP and Graduate recruitment	Continue with recruitment of student and graduate paramedics	**NH**	**Complete**	27.04.20
195	24.04.20	Swab Testing	Ensure staff are continuing to use our swab testing process and not changing	**NH**	**Complete**	27.04.20
196	24.04.20	WTE Report	Monthly report to be submitted on WTE numbers	**NH / MB / JB**	**Complete**	27.04.20
197	24.04.20	Personal Issue PRPH Hoods	Paper to be taken to EMB	**CC**	**Complete**	27.04.20
198	24.04.20	Nightingale Transfer deaths	Clinical notice to be drafted and email and notice to be brough back to Mondays meeting 27.04.20	**KP / NVH / EM**	**Complete**	27.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
186	22.04.20	Covid actions	AP to create table highlighting biggest actions taken to protect patients from surge actions document.	**AP**	**Complete**	28.04.20
199	24.04.20	Eye Protection	Operational Notice to be published on 27.04.20	**CC**	**Complete**	28.04.20
202	27.04.20	X19 ACA/AAP	Nathan to check if these staff can start on next AAP course	**NH**	**Complete**	28.04.20
204	27.04.20	Nightingale – Death in Transit	Ops Notice to be published	**NVH**	**Complete**	28.04.20
205	27.04.20	CFR Visors	Determine which visors and how many go to CFRs	**CC / NVH**	**Complete**	28.04.20
200	27.04.20	2020/21 Planning - Ops	1Hr meeting with ACM regarding future planning	**ACM / NH / AP**	**Complete**	29.04.20
201	27.04.20	2020/21 Planning - EOC	1Hr meeting with ACM regarding future planning	**ACM / JB / AP**	**Complete**	29.04.20
208	28.04.20	Tatenhill Aircraft	Steve to investigate how many incidents Cosford and Strensham aircraft arrived at and how many patients were conveyed.	**SW**	**Complete**	29.04.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
211	28.04.20	Minutes silence photos	Contact Paul Tolley and Rob Till regarding photos of minutes silence	**DM**	**Complete**	29.04.20
164	18.04.20	Reuse of PPE	a) Create table to respond to each of the sections in the guidance setting out our response b) Risk assessment based on our response to each section of potential re-use. c) Draft a staff notice explaining why we have no PPE. Draft clinical notice describing what to do and how to do it. Ie doffing after first use, storing and donning the PPE for re use	**CC / Incident Room**	**Complete**	01.05.20
193	23.04.20	Closure of Flu vaccine	Confirm Flu vaccine programme is closed – Drugs returned, books closed, fridges turned off	**NVH**	**Complete**	01.05.20
203	27.04.20	Students table	Update students table with new numbers	**AP**	**Complete**	01.05.20
207	28.04.20	PRPH Hood stock	Craig to create table to show current numbers and types in stock	**CC**	**Complete**	01.05.20
209	28.04.20	MTA Meeting	Keith to provide back brief regarding National MTA meeting	**KP**	**Complete**	01.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
210	28.04.20	Major incident plan	Steve to provide final draft to ACAO meeting for approval	**SW**	**Complete**	01.05.20
212	29.04.20	Major incident plans	Share major incident plan with group	**SW**	**Complete**	01.05.20
214	29.04.20	Incident room NILO	Ed Middleton to be brought back to Incident room as NILO until Nightingale is stood up	**SW**	**Complete**	01.05.20
215	29.04.20	Key Actions taken	All to review and suggest additions to key actions paper. Send to AP	**ALL**	**Complete**	01.05.20
217	29.04.20	Tatenhill Aircrew	Tatenhill air crew to be re-instated	**SW**	**Complete**	01.05.20
218	29.04.20	X19 ECAs/ACAs	To join Cohort 2 which is started on 20.04.20	**NH**	**Complete**	01.05.20
219	29.04.20	PTS to A&E course	Speak to Paul Tolley to re-establish course for PTS to A&E course	**NH**	**Complete**	01.05.20
221	30.04.20	PTS capacity	Michelle to take actions to drive down demand such as using Taxis and patient's family members	**MB**	**Complete**	01.05.20
222	30.04.20	Update to frequency of meetings	Move to Monday, Wednesday and Friday meetings with the flexibility to revert back if	**AP**	**Complete**	01.05.20

No	Date Added to Action Log	Item	Details	To be actioned by	Evidence	Date Completed and Action Archived
			required at any point. AP to update meeting invites			
223	01.05.20	Re-use of PPE	Advice accepted from QGARD and logged in Incident room 29.04.20	**CC**	**Complete**	01.05.20
224	01.05.20	Major Incident plan approval	Check MI plan is on EMB agenda	**AP**	**Complete**	01.05.20

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Senior Command Team Meeting

Action Log

No	Date Added	Item	Details	To be actioned by	Evidence
1	21.01.20	Exercise Plan	a) Updated exercise Plan to be brought back to senior Command Team meeting	**SW/EM**	Ongoing/ July 2020
2	21.01.20	Seating at MP	a) Names to be added to each computer desk position at MP	**CC**	Ongoing May 2020
3	14.02.20	Commonwealth games	a) Dates to be circulated b) New vehicles deployment numbers for the months of April, May, June, July 2022	**SW**	**a) Complete** **b)** Ongoing / July
158	17.04.20	Asthma Guidance	a) Distribute resources to hubs regarding new asthma guidance b) New C/N to be published in weekly briefing	**CC**	Ongoing for 29.05.20
216	29.04.20	Duty Director Rota	Review requirement of Duty Director rota	**ALL**	Ongoing for 27.05.20
226	01.05.20	New style Apron Distribution	Craig to distribute new style aprons	CC	**Complete**
242	04.05.20	Board meeting	a) Each ACAO to provide Powerpoint slide for presentation, for each of their areas b) ACAO's to attend Board meeting at the end of the month	**ALL / NVH** **ALL**	a) **Complete** b) Ongoing end of May

No	Date Added	Item	Details	To be actioned by	Evidence
249	06.05.20	2020/21 Flu vaccination programme	a) Liaise with Kim regarding flu vaccination program b) First board meeting to sit in May	**NVH / KN** **NVH**	a) **Complete** b) Ongoing for End of May
259	07.05.20	Paediatrician – clinical Queue	X16 Paediatricians being made available to assist with 111 clinical queue	**JB**	Ongoing for 25.05.20
271	13.05.20	Advice to other sectors	Review information distributed to other sectors of the NHS to see if anything is applicable for ourselves	**CC / KP / Incident room / NACC**	Ongoing for 22.05.20
273	13.05.20	Continued ACA positions	Offer current ACAs positions of employment after universities restart	**NH**	Ongoing for 22.05.20
285	18.05.20	PPE Stock levels	a) Send graphs of stock levels and usage/burn rate to ACM b) Bring graphs to this meeting 20.05.20 for sign off	**CC**	Ongoing for 22.05.20
286	18.05.20	EMB 19.05.20	Nathan to join EMB for 14:00	**NH**	**Complete**
287	18.05.20	SDR – Surgical masks	SDR to be placed regarding surgical masks, due to low stocks and previous low levels of push stock	**CC**	**Complete**
288	18.05.20	New style Aprons	a) Pallets of stock delivered to x15 A&E hubs by 20.05.20. Further delivery by 22.05.20 b) Steve to take small stock supply from Sandwell for HART and Air Ops	**CC** **SW**	a) Ongoing 22.05.20 b) **Complete**
290	18.05.20	Pandemic workforce	Add section regarding swab testing every member of staff weekly	**NH**	Ongoing for 22.05.20

No	Date Added	Item	Details	To be actioned by	Evidence
291	18.05.20	New Ambulance guidance	Create an action plan on areas that we need to reinforce	**CC/AP**	**Complete**
292	18.05.20	CAS site cover	Confirm with duty Managers the basis of how CAS sites are covered	**JB**	**Complete**
293	18.05.20	Staff Survey	a) Use table from Paper 4b and forward completed version to Andy b) Weekly briefing article to be drafted	**ALL** **NH**	Ongoing for 20.05.20
294	18.05.20	Covid Debrief feedback	a) Read through in detail and provide feedback/clarification b) Capture further groups that feedback would be valued	**ALL** **SW**	Ongoing for 22.05.20 Ongoing for 22.05.20
295	18.05.20	Winter debrief	Create questionnaire regarding winter feedback / issues	**NVH**	Ongoing for 22.05.20
296	18.05.20	PTS-HD	Create a brief regarding loss of staff numbers due to AAP course and possibility of students returning to university	**MB**	**Complete**
297	20.05.20	Deep clean of hubs	Due to increase in sickness a) Deep Clean Gravelly PTS b) Dudley A&E Hub	 **MB** **NH**	Ongoing for 25.05.20
298	20.05.20	Covid Non-clinical working areas	Andy to take responsibility of setting out in MP Nath to walk through a hub and set out plans Michelle to walk through a hub and set out plans Jez to go through 111 and set out plans	**AP** **NH** **MB** **JB**	Ongoing for 27.05.20
299	20.05.20	Hand washing Poster	More posters to be displayed in appropriate areas	**AP**	Ongoing for 26.05.20
300	20.05.20	COVID-19 Staff Survey Analysis	Andy to circulate to group and them send to Murray for WB	**AP**	Ongoing for 20.05.20
301	20.05.20	Second Phase of NHS	Andy to circulate to all action owners to update relevant areas, send to Andy who will forward to Board	**ALL**	Ongoing for 21.05.20

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No	Date Added	Item	Details	To be actioned by	Evidence
		Response to COVID-19			
302	20.05.20	NARU - NDOG	Keith to raise awareness of courses being held and mitigation measures being taken	**KP**	Ongoing for 21.05.20
303	20.05.20	BAME Work Stream	Message Pam Brown regarding road test of self-survey and other works agreed at EMB 19.05.20	**AP**	Ongoing for 22.05.20
304	20.05.20	NACC officer Staffing	a) NARU officer to be reduced to 8 hours a day b) WMAS officer to be reduced to 20 hours a day	**KP**	Ongoing for 25.05.20

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

NHS

West Midlands Ambulance Service
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Senior Command Team Meeting

Risks and Issues Log

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status
4	25.02.20	Corona Virus	Increased activity, risk to staff, supplies, infrastructure, support from partner agencies	CC	Included in Risk Assessment EP-019-V13 Pandemic Influenza (updated to reflect COVID-19)	
5	10.03.20	Medical supplies	Impact of medical supplies availability,	CC	Included in Risk Assessment EP-019-V13 Pandemic Influenza (updated to reflect COVID-19)	
7	10.03.20	Potential COVID-19 renal patients	Significant amount of renal journeys approx. 500-700 journeys per day in Birmingham alone	MB	Included in Risk Assessment IPC-032-V7 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19 risk assessment next version	
8	12.03.20	Impact of COVID-19 on 999 activity	Significant impact of COVID-19 cases on 999 service	JB	Included in Risk Assessment EP-019-V13 Pandemic Influenza (updated to reflect COVID-19)	
9	13.03.20	PPE Supplies	Impact of PPE supplies availability	CC	Included in Risk Assessments EP-019-V13 Pandemic Influenza (updated to reflect COVID-19)

IPC-032-V7 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19 | |
| 11 | 16.03.20 | Staff isolation | Number in staff in isolation | All | Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19 | |
| 12 | 16.03.20 | Grad students | Deployment of the Graduate students and the risk of them returning to university | NH | Included in Risk Assessment WF-024-V2 Shortened Recruitment Process for Recent Leavers and Uni Student Paramedics | |

13	16.03.20	PTS High Dependency Tier	Introduction and deployment of the 50 PTS High dependency tier (impact on renals)	MB	Included in Risk Assessment version IPC-032-V7 - PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19	
16	21.03.20	Clinical waste	Clinical waste provision across PTS sites	All	Included in Risk Assessment IPC-002-V12 Risk of Infection from Clinical Waste in vehicles and on station	
18	24.03.20	Risk to renal patients	Reduction in Taxi and community services due to isolation of drivers. Reduction in Taxi capacity due to social distancing	MB	Included in Risk Assessment version IPC-032-V7- PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19	
19	25.03.20	PRPH replacement filter availability	Reduced stock levels in Trust and concern about national availability from suppliers	CC	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19	
22	28.03.20	Private PTS Providers	Private PTS providers not undertaking cases relating to COVID-19 and communications with CCG's which includes the new Worcester PTS provider	MB	Included in Risk Assessment IPC-032-V7 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19	
24	03.04.20	Quality of PPE	Quality of a number of items of PPE is poor including aprons and tyvex suit	CC	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19 Included in Risk Assessment IPC-034-V1 Provision of Aprons	
27	18.04.20	Running out of PPE and having to re-use	Number of PPE availability and concern to have to reuse PPE in reference to the PHE letter published on 18.04.20 reference: CEM/CMO/2020/018 Title: Considerations for Personal Protective Equipment in the Context of Acute Supply Shortages for Coronavirus Disease 2019 (COVID-19) Pandemic	All	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19)	

Senior Command Team Meeting: Risk and Issues Log

28	21.04.20	Lockdown relaxing	Potential for high surge over a number of weeks following lockdown restrictions being lifted	All	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19)	
29	23.04.20	Winter 2020/2021	Potential Impact of unknows	All		
30	23.04.20	Fleet replacement program	Vehicle production and plans delayed due to COVID	CC		
31	29.04.20	Restoration of PTS work	Increase in PTS workload due to services starting to return to normality	MB	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19)	
31	01.05.20	Increased COVID risk to BAME staff	Concerns over the increased risk to BAME staff	ALL	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19) Included in Risk Assessment WF-025-V4 Positive Action for BAME Staff during COVID-19	
32	01.05.20	PPE and Turban issue	Clarification required on the use of PPE and Turbans	ALL	Included in Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19) Included in Risk Assessment IP-030-V4 Powered respirator protective hoods	
33	04.05.20	SORT Training	SORT staff who due to cancelations over winter may become out of date with their competencies	SW	Included in Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19) Individual Risk Assessment to be developed	

Senior Command Team Meeting: Risk and Issues Log

34	07.05.20	Health and Wellbeing	Health and Wellbeing and Student Support requested to be added by EMB	KN	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19)	
35	11.05.20	PTS VAR Forms	Risk of the impact PTS VAR forms not being signed off and the impact that will have on contracts	MB	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19)	
36	13.05.20	Slowing down of staff testing availability	Antigen availability and risk to swab testing availability	NH	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19)	
37	15.05.20	Surgical mask numbers	Stock numbers of masks reduced from 250,000 masks now at 60,000	CC	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19)	
38	15.05.20	Social distancing on hubs	Due to the number of staff on hubs social distancing is becoming a real challenge	All	Included in Risk Assessment EP-019 Pandemic -V13 Pandemic Influenza (updated to reflect COVID-19)	
39	20.05.20	NARU Training	NARU Training	KP		

Rag Status	

Senior Command Team Meeting: Risk and Issues Log

Archived risks

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

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

Senior Command Team Meeting: Risk and Issues Log

Risk Assessment Linked to:	N/A

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

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
10	15.03.20	CFR deployment	PPE Levels for CFR's	NVH	N/A		16.04.20
Rationale for archiving			PPE now available for CFR's				
Risk linked to completed actions from Action log			**Action 35** of week 3 action log- CFR's- Review cases attended by CFR's considering COVID-19 and PPE- Action Complete				

	Action 49 of week 3 action log-Cardiac Arrest PPE-Action: Steve to speak to Alison regarding crews wearing PPE in cardiac arrest. What criteria should CFRs be responded to and wearing what PPE- Action Complete
	Action 49 of week 3 action log- CFR- a)Suspend CFR deployments until PPE deployed b)NH to draft and email and circulate to gold group, c) JB to ensure EOC Suspend- Actions Complete
	Action 64 of week 3 action log- CFR PPE- Make and distribute CFR PPE packs 16/03/20- Action Complete
	Action 65 of week 3 action log- Consumables for CFRS- How to supply consumables for CFR's 18/03/20- Action Complete
	Action 136 of week 3 action log- CFR Mandatory Training- Nick to continue CFR training, heavily focusing on PPE- Action Complete
Risk Assessment Linked to:	N/A

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
14	17.03.20	999 call answering	Impact of COVID-19 on 999	JB	Risk Assessment PS-128-V11		16.04.20
Rationale for archiving			Call performance being met, significant increase in call handler numbers				
Risk linked to completed actions from Action log			**Action 42** of week 3 action log- Additional call takers- Create paper of what other staff can be tasked to take 999 calls 16/03/20- Action Complete **Action 66** of week 3 action log- Additional Call takers- Jez to have 23 additional 999 call takers in place 09.04.2020-Action Complete **Action 92** of week 3 action log-EOC Deep Dive- In Depth look at Call answering and Deep dive- Action Complete **Action 147** of week 3 action log- Corporate staff relocation- Jez to identify member of staff that is not being utilised, to go into co-ordination centre- Action Complete **Action 148** of week 3 action log - New EOC call takers- 120 new call takers to be in EOC by Easter, 25 Clinicians trained and able to take calls by Easter-Action Complete						

			Action 149 of week 3 action log - Extra Call taking seating- Craig to identify how many extra seats on first floor in MP- Action Complete
Risk Assessment Linked to:			Risk Assessment PS-128-V11 Stacking of incidents during high demand

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
15	19.03.20	Fuel	Fuel availability and panic buying is rumoured.	TP	N/A		16.04.20
Rationale for archiving			Not considered a concern currently				
Risk linked to completed actions from Action log			Action 103 of week 3 action log- Fuel- Ensure hub fuel bunkers are at max levels- Action Complete Action 105 of week 3 action log-Free Fuel- Craig to publish notice regarding how to claim free fuel from BP and checks required -Action Complete				
Risk Assessment Linked to:			N/A				

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

Senior Command Team Meeting: Risk and Issues Log

Risk Assessment Linked to:			N/A				

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

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

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

Senior Command Team Meeting: Risk and Issues Log

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

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
26	09.04.20	New UPS at Navigation Point	New system installed	CC	Mitigated by directing Engineer to stay local over Easter period		16.04.20
Rationale for archiving			System installation complete				
Risk linked to completed actions from Action log			Action 151 of week 3 Action log- 111 National Contingency- Jez to notify that 111 may require National Contingency due to installation of new generator-Action Complete				
Risk Assessment Linked to:			N/A				

West Midlands Ambulance Service
University NHS Foundation Trust

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

No	Meeting Date	Risk Identified	Issue	Risk Owner	Status including requirement to go on risk register	Rag status	Date Archived
Rationale for archiving							
Risk linked to completed actions from Action log							
Risk Assessment Linked to:							

Initials Key

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

Senior Command Team Meeting: Risk and Issues Log

Current COVID-19 Related Risk Assessments

Risk Assessment EP-019-V13 Pandemic

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

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

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

HS-036-V12 Risk of theft from Trust premises

IPC-030-V4 Powered Respiratory Protective Hoods

IPC-033-V1 IPC Personal Protective Equipment

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

IPC-034 V1 Provision of Aprons

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

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

Senior Command Team Meeting: Risk and Issues Log

Paper 04h

West Midlands Ambulance Service
University NHS Foundation Trust

Key Actions Taken to Protect Patients During COVID-19 Pandemic

Key Actions Taken
Strong operating model in place
Daily Senior Command Team meeting chaired by CEO
Ambulance Case Transport Desk introduced in the SCC (Strategic Capacity Cell)
Bromsgrove Hub developed into staging area so that ambulance numbers could be doubled from there
Fleet numbers increased E&U 480 to 515 vehicles an increase of 35 vehicles PTS 397 to 44O vehicles an increase of 43 vehicles
50 High Dependency Ambulances deployed. 159 PTS staff trained to undertake HD
Students - 99 Year 1 university and 7 year 2 students to act as VPAs (Vehicle Preparation Assistants) – 168 Year 2 students working as Ambulance Care Assistants on E&U 138 Year 3 students working as Ambulance Care Assistants on E&U
360 Perspex screens installed to protect staff in Control rooms and 111, PTS and NACC
Staff from Corporate Departments redeployed to assist in a variety of support roles
Additional 150 + 117 of 111 call handlers for additional surge capacity recruited (NHSE Funded)
62 extra positions identified for additional 999 call takers in HQ and Navigation Point (111 building)
Maintained the 15 Winter HALOs from winter.
Covid 19 Incident room established 16 hours per day x 7 days with Duty Commander, NILO, Loggist and Executive Director assigned as the Incident Director
Continued work on PPE, ensuring sufficient quantities, quality and appropriateness.
Staff swabbing 7 days a week
Relocation of PTS control room to Lichfield to support social distancing
Ability to take 111 calls from Millennium Point Head Quarters and Tollgate EOC. This means that of all of the call assessors who are dual trained already can take 111 or 999 calls from their base location.

CLOREX MACHINES

- WMAS had searched for a product / method to provide a chemical disinfectant / decontamination for the vehicles (12/18mths)

- This is separate to cleaning

- The have always wanted to ensure the vehicle is bacteria & virus free once a deep clean is complete

- The difficulties to date have been, products viewed either not able to achieve bacteria free / very wet processes / significant down time after process (2hrs plus often

CLOREX MACHINES

- Clorex Machine / Clorex Chemical
- Canadian bases manufacturer with UK distributer Bunzl
- Electrostatic process of applying a bacteria / virus killing chemical
- The chemical safe and adhere to surfaces (not requiring direct application to the surface)
- Effective in Covid-19
- Product – Hydrogen Peroxide (which is chlorine based chemical), which is PHE recommended (instead of bleach)
- The process to apply is simple / fast / safe (low COSH score)
- Chemical handling is near nil – no mixing etc

WMAS 1st – CLOREX MACHINES
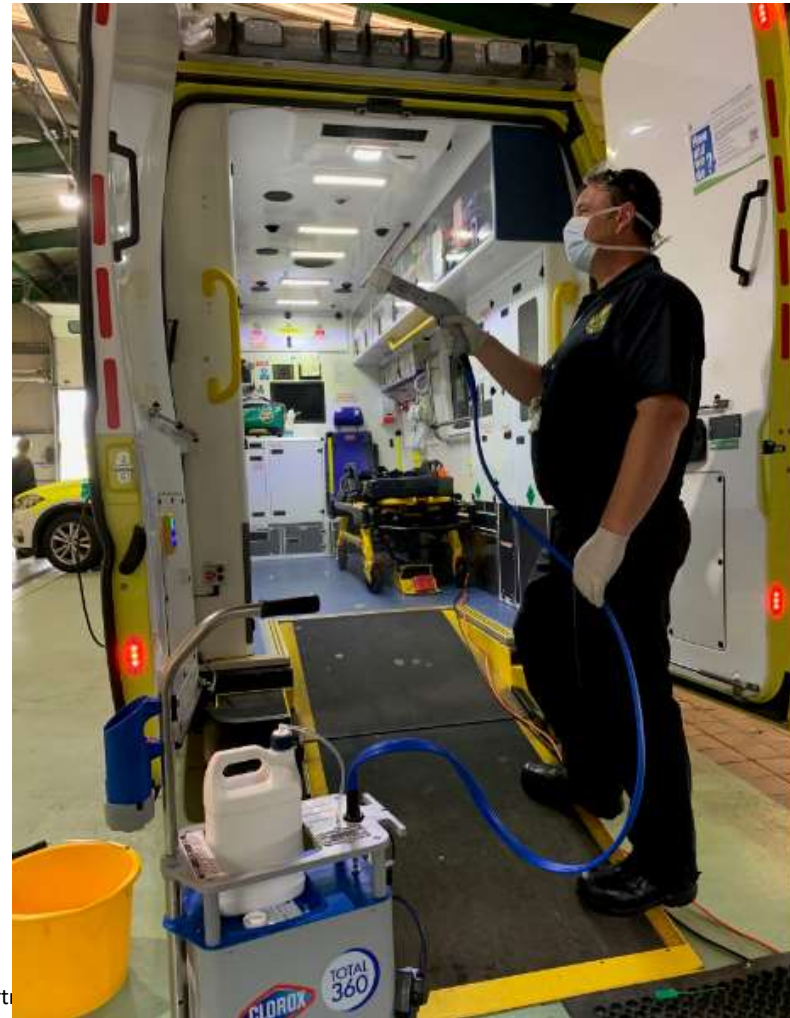
DEEP CLEAN

STEP – A

1. **Complete a normal WMAS full deep clean of the vehicle interior**
2. **DCA time – 2hours**

CLOREX DISINFECTION

STEP - B

1. Setup machine time 10mins
2. Quick process – application around 2 ½ mins
3. Wait for product to dry – 15mins
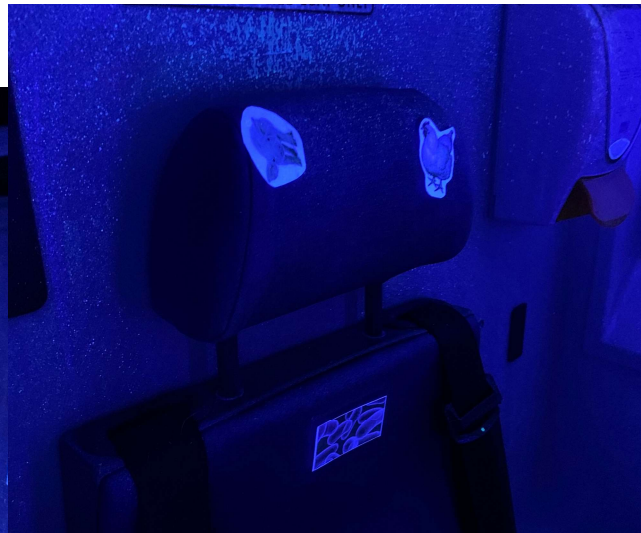
INFRA-RED TEST & DEMO

Implementation

- 15 machines (1 for each hub)

- Risk Assessment and work process to be completed 4th Jan

- Trial run of processes 6th Jan

- Rollout to hubs, VOP training through Martin Minard

- Ready for all hubs to utilise 1 June 2020 for all Emergency Ambulances going through Deep Clean

- Costs: (Machine - £6700 ex) (Chemical per application £0.96) (£24.14 per botrle of product 3.76ltrs)

Cleanliness Testing – example

- WMAS has invested in cleanliness testing machines to trial

- This is a test of <u>clean</u> only – <u>not</u> a test of bacteria / virus

- The system comprises of handheld machine / Swabs / Database
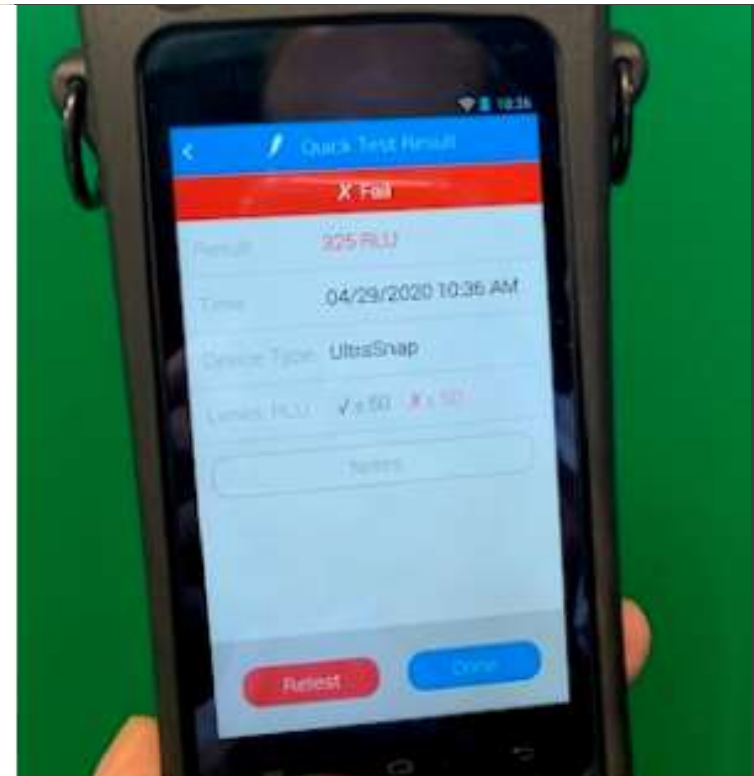
Test -1 Defib Handle

Clean - Defib Handle

Test 2 (re-test) - Defib Handle

HM Government

Working safely during COVID-19 in Ambulance Service non-clinical areas

Guidance for employers and employees

15 May 2020
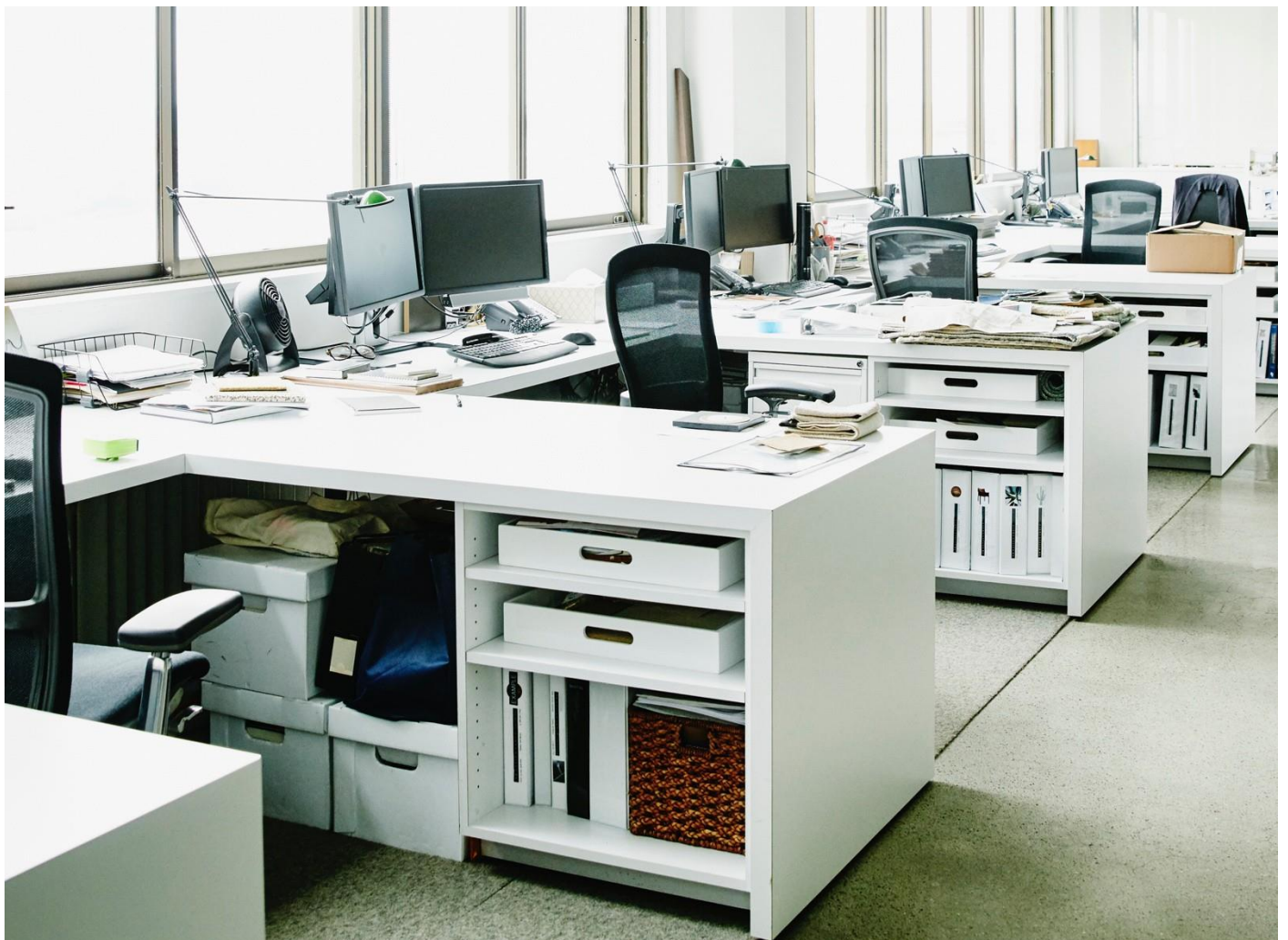
Introduction

This document is to help employers and employees in the UK understand how to work safely during the COVID-19 pandemic, keeping as many people as possible 2 metres apart from those they do not live with. We hope it gives you freedom within a practical framework to think about what you need to do to continue, or restart, operations during the COVID-19 pandemic. We understand how important it is that you can work safely and support your workers' health and wellbeing during the COVID-19 pandemic. We know that most office workers are not currently in the workplace, we hope this document will help those who are already working because they cannot work from home, as well as help other people think about how to prepare for when office working returns. The government is clear that workers should not be forced into an unsafe workplace.

This document has been prepared by the Department for Business, Energy and Industrial Strategy (BEIS) with input from Ambulance Services, unions, industry bodies and the devolved administrations in Wales, Scotland and Northern Ireland, and in consultation with Public Health England (PHE) and the Health and Safety Executive (HSE).

Public health is devolved in Northern Ireland, Scotland and Wales; this guidance should be considered alongside local public health and safety requirements and legislation in Northern Ireland, Scotland and Wales. For advice to businesses in other parts of the UK please see guidance set by the Northern Ireland Executive, the Scottish Government, and the Welsh Government.

We expect that this document will be updated over time. This version is up to date as of 15 May 2020. You can check for updates at www.gov.uk/workingsafely. If you have any feedback for us, please email workingsafely@beis.gov.uk.

This document is one of a set of documents about how to work safely in different types of workplace. This one is designed to be relevant for people who work in or run offices, contact centres and similar indoor environments.

How to use this guidance

This document sets out guidance on how to work safely. It gives practical considerations of how this can be applied in the workplace.

Each service will need to translate this into the specific actions it needs to take, depending on the nature of their organisation, including the size and type of business, how it is organised, operated, managed and regulated.

This guidance does not supersede any legal obligations relating to health and safety, employment or equalities and it is important that as a business or an employer you continue to comply with your existing obligations, including those relating to individuals with protected characteristics. It contains non-statutory guidance to take into account when complying with these existing obligations. When considering how to apply this guidance, take into account agency workers, contractors and other people, as well as your employees.

To help you decide which actions to take, you need to carry out an appropriate COVID-19 risk assessment, just as you would for other health and safety related hazards. This risk assessment must be done in consultation with unions or workers.

What do we mean by 'Ambulance Service non-clinical areas'?

Ambulance control rooms, training centres, general offices, ambulance premises, ambulance cabs.

Table of Contents

1. Thinking about risk

Objective: That all employers carry out a COVID-19 risk assessment.

Everyone needs to assess and manage the risks of COVID-19. As an employer, you also have a legal responsibility to protect workers and others from risk to their health and safety. This means you need to think about the risks they face and do everything reasonably practical to minimise them, recognising you cannot completely eliminate the risk of COVID-19.

You must make sure that the risk assessment for your business addresses the risks of COVID-19, using this guidance to inform your decisions and control measures. A risk assessment is not about creating huge amounts of paperwork, but rather about identifying sensible measures to control the risks in your workplace. If you have fewer than five workers, or are self-employed, you don't have to write anything down as part of your risk assessment. Your risk assessment will help you decide whether you have done everything you need to. There are interactive tools available to support you from the Health and Safety Executive (HSE) at https://www.hse.gov.uk/risk/assessment.htm.

Employers have a duty to consult their people on health and safety. You can do this by listening and talking to them about the work and how you will manage risks from COVID-19. The people who do the work are often the best people to understand the risks in the workplace and will have a view on how to work safely. Involving them in making

decisions shows that you take their health and safety seriously. You must consult with the health and safety representative selected by a recognised trade union or, if there isn't one, a representative chosen by workers. As an employer, you cannot decide who the representative will be.

At its most effective, full involvement of your workers creates a culture where relationships between employers and workers are based on collaboration, trust and joint problem solving. As is normal practice, workers should be involved in assessing workplace risks and the development and review of workplace health and safety policies in partnership with the employer.

Employers and workers should always come together to resolve issues. If concerns still cannot be resolved, see below for further steps you can take.

Where the enforcing authority, such as the HSE or your local authority, identifies employers who are not taking action to comply with the relevant public health legislation and guidance to control public health risks, they will consider taking a range of actions to improve control of workplace risks. For example, this would cover employers not taking appropriate action to socially distance, where possible. The actions the HSE can take include the provision of specific advice to employers through to issuing enforcement notices to help secure improvements.

How to raise a concern:

- [ ] Contact your ==line manager==.

- [ ] ==Submit an incident report==

- [ ] Contact your trade union if you have one

- [ ] Use the HSE form available at https://www.hse.gov.uk/contact/concerns.htm

- [ ] Contact HSE by phone on 0300 003 1647.

1.1 Managing risk

Objective: To reduce risk to the lowest reasonably practical level by taking preventative measures, in order of priority.

Employers have a duty to reduce workplace risk to the lowest reasonably practical level by taking preventative measures. Employers must work with any other employers or contractors sharing the workplace so that everybody's health and safety is protected. In the context of COVID-19 this means working through these steps in order:

- In every workplace, increasing the frequency of handwashing and surface cleaning.

- Businesses and workplaces should make every reasonable effort to enable working from home as a first option. Where working from home is not possible, workplaces should make every reasonable effort to comply with the social distancing guidelines set out by the government (keeping people 2m apart wherever possible).

- Where the social distancing guidelines cannot be followed in full, in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and if so, take all the mitigating actions possible to reduce the risk of transmission between their staff.

- Further mitigating actions may include:

  - Increasing the frequency of hand washing and surface cleaning.

  - Keeping the activity time involved as short as possible.

  - Using screens or barriers to separate people from each other.

  - Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.

  - Where reasonably practical consider reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others).

- Finally, if people must work face-to-face for a sustained period with more than a small group of fixed partners, then you will need to assess whether the activity can safely go ahead. No one is obliged to work in an unsafe work environment.

- In your assessment you should have particular regard to whether the people doing the work are especially vulnerable to COVID-19.

The recommendations in the rest of this document are ones you should consider as you go through this process. You could also consider the general infection prevention and control advice for the ambulance services and your Trust.

There has been a national risk assessment for the Ambulance Service carried out and is available with this guidance, you should review this risk assessment and consider whether there is a need to carry out an additional assessment of the risks posed by COVID-19 in your Trust as soon as possible.

1.2 Sharing the results of your risk assessment

You should share the results of your risk assessment with your workforce. If possible, you should consider publishing the results on your website (and we would expect all employers with over 50 workers to do so). Below you will find a notice you should display in your workplace to show you have followed this guidance.

Staying COVID-19 Secure in 2020

We confrm we have complied with the government's guidance on managing the risk of COVID-19

FIVE STEPS TO SAFER WORKING TOGETHER

✓ We have carried out a **COVID-19 risk assessment** and shared the results with the people who work here

✓ We have **cleaning, handwashing and hygiene procedures** in line with guidance

✓ We have taken all reasonable steps to **help people work from home**

✓ We have taken all reasonable steps to **maintain a 2m distance** in the workplace

✓ Where people cannot be 2m apart, we have done everything practical to **manage transmission risk**

Employer_____Date _____

Who to contact: _____Your Health and Safety Representative_____
(or the Health and Safety Executive at www.hse.gov.uk or 0300 003 1647)

2. Who should go to work

Objective:

That everyone should work from home, unless they cannot work from home.

Steps that will usually be needed:

- [ ] Staff should work from home if at all possible. Consider who is needed to be on-site; for example:
  - Workers in roles critical for business and operational continuity, safe facility management, or regulatory requirements and which cannot be performed remotely.
  - Workers in critical roles which might be performed remotely, but who are unable to work remotely due to home circumstances or the unavailability of safe enabling equipment.

- [ ] Planning for the minimum number of people needed on site to operate safely and effectively.

- [ ] Monitoring the wellbeing of people who are working from home and helping them stay connected to the rest of the workforce, especially if the majority of their colleagues are on-site.

- [ ] Keeping in touch with off-site workers on their working arrangements including their welfare, mental and physical health and personal security.

- [ ] Providing equipment for people to work at home safely and effectively, for example, remote access to work systems.

2.1 Protecting people who are at higher risk

Objective: To protect clinically vulnerable and clinically extremely vulnerable individuals.

- Clinically extremely vulnerable individuals (see definition in Appendix) have been strongly advised not to work outside the home.

- Clinically vulnerable individuals, who are at higher risk of severe illness (for example, people with some pre-existing conditions, see definition in Appendix), have been asked to take extra care in observing social distancing and should be helped to work from home, either in their current role or in an alternative role.

- If clinically vulnerable (but not extremely clinically vulnerable) individuals cannot work from home, they should be offered the option of the safest available on-site roles, enabling them to stay 2m away from others. If they have to spend time within 2m of others, you should carefully assess whether this involves an acceptable level of risk. As for any workplace risk you must take into account specific duties to those with protected characteristics, including, for example, expectant mothers who are, as always, entitled to suspension on full pay if suitable roles cannot be found. Particular attention should also be paid to people who live with clinically extremely vulnerable individuals.

Steps that will usually be needed:

- Providing support for workers around mental health and wellbeing. This could include advice or telephone support.

- See current guidance for advice on who is in the clinically extremely vulnerable and clinically vulnerable groups.

2.2 People who need to self-isolate

Objective: To make sure individuals who are advised to stay at home under existing government guidance do not physically come to work. This includes individuals who have symptoms of COVID-19 as well as those who live in a household with someone who has symptoms.

Steps that will usually be needed:

- Enabling workers to work from home while self-isolating if appropriate.

- See current guidance for employees and employers relating to statutory sick pay due to COVID-19.

- See current guidance for people who have symptoms and those who live with others who have symptoms.

2.3 Equality in the workplace

Objective: To treat everyone in your workplace equally.

- In applying this guidance, employers should be mindful of the particular needs of different groups of workers or individuals.

- It is breaking the law to discriminate, directly or indirectly, against anyone because of a protected characteristic such as age, sex or disability.

- Employers also have particular responsibilities towards disabled workers and those who are new or expectant mothers.

Steps that will usually be needed:

- [ ] Understanding and taking into account the particular circumstances of those with different protected characteristics.

- [ ] Involving and communicating appropriately with workers whose protected characteristics might either expose them to a different degree of risk, or might make any steps you are thinking about inappropriate or challenging for them.

- [ ] Considering whether you need to put in place any particular measures or adjustments to take account of your duties under the equalities legislation.

- [ ] Making reasonable adjustments to avoid disabled workers being put at a disadvantage, and assessing the health and safety risks for new or expectant mothers.

- [ ] Making sure that the steps you take do not have an unjustifiable negative impact on some groups compared to others, for example, those with caring responsibilities or those with religious commitments.

3. Social distancing at work

Objective:

To maintain 2m social distancing wherever possible, including while arriving at and departing from work, while in work and when travelling between sites.

- You must maintain social distancing in the workplace wherever possible.

- Where the social distancing guidelines cannot be followed in full in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between their staff. Mitigating actions include:

  - Further increasing the frequency of hand washing and surface cleaning.

  - Keeping the activity time involved as short as possible.

  - Using screens or barriers to separate people from each other.

  - Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.

  - Where reasonably practical reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others).

- Social distancing applies to all parts of a business, not just the place where people spend most of their time, but also entrances and exits, break rooms, canteens and similar settings. These are often the most challenging areas to maintain social distancing

COVID-19 SAFETY CHECK POINT

3.1 Safety Checkpoints

Objective:
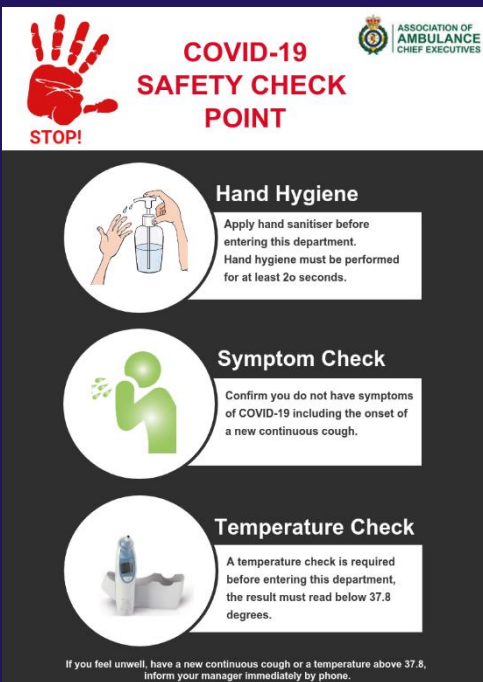
To introduce safety checkpoints for key areas to screen for symptoms, temperature and perform hand hygiene. This is to reduce the risk of transmission within these areas.

Within organisations such as the ambulance service, it is not always possible to fully comply with the social distancing guidelines outlined by PHE due to the nature of delivering an emergency service and/or associated workforce requirements.

Given the range of functions undertaken across the ambulance sector, strong consideration must be given to whether the activity should continue for the business to continue to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between staff.

Safety checkpoints include:
- Notices at all building entry points to remind employees not to enter if they have COVID-19 symptoms, with instructions of what to do if they do have symptoms.
- At the entry point to key areas:
  - Hand hygiene/ hand wash station
  - Temperature testing point
  - Symptom screening point

- **If an employee or anyone within their household has any of the following they should not proceed into the building/ area:**
  - **New continuous cough**
  - **Fever/ temperature of 37.8°C or above**

STOP!

COVID-19 SAFETY CHECK POINT

ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

Hand Hygiene

Apply hand sanitiser before entering this department. Hand hygiene must be performed for at least 2o seconds.
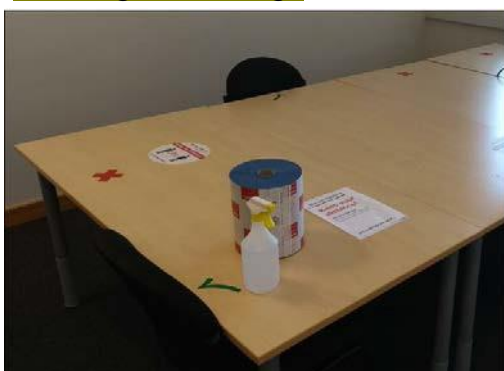
Symptom Check

Confirm you do not have symptoms of COVID-19 including the onset of a new continuous cough.

Temperature Check

A temperature check is required before entering this department, the result must read below 37.8 degrees.

If you feel unwell, have a new continuous cough or a temperature above 37.8, inform your manager immediately by phone.

3.2 Coming to work and leaving work

Objective: To maintain social distancing wherever possible, on arrival and departure and to ensure handwashing upon arrival.

Steps to be considered where reasonably practical:

It is recommended to have a safety checkpoint here

- Staggering arrival and departure times at work to reduce crowding into and out of the workplace, taking account of the impact on those with protected characteristics.

- Providing additional parking or facilities such as bike-racks to help people walk, run, or cycle to work where possible.

- Limiting passengers in corporate vehicles, for example, work minibuses. This could include leaving seats empty.

- Reducing congestion, for example, by having more entry points to the workplace.

- Providing more storage for workers for clothes and bags.

- Using markings and introducing one-way flow at entry and exit points.

- Providing handwashing facilities, or hand sanitiser where not possible, at entry/exit points and not using touch-based security devices such as keypads.

3.3 Moving around buildings and work areas

Objective: To maintain social distancing wherever possible while people travel through the workplace.

Steps to be considered where reasonably practical :

☐ Reducing movement by discouraging non-essential trips within buildings and sites, for example, restricting access to some areas, encouraging use of radios or telephones, where permitted, and cleaning them between use.

☐ Restricting access between different areas of a building or site.

☐ Reducing job and location rotation.

☐ Introducing more one-way flow through buildings.

☐ Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts and encouraging use of stairs wherever possible.

☐ Making sure that people with disabilities are able to access lifts.

☐ Regulating use of high traffic areas including corridors, lifts turnstiles and walkways to maintain social distancing.

Example lift practices
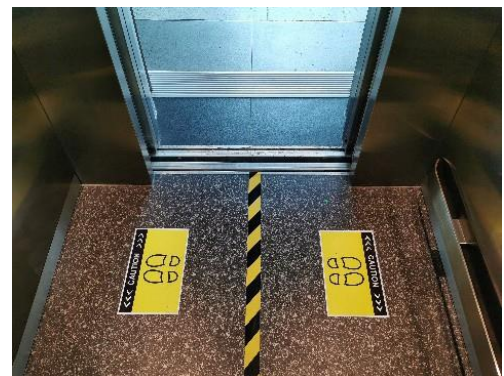
3.4 General office areas/ Control rooms

Objective: To maintain social distancing between individuals when they are at their workstations.

- For people who work in one place, workstations should allow them to maintain social distancing wherever possible.

- People should not congregate, gather or have group discussions unless essential for business functions.

- If it is not possible to keep workstations 2m apart then businesses should consider whether that activity needs to continue for the business to operate and if so take all mitigating actions possible to reduce the risk of transmission.

- Consideration should be given to restricting access to essential staff only in key areas e.g. control rooms

Steps for consideration where reasonable practical:

It is recommended to have a safety checkpoint here

COVID-19 SAFETY CHECK POINT STOP!

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Hand Hygiene
Apply hand sanitiser before entering this department. Hand hygiene must be performed for at least 2o seconds.

Symptom Check
Confirm you do not have symptoms of COVID-19 including the onset of a new continuous cough.

Temperature Check
A temperature check is required before entering this department, the result must read below 37.8 degrees.

If you feel unwell, have a new continuous cough or a temperature above 37.8, inform your manager immediately by phone.

Managing occupancy levels to enable social distancing.
- Review layouts and processes to allow people to work further apart from each other (ideally 2m, but if not as far apart as practicable)
- Where it is not possible to move workstations further apart:
  - Arrange people/desks to work side by side or facing away from each other rather than face to face
  - Use screens to separate people from each other

Using floor tape or paint to mark areas to help workers keep to a 2m distance

Avoid use of hot desks and spaces. Where not possible (such as in control centres or training facilities), clean workstations between different occupants including shared equipment

In control centres
Align staff to teams where possible and/or consider reducing relief working across rotas
- Clean workstation area at the beginning and end of shift and after a break period
- Use messaging facilities where possible (and if not, maintain social distancing of 2m where practical
- Ensure entry points are designated as safety check points as above and one way flows are established where possible
- Restrict access for staff to only those working in the control centre, and where possible, avoid working in "dual roles" (for example in an operational and control room rotational role)

Increase cleaning frequencies particulary in relation to contact points such as door handles, etc.

Floor plan and signage to enable social distancing and safe working in office

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3.5 Meeting rooms and areas

Objective: To reduce transmission due to face-to-face meetings and maintain social distancing in meetings.

Steps <mark>to be considered where reasonably practical</mark>:

- [ ] Using remote working tools to avoid in-person meetings.

- [ ] Only absolutely necessary participants should attend meetings and should maintain 2m separation throughout.

- [ ] Avoiding transmission during meetings, for example, avoiding sharing <mark>notepads/ paper</mark>, pens and other objects.

- [ ] Providing hand sanitiser in meeting rooms.

- [ ] Holding meetings outdoors or in well-ventilated rooms whenever possible.

- [ ] For areas where regular meetings take place, using floor signage to help people maintain social distancing.

- [ ] <mark>Ensure worksurfaces and equipment are wipes down following meetings</mark>.

Aiding social distancing and cleaning in meetings
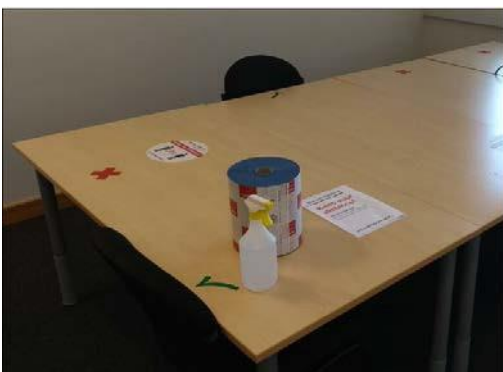
3.6 Training Centres

Objective: To reduce transmission due to face-to-face meetings and maintain social distancing in training centres

Steps to be considered where reasonably practical :

It is recommended to have a safety checkpoint here

Aiding social distancing and cleaning in meetings

- [ ] Consider virtual learning platforms and remote working tools.

- [ ] Consider staggering practical assessment/ skill station access to limit the numbers of students in the area

- [ ] Group work should be undertaken in line with social distancing principles, with considerations for working side by side instead of face to face

- [ ] Avoiding transmission during training sessions, for example, avoiding sharing pens and other objects.

- [ ] Providing hand sanitiser, wipes and tissues in training rooms.

- [ ] Holding meetings outdoors or in well-ventilated rooms whenever possible.

- [ ] For areas where regular meetings take place, using floor signage to help people maintain social distancing.

- [ ] Ensure worksurfaces and equipment are wipes down following meetings.

3.7 Common areas- including crew rooms and break areas

Objective: To maintain social distancing while using common areas.

Steps to be considered where reasonably practical:

- [ ] Working collaboratively with landlords and other tenants in multi-tenant sites/buildings to ensure consistency across common areas, for example, receptions and staircases.

- [ ] Staggering break times to reduce pressure on break rooms or canteens.

- [ ] Using safe outside areas for breaks.

- [ ] Creating additional space by using other parts of the workplace or building that have been freed up by remote working.

- [ ] Consider installing screens to protect staff in public facing receptions or similar areas.

- [ ] Encouraging workers to bring their own food, to prevent the need to go out to get food/ drink.

- [ ] Encouraging staff to remain on-site and, when not possible, maintaining social distancing while off-site

- [ ] Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions.

- [ ] Ensure people tidy away and clean any equipment, crockery and cutlery after use.

- [ ] Regulating use of locker rooms, changing areas and other facility areas to reduce concurrent usage.

- [ ] Encouraging storage of personal items and clothing in personal storage spaces, for example, lockers and during shifts.

Common areas and appropriate signage to restrict access when social distancing is not possible / practical
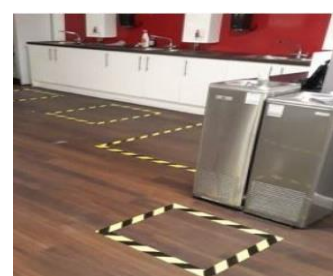
3.8 Social distancing in vehicles

Objective: To maintain social distancing wherever possible between individuals when in vehicles including during training.

- Ambulance Services will not always be able to maintain the recommended 2m social distance whilst at work. Daily duties will require staff to travel in Trust vehicles whereby 2 staff members may be present in the cab area. It is understood vehicle reconfiguration to create additional space or partition the vehicle cab is not a practical intervention and therefore will not be recommended.

- Where social distancing guidelines cannot be followed in full in relation to a particular activity, Trusts should consider whether that activity needs to continue for the business to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between their staff.

- Ambulance Trusts should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19.

Steps to be considered where reasonably practical:

It is recommended that all staff go through a safety checkpoint prior to 'booking on' their vehicle

COVID-19 SAFETY CHECK POINT

STOP!

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Hand Hygiene
Apply hand sanitiser before entering this department. Hand hygiene must be performed for at least 20 seconds.

Symptom Check
Confirm you do not have symptoms of COVID-19 including the onset of a new continuous cough.

Temperature Check
A temperature check is required before entering this department, the result must read below 37.8 degrees.

If you feel unwell, have a new continuous cough or a temperature above 37.8, inform your manager immediately by phone.

☐ All staff should have been through a safety checkpoint prior to 'booking on' the vehicle for their shift.

☐ Devise mitigating measures where workers have no alternative but to work within 2m to minimise the risk of transmission, including:

- Further increasing the frequency of hand washing and surface cleaning
- Limit unnecessary time in confined cab areas
- Ensure vehicles are well-ventilated to increase the flow of air, for example, by opening a window
- Sitting side-by-side not being face-to-face
- Limit non-essential people in Trust vehicles

☐ Where reasonably practical consider reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others)

☐ Ensure regular cleaning of vehicles, in particular, between different users.

3.9 Accidents, security and other incidents

Objective: To prioritise safety during incidents.

Steps that will usually be needed:

☐ In an emergency, for example, an accident, fire or break-in, people do not have to stay 2m apart if it would be unsafe.

☐ People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards including washing hands.

4. Managing your visitors and contractors

4.1 Manage contacts

Objective: To minimise the number of unnecessary visits to offices.

Steps that will usually be needed:

☐ Encouraging visits via remote connection/working where this is an option.

☐ Where site visits are required, site guidance on social distancing and hygiene should be explained to visitors on or before arrival.

☐ Limiting the number of visitors at any one time.

☐ Limiting visitor times to a specific time window and restricting access to required visitors only.

☐ Determining if schedules for essential services and contractor visits can be revised to reduce interaction and overlap between people, for example, carrying out services at night.

☐ Maintaining a record of all visitors, if this is practical.

☐ Revising visitor arrangements to ensure social distancing and hygiene, for example, where someone physically signs in with the same pen in receptions.

4.2 Providing and explaining available guidance

Objective: To make sure people understand what they need to do to maintain safety.

Steps that will usually be needed:

☐ Providing clear guidance on social distancing and hygiene to people on arrival, for example, signage or visual aids and before arrival, for example, by phone, on the website or by email.

☐ Establishing host responsibilities relating to COVID-19 and providing any necessary training for people who act as hosts for visitors.

☐ Reviewing entry and exit routes for visitors and contractors to minimise contact with other people.

☐ Coordinating and working collaboratively with landlords and other tenants in multi-tenant sites, for example, shared working spaces.

5. Cleaning the workplace

5.1 Before reopening

Objective: To make sure that any site or location that has been closed or partially operated is clean and ready to restart, including:

- An assessment for all sites, or parts of sites, that have been closed, before restarting work.

- Carrying out cleaning procedures and providing hand sanitiser before restarting work.

Steps that will usually be needed:

- [ ] Checking whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels.

- [ ] Most air conditioning system do not need adjustment, however where systems serve multiple buildings or you are unsure, advice can be sought from your heating ventilation and air conditioning (HVAC) engineers or advisers.

- [ ] Opening windows and doors frequently to encourage ventilation, where possible.

5.2 Keeping the workplace clean

Objective: To keep the workplace clean and prevent transmission by touching contaminated surfaces.

Steps that will usually be needed:

- [ ] Frequent cleaning of work areas and equipment between uses, using your usual cleaning products.

- [ ] Frequent cleaning of objects and surfaces that are touched regularly, such as door handles and keyboards, and making sure there are adequate disposal arrangements.

- [ ] Clearing workspaces and removing waste and belongings from the work area at the end of a shift.

- [ ] Limiting or restricting use of high-touch items and equipment, for example, printers or whiteboards.

- [ ] If you are cleaning after a known or suspected case of COVID-19 then you should refer to the specific guidance.

5.3 Hygiene – handwashing, sanitation facilities and toilets

Objective: To help everyone keep good hygiene through the working day.

Steps to be considered where reasonably practical :

- [ ] Using signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, avoid touching your face and to cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available.

- [ ] Providing regular reminders and signage to maintain personal hygiene standards.

- [ ] Providing hand sanitiser in multiple locations in addition to washrooms.

- [ ] Setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible.

- [ ] Enhancing cleaning for busy areas.

- [ ] Providing more waste facilities and more frequent rubbish collection.

- [ ] Where possible, providing paper towels as an alternative to hand dryers in handwashing facilities.

5.4 Changing rooms and showers

Objective: To minimise the risk of transmission in changing rooms and showers.

Steps that will usually be needed:

☐ Where shower and changing facilities are required, setting clear use and cleaning guidance for showers, lockers and changing rooms to ensure they are kept clean and clear of personal items and that social distancing is achieved as much as possible.

☐ Introducing enhanced cleaning of all facilities regularly during the day and at the end of the day.

5.5 Handling goods, merchandise and other materials, and onsite vehicles

Objective: To reduce transmission through contact with objects that come into the workplace and vehicles at the worksite.

Steps that will usually be needed:

☐ Cleaning procedures for goods and merchandise entering the site.

☐ Cleaning procedures for vehicles.

☐ Introducing greater handwashing and handwashing facilities for workers handling goods and merchandise and providing hand sanitiser access where this is not practical.

☐ Regular cleaning of vehicles that workers may take home.

☐ Restricting non-business deliveries, for example, personal deliveries to workers.

6. Personal Protective Equipment (PPE) and face coverings

6. Personal Protective Equipment (PPE) and face coverings

PPE protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment, such as face masks.

Where you are already using PPE in your work activity to protect against non-COVID-19 risks, you should continue to do so.

At the start of this document we described the steps you need to take to manage COVID-19 risk in the workplace. This includes working from home and staying 2m away from each other in the workplace if at all possible. When managing the risk of COVID-19, additional PPE beyond what you usually wear is not beneficial. This is because COVID-19 is a different type of risk to the risks you normally face in a workplace, and needs to be managed through social distancing, hygiene and fixed teams or partnering, not through the use of PPE.

The exception is clinical settings, like a hospital, or a small handful of other roles for which Public Health England advises use of PPE. For example, first responders and immigration enforcement officers. If you are in one of these groups you should refer to the advice at:

https://www.gov.uk/government/publications/coronavirus-covid-19-personal-protective-equipment-ppe-plan/covid-19-personal-protective-equipment-ppe-plan

and

https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings.

Workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19.

Unless you are in a situation where the risk of COVID-19 transmission is very high, which is unlikely within the non-clinical environments, your risk assessment should reflect the fact that the role of PPE in providing additional protection is extremely limited. However, if your risk assessment does show that PPE is required, then you must provide this PPE free of charge to workers who need it. Any PPE provided must fit properly .

6.1 Face coverings

There are some circumstances when wearing a face covering may be marginally beneficial as a precautionary measure. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not developed symptoms.

A face covering can be very simple and may be worn in enclosed spaces where social distancing isn't possible. It just needs to cover your mouth and nose. It is not the same as a face mask, such as the surgical masks or respirators used by health and care workers. Similarly, face coverings are not the same as the PPE used to manage risks like dust and spray in an industrial context. Supplies of PPE, including face masks, must continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers, and those in industrial settings like those exposed to dust hazards.

It is important to know that the evidence of the benefit of using a face covering to protect others is weak and the effect is likely to be small, therefore face coverings are not a replacement for the other ways of managing risk, including minimising time spent in contact, using fixed teams and partnering for close-up work, and increasing hand and surface washing. These other measures remain the best ways of managing risk in the workplace and government would therefore not expect to see employers relying on face coverings as risk management for the purpose of their health and safety assessments.

Wearing a face covering is optional and is not required by law, including in the workplace. If you choose to wear one, it is important to use face coverings properly and wash your hands before putting them on and taking them off.

Employers should support their workers in using face coverings safely if they choose to wear one. This means telling workers:

- Wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and after removing it.

- When wearing a face covering, avoid touching your face or face covering, as you could contaminate them with germs from your hands.

- Change your face covering if it becomes damp or if you've touched it.

- Continue to wash your hands regularly.

- Change and wash your face covering daily.

- If the material is washable, wash in line with manufacturer's instructions. If it's not washable, dispose of it carefully in your usual waste.

- Practise social distancing wherever possible.

You can make face-coverings at home and can find guidance on how to do this and use them safely on GOV.UK.

7. Workforce management

7.1 Shift patterns and working groups

Objective: To change the way work is organised to create distinct groups and reduce the number of contacts each employee has.

Steps to be considered where reasonably practical :

☐ Where possible, where staff are split into teams or shift groups, fixing these teams or shift groups so that where contact is unavoidable, this happens between the same people.

☐ Identifying areas where people directly pass things to each other, for example office supplies, and finding ways to remove direct contact, such as using drop-off points or transfer zones.

7.2 Work-related travel

7.2.1 Cars, accommodation and visits

Objective: To avoid unnecessary work travel and keep people safe when they do need to travel between locations.

Steps to be considered where reasonably practical:

☐ Minimising non-essential travel – consider remote options first.

☐ Minimising the number of people travelling together in any one vehicle, using fixed travel partners, increasing ventilation when possible and avoiding sitting face-to-face.

☐ Cleaning shared vehicles between shifts or on handover.

☐ Where workers are required to stay away from their home, centrally logging the stay and making sure any overnight accommodation meets social distancing guidelines.

7.2 Work-related travel

7.2.2 Deliveries to Other Sites

Objective: To help workers delivering to other sites such as branches, or suppliers' or customers' premises to maintain social distancing and hygiene practices.

Steps to be considered where reasonably practical:

☐ Putting in place procedures to minimise person-to-person contact during deliveries to other sites.

☐ Maintaining consistent pairing where two-person deliveries are required.

☐ Minimising contact during exchange of deliveries and documentation, for example, by using electronic payment methods and electronically signed and exchanged documents.

7.3 Communications and Training

7.3.1 Returning to Work

Objective: To make sure all workers understand COVID-19 related safety procedures.

Steps to be considered where reasonably practical:

- [ ] Providing clear, consistent and regular communication to improve understanding and consistency of ways of working.

- [ ] Engaging with workers and worker representatives through existing communication routes to explain and agree any changes in working arrangements.

- [ ] Developing communication and training materials for workers prior to returning to site, especially around new procedures for arrival at work.

7.3 Communications and Training

7.3.2 Ongoing communications and signage

Objective: To make sure all workers are kept up to date with how safety measures are being implemented or updated.

Steps to be considered where reasonably practical:

- [ ] Ongoing engagement with workers (including through trades unions or employee representative groups) to monitor and understand any unforeseen impacts of changes to working environments.

- [ ] Awareness and focus on the importance of mental health at times of uncertainty. The government has published guidance on the mental health and wellbeing aspects of coronavirus (COVID-19).

- [ ] Using simple, clear messaging to explain guidelines using images and clear language, with consideration of groups for which English may not be their first language.

- [ ] Using visual communications, for example, whiteboards or signage, to explain changes to schedules, breakdowns or materials shortages to reduce the need for face-to-face communications.

- [ ] Communicating approaches and operational procedures to suppliers, customers or trade bodies to help their adoption and to share experience.

Example signage to promote hygiene and social distancing measures

8. Inbound and outbound goods/ supplies, including paper records

Objective:

To maintain social distancing and avoid surface transmission when handling paper records, post and parcels.

Steps to be considered where reasonably practical:

- [ ] Revising pick-up and drop-off collection points, procedures, signage and markings. Incorporating non-contact deliveries wherever possible

- [ ] Where reasonably practical consider reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others)

- [ ] Where possible and safe, having single workers load or unload vehicles

- [ ] There is no requirement to quarantine paper records or wear gloves when handling

- [ ] Staff who are processing paper patient care records should avoid touching their face and regularly wash hands or use hand sanitiser

- [ ] Considering methods to reduce frequency of deliveries, for example by ordering larger quantities less often.

- [ ] In supplies warehouses consider using markings and introducing one-way flow systems to prevent congestion

- [ ] Providing handwashing facilities or hand sanitiser where not possible, at entry and exit points

Where to obtain further guidance

COVID-19: what you need to do

https://www.gov.uk/coronavirus

Support for businesses and employers during coronavirus (COVID-19)

https://www.gov.uk/coronavirus/business-support

General guidance for employees during coronavirus (COVID-19)

https://www.gov.uk/guidance/guidance-and-support-for-employees-during-coronavirus-covid-19

Common Areas	The term 'common area' refers to areas and amenities which are provided for the common use of more than one person including canteens, reception areas, meeting rooms, areas of worship, toilets, gardens, fire escapes, kitchens, fitness facilities, store rooms, laundry facilities.
Clinically extremely vulnerable	Clinically extremely vulnerable people will have received a letter telling them they are in this group, or will have been told by their GP. Guidance on who is in this group can be found here: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19
Clinically vulnerable people	Clinically vulnerable people include those aged 70 or over and those with some underlying health conditions, all members of this group are listed in the 'clinically vulnerable' section here: https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others

HM Government

Paper 04k

Five Key-Points from Government - WMAS in Blue

1. **Work from home, if you can**

- Employers should take all reasonable steps to assist employees to work from home.

Already completed in the vast majority though in a short term basis, consideration should be given to moving to long term arrangements to facilitate longer term social distancing. EOC moves, HQ and finance for instance.

- Those that cannot conduct work from home and whose workplace has not been told to remain closed, should go to their place of work.

This will require some immediate adjustments for a limited number of staff. Who?

- Employers should consult with employees about when their workplace is expected to be open.

This needs to happen next week once EMB has discussed, though should be limited due to the continued work at home policy for the majority of HQ type staff.

2. **Carry out a COVID-19 risk assessment, in consultation with workers, trade unions and/or other relevant stakeholders**

- In accordance with H&S and employment legislation, employers are required to carry out a COVID-19 risk assessment in consultation with relevant persons

Complete. If more staff are coming back to HQ type functions – will need specific work complete on further Ras.

- Employers should publish "if possible" the results of their risk assessment on their website and the government expects <u>all</u> business with over 50 employees to do so.

Complete – ava online within Intranet

- Such risk assessment should be undertaken with a consideration of applicable official guidance and adhere to Covid-19 Secure guidelines

Complete and ongoing

3. **Maintain 2 metres social distancing, wherever possible**

- Employers should modify or re-design workspaces to maintain 2 metre distances between employees, this can be assisted by staggering start times, creating one way walk-throughs, opening more entrances and exits, or changing seating layouts in break rooms.

4. **Where people cannot be 2 metres apart, manage transmission risk**

- Employers should consider the use of barriers in shared spaces, creating workplace shift patterns or fixed teams that minimise the number of people in contact with one another, or ensure that colleagues are facing away from each other.

5. **Reinforcing cleaning processes**

- Workplaces should be cleaned more frequently, paying close attention to high-contact objects like door handles and keyboards. Employers should provide handwashing facilities or hand sanitisers at entry and exit points.

Timeline for the ending of lockdown

STEP 1: 13 May 2020, anyone who cannot work from home should now consider travelling to work if their workplace is open and can meet the new Secure Guidelines.

Road traffic is increasing and now approaching near normal levels, this will increase cycle time back to as was before with all journeys. RTC's may also increase as traffic moves back.

STEP 2: 1 June 2020, non-essential shops will be opened, subject to those retailers being able to follow the new Secure Guidelines. Hospitality and personal care are still prohibited from re-opening. Potential for some schools to re-open. More local transport to be opened.

As shops and retail parks open, social distancing may increase the requirement for queuing and subsequent congestion. As hospitality sector will still be shut, this means our forecasts may not be accurate as to when peak workload will occur. Historically Friday and Saturday nights peak late evening. Our modelling may not be accurate for this shift.

STEP 3: 4 July 2020, if all the five tests are met and there is scientific advice that suggests further changes are acceptable, the UK Government plans to reopen some other businesses such as pubs, restaurants, hairdressers, beauty salons, places of worship and cinemas (subject to them meeting the Secure Guidelines).

For businesses and employers, some key points from the Recovery Strategy include:

- that when travelling everybody (including critical workers) should continue to avoid public transport wherever possible (through the use of cycling, walking or driving, avoiding peak travel times if possible). To facilitate this, it is suggested that employers should consider staggering working hours and expanding bicycle storage, car parking and changing facilities;

For our region where public transport is poor, this will mean an increase in road traffic at staggered times and therefore the peak traffic flows will be difficult to predict. More cyclists and pedestrians will also increase RTC's of a serious nature. In the outlying areas public transport is not possible.

- people are now strongly urged to wear a face-covering in enclosed spaces where social distancing is not always possible, and they come into contact with others that they do not normally meet (e.g. public transport) – specific guidance on such face-coverings is provided here;

The guidance advocates staff wearing face coverings if desired in all settings (not masks). Although this may massively increase our use of 11R masks, because NHS staff can access that equipment.

- certain workers who cannot work from home should, from Wednesday 13 May 2020, travel to work if their workplace can open safely and in line with the Secure Guidelines (taking into account restrictions that may prevent them doing so such as childcare arrangements and transport restrictions);

Schools are not planning on full re-opening for some time (September for most children). This may affect staff being able to attend work with childcare arrangements.

- individuals should continue to keep their distance from people outside their household (two metres) and should not be too close to other people for more than a short amount of time;

Holidays will be in short supply and with the allowance to travel an unrestricted distance in England for exercise, this may mean the public travel to beauty spots. This will mean lack of social distancing and increased transmission and also possible increased workload in non-urban areas where historically workload has been low. Again, forecasts may be incorrect.

- it remains essential to keep the hands and face as clean as possible. Hand sanitiser should be carried when travelling and applied where available. Clothes should also be washed regularly, and it is implied that workers coming into contact with others during their shifts should consider washing their clothes more often (noting that actually changing clothes in workplaces is considered normal only where there is a high risk of infection or there are highly vulnerable people, such as in a care home); and

Increased demand for sanitiser may have an undesired knock on effect on supply for the NHS.

- transmission can be limited in the workplace by reducing the number of people that any given individual comes into contact with regularly. Employers and businesses can support this where practical by changing shift patterns and rotas to keep smaller teams. Ventilation should also be increased by employers where possible.

Mess rooms on hubs need consideration as do those in the control rooms. In addition, those staff at additional risk such as BAME and over 70's will need more stringent risk management to enable them to work safely.

Trust	Arranged via	Date	Item sent	Number sent
University Hospitals of Leicester NHS Trust	ICC WMAS	21/05/2020	Aprons	20,000
University Hospitals Coventry and Warwickshire NHS Trust	ICC WMAS	21/05/2020	Aprons	21,000
South Warwickshire NHS Foundation Trust	ICC WMAS	21/05/2020	Aprons	20,000
University Hospitals Coventry and Warwickshire NHS Trust	ICC WMAS	20/05/2020	Aprons	12,200
South Warwickshire NHS Foundation Trust	ICC WMAS	20/05/2020	Aprons	10,000
North Staffordshire Combined Healthcare NHS Trust	ICC WMAS	19/05/2020	Glasses	200
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	18/05/2020	Hand santiser - Alcohol gel	100
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	18/05/2020	Hand Hygiene - Hand Wash	100
The Royal Wolverhampton NHS Trust	Craig Cooke	16/05/2020	Aprons	50,000
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	16/05/2020	Hand wash (gentle wash)	100
The Dudley Group NHS Foundation Trust	Mids ICC	16/05/2020	Coveralls	1,000
Midlands Partnership NHS Foundation Trust	Craig Cooke	16/05/2020	Aprons	20,000
University Hospitals of Leicester NHS Trust	Craig Cooke	15/05/2020	Aprons	50,000
University Hospitals of North Midlands NHS Trust	Craig Cooke	15/05/2020	Gloves (M) boxes	300
University Hospitals of North Midlands NHS Trust	Craig Cooke	15/05/2020	Aprons	50,000
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	14/05/2020	Hand Wash	60
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	14/05/2020	Hand Hygiene	100
Black Country Partnership NHS Foundation Trust	Mids ICC	14/05/2020	Alcohol Tootles	200
Black Country Partnership NHS Foundation Trust	Mids ICC	14/05/2020	Glasses	200

Black Country Partnership NHS Foundation Trust	Mids ICC	13/05/2020	Glasses	200
University Hospitals of North Midlands NHS Trust	Craig Cooke	13/05/2020	Glasses	2500
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	13/05/2020	Hand Hygiene	100
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	13/05/2020	Hand Hygiene - Hand Wash	60
Black Country Partnership NHS Foundation Trust	Mids ICC	13/05/2020	Hand Hygiene Tottles	200
North Staffordshire Combined Healthcare NHS Trust	Mids ICC	12/05/2020	Glasses	100
University Hospitals Birmingham NHS Foundation Trust	Mids ICC	12/05/2020	Hand Hygiene	450
The Royal Wolverhampton NHS Trust	Mids ICC	11/05/2020	Clinical Waste bags	6,250
EMAS	Craig Cooke	11/05/2020	Face visors	1,280
Shropshire Community Health NHS Trust	Mids ICC	11/05/2020	Glasses	200
North Staffordshire Combined Healthcare NHS Trust	Mids ICC	11/05/2020	Glasses	100
Birmingham and Solihull Mental Health NHS Foundation Trust	Mids ICC	11/05/2020	Glasses	200
EMAS	Craig Cooke	11/05/2020	Glasses	3,000
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	11/05/2020	Hand Hygiene	80
Black Country Partnership NHS Foundation Trust	Mids ICC	10/05/2020	Gloves (M) Boxes	80
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	10/05/2020	Hand Hygiene - Alcohol Gel	50
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	10/05/2020	Hand Hygiene - Handwash	30

University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	09/05/2020	Hand santiser - Alcohol gel - wall dispensor	50
Coventry and Warwickshire Partnership NHS Trust	Mids ICC	09/05/2020	Clinical waste bags	50
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Mids ICC	09/05/2020	FFP3 masks	3230
Walsall Healthcare NHS Trust	Mids ICC	09/05/2020	General detergent	40
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	09/05/2020	Masks Type IIR	5000
Sandwell and West Birmingham NHS Trust	Mids ICC	08/05/2020	Coveralls	2000
The Dudley Group NHS Foundation Trust	Mids ICC	08/05/2020	Gloves (L) Boxes	50
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	08/05/2020	Masks Type IIR	7000
Black Country Partnership NHS Foundation Trust	Mids ICC	07/05/2020	Gloves (L) Boxes	68
SWAST	NDOG	05/05/2020	FFP3 masks	18000
Coventry and Warwickshire Partnership NHS Trust	Mids ICC	05/05/2020	Gloves (XL) Boxes	5
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	05/05/2020	Masks Type IIR	8000
SWAST	Craig Cooke	05/05/2020	Tympanic Thermoters	30
Birmingham Community Healthcare NHS Foundation Trust	Craig Cooke authorised direct request	04/05/2020	Aprons	12200
Black Country Partnership NHS Foundation Trust	Mids ICC	03/05/2020	Gloves (S) Boxes	17
The Royal Orthopaedic Hospital NHS Foundation Trust	Mids ICC	01/05/2020	Hand santiser - Alcohol gel	100
Birmingham and Solihull Mental Health NHS Foundation Trust	Mids ICC	01/05/2020	Coveralls	2000
Coventry and Warwickshire Partnership NHS Trust	Mids ICC	01/05/2020	Gloves (L) boxes	20
Coventry and Warwickshire Partnership NHS Trust	Mids ICC	01/05/2020	Gloves (M) boxes	10
The Royal Orthopaedic Hospital NHS Foundation Trust	Mids ICC	01/05/2020	Gloves (M) boxes	20

The Royal Orthopaedic Hospital NHS Foundation Trust	Mids ICC	01/05/2020	Gloves (S) boxes	10
The Royal Wolverhampton NHS Trust	Mids ICC	30/04/2020	Coveralls (XL)	200
The Royal Wolverhampton NHS Trust	Mids ICC	30/04/2020	Coveralls (XXL)	200
South Warwickshire NHS Foundation Trust	Mids ICC	30/04/2020	Face visors	500
The Royal Orthopaedic Hospital NHS Foundation Trust	Mids ICC	30/04/2020	Gloves (L) boxes	20
Black Country Partnership NHS Foundation Trust	Mids ICC	30/04/2020	Gloves (L) boxes	50
Shropshire Community Health NHS Trust	Mids ICC	30/04/2020	Wipes Packet	80
University Hospitals of North Midlands NHS Trust	Mids ICC	29/04/2020	Aprons	15000
The Dudley Group NHS Foundation Trust	Mids ICC	29/04/2020	Coveralls	700
University Hospitals Birmingham NHS Foundation Trust	Mids ICC	29/04/2020	Fit Test Kits	6
The Royal Orthopaedic Hospital NHS Foundation Trust	Mids ICC	29/04/2020	Fit Test Kits	5
The Dudley Group NHS Foundation Trust	Mids ICC	29/04/2020	Fit Test Kits	8
South Warwickshire NHS Foundation Trust	Mids ICC	29/04/2020	Fit Test Kits	5
North Staffordshire Combined Healthcare NHS Trust	Mids ICC	29/04/2020	Fit Test kits	2
The Royal Orthopaedic Hospital NHS Foundation Trust	Mids ICC	29/04/2020	Gloves (L) boxes	15
The Royal Orthopaedic Hospital NHS Foundation Trust	Mids ICC	29/04/2020	Hand Hygiene Tottles	700
The Royal Orthopaedic Hospital NHS Foundation Trust	Mids ICC	29/04/2020	Hand Sanitizer refill	200
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	22/04/2020	Glasses	500

Shropshire FRS	Craig Cooke	22/04/2020	Masks type IIR	1000
The Royal Wolverhampton NHS Trust	Mids ICC	21/04/2020	Clinical waste bags	36000
SCAS	Craig Cooke	21/04/2020	Fit test kits	9
The Royal Orthopaedic Hospital NHS Foundation Trust	Mids ICC	21/04/2020	Gloves Boxes	10
Wye Valley NHS Trust (Hereford)	Mids ICC	21/04/2020	Gowns	164
University Hospitals Coventry and Warwickshire NHS Trust	Mids ICC	21/04/2020	Gowns	141
University Hospitals Birmingham NHS Foundation Trust	Mids ICC	21/04/2020	Gowns	1655
The Royal Orthopaedic Hospital NHS Foundation Trust	Mids ICC	21/04/2020	Hand Hygiene	25
Shropshire Community Health NHS Trust	Mids ICC	21/04/2020	Hand Hygiene	35
SCAS	Craig Cooke	20/04/2020	Aprons	15000
SCAS	Craig Cooke	20/04/2020	Hand Hygiene	250
SCAS	Craig Cooke	20/04/2020	Masks type IIR	15000
Worcestershire Acute Hospitals NHS Trust	CEO agreement	19/04/2020	FFP3 masks	1360
Worcestershire Acute Hospitals NHS Trust	CEO agreement	19/04/2020	Gowns (XL)	750
The Royal Wolverhampton NHS Trust	CEO agreement	19/04/2020	Gowns (XL)	500
Shrewsbury and Telford Hospital NHS Trust	Mids ICC	18/04/2020	Body bags	15
Coventry and Warwickshire Partnership NHS Trust	Mids ICC	18/04/2020	Fit test Kits	4
Shropshire Community Health NHS Trust	Mids ICC	18/04/2020	Fit Test Kits	13
The Dudley Group NHS Foundation Trust	Mids ICC	18/04/2020	Fit Test Kits	8

The Royal Wolverhampton NHS Trust	Mids ICC	18/04/2020	Fit test Kits	10
Worcestershire Acute Hospitals NHS Trust	Mids ICC	18/04/2020	Gloves Boxes	67
Worcestershire Health and Care NHS Trust	Mids ICC	18/04/2020	Gloves Boxes	83
University Hospitals Birmingham NHS Foundation Trust	Mids ICC	18/04/2020	Gowns (XL)	1000
University Hospitals of North Midlands NHS Trust	Mids ICC	18/04/2020	Gowns (XL)	1000
Shrewsbury and Telford Hospital NHS Trust	Mids ICC	18/04/2020	Gowns (XL)	1000
Coventry and Warwickshire Partnership NHS Trust	Mids ICC	18/04/2020	Hand Hygiene	30
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Mids ICC	18/04/2020	hand hygiene	180
Worcestershire Acute Hospitals NHS Trust	Mids ICC	18/04/2020	Hand hygiene	90
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Mids ICC	18/04/2020	Visors	183
SWAST	NDOG	17/04/2020	Glasses	27000
Wye Valley NHS Trust (Hereford)	CEO Agreement	17/04/2020	Gowns (L)	200
Wye Valley NHS Trust (Hereford)	CEO Agreement	17/04/2020	Gowns (XL)	200
Shropshire Community Health NHS Trust	LRF	17/04/2020	Masks Type IIR	6000
EMAS	NDOG	17/04/2020	Masks Type IIR	20000
EMAS	NDOG	17/04/2020	PRPH 3M hoods	200
SWAST	NDOG	16/04/2020	FFP3 masks	4800
SCAS	NDOG	16/04/2020	FFP3 masks	12000
NWAS	NDOG	16/04/2020	FFP3 masks	8500

NWAS	NDOG	16/04/2020	Glasses	36000
MAA	Trust	07/04/2020	PRPH Centurion filters	72
BASICS/MARS	Trust	07/04/2020	PRPH Centurion filters	140
University Hospitals Birmingham NHS Foundation Trust	CEO Agreement	07/04/2020	PRPH Centurion kits	30
MAA	Trust	07/04/2020	PRPH Centurion kits	12
BASICS/MARS	Trust	07/04/2020	PRPH Centurion kits	28
SWAST	CEO Agreement	05/04/2020	Visors	1000
Wye Valley NHS Trust (Hereford)	Craig Cooke authorised direct request	02/04/2020	PRPH Centurion kits	10
Wye Valley NHS Trust (Hereford)	Craig Cooke authorised direct request	02/04/2020	PRPH Centurion filters	100

Summary

Stock item	Amount issued total
Fit test Kits	70
Hand Hygiene	2730
Body bags	15
Gowns L & XL	6610
Gloves all sizes (boxes)	825
Visors	2963
Glasses	73,000
Masks Type IIR	62,000
FFP3 masks	47,890
PRPH Centurion kits	80
PRPH Centurion filters	312
PRPH 3M Hoods	200
Aprons	293,000
Clinical waste bags	42,300
Coveralls	6,100
Wipes	80
Tympanic Thermoters	30
General Detergent	40
Alcohol Tootles	200
Hand Wash	350

Winter 2020/21
Preparations, risks and challenges

Content

- Trust Compliance for staff

- Winter Preparations

- Emergency & Urgent Operations (E&U Ops)

- Operations Support Services

- Integrated Emergency & Urgent Care (IE&UC)

- Patient Transport Services (PTS)

- Emergency Preparedness

- Summary

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Trust Compliance for staff

- Personal Development Review's

- Mandatory Training

- Mandatory Workbook

- Clinical supervision (Emergency & Urgent Ops)

- Flu Campaign (90% target)

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Winter Preparations

- Trust has a reputation for robust Winter planning, implementation and delivery

- Winter planning focused on:
  - Patient safety
  - Staff welfare
  - Delivering of safe services to the public

- Evaluation of Winter 2019/20, Flooding, Easter and COVID-19 arrangements

- Workforce plan (E&U, PTS and IE&UC)

- Training plan to deliver the E&U workforce prior Festive Period

- Early arrangements for 2020/21 Flu Campaign (June)

- A Winter with COVID-19
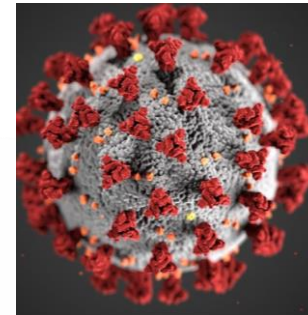
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Impact of COVID-19

- Average of 307 staff per day self isolating 2 or 12 weeks

- Average of 210 staff sick per day due to COVID-19

- Organisational sickness in March increased 1.17% compared to March 2019 and more than doubled in April to 6.82% compared to 3.35% April 2019

- PTS social distancing has increased planned journeys
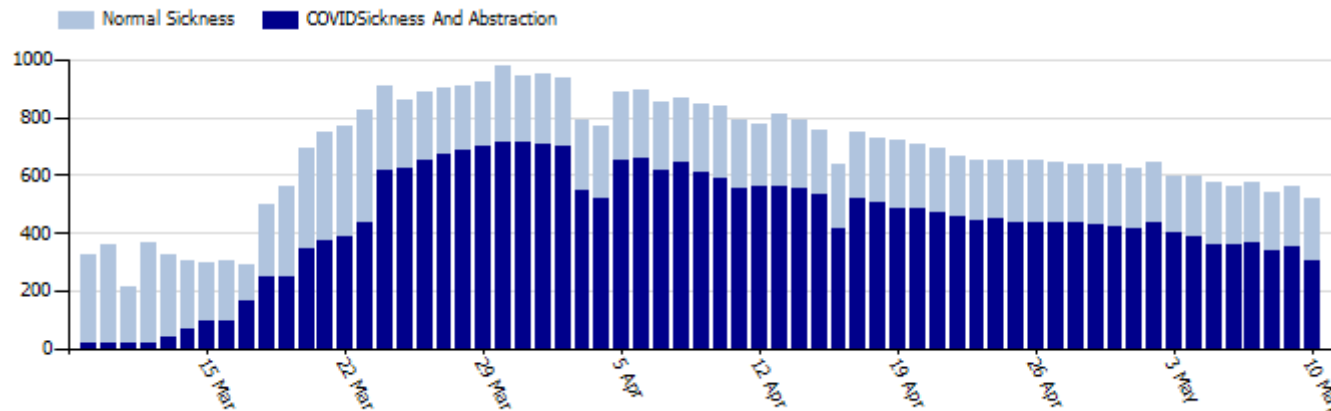
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Emergency & Urgent Operations

Difficult unpredictable times ahead

- Current arrangements continuing and under review
- Resourcing abstractions and reductions
- University catch up
- Hospital challenges with social distancing and handover delays
- Weather unknown/ challenges
- Health and well-being of staff
- Covid 19 unknown
- Seasonal Flu

Emergency & Urgent Operations continued

Hold our Nerve but how ?

- Invest in the front line staff and fleet

- Winter planning

- Early flu vaccination preparations

- Vehicle Preparation Operative investment

- Complete Compliance

- Proactive and responsive to NHS changes

Ensuring patient safety, protecting staff and delivering a safe emergency service

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Operations Support Services

- Covid-19 Incident Room - unknown expectations from NHS England/Improvement

- Continued Personal Protection Equipment (PPE) requirement

- Fleet
  - Additional Mechanics
  - Accelerated programme for new fleet assets
  - Additional Emergency Ambulance assets
  - Provide Fleet assets for High Dependency resource

- Estates
  - New UPS deployed into Nav Point
  - Planned movement of MP 999 to Nav Point
  - Extended HART lease and OJEC Tender for new Oldbury Hub

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Operations Support Services continued

- Information Technology
  - New Phone system deployed for 999
  - Integrated 999/111 Call Taking platform
  - New control room equipment for Radio System
  - Continued focus on Cyber security
- Uniform
  - Provide uniform and PPE (shoes etc) for all new starters (across frontline / EOC / 111)
- Medical Equipment
  - New equipment for fleet assets coming into life

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Integrated Emergency & Urgent Care

- An additional 267 Call assessors recruited and funded by NHS England
  - This has enabled WMAS to assist on a National level with call taking
- 112 call assessors successfully dual trained
- Remaining staff employed as dual trained will be competent in 111 & 999 call taking by End of November
- Existing 111 and 999 call takers also being dual trained over the next 6 months, 85 volunteers so far.
- No vacancies within EOC or 111
- 2020 PDR's already underway
- Core Millennium Point call taking to move to Navigation Point by end of November
- Phase 1 migrate all call taking onto one CAD (Cleric) to create a fully integrated call taking function

Integrated Emergency & Urgent Care continued

- Phase 2 move entire 111 and 999 platform onto Cleric, first fully Integrated Emergency & Urgent Care in the Country

- Rota planning already looking at Winter requirements

- Seven day senior management cover on duty in 999 & 111 as standard

- Clinical staffing levels finally getting to the estimated establishment

- Review clinical model now the requirement for greater H&T is the new normal

- Have to plan for the worst. Activity profiles will still be effected by Covid-19 and there is suggestions his will coincide with seasonal Flu

- The potential impact of 'NHS 111 first' (Call 111 before self-presenting to ED) is an unknown. We have to prepare for significant call volume increases.

- Invest in technological advances to improve patient care. Video consultations, access to patient data, General Practice bookings, Emergency Department screening

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Patient Transport Services

- 158 PTS staff undertaken additional training and upskilled to High Dependency

- 76 Graduate year 1 students undertaken High Dependency Training

- PTS crews working alongside E&U and undertaking urgent referrals – until 1st April 2021 – High Dependency Tier

- PTS undertaking 'Essential journeys only'

- Reduction in PTS workload by 40%

- Prioritisation of discharges- 100% within 2 hours, transfers, renal, oncology patients and anything deemed suitable by a HCP

- Increased journeys due to social distancing guidance for PTS

- Use of Taxi's and Personal Protective Equipment

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Patient Transport Services continued

- Tactical Officer working in EOC x 7 days a week with Regional oversight of discharges

- Daily communication with Acute/Commissioners to support discharges

- Unknown impact of Phase 2 of Government Lock Down

  - Out-patient activity starting up

  - Elective activity

  - Reconfiguration of services across Acute and Community settings

  - Impact on WMAS operating model

- Backfill of 127 High Dependency tier staff as we move to the second phase and winter preparations

- Investment required in additional fleet for High Dependency tier

Trust us to care.

Emergency Preparedness

- Special Operations Response Teams training, 280* staff to attend annual refresh
    - (* 280 is the minimum number required to meet the mandatory requirement)
  - NHSE/I funded as part of the interoperability capabilities and Emergency Preparedness, Resilience and Response core standards. National Ambulance Resilience Unit (NARU) state there won't be a derogation issued other then for 2 months slippage

- Command Training, 200+ Commanders to have annual refresher training in line with EPRR core standards and NARU Command and Control guidance

- Initial Command training at NARU looking to restart in June

- 4 vacancies on HART covered by ops staff who have left in past 12/12. Will need to return at some point and 4 new starters will need to go away for 8 weeks training.

- HART site visits commenced to maintain knowledge of sites

- Debrief for flooding will need to occur / Lessons identified for COIVD-19

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Risks

- Changes and fluctuations in lockdown conditions relaxing or tightening

- Impact of a potential second wave COVID-19 during winter

- Staff sickness COVID-19 and flu

- Increase in 999/111 and PTS activity

- Potential increase of PTS activity if Nightingale Hospitals utilised

- Student availability

Trust us to care.

Summary

- There are unknowns for this coming winter given the current Global Pandemic

- Continued Trust Board support is required to continue to maintain patient safety and provide the best care for our patients

- Investment needed now to meet the challenges of this winter with COVID-19, enabling effective planning and allowing the best use of resources

- Continue to use Innovation and Transformation projects to develop our technology and services to patients

Trust us to care.

Summary

- The Trust Board has a more challenging choice to make on the options it wishes to maintain this year:

1. Patient Care & Safety maintained with increased frontline staffing to provide a safe and effective service (with many unknowns)

2. Maintain compliance with mandatory training, SORT training levels of staff, PDR's, Paramedic on every ambulance

3. Maintain the strong financial control and utilise the financial assets of the Trust

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Operational Workforce 2020-21 Review - following the current Level 4 National Incident and beyond into Winter 2020-21 Planning

Overview

On the 03 of March 2020 the NHS moved to a Level 4 National Incident response and started to ramp up its preparations to the outbreak of Covid 19. On the 11th of March WHO declared a global Pandemic.

The Trust led by the Chief Executive Officer with support from the Assistant Chief Officers headed up a seven-day response to the outbreak. The response was designed to provide stability within an environment of uncertainty with a number of unknown factors presenting a significant risk to the Organisation if early planning was not evidenced and an overarching strategy to save lives and protect our staff was not adopted.

Although the response has been successful as we stand today, the turbulent unknown environment now and going forward causes some concerns and risks as we head into the next stages of the pandemic and further ahead into winter.

The Government's chief scientific adviser Sir Patrick Vallance told MPs only last week:

"winter is going to be extremely difficult when you also have flu circulating and you have all the other respiratory infections which get confused with this."

Its clear that Covid 19 is not going away, and there is currently no vaccine, no cure and nothing on the horizon as we head towards winter with some known and unknown risks.

Patient safety and protecting front line operations is key and has always been at the heart of the strategy, vison and core values of the organisation.

2019/20 Academic Student Paramedic completion

To protect the safety of our patients in this Pandemic response, the internal student paramedic programme was withdrawn from university and provided much needed relief and support in responding to patients. This action is not one of any permanency and it must be noted that these staff will need to be released from operational duty and return to university to complete their studies.

The table below explains the impact of the above decision on the students returning to their studies. 61.25 WTE will be abstracted out of the rosters not able to respond to patients because they are back in education at some point from September 2020 onwards. When they return to university the withdrawal of these staff from frontline response to patients will have an impact on the services ability from a patient safety point of view.

2019/2020 Completions		No.	Duration	WTE
1	WMAS Students pulled back from University	107	6weeks	12
2	WMAS Students pulled back from University	40	6months	20
3	WMAS Students which didn't re-start on 2nd phase of university	117	3months	29
			Sub Total	**61.25**

2020/21 Academic Student Paramedic completion

The new Academic year is due to start in September 2020 where over a period of 5 months another 300 internal students should be returning to university, The 300 students (115 WTE) will be released to university to complete their studies, its considered that these staff have already formed part of the workforce planning assumptions for this financial year. The 32 WTE on line 4 will not start in June and therefore will be delayed going into September 20/21 academic year.

2020/21 New Courses	No.	Duration	WTE
4 WMAS Students which were due to start June 2020 (cancelled)	64	6months	32
5 WMAS new Students going to Uni Sept 20	100	6months	50
6 WMAS new Students going to Uni Oct 20	100	5months	40
7 WMAS new Students going to Uni Jan 20	100	3months	25
		Sub Total	**147**

Mandatory days training compliance 2020/21

Ensuring that we complete mandatory training this year is important for the governance of the organisation, Due to Covid-19 and the delay in starting this training an agreed accelerated training programme has been developed that will impact on operational output. This is required to ensure we complete this training before the festive period. Failure to do so will put the ability to complete mandatory training at risk. Mandatory training will start on the 7th of June and run through to the 19th of November. In addition to the mandatory training there is also a requirement to complete SORT and MTA training (mandated requirement to ensure we are nationally compliant) which, when all three training requirements are considered there will be a resulting reduction of 17.0 WTE staff able to respond to patients.

2020/21 Mandatory Requirements	No.	Duration	WTE
8 Mandatory Training acceleration (late start)	All	1 Day	14
9 SORT Training	280	2 Day	3.0
		Sub Total	**17.0**

Other requirements and Losses 2020/21

Annual leave

Several tough decisions have been made to ensure we protect patients and our staff, one of the actions include staff cancelling leave in April and May to help with the pandemic response. This compared to last year equates to approximately **10 WTE**.

Covid sickness

As stated Covid 19 will be with us for some time to come, this has created concern across the Trust on just how Covid will react with Flu. If we assume that the rate of infection 'R' remains below 1, then our current levels of abstraction and sickness can be assumed as an ongoing figure. However, the average number of staff absent from work due to sickness and isolation over the COVID period was 261 staff which is over and above the sickness figure. Over a 4-month period this equates to 80 WTE. If R should rise above 1 then we must assume that the level of Covid related abstractions and sickness within the Trust will increase with the average taken across the period for reference.

External University Students

As we have already established the Trust is using external university students to help with the response to Covid, its expected that the 177, year 2 students will return to university post July. Working on the basis that these students each work an average hours per week the total loss to operations for 6 months would be 66 WTE.

A conservative calculation that the year 3 students will need to complete their studies back at university before achieving their paramedic status must be made. Encouragingly most have applied to join the Trust, however there is a situation where we will lose these staff for a period of 4 weeks while final dissertation submission is completed prior to starting with the Trust, this equated to 10 WTE.

Hospital Handover delays

Historically the performance of the Hospitals within the West Midlands Region has been some of the longest handover delays in the Country with a number of performing hospitals in the Country located in the West Midlands. The current decrease in conveyances due to the lock down situation risks the hospitals being lulled into a false sense of security and we are anticipating that as activity increases so will the handover delays. We must not sit back and accept the current position as situation normal, it isn't, and we must prepare to assist in the capacity issues across the acute sector now.

As we have been pre warned about winter, and with social distancing rules set to continue, the position at the hospitals will deteriorate and indeed there are subtleties already indicated about the difficulties whereby It has been confirmed that the Birmingham Nightingale Hospital is to remain in place in order to assist with the potential increased demand during winter pressure.

If you take Q3 as a starting point whereby the hours lost over 30 mins for Q3 is 20,411 of DCA so times this by 2 to get the true hours of the crew lost = 40,822 hours lost / 1955.35 to get the WTE this equals 21 WTE.

2020/21 Other requirements and losses	No.	Duration	WTE
10 Annual Leave not spent vs normal April / May			10
11 Carryover A/L impact for covid-19		per month	3
12 Covid/ Sickness /and 12-week abstraction (Average)	261	4months	80
13 Year 3s - dissertation complete (4weeks) (134)	134	2weeks	10
14 Year 2s - complete loss of (177 - 75% effort)	177	6months	66
15 Lost hours at hospital over 30mins (Q3 2019)	20,411		21
		Sub Total	**190**

Mitigation

WMASUFT Board has a strong track record of supporting operations and indeed the need to respond to the patient's needs, especially when the environment is compromised or unstable.

There is an understanding that this will take a significant investment to minimise the risks of the unknown over the coming months. It's also accepted that other ambulance service trusts may not be in the same position with their ability to scale up against the unknown.

If activity does not present and we have a stable winter, then the mitigation would be to provide mutual aid to trusts around the country if indeed their position is compromised as part of the mutual aid agreements in place.

Workforce

The budgeted number for the workforce this year is **3,057 WTE** and as of the 1/5/20 the WTE establishment is **3,106** Currently

As of the 1/5/20		
Position	**FTE**	**Headcount**
Emergency Care Paramedics	16.42	17
Paramedics	1353.41	1472
NQ Paramedics	664.64	672
Technician	356.31	393
Student Paramedics Level 3	299.00	299
Student Paramedics Level 2	76.00	76
Student Paramedics Level 1	291.00	291
Trainee Technician	23.92	24
Emergency Care assistant (ECA)	25.60	29
Total	**3106.29**	**3273**

Its important to highlight that the 306 external student paramedics that are currently helping with the Covid 19 response don't form part of the WTE.

Frontline staff as at 22-04-20		
Position	**FTE**	**Headcount**
Emergency Care Paramedics	16.42	17
Paramedics	1353.41	1472
NQ Paramedics	664.64	672
Technician	356.31	393
Student Paramedics Level 3	299.00	299
Student Paramedics Level 2	76.00	76
Student Paramedics Level 1	291.00	291
Trainee Technician	23.92	24
Emergency Care assistant (ECA)	25.60	29
University Student Final Year (Ambulance Care Assistant)	0.00	134
University Student 2nd Year (Ambulance Care Assistant)	0.00	177
Total	**3106.29**	**3584**

Recruitment

Recruitment is currently ongoing and as of the 15/5/2020 the Student Paramedic Numbers are as follows.

Posts	Recruitment Lead	Employment Start Dates	Ops start dates	Training places	Offers	New starters
Student Paramedic (cohort 1)	LJ	9th March 2020	25th July 2020	20	20	19
Student Paramedic (cohort 2)	LJ	20th April 2020	5th September 2020	45	31	31
Student Paramedic (cohort 3)	LJ	4th May 2020	5th September 2020	45	43	40
Student Paramedic (cohort 4)	LJ	18th May 2020	3rd October 2020	45	17	14
Student Paramedic (cohort 5)	LJ	6th July 2020	21st November 2020	45	45	
Student Paramedic (cohort 6)	LJ	13th July 2020	23/11/2020	45	24	
Student Paramedic (cohort 7)	LJ	7th September 2020	21st January 2021	45	10	
Reserve list					1	
			Subtotal	**290**	**191**	**104**

Recruitment is currently ongoing and as of the 15/5/2020 the Graduate Paramedic Numbers are as follows.

Posts	Recruitment Lead	Employment Start Dates	Ops start dates	Training places	Offers	New starters
Graduate Paramedic (cohort 1)	RN	28th September 2020	14th November 2020	160	**8**	**0**
Graduate Paramedic (cohort 2)	RN	2nd November 2020	19th December 2020	45		
Graduate Paramedic (cohort 3)	RN	11/01/2021	27/02/2021	45		
Reserve list					0	
			Subtotal	**250**	**8**	**0**

Attrition

The planning assumptions for EU is that we would lose 20 staff a month for 12 months with an expected number of 240 staff during the 2020/21 financial year.

Contracted Activity

Looking forward to the estimated year end projections for the financial position vs over contract stands currently at £10,584,328.

Estimated Year End Projection For Financial Position vs. Contract (income difference)	Current Year To Date Financial Position vs. Contract (income difference)
£10,584,328	£1,362,913

Summary

Winter is going to be challenged this coming year and there is a worry that E&U operations with the level of abstractions will not have enough WTE numbers to match the demand. Taking away the 147 WTE staff (going away on paramedic training from September 2020) that are already considered in the financial envelop and operational planning arrangement for this year, take away 32 staff that will not start their course in June this leaves which is 115 WTE within the current planning arrangements of starting in September, October and January.

The fact that against the current financial envelop we are 49 WTE over established against the budget of 3,057. If you add the 49 WTE against the 115 WTE already planned for comes to 164 WTE. If you take the 164 WTE away from 415 WTE this comes to a requirement of 251 WTE.

High Dependency Unit (HDU)

During winter some of most vulnerable patients that wait longest for an ambulance is the referral patients, as part of our contingency arrangements there is a requirement to retain the HDU function to protect these set of patients from long waits for ambulances.

Total workforce Calculation (Appendix 1)

2019/2020 Completions		No.	Duration	WTE
1	WMAS Students pulled back from University	107	6weeks	12
2	WMAS Students pulled back from University	40	6months	20
3	WMAS Students which didn't re-start on 2nd phase of university	117	3months	29
			Sub Total	**61.25**

2020/21 New Courses		No.	Duration	WTE
4	WMAS Students which were due to start June 2020 (cancelled)	64	6months	32
5	WMAS new Students going to Uni Sept 20	100	6months	50
6	WMAS new Students going to Uni Oct 20	100	5months	40
7	WMAS new Students going to Uni Jan 20	100	3months	25
			Sub Total	**147**

2020/21 Mandatory Requirements		No.	Duration	WTE
8	Mandatory Training acceleration (late start)	All	1 Day	14
9	SORT Training	280	2 Day	3
			Sub Total	**17**

2020/21 Other requirements and losses		No.	Duration	WTE
10	Annual Leave not spent vs normal April / May			10
11	Carryover A/L impact for covid-19		per month	3
12	Covid/ Sickness /and 12-week abstraction (Average)	261	4months	80
13	Year 3s - dissertation complete (4weeks) (134)	134	2weeks	10
14	Year 2s - complete loss of (177 - 75% effort)	177	6months	66
15	Lost hours at hospital over 30mins (Q3 2019)	20,411		21
			Sub Total	**190**
			Total	**415**

The table below shows a Summary of events (workforce movements)

Staff & students available to operations	Average Operational Staff	ACTUAL											
		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
ECP	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42	16.42
Paramedic	1,285.35	1,350.64	1,342.24	1,333.88	1,325.58	1,317.33	1,309.13	1,140.98	1,212.88	1,284.84	1,276.84	1,268.89	1,261.00
Newly Qual Paramedic	1,156.60	671.64	666.27	759.93	755.94	868.99	1,020.29	1,054.56	1,095.61	1,134.41	1,171.96	1,164.26	1,156.60
Technician	348.60	356.70	355.21	353.72	352.24	350.77	349.30	347.84	346.38	344.93	343.49	342.05	340.62
Student Paramedic level 2/3	133.49	384.60	427.35	349.78	390.78	310.49	100.79	59.11	-117.55	236.81	-222.82	-225.42	-92.01
Student Paramedic level 1	218.01	241.00	192.19	200.33	154.67	144.71	200.02	157.05	245.36	243.68	287.02	285.36	264.72
Trainee Tech	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92	22.92
ECA	24.67	25.60	25.43	25.25	25.09	24.92	24.75	24.58	24.42	24.25	24.09	23.93	23.77
University Student Final Yr (Bank Staff) Headcount	44.67	134.00	134.00	134.00	134.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
University Student 2nd Yr (Bank Staff) Headcount	58.67	176	176	176	176	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPERATIONAL STAFF AVAILABLE	3,250.74	3,379.52	3,358.02	3,372.23	3,353.64	3,056.53	3,043.62	2,823.46	2,846.45	3,308.27	2,919.92	2,898.41	2,994.04
Operational Establishment		3,057.00	3,057.00	3,057.00	3,057.00	3,057.00	3,057.00	3,057.00	3,057.00	3,057.00	3,057.00	3,057.00	3,057.00
Operational Variance		322.52	301.02	315.23	296.64	-0.47	-13.38	-233.54	-210.55	251.27	-137.08	-158.59	-62.96

The graph below shows the movment in workforce availability based on current priorities

Workforce Abstraction Impact

OPERATIONAL STAFF AVAILABLE — Operational Establishment
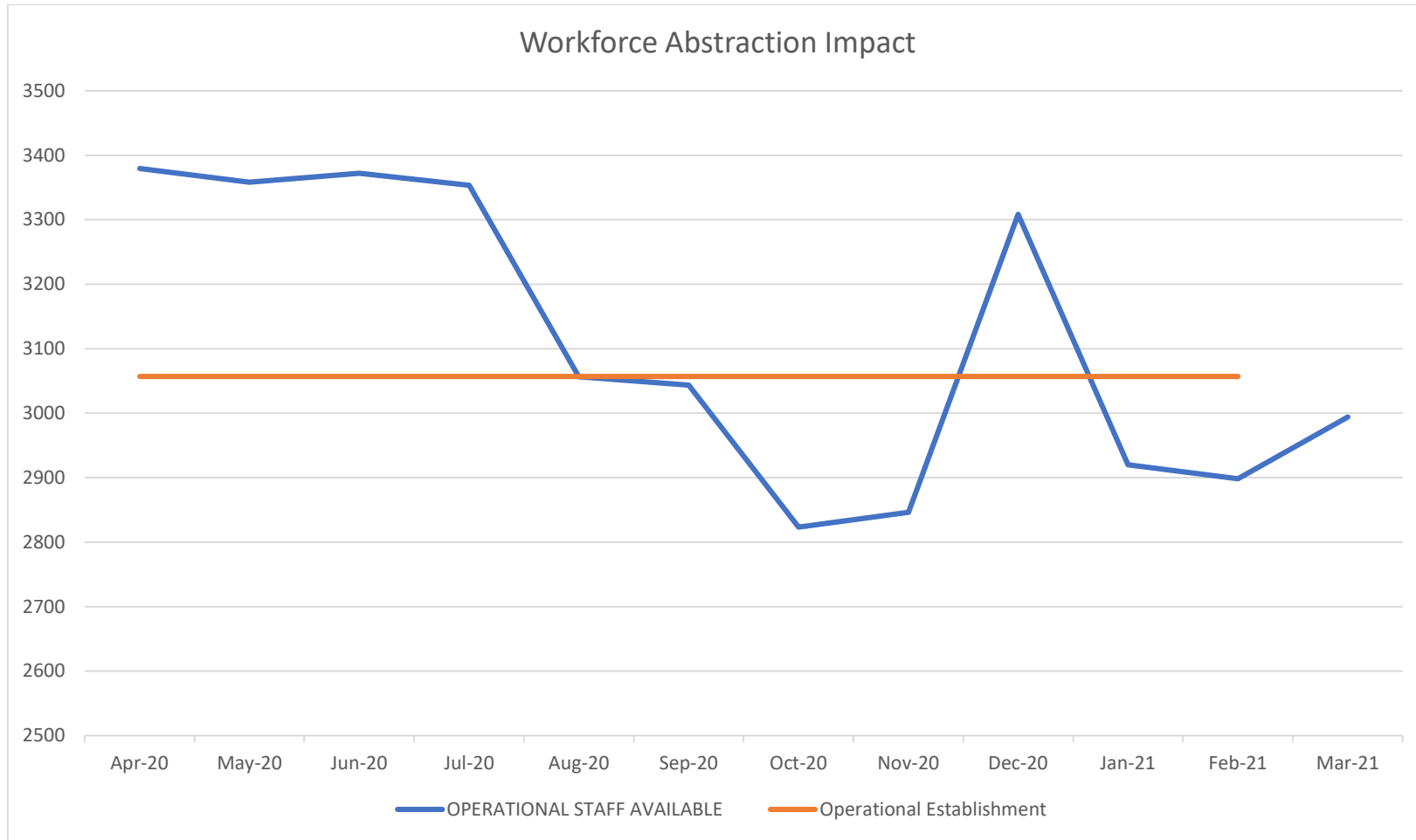
The graph below shows the demand for Winter 2020 with Covid-19 and the Resourcing ability based on the current workfore priorities
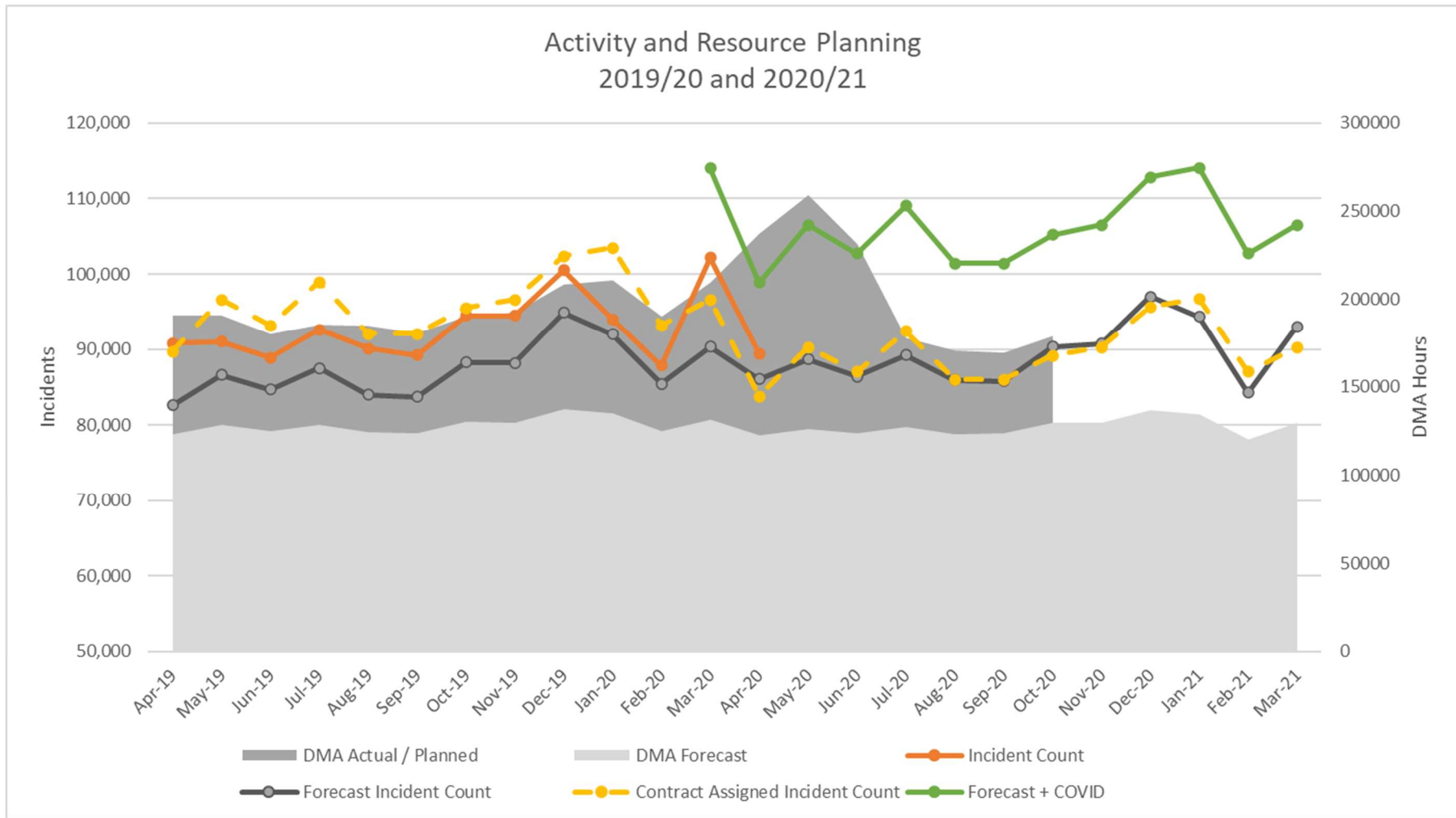
Activity and Resource Planning
2019/20 and 2020/21

Legend:
- DMA Actual / Planned
- DMA Forecast
- Incident Count
- Forecast Incident Count
- Contract Assigned Incident Count
- Forecast + COVID

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09   MONTH: May 2020   PAPER NUMBER: 06

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. Covid 19
  2. NHS 111
  3. Non-Emergency Patient Transport – Key Performance Indicators
  4. Respirator Hoods – PRPH Filters
  5. Over 2-minute 999 Call Answering Update
  6. Letter from Dr Henrietta Hughes – National Guardian Office – Covid-19
  7. CEO Meetings – 20 January to 13 March 2020

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

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

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09   MONTH: May 2020   PAPER NUMBER: 06

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

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09   MONTH: May 2020   PAPER NUMBER: 06

1.   **Covid 19**

The Trust submitted its COVID-19 Return at the end of March. The costs came to £2.4M. This will show in the accounts as COVID expenditure. Copy attached at Appendix 1. Confirmation was received that the funding was agreed, and the Trust has received this cash in May. The Trust must now include ongoing COVID costs as part of its monthly accounts submission and costs are being picked up as we go along.

2.   **NHS 111**

New figures show that the hard work of staff in the 111 control centre is paying massive dividends for patients. The Trust was the only 111 provider to meet the main national metric of answering calls within 60 seconds; reaching 97.4% for the week. A number of providers were in the 50s. A number of changes are to be introduced within the 111 service as a result of feedback from staff in a recent survey of views. The changes are designed to provide better support for staff and ultimately, help deliver the best service to patients. Around 370 staff responded to the questionnaire from the Head of 111. Key to this is the continued recruitment and training of staff and managers which is why we are making these changes:

- **Duty Managers:** The number will be reduced to five to ensure there is no ambiguity about who is in charge of the shift. It will also provide greater clarity around working procedures and responsibilities.

- **Performance Supervisors:** This role will focus on ensuring that planned resourcing is at the right level. These staff will also provide feedback to staff so that they can deliver the best care to patients.

- **Call Assessor Supervisors:** The number of supervisors in the room will be increased with continuing training and development. The call centre is being divided into zones and once complete a supervisor will be allocated to each zone. Call Assessors will be allocated a zone to work in. Each member of staff will have a named supervisor. Each member of staff should know who their supervisor is and the supervisor which staff they are supporting.

- **Clinical Supervisors:** These staff will continue to provide clinical support to the room as well as the line management of clinicians and the management and risk assessment of our clinical queue.

3.   **Non-Emergency Patient Transport – Key Performance Indicators – 2019/2020 and 2020/2021**

Appendix 2 shows the Non-Emergency Patient Transport (PTS) performance against the agreed Key Performance Indicators (KPIs) for April 2019 to March 2020 for each Contract. Appendix 2a shows the performance against Key Performance Indicators (KPIs) for April 2020.

It is very pleasing to see that all KPIs have been achieved in April 2020. All targets are also being achieved year to date.

4.   **Respirator Hoods - PRPH Filters**

At the extra ordinary Board Meeting on 18 March 2020 the Board of Directors authorised the Chief Executive and his nominated deputy to take any appropriate action required to protect the interests of patients and staff and maintain a safe service during the period of this incident until further notice. To ensure that there is appropriate governance in relation to any matter that is normally reserved to the Board under Standing Financial Instructions the Chief Executive will in such cases liaise as appropriate with the Chair and/or Deputy Chair and log all such decisions and report to the Board at its next ordinary meeting. Attached at Appendix 3 and 3a is the documentation in relation to the procuring of 500 respiratory hoods at a cost of £330,000 and 3M Versaflo Starter Kits and Consumables at a cost of £309,516.00 inclusive of VAT.

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

Despite some very challenging months with huge levels of activity, new figures from British Telcom show that WMAS continues to be the service that answers calls fastest in the country. For the year 2019-2020, only 556 calls out of around 1.3m waited over two minutes to be answered. What is more remarkable is that it was only the massive surge in calls during the early days of the COVID-19 pandemic that resulted in the number being so high. Over half of that number came in March when the Trust was dealing with demand 25% above what would normally be expected.

Trust	April	May	June	July	August	September	October	November	December	January	February	March	Financial Year Total
WMAS	14	13	23	22	33	25	20	55	55	7	18	271	556
EoE	83	84	195	378	115	129	179	187	259	67	155	307	2138
EMAS	35	43	39	93	66	128	84	139	57	64	115	305	1168
LAS	238	319	1271	1828	2144	2398	2827	991	731	809	653	10661	24870
NEAS	70	60	36	83	50	105	105	137	96	39	53	121	955
NWAS	538	404	702	624	768	888	530	855	532	680	367	622	7510
SCAS	254	301	457	743	224	404	417	267	239	51	193	929	4479
SECAMB	225	57	115	304	143	107	141	109	60	12	70	268	1611
SWAST	177	185	254	561	554	489	561	402	382	86	41	243	3935
YAS	88	54	15	50	63	34	50	201	139	75	15	414	1198

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09   MONTH: May 2020   PAPER NUMBER: 06

6.   Letter from Dr Henrietta Hughes - National Guardian Office: Covid-19

In the letter received by Sir Graham Meldrum Dr Henrietta Hughes wanted to say a personal thank you to the Chair and the amazing staff who are doing so much to keep patients safe in these unprecedented times. She also thanked our Freedom to Speak Up Guardians and those who support them for all they are doing to listen to workers and act on their ideas and concerns. At this time Freedom to Speak Up is more important than ever, so it is vital that healthcare leaders act to help Freedom to Speak Up Guardians and those who support them to carry out their role. It was noted that many guardians have clinical roles and may be asked to step up their clinical commitment –The letter asked the Chair to consider how routes remain open for workers to speak up if our guardian is being re-deployed. The letter is attached at Appendix 4.

7.   Chief Executive Officer Meetings –16 March to 15 May 2020

Staff
- Senior Command Team Meeting
- Staff Side Monthly Meetings
- NEDs Meeting
- PTS HDU Staff
- Year 2 Graduate Paramedics
- Year 3 Graduate Paramedics
- Worcester Hub Visit
- Strategy & Engagement Director Interviews
- Council of Governors Meeting

National Meetings

- National Director of Operations Group Conference Call
- NHS England / NHS Improvement Covid-19 Hospital Interface Group
- NHS England / NHS Improvement Emergency Call Prioritisation Advisory Group
- NHS England / NHS Improvement – London Ambulance Service Meeting
- Association of Ambulance Chief Executives – Ambulance Chief Executives Group – Coronavirus Call
- Craig Harman, St John ambulance
- NHS England / NHS Improvement Covid-19
- Claire Land & Helen Vine, CQC
- Academy of Medical Royal Colleges/NHS England & Improvement Medical Risk Panel
- NHS England / NHS Improvement Ambulance Covid-19 Daily call

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09   MONTH: May 2020   PAPER NUMBER: 06

- Association of Ambulance Chief Executives – Ambulance Chief Executives Group – Cobid-19 Call
- NHS England / NHS Improvement Covid-19 PTS Guidance Meeting
- NHS England / NHS Improvement Ambulance Response to Covid-19
- NHS England / NHS Improvement PPE Meeting
- Home Office Meeting – Fire Support for the Ambulance Service
- Simon Stevens & Amanda Pritchard, NHS Providers
- NHS England / NHS Improvement – New EPRR Testing System Call
- Association of Ambulance Chief Executives – Ambulance Board Meeting
- Niall Dickson, NHS Confederation
- NHS England / NHS Improvement Virtual Regional Roadshow - Midlands

<u>Regional Meetings</u>

- NHS England / NHS Improvement Weekly Covid-19 Update Call – Midland Providers
- Hanna Sebright, Midlands Air Ambulance
- Mayor Andy Street, West Midlands

Professor Anthony C. Marsh
Chief Executive Officer
May 2020

Chief Executive confirmation

This return to NHS England and NHS Improvement confirms expenditure amounts for 2019/20. In line with my responsibilities as Accounting/Accountable Officer and my accountability to Parliament and/or the Chief Executive of NHS improvement, I confirm that I have taken all reasonable steps to assure myself of the accuracy of the figures provided in this return.

Organisation Code (input)	Organisation Name	Confirm the above statement is complied with (select from drop down)	Name	Job Title	Contact number
RYA	West Midlands Ambulance Service University NHS Foundation Trust				
Pass		Choose from drop down			

2019/20 Summary of Cost Reimbursement

Total Revenue (£s):	2,428,800

Breakdown by Allowable Cost Type	£s
111	772,619
Decontamination	813,352
Diagnostic Sampling (in Community)	0
Diagnostic Sampling (in Hospital)	0
Direct Provision of Isolation Pod	0
Field Hospital related	0
HCID centres: Backfill and additional staffing capacity as requested Specialised services	0
Hospital discharge programme (£1.3bn)	0
Hotel accommodation	0
Increase administrative capacity	57,201
Increase hospital assisted respiratory support capacity, particularly mechanical ventilation	0
OOH capacity increase	0
Other action (provide commentary)	10,409
Other action on instruction of national incident response team (provide commentary)	16,594
Plans to release bed capacity	0
PPE	0
Preparation for ITU capacity	0
Remote management of patients	0
Segregation of patient pathways	0
Sickness / isolation cover	0
Support stay at home model	186,563
Swabbing services	0
Transportation of patients	572,062

Non-Emergency Patient Transport Services
2019-20 Performance

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Worcestershire PTS	KPI	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Response Times: Outpatients, Day Cases & Admissions.														
Collected from home <120 mins before their appointment.	95%	96.17%	95.18%	96.24%	95.71%	95.09%	95.47%	95.87%	95.00%	99.79%	95.00%	96.05%	95.24%	95.39%
Time on Vehicle														
<45 mins for journeys <15 miles	75%	90.39%	89.51%	90.05%	90.03%	89.42%	87.75%	88.79%	88.91%	89.67%	90.74%	89.55%	91.63%	88.06%
<75 mins >15 miles (unless out of area)	75%	90.20%	88.89%	90.06%	90.54%	89.86%	89.38%	98.40%	90.75%	91.70%	90.86%	89.35%	91.43%	89.77%
Arrival Times: Outpatients, Day Case & Admissions														
< 60 mins before their appointment time and < 15 mins late	90%	92.33%	91.01%	92..34%	90.17%	91.48%	90.44%	91.16%	91.86%	94.50%	90.00%	90.96%	90.66%	90.87%
Planned Arrival Times: Outpatients, Day Cases & Admissions														
Collected < 60 mins	75%	95.66%	94.69%	95.95%	92.83%	91.81%	93.10%	94.97%	92.31%	90.85%	91.31%	93.42%	91.80%	93.14%
Collected < 90 mins	95%	99.28%	98.18%	99.14%	97.68%	97.35%	97.86%	98.76%	97.99%	95.78%	96.67%	98.24%	97.23%	97.92%
On-Day Bookings														
ED Discharges: Collected < 60 mins	80%	80.79%	80.21%	81.40%	85.71%	81.88%	82.40%	80.20%	82.68%	82.35%	84.14%	82.19%	81.17%	82.24%
OP, AT & Day Cases: Collected < 120 mins	90%	98.20%	97.79%	100.00%	99.26%	98.33%	95.21%	97.50%	98.84%	94.55%	97.20%	94.38%	97.26%	96.89%
Discharge and Transfer														
Pre-booked Discharge & Transfers: Completed < 2 hours	65%	74.86%	65.38%	72.09%	67.02%	67.10%	68.86%	68.88%	68.67%	71.43%	75.28%	69.78%	77.98%	70.43%
On-day Discharge &Transfers: Completed < 3 hours	80%	94.72%	90.73%	90.10%	84.16%	85.64%	87.01%	80.20%	83.45%	86.68%	86.68%	81.69%	82.05%	84.71%
End of Life Journeys														
On-day End of Life:: Completed < 2 hours	75%	n/a	n/a	n/a	100.00%	100.00%	100.00%	n/a	n/a	n/a	na	na	na	100.00%
On-day End of Life:: Completed < 4 hours	100%	n/a	n/a	n/a	100.00%	100.00%	100.00%	n/a	n/a	n/a	na	na	na	100.00%

Cheshire, Warrington & The Wirral	KPI	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
EPS Arrival														
% Arriving within 60 minutes prior.	90%	92.65%	93.50%	90.37%	92.69%	92.16%	90.91%	90.49%	90.24%	91.16%	91.87%	92.14%	92.86%	91.76%
% Arriving on time	Info	93.94%	94.10%	91.63%	93.95%	92.85%	91.95%	91.62%	90.67%	91.97%	92.67%	93.11%	94.73%	92.87%
Planned Arrival														
% Arriving within 60 minutes prior & 15 mins after appt	90%	91.54%	90.80%	90.00%	91.32%	91.67%	90.00%	90.49%	90.62%	91.49%	92.70%	92.61%	93.22%	91.47%
% Arriving on time	Info	94.92%	92.50%	93.36%	94.43%	94.08%	91.59%	92.08%	92.52%	92.38%	94.07%	94.22%	95.71%	93.52%
EPS Departure														
% Collected within 60 minutes	85%	97.76%	97.90%	97.78%	97.59%	97.49%	96.28%	96.63%	96.26%	96.93%	97.75%	97.69%	98.46%	97.46%
% Collected within 90 minutes	90%	99.19%	99.50%	99.58%	99.49%	99.38%	99.00%	99.06%	99.30%	99.17%	99.41%	99.52%	99.76%	99.40%
Planned Departure														
% Collected within 60 minutes	80%	93.25%	91.60%	92.45%	93.66%	92.64%	89.80%	91.42%	90.64%	90.43%	92.15%	92.52%	92.99%	92.08%
% Collected within 90 minutes	90%	96.92%	96.10%	96.52%	97.07%	96.90%	95.51%	96.65%	95.87%	95.85%	97.16%	96.72%	96.89%	96.60%
Unplanned Departure														
% Collected within 60 minutes	75%	84.01%	80.70%	82.54%	83.21%	84.53%	79.37%	83.03%	80.78%	87.47%	89.94%	92.41%	93.56%	85.26%
% Collected within 90 minutes	85%	90.38%	89.90%	91.19%	91.43%	90.94%	86.64%	91.91%	88.50%	96.46%	96.18%	96.07%	97.53%	92.32%
EPS Time on Vehicle														
On vehicle is <60 minutes.	85%	95.92%	97.30%	95.44%	95.71%	95.60%	94.93%	95.09%	96.18%	95.37%	96.58%	95.67%	95.67%	97.31%
Planned Time on Vehicle														
On vehicle is <60 minutes.	80%	89.35%	89.80%	88.86%	89.42%	89.46%	88.21%	89.99%	86.88%	88.78%	90.25%	91.47%	91.03%	93.02%
UnPlanned Time on Vehicle														
On vehicle is <60 minutes.	80%	88.77%	90.80%	90.47%	90.43%	90.45%	87.68%	90.61%	90.80%	90.80%	93.14%	90.74%	94.31%	92.91%

Wolverhampton & Dudley	KPI	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Inward Journeys - All Activity														
60 minutes before and 15 minutes late	info	87.7%	88.9%	89.6%	89.8%	91.3%	89.5%	88.3%	87.6%	91.0%	89.3%	88.1%	88.9%	89.3%
Too Early + KPI Window (With Excemptions)	90%	92.90%	92.80%	93.70%	94.70%	96.90%	94.90%	94.30%	93.20%	94.90%	93.70%	93.20%	94.70%	94.60%
Outward Journeys - Planned (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	75%	90.10%	89.70%	91.10%	91.50%	94.10%	94.20%	92.90%	89.20%	91.80%	92.60%	91.80%	93.80%	91.90%
collection < 90mins (of scheduled / ready time)	95%	95.60%	95.20%	95.70%	95.70%	97.20%	97.10%	96.80%	95.00%	95.50%	96.40%	96.10%	97.20%	96.10%
Outward Journeys - On Day (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	60%	65.90%	63.40%	68.70%	71.40%	74.20%	72.70%	75.20%	68.50%	70.50%	72.10%	71.20%	71.30%	72.60%
collection < 120mins (of scheduled / ready time)	95%	87.90%	91.30%	95.20%	95.30%	95.30%	95.30%	96.20%	95.40%	95.10%	95.00%	95.10%	95.10%	95.00%
Transfers														
collection < 90mins (of scheduled / ready time)	75%	90.70%	95.10%	93.90%	89.10%	91.40%	87.10%	91.90%	82.60%	85.70%	81.80%	91.70%	93.10%	90.20%
collection < 120mins (of scheduled / ready time)	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.90%	97.00%	100.00%	96.60%	98.90%
Home Visits														
< 30 mins before outward collection time	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
< 30 mins after inward collection time	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.30%
Within 10 miles of destination < 60 mins	90%	96.10%	98.90%	96.50%	96.50%	97.30%	96.40%	96.50%	95.30%	96.50%	96.30%	96.50%	97.40%	96.50%
Within 11-20 miles of destination < 90 mins	90%	97.00%	98.00%	98.20%	98.40%	98.60%	98.80%	97.80%	97.30%	97.30%	98.30%	97.70%	99.30%	98.10%

Walsall PTS	KPI	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Inwards: Outpatients														
< 60 mins before & 15mins after appointment time	info	88.1%	88.3%	87.7%	86.3%	89.6%	85.5%	87.1%	87.2%	86.8%	84.6%	85.0%	80.9%	86.4%
Too Early + KPI Window (With Excemptions)	90%	94.8%	94.6%	93.7%	94.2%	95.5%	90.6%	95.3%	94.1%	93.40%	92.00%	91.10%	90.00%	93.40%
Outwards: Outpatients														
Patients collected < 60 mins after agreed pick-up time	75%	87.8%	85.7%	86.1%	89.3%	84.3%	93.1%	86.7%	85.4%	98.40%	89.30%	86.20%	85.20%	87.50%
Patients collected < 90 mins after agreed pick-up time	90%	98.4%	98.0%	97.9%	97.7%	97.5%	99.0%	98.6%	97.8%	97.40%	97.50%	97.90%	95.70%	97.90%
Discharges: (Inc. Transfers & After Treatment)														
Discharged < 60 mins	60%	65.8%	62.1%	71.8%	67.2%	72.8%	64.8%	66.3%	62.8%	64.50%	63.40%	63.40%	62.70%	65.70%
Discharged < 120 mins	80%	88.4%	86.8%	92.0%	88.5%	89.3%	85.0%	87.0%	88.7%	85.20%	87.40%	87.20%	86.60%	87.80%
Time Spent On Vehicle														
Planned mileage < 10 miles and < than 60 mins	90%	94.0%	93.9%	94.3%	95.1%	96.5%	95.8%	93.8%	94.7%	94.20%	95.50%	96.70%	96.60%	95.10%

Black Country Partnership (BCP) PTS	KPI	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Inwards: Planned (all categories)														
< 15mins after appointment time	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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%	100.0%	100.0%	100.0%	100.0%	100.0%	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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Time On Vehicle														
Planned mileage < 10 miles, < 60 mins on vehicle	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Coventry & Warwickshire PTS	KPI	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Renal Contract [LOT 2]														
Renal: Response Times: Outpatients														
<15 miles, Collected from home < 45mins before appointment.	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
>15 miles, Collected from home < 75mins before appointment.	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
Renal: Arrival Times: For Outpatients														
Arrive < 20 mins before appointment time.	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
Renal: Planned Collection of Outpatient Appointments or after Treatments														
Collection < 60 mins of request.	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
Renal: On Day Booking														
Collection < 4 hours of request.	98%	100.00%	100.00%	99.00%	99.00%	98.00%	98.00%	98.00%	100.00%	100.00%	98.00%	98.00%	98.00%	98.00%
<45 minutes for journeys < 15 miles of the destination Trust.	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<75 minutes for journeys >15 miles (unless out of area).	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	100.00%	98.00%	98.00%	99.00%	98.00%
Main Contract [LOT 1]														
Response Times: OP, Admissions and Day Cases														
<15 miles collected from home <45 mins before their appointment	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
>15 miles collected from home <75 mins before their appointment	98%	98.00%	98.00%	98.00%	98.00%	98.00%	99.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
Arrival Times: For Outpatient Appointments, Admissions and Day Cases														
Arrive within 20 minutes before their appointment	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
Planned Outwards														
OP, AT & Day Cases: Collected <60 mins of request.	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	97.00%	98.00%
Ward Discharges: Collected <60 mins of request.	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	97.00%	98.00%
Home Visits: Collected <30 mins of request. (out)	98%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Home Visits: Collected <45 mins of request. (in)	98%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
On Day Booking														
OP, AT, DC: Collected <4 hours of request.	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
ED: Collected <4 Hours of request.	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	99.00%	98.00%	98.00%	98.00%
Ward: Collected <4 Hours of request.	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	97.00%	98.00%
Transfers: Collected <4 Hours of request.	98%	100.00%	98.00%	100.00%	99.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	99.00%	98.00%	98.00%
End of Life: Collected <2 hours of request.	98%	n/a	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Time on Vehicle														
<45 mins for journeys <15 miles	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<75 mins for journeys >15 miles (unless out of area)	98%	100.00%	100.00%	98.00%	100.00%	98.00%	99.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	99.00%

Pan Birmingham PTS	KPI	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Inwards: Planned														
Not Late for Appointment (includes too early)	90%	93.80%	92.50%	92.70%	92.70%	93.80%	91.00%	93.20%	91.30%	92.20%	92.00%	92.30%	92.50%	92.50%
Inwards: On-Day (GP Urgents)														
< 120mins of agreed collection time	90%	90.32%	93.10%	97.10%	100.00%	100.00%	91.70%	92.30%	100.00%	100.00%	100.00%	100.00%	100.00%	94.90%
Outwards: Planned														
Collection < 60mins of scheduled/ready time	90%	96.30%	95.80%	95.90%	95.10%	95.70%	95.00%	95.60%	95.00%	95.00%	95.80%	94.20%	95.70%	95.40%
Outwards: On-Day														
< 120mins of agreed collection time	90%	92.30%	91.30%	92.50%	91.40%	90.90%	90.10%	90.30%	90.70%	91.30%	91.40%	91.40%	90.00%	91.00%
Outwards: On-Day (Quick Response)														
< 60mins of agreed collection time (Eds & Assess. Areas)	95%	96.00%	91.30%	95.70%	96.20%	95.00%	95.00%	95.80%	95.20%	96.10%	95.60%	95.10%	95.30%	95.00%
Time Spent On Vehicle														
< 60mins within a distance of 15 miles	95%	95.50%	95.90%	96.00%	95.30%	96.30%	95.00%	95.00%	95.00%	95.90%	96.20%	95.70%	96.20%	95.60%
Renal Dialysis Performance - For Info Only														
Inwards: Planned														
Not Late for Appointment (includes too early)	90%	97.10%	95.80%	95.50%	95.80%	95.90%	95.40%	95.90%	94.30%	93.90%	94.80%	94.10%	93.70%	95.10%
Outwards: Planned														
Collection < 30mins of scheduled/ready time	90%	95.00%	93.80%	93.30%	92.00%	91.20%	91.00%	93.10%	91.90%	90.90%	92.20%	90.30%	90.00%	92.10%
Time Spent On Vehicle														
< 60mins within a distance of 15 miles	95%	97.90%	98.60%	98.40%	98.20%	98.40%	97.20%	97.90%	97.60%	97.70%	97.30%	96.90%	97.10%	97.80%

Non-Emergency Patient Transport Services
2020-21 Performance

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Cheshire, Warrington & The Wirral	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
EPS Arrival														
% Arriving within 60 minutes prior.	90%	94.25%												94.25%
% Arriving on time	Info	95.29%												95.29%
Planned Arrival														
% Arriving within 60 minutes prior & 15 mins after appt	90%	95.51%												95.51%
% Arriving on time	Info	97.96%												97.96%
EPS Departure														
% Collected within 60 minutes	85%	99.19%												99.19%
% Collected within 90 minutes	90%	99.86%												99.86%
Planned Departure														
% Collected within 60 minutes	80%	94.77%												94.77%
% Collected within 90 minutes	90%	98.02%												98.02%
Unplanned Departure														
% Collected within 60 minutes	75%	96.50%												96.50%
% Collected within 90 minutes	85%	98.54%												98.54%
EPS Time on Vehicle														
On vehicle is <60 minutes.	85%	99.06%												99.06%
Planned Time on Vehicle														
On vehicle is <60 minutes.	80%	96.35%												96.35%
UnPlanned Time on Vehicle														
On vehicle is <60 minutes.	80%	97.03%												97.03%

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

Wolverhampton & Dudley	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Inward Journeys - All Activity														
60 minutes before and 15 minutes late	info	91.6%												91.6%
Too Early + KPI Window (With Excemptions)	90%	98.10%												98.10%
Outward Journeys - Planned (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	75%	98.30%												98.80%
collection < 90mins (of scheduled / ready time)	95%	99.40%												99.50%
Outward Journeys - On Day (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	60%	85.10%												85.10%
collection < 120mins (of scheduled / ready time)	95%	97.30%												96.80%
Transfers														
collection < 90mins (of scheduled / ready time)	75%	100.00%												100.00%
collection < 120mins (of scheduled / ready time)	95%	100.00%												100.00%
Home Visits														
< 30 mins before outward collection time	90%	100.00%												100.00%
< 30 mins after inward collection time	90%	100.00%												100.00%
Within 10 miles of destination < 60 mins	90%	99.70%												99.70%
Within 11-20 miles of destination < 90 mins	90%	99.90%												99.80%

Walsall PTS	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Inwards: Outpatients														
< 60 mins before & 15mins after appointment time	info	92.7%												92.7%
Too Early + KPI Window (With Excemptions)	90%	97.20%												97.20%
Outwards: Outpatients														
Patients collected < 60 mins after agreed pick-up time	75%	100.00%												100.00%
Patients collected < 90 mins after agreed pick-up time	90%	100.00%												100.00%
Discharges: (Inc. Transfers & After Treatment)														
Discharged < 60 mins	60%	84.50%												84.50%
Discharged < 120 mins	80%	97.10%												97.10%
Time Spent On Vehicle														
Planned mileage < 10 miles and < than 60 mins	90%	98.70%												98.70%

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

Coventry & Warwickshire PTS Renal Contract [LOT 2]	KPI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Renal: Response Times: Outpatients														
<15 miles, Collected from home < 90mins before appointment.	90%	97.00%												97.00%
>15 miles, Collected from home < 120mins before appointment.	95%	98.00%												98.00%
Renal: Arrival Times: For Outpatients														
Arrive < 60 mins before appointment time.	95%	98.00%												98.00%
Renal: Planned Collection of Outpatient Appointments or after Treatments														
Collection < 60 mins of request.	95%	98.00%												98.00%
Renal: On Day Booking														
Collection < 4 hours of request.	95%	99.00%												99.00%

<60 minutes for journeys < 12 miles of the destination Trust.	95%	99.00%												99.00%
<120 minutes for journeys >12 miles (unless out of area).	95%	99.00%												99.00%
Main Contract [LOT 1]														
Response Times: OP, Admissions and Day Cases														
<15 miles, Collected from home < 90mins before appointment.	90%	97.00%												97.00%
>15 miles, Collected from home < 120mins before appointment.	95%	98.00%												98.00%
Arrival Times: For Outpatient Appointments, Admissions and Day Cases														
Arrive < 60 mins before appointment time.	95%	98.00%												98.00%
Planned Outwards														
OP, AT & Day Cases: Collected <60 mins of request.	95%	97.00%												97.00%
Ward Discharges: Collected <60 mins of request.	95%	98.00%												98.00%
Home Visits: Collected <30 mins of request. (out)	95%	n/a												n/a
Home Visits: Collected <45 mins of request. (in)	95%	n/a												n/a
On Day Booking														
OP, AT, DC: Collected <4 hours of request.	95%	100.00%												100.00%
ED: Collected <4 Hours of request.	95%	99.00%												99.00%
Ward: Collected <4 Hours of request.	95%	99.00%												99.00%
Transfers: Collected <4 Hours of request.	95%	99.00%												99.00%
End of Life: Collected <2 hours of request.	98%	100.00%												100.00%
Time on Vehicle														
<60 minutes for journeys < 12 miles of the destination Trust.	95%	98.00%												98.00%
<120 minutes for journeys >12 miles (unless out of area).	95%	98.00%												98.00%

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

West Midlands Ambulance Service
University NHS Foundation Trust

Respirator Hoods - 3M Filter Management and Use

Background

Powered Respiratory Protective Hoods (PRPH) are currently used by staff who perform aerosol generating procedures on those with a suspected/confirmed droplet/airborne infectious disease. This equipment has two consumables, a hood and a filter. The Trust offers decontamination guidance for hoods and whilst a consumable, can be used many times for many patients.

Until now, the particulate filter has been disposed of following each patient use/exposure. This is in line with the Trusts IPC Policy given its infrequency of use and potential storage for long periods of time without use.

Under normal circumstances, this equipment is not commonly used however, in light of COVID-19 the use of PRPH has increased significantly and as a result sourcing the appropriate consumables, namely filters continue to prove difficult on both a national and international scale.

The Trust has requested specific advice about the filter replacement because the 3M guidance isn't specific enough, this has been escalated to the Scientific Technical Advice Cell (STAC) within the PHE and we await response.   The Covid-19 virus is now not categorised as a High Consequence Infectious Disease by WHO, and it is now known to be a droplet borne virus (not an airborne virus).

Other Ambulance Trusts reuse their filters for many patients in-line with manufacturers guidance and follow the pre-use/operating checks (please see attached operational notice). To support the reuse of filters, the National Ambulance Service Infection Prevention and Control Group endorses the reuse of filters in-line with the manufacturers (3M) guidance and has issued a consensus statement (see ON).

Recommendation

To implement a change in policy and issue an Operational Notice, to change from the current practice of single use filter usage.

The new policy will be, PRPH filters re-usable and replaced when indicated by pre-shift tests relating to filter condition and flow rate.

This change will ensure the Trust has enough filter to sustain the current demand and ensure the Trust has enough PPE in the coming weeks/months.

Trust us to care.

West Midlands Ambulance Service
University NHS Foundation Trust

To: All Operational Staff
Date: 26/03/2020
Document Number: Issued by the Document Control Manager

3M Filter Management and Use

As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious disease (HCID) in the UK.

The 4 nations public health HCID group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID criteria about the virus and the disease with information available during the early stages of the outbreak. Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria.

Following review of the information on the 3M respirator hood and the use of the filters the manufacturer's instructions state:

- 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. (as per internal guidance sheet in every vehicle-based bag)
- air filters should be changed if they are discoloured or blocked.

Therefore, based on this information, national consensus and endorsement by the National Ambulance Service Infection Prevention Control Group **NASIPCG,** it is strongly advised filters are not discarded after each use and:

- air flow is checked at the start of each shift (as per internal guidance sheet)
- if the air flow is below the minimum level the filter requires changing
- the filter should be visually inspected at the start of each shift for integrity/damage as per internal guidance sheet
- If the filter is discoloured the filter will need to be changed, *often not a requirement in non-industrial settings*

For most Trusts this is a step change to the current policy for use whereby the filters were cited for change after each job given the ambiguity surrounding the route of transmission and nature of high consequence infectious disease. Given the increased usage this pragmatic advice, in line with the manufacturer's information will ensure staff safety both in line with the use of filters and ensure supplies are maintained.

Please DO NOT dispose of 3M filters following use.

PPE must be conserved to ensure protections available for everyone

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

Produced By: Head of IPC
Authorised By:Executive Director of Strategic & Digital Integration
Review Date: May 2020

3M™ Versaflo™ TR-300 Powered Air Purifying Respirators

Comfort Simplicity Versatility

Protection from Particles

The all-new, lightweight 3M™ Versaflo™ TR-300 Powered Air Purifying Respirator is the key to easy-to-use, versatile respirator systems for particulate environments. With its compact, well-balanced and slim design, the Versaflo TR-300 powered air respirator is the answer to respiratory protection needs for many users.

The TR-300 is available with a flexible range of headgear — from lightweight hoods to industrial helmets that can provide head, eye and face protection.

3M.com/Versaflo

3M

3M™ Versaflo™ TR-300 Powered Air Purifying Respirators

Lighter and Smaller

The Versaflo™ TR-300 PAPR is significantly lighter and thinner than 3M's existing belt-mounted PAPR units. It also keeps its light weight close to the user's back, reducing the leverage effect that can cause PAPRs to feel heavier. The slim profile is designed for use in tight spaces, and its smooth, contoured outer surfaces are less prone to snagging on nearby objects.

Easy to Use

- Simple, one-button operation.
- Two types of alarms — one audible and one LED — alert the user to either a low battery or low airflow, such as when a particle filter is fully loaded.

Reliable Protection

- Sophisticated electronics keep the factory-calibrated airflow at a nominal 190 LPM (6.7 CFM).

Intelligent Power

- The lightweight lithium ion battery quickly charges and has no memory effect or heavy metals.
- Intelligent chargers help maintain the optimum battery performance and are available in single-station or four-station configurations.

Straightforward Maintenance

- The battery and filter can be changed quickly and easily by hand.
- The belt and blower unit have smooth outer surfaces, facilitating fast wipe downs for easier cleaning.

Designed for Optimal Usability

- The air inlet design helps make sitting possible without compromising the airflow intake.
- A window on the filter cover allows easy identification of the installed filter.
- LED lights on the battery itself indicate its charge status on and off the charger.
- Intuitive user interface — blue components represent user interface points (i.e. power button, filter cover, battery release).
- Available with backpack option.

Technical Specifications	TR-332 High Capacity Battery	TR-330 Economy Battery
Battery Life (with new filter and fully charged battery)	8-12 hours*	4-6 hours*
Charging Time	<3.5 hours	<3.0 hours
Flow Rate	Nominal 190 LPM (6.7 CFM)	Nominal 190 LPM (6.7 CFM)
Weight (includes belt, filter, battery, and filter cover)	Approx. 2.4 lbs (1077 g)	Approx. 2.0 lbs (918 g)
Size	Approx. 7⅞ x 8¼ x 3⅜ inches (197 x 210 x 85 mm)	Approx. 7⅞ x 7½ x 3⅜ inches (197 x 190 x 85 mm)
Operating Altitude	Approx. sea level to 2,600ft (800m). For altitudes above 2,600ft, contact 3M.	
OSHA Assigned Protection Factor (APF)	APF of 25 or 1000 depending on the headgear combination	

*Estimated system run time based on testing with a new battery and a new clean filter at 68° F (20° C).
Actual system run time may be extended or shortened depending on system configuration and environment.

3M™ Versaflo™ Systems are Easy to Select

Finding the TR-300 system that is right for you is easy. Choose a complete PAPR assembly or create your own assembly from the product list below. For an even easier way to purchase a complete Versaflo™ respirator system, see the list of complete system kits on the back.

TR-300 SERIES PARTICULATE PAPRs

Order a Complete TR-300 PAPR Assembly:

TR-305N PAPR with Standard Belt and Economy Battery

Contains a TR-302N PAPR Unit, TR-325 belt, TR-330 battery, TR-341N battery charger kit, TR-3710N HE filter, and a TR-3600 prefilter.

TR-306N PAPR with High Durability Belt and High Capacity Battery

Contains a TR-302N PAPR Unit, TR-326 belt, TR-332 battery, TR-341N battery charger kit, TR-3710N HE filter, and TR-362 spark arrester/prefilter.

TR-307N PAPR with Easy Clean Belt and High Capacity Battery (pictured)

Contains a TR-302N PAPR Unit, TR-327 belt, TR-332 battery, TR-341N battery charger kit, TR-3710N HE filter, and a TR-3600 prefilter.

A complete TR-300 PAPR system also requires headgear and a breathing tube. See your 3M Sales Representative or visit www.3M.com/Versaflo for more information.

OR

Create a Customized PAPR Assembly:

TR-302N PAPR Unit

The TR-302N PAPR unit consists only of the PAPR unit, filter cover and airflow indicator, allowing you to choose components from the list below:

- One of 4 belt/backpack options
- One of 2 battery options
- Single-station or 4-station battery charger

Product No.	Description
TR-300 Series PAPRS	
TR-302N	3M™ Versaflo™ PAPR Unit, 1/case
TR-305N	3M™ Versaflo™ PAPR Assembly with Standard Belt and Economy Battery, 1/case
TR-306N	3M™ Versaflo™ PAPR Assembly with High Durability Belt and High Capacity Battery, 1/case
TR-307N	3M™ Versaflo™ PAPR Assembly with Easy Clean Belt and High Capacity Battery, 1/case

Product No.	Description
TR-300 Parts and Accessories	
BPK-01	3M™ Backpack for Versaflo™ TR-300 PAPR, 1/case
TR-325	3M™ Standard Belt for Versaflo™ TR-300 PAPR, 1/case
TR-326	3M™ High Durability Belt for Versaflo™ TR-300 PAPR, 1/case
TR-327	3M™ Easy Clean Belt for Versaflo™ TR-300 PAPR, 1/case
TR-329	3M™ Suspenders for Versaflo™ TR-300 and Speedglas™ TR-300-SG PAPR, 1/case
TR-330	3M™ Economy Battery for Versaflo™ TR-300 PAPR, 1/case
TR-332	3M™ High Capacity Battery for Versaflo™ TR-300 PAPR, 1/case
TR-341N	3M™ Single Station Battery Charger Kit for Versaflo™ TR-300 PAPR, 1/case

Product No.	Description
TR-300 Parts and Accessories (continued)	
TR-344N	3M™ 4-Station Battery Charger Kit for Versaflo™ TR-300 PAPR, 1/case
TR-370	3M™ Filter Cover for Versaflo™ TR-300 PAPR, 1/case
TR-3600	3M™ Prefilter for Versaflo™ TR-300 PAPR, 100/case
TR-362	3M™ Spark Arrestor/Prefilter for Versaflo™ TR-300 PAPR, 2/case
TR-3710N-5	3M™ High Efficiency (HE) Filter for Versaflo™ TR-300 PAPR, 5/case
TR-3710N-40	3M™ High Efficiency (HE) Filter for Versaflo™ TR-300 PAPR, 40/case
TR-970	3M™ Airflow Indicator for Versaflo™ TR-300 PAPR, 1/case

Product No.	Description
TR-300 Charger Kit Replacement Parts	
TR-340	3M™ Battery Charger Cradle for Versaflo™ TR-300 PAPR, 1/case
TR-941N	3M™ Single Station Power Supply for Versaflo™ TR-300 PAPR, 1/case
TR-944N	3M™ 4-Station Power Supply for Versaflo™ TR-300 PAPR, 1/case

3M™ Versaflo™ TR-300 Series Complete System Kits

Build your own Versaflo™ system or choose from one of our complete system kits. These kits offer the convenience of a complete system tailored to your application—all in one box.

EASY CLEAN PAPR KIT

TR-300-ECK

Perfect for many pharmaceutical, healthcare, and food and beverage applications, the TR-300-ECK Kit includes an S-655 Hood, a TR-307N PAPR with Easy Clean Belt, and a BT-30 Breathing Tube. A battery charger, TR-3710N filter and prefilter are included as part of the TR-307N.

HEAVY INDUSTRY PAPR KIT

TR-300-HIK

A complete particulate PAPR system for industrial applications where combined respiratory, head, eye and face protection is required or desired. Includes an M-307 Respiratory Hard Hat[†], a TR-306N PAPR with High Durability Leather Belt, and a BT-40 Heavy Duty Breathing Tube. A battery charger, TR-3710N filter, and TR-362 spark arrestor/prefilter are included as part of the TR-306N.

[†]ANSI Z89.1-2003 Type I Class G

HEADCOVER PAPR KIT

TR-300-HKS (Small Headcover Kit)
TR-300-HKL (Large Headcover Kit)

The easiest way to select a complete system for hospital, healthcare, and pharmaceutical applications where an S-133, APF 25 Headcover is preferred. Includes an S-133 Headcover, a TR-307N PAPR with Easy Clean Belt, a BT-30 Breathing Tube, charger, TR-3710N filter and a storage bag. Available in two sizes: Small/Medium and Medium/Large.

Scan to learn more or request a product demo.

Download reader @ http://get.beetagg.com.

For More Information

In U.S.

Technical Assistance	1-800-243-4630
Hours of Operation:	8:00 a.m. – 4:30 p.m. CST
Customer Care Center	1-800-328-1667
Hours of Operation:	7:00 a.m. – 5:00 p.m. CST
Internet	3M.com/PPESafety
	3M.com/Versaflo

In Canada

Technical Assistance	1-800-267-4414
Hours of Operation:	8:00 a.m. – 4:30 p.m. EST
Customer Care	1-800-364-3577
Hours of Operation:	7:30 a.m. – 6:00 p.m. EST
Internet	3M.ca/safety

3M

General Offices
3M Center, Building 235-2W-70
St. Paul, MN 55144-1000

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Cleaning and Disinfecting 3M Powered Air Purifying Respirators following Potential Exposure to Coronaviruses

3M™ Versaflo™ TR-300, TR-300+, TR-600, TR-800, and Jupiter Powered Air Purifying Respirator (PAPR) Assemblies

Description

During coronavirus outbreaks, some healthcare organizations may assign powered air purifying respirators (PAPRs) to workers providing care for patients with suspected cases of coronavirus. This document contains considerations related to cleaning and disinfecting PAPRs after potential exposure to coronaviruses.

The 2008 US Centers for Disease Control and Prevention (CDC) publication Guideline for Disinfection and Sterilization in Healthcare Facilities [1] (updated May 2019) includes information on disinfecting equipment and surfaces potentially contaminated by coronaviruses. The US CDC investigated many chemicals and cited several chemical germicides as being effective for coronaviruses, when used as indicated in the product user instructions. Of the chemicals listed by the CDC as being effective for coronavirus, only sodium hypochlorite (at free chlorine concentration of 5,000 ppm) can be used to clean the 3M PAPRs listed above per the 3M product *User Instructions* and the guidelines included in this document.

Effective after a 1-minute contact time:

● Sodium hypochlorite (at a free chlorine concentration of 5,000 ppm)

Your facility should review this information thoroughly prior to selecting this disinfecting product for your equipment and specific application. Follow the hygiene and infection control practices established by your employer for the targeted organisms, including coronaviruses. Please note that 3M has not evaluated the effectiveness of this agent with regards to inactivating viruses on 3M equipment.

Please always refer to the latest information from trusted sources such as the World Health Organization (WHO), the US Centers for Disease Control and Prevention (US CDC), the US Occupational Safety and Health Administration (OSHA) and the European Centres for Disease Prevention and Control (ECDC) regarding selection, use, maintenance and cleaning of personal protective equipment.

Note that components of PAPR respiratory systems may become damaged over time with prolonged or extended use of disinfecting products. As discussed in the product *User Instructions*, users must inspect the components of their PAPR respiratory systems following each disinfecting cycle and prior to re-use. If you discover any signs of damage, remove the component from service and either discard and replace or repair as appropriate, following the guidance in the product *User Instructions*.

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1. Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008; updated 2009. United States Centers for Disease Control. William A. Rutala, Ph.D., M.P.H., David J. Weber, M.D., M.P.H. and the Healthcare Infection Control Practices Advisory Committee (HICPAC). 2008. https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf

3M Personal Safety Division

Cleaning, sanitizing and/or disinfecting the TR-300, TR-300+, TR-600, TR-800, and Jupiter PAPR Assembly

It is important to always read and follow the specific PAPR *User Instructions*. The following general guidelines can be utilized as an additional reference for cleaning, sanitizing, and/or disinfecting your TR-Series or Jupiter PAPR assembly. Please also refer to the 3M Technical Bulletin on Inspection, Cleaning and Storage Procedures for 3M™ TR-300, TR-300+, and TR-600 PAPR Assemblies.

General

1) It is important to follow all steps.
2) Cleaning is recommended after each use. Nitrile or vinyl gloves should be worn during cleaning as well as other personal protective equipment (PPE) as indicated.
3) With any disinfecting agent, follow the *User Instructions* in regards to usability, application and contact time, and ensure all components are thoroughly rinsed with fresh, warm water and thoroughly dried before use or storage.

Initial Steps and Inspection

1) It is important to follow the *User Instruction* inspection procedures supplied with the TR-Series and Jupiter PAPR units and headgear to identify any damage, excessive wear, or deterioration of components and replace them as necessary.
2) Detach the battery pack, breathing tube, waist belt and headgear from the motor/blower.
3) Discard the breathing tube cover, if one is used.
4) Remove the filter from the PAPR blower assembly.

When to Change Powered Air Purifying Respirators (PAPRs) Filters Used for Airborne Biological Aerosols

Particulate filter change schedules for PAPRs are determined by two main considerations: filter loading (clogging of the filter from captured particulates) and a facility's infection control policy.

If the PAPR system is being used to help protect against airborne biological aerosols such as viruses or bacteria, the filter will not typically load from these particles to the point that they will affect the airflow for the PAPR as determined by the airflow indicator or the PAPR airflow indicator alarm. As a result, loading or clogging of PAPR filters is typically not an issue when used for biological aerosols.

In healthcare facilities, PAPR filter change schedules for airborne biological aerosols are primarily determined by the facility's infection control policy. The infection control policy should be developed based on applicable national, state, and local guidelines. Most healthcare organizations develop their filter use and reuse policy based on the biological agent of concern, likelihood of the filter becoming contaminated, and potential for patient-to-patient and patient-to-worker cross-contamination. While the outside filter body can be wiped down for cleaning, do not attempt to clean the filter media inside the filter body. When changing the PAPR filter, follow the hygiene and infection control practices established by your employer based on the specific contaminants to which the respirator assembly has been exposed and the cleaning agent used. Dispose of the filter according to your infection control policy and all applicable requirements.

Close consideration needs to be given to the policies and practices used for cleaning the PAPR. It is important to remember that a PAPR is used to filter out contaminants from the air, and therefore contaminants are concentrated on the filter/cartridge itself, and potentially on other surfaces of the PAPR system. Proper cleaning and maintenance of the PAPR systems can be found in the specific *User Instructions* for the product.

Headgear

1) Clean all parts of the headgear assembly with a clean soft cloth dampened with warm ~49 °C (120 °F) water containing a mild pH neutral (pH 6-8) detergent. Refer to the headgear specific *User Instructions* for cleaning details. Do not soak the headgear during cleaning.
2) Wipe the headgear with a clean soft cloth dampened with the disinfectant cleaner. Follow the *User Instructions* for the disinfectant. Do **not** soak the headgear.
3) Wipe all headgear components with a clean soft cloth dampened with clean warm ~49°C (120°F) water.

Motor/Blower Unit and Battery Pack

1) Do not allow liquid to enter the air outlet port or the motor housing area.
2) When cleaning the TR-Series PAPR units use caution if cleaning around the battery pack connector pins where the battery seats on the bottom of the motor/blower unit. Ensure this area and the pins are thoroughly dry before next use or storage.
3) Clean the outer surfaces of the TR-Series and/or Jupiter PAPR assembly and battery pack with a clean soft cloth dampened with warm ~49 °C (120 °F) water containing a mild pH neutral (pH 6-8) detergent. Refer to the PAPR *User Instructions* for cleaning details. Do **not** immerse the motor/blower or battery pack.
4) Wipe the outer surfaces of the motor/blower assembly and battery pack with a clean soft cloth dampened with the disinfectant cleaner. Follow the user instructions for the selected disinfectant. Do **not** soak the motor/blower assembly or battery pack.
5) Wipe all outer surfaces with a clean soft cloth dampened with clean warm ~49 °C (120 °F) water. When used with the TR-653 cleaning and storage kit in place, the TR-600 and TR-800 motor/blower and battery can be immersed in water for rinsing. Do **not** immerse the TR-300, TR-300+, or Jupiter motor/blower or battery pack in water during rinsing.

Breathing Tube

1) Clean the breathing tube by wiping it down with a soft cloth dampened with a warm ~49 °C (120 °F) water and mild pH neutral (pH 6-8) detergent solution. Alternatively, the breathing tube can be immersed in the cleaning solution.
2) Wipe the outer surfaces of the breathing tube with a clean soft cloth dampened with the disinfectant cleaner. Follow the *User Instructions* for the selected disinfectant.
3) Wipe all outer surfaces with a clean soft cloth dampened with clean warm ~49 °C (120 °F) water.
4) Allow the breathing tube to completely air dry prior to reuse or storage. Air dry in an uncontaminated atmosphere, temperature not to exceed ~49 °C (120 °F). Alternately, dry by connecting to the motor/blower unit and use it to force air through the tube until dry.

After Cleaning and Drying

1) Reassemble unit as described in the *User Instructions*.
2) Inspect the PAPR unit and headgear following the inspection procedures in the *User Instructions* for that item.

Glossary of Terms

Below is a glossary of terms used in this document[1] [2]:

Cleaning: Removal of all soil (organic and inorganic) and foreign material from objects and surfaces. This is typically accomplished with water and mechanical action. Detergents may be used to assist the process.

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1. Rutala, WA. American Journal of Infection Control. APIC Guideline for Selection and Use of Disinfectants. Vol. 24, No. 4, pp. 313-342, August 1996.
2. Rutala, WA. CDC. Guideline for Disinfection and Sterilization in Healthcare Facilities. 2008.

NOTE: Failure to remove foreign material (soil, face oils, etc.) from an object can make the disinfecting process ineffective.

Sanitizing: A process to reduce the number of microorganisms on an inanimate object to "safe" levels (but may not destroy disease-producing organisms). E.g., dishes and eating utensils are normally sanitized.

Disinfecting: A process of inhibiting or destroying disease-producing microorganisms (but may not kill bacterial spores). It usually involves the use of chemicals, heat, and/or ultraviolet light and is divided into three categories: high, intermediate and low-level disinfection.

Sterilizing: A validated process to render a product free of all forms of viable microorganisms, including bacteria, viruses, spores, and fungi.

NOTE: Items must be thoroughly cleaned before effective sterilization can occur.

Before using any of the products or information detailed herein, you must evaluate it and determine if it is suitable for your intended use. You assume all risks and liability associated with such use. 3M makes no warranties relating to the efficacy of any of the products detailed herein in preventing the spread and/or contraction of coronavirus. 3M will not be liable for any loss or damage arising from any information contained herein, whether direct, indirect, special, incidental or consequential, regardless of the legal or equitable theory asserted, including warranty, contract, negligence or strict liability.

Technical information provided by 3M is based on experience and/or test data believed to be reliable, but the results may not be relevant to every user's application. For this reason, 3M does not accept any responsibility or liability, direct or consequential, arising from reliance upon any information provided. The user should determine the suitability of any disinfectant product for compatibility for use with 3M products.

If you have any questions or concerns, please contact your local 3M representative.

3M
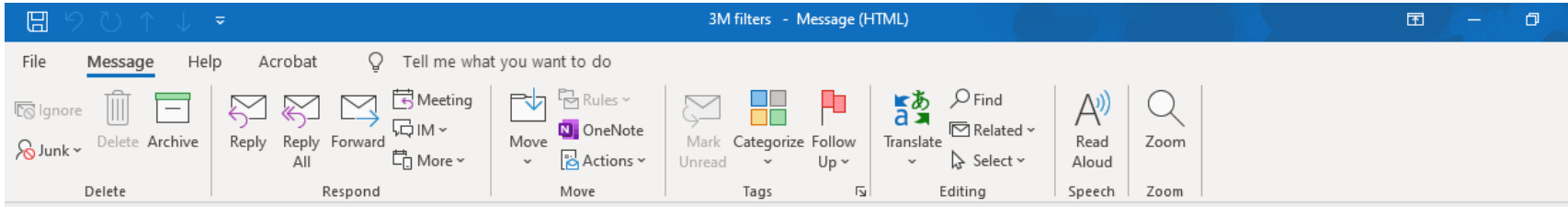
3M filters

Morgan Kirsty <Kirsty.Morgan@emas.nhs.uk>
To   Karl McGilligan

Reply   Reply All   Forward
Fri 20/03/2020 14:3

You forwarded this message on 23/03/2020 10:36.

EXTERNAL EMAIL > Be cautious of links & attachments.

Following review of the information on the 3M respirator hood and the use of the filters the manufacturers instructions state:

- The air filters should be changed if they are discoloured or blocked.
- 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.

The use of the pre-filter is to prolong the life of the filter and this is not a necessity for use. The pre-filters are used mainly for capturing dust particles and not used for filtering microorganisms.

Therefore, based on this information the NASIPCG would advise:

- Air flow is checked at the start of each shift
- If the air flow is below the minimum level the filter will need to be changed

- The filter should be visually inspected at the start of each shift
- If the filter is discoloured the filter will need to be changed.

For most areas this is a change to the current policy for use where by the filters were cited for changed after each job, the rationale for the original position was due to the intermittent use of the filters which could be sat unused for some time following an incident. Given the increased usage this pragmatic advise, in line with the manufacturers information will ensure staff safety both in line with the use of filters and ensure supplies are maintained.

Kirsty Morgan
Senior Quality Manager

Mobile: 07814 051714

Email: Kirsty.Morgan@emas.nhs.uk

NHS
East Midlands
Ambulance Service
NHS Trust

East Midlands Ambulance Service NHS Trust
1 Horizon Place
Mellors Way
Nottingham
NG8 6PY
www.emas.nhs.uk

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

West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

May 2020

Trust us to care.

C O N T E N T S

1
VISION AND VALUES

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

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

Our Values

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

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

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

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

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

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

Our Corporate Culture – A Commitment

Towards an engaged, learning culture at its best

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

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

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

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

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

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

Sir Graham Meldrum   **Anthony Marsh**
Chairman   **Chief Executive Officer**

Trust us to care.

2
OPERATIONAL & CLINICAL KEY PERFORMANCE INDICATORS

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

April 2020

Service Delivery Directorate

Operational Metrics and KPIs

Contents

Section 1: Demand

Call Demand

All Emergency Calls					Demand against Contract			
	Current Year	Previous Year	Variation from Previous Year	% Variation		Assigned Incidents	Contract Incidents	% Variation
	Call Count	Call Count	Call Count	Call Count				
Month	95,913	104,278	(8,365)	-8.0 %	Month	92,433	83,805	10.29 %
QTD	95,913	104,278	(8,365)	-8.0 %	QTD	92,433	83,805	10.29 %
YTD	95,913	104,278	(8,365)	-8.0 %	YTD	92,433	83,805	10.29 %

111 vs 999 calls					
		Current Year		Previous Year	
	111/999	Call Count	Call Count	Call Count	Call Count
Month	999	79,206	82.6 %	87,846	84.2 %
	111	16,707	17.4 %	16,432	15.8 %
	Total	95,913		104,278	
QTD	999	79,206	82.6 %	87,846	84.2 %
	111	16,707	17.4 %	16,432	15.8 %
	Total	95,913		104,278	
YTD	999	79,206	82.6 %	87,846	84.2 %
	111	16,707	17.4 %	16,432	15.8 %
	Total	95,913		104,278	

Incident Demand

All Incidents				
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	89,449	90,833	(1,384)	-1.5 %
QTD	89,449	90,833	(1,384)	-1.5 %
YTD	89,449	90,833	(1,384)	-1.5 %

Emergency Incidents				
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	83,502	85,399	(1,897)	-2.2 %
QTD	83,502	85,399	(1,897)	-2.2 %
YTD	83,502	85,399	(1,897)	-2.2 %

Section 1: Demand

April 2020

County	All Incidents by County				All Incidents by County			
	Current Year		Previous Year		Current Year		Previous Year	
	Month		Month		YTD		YTD	
	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents
Birmingham	22,792	25.5 %	21,917	24.1 %	22,792	25.5 %	21,917	24.1 %
Black Country	20,169	22.5 %	19,926	21.9 %	20,169	22.5 %	19,926	21.9 %
Arden	12,841	14.4 %	12,948	14.3 %	12,841	14.4 %	12,948	14.3 %
Staffordshire	17,123	19.1 %	17,884	19.7 %	17,123	19.1 %	17,884	19.7 %
Herefordshire	2,371	2.7 %	2,615	2.9 %	2,371	2.7 %	2,615	2.9 %
Shropshire	6,249	7.0 %	7,021	7.7 %	6,249	7.0 %	7,021	7.7 %
Worcester	7,761	8.7 %	8,402	9.2 %	7,761	8.7 %	8,402	9.2 %
Out of Area	89	0.1 %	74	0.1 %	89	0.1 %	74	0.1 %
No Value	54	0.1 %	46	0.1 %	54	0.1 %	46	0.1 %
Total	**89,449**		**90,833**		**89,449**		**90,833**	

Treatment Type (AQI Incidents, Emergency only)

Treatment Type Group	Treatment Type	MTD	QTD	YTD
Hear & Treat	Advice	531	531	531
	Alt Service	4,670	4,670	4,670
	Total	5,201	5,201	5,201
	%	6.3 %	6.3 %	6.3 %
See & Convey	Transport - ED	33,411	33,411	33,411
	Transport - Non ED	3,772	3,772	3,772
	Total	37,183	37,183	37,183
	%	44.7 %	44.7 %	44.7 %
See & Treat	Response	40,730	40,730	40,730
	Total	40,730	40,730	40,730
	%	49.0 %	49.0 %	49.0 %
Total	Total	**83,114**	**83,114**	**83,114**

(S&T and S&C Treatment Types only - this doesn't apply to Call Answer figures)

Priority	Target Mean	Target 90%	Month Mean	Month 90%	QTD Mean	QTD 90%	YTD Mean	YTD 90%
Category 1	7:00	15:00	6:58	12:04	6:58	12:04	6:58	12:04
Category 1 T	19:00	30:00	7:53	13:27	7:53	13:27	7:53	13:27
Category 2	18:00	40:00	11:45	20:42	11:45	20:42	11:45	20:42
Category 3	60:00	120:00	23:23	46:19	23:23	46:19	23:23	46:19
Category 4	-	180:00	30:23	60:53	30:23	60:53	30:23	60:53
HCP 2hr	-	-	31:53	68:36	31:53	68:36	31:53	68:36
HCP 4hr	-	-	41:29	77:33	41:29	77:33	41:29	77:33

Call Answer	Month	QTD	YTD
Call Answer Mean	0:01	0:01	0:01
Call Answer Median	0:01	0:01	0:01
Call Answer 95th	0:02	0:02	0:02
Call Answer 99th	0:11	0:11	0:11

Over 2 minute Call Answer Delays

May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
13	23	22	33	25	20	55	55	7	18	271	4

MTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Herefordshire Mean	Herefordshire 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%	Worcester Mean	Worcester 90%
Category 1	7:00	15:00	7:31	12:36	5:35	9:05	6:01	9:36	11:40	22:15	9:36	17:06	7:23	12:45	8:28	15:21
Category 1 T	19:00	30:00	8:05	13:33	6:23	10:06	6:53	10:58	12:16	23:39	10:29	18:34	8:43	15:00	10:01	17:37
Category 2	18:00	40:00	12:02	20:41	10:17	17:46	10:48	17:55	16:16	29:26	14:27	28:05	12:44	22:12	12:33	22:48
Category 3	60:00	120:00	21:16	38:45	26:42	54:39	22:16	46:08	25:19	49:19	23:49	48:01	23:07	44:38	20:14	37:33
Category 4	-	180:00	28:35	55:29	35:01	74:12	30:04	55:37	33:15	55:36	30:41	62:08	28:53	59:10	25:44	53:13
HCP 2hr	-	-	27:11	52:41	36:26	79:01	29:00	57:16	36:44	78:40	41:52	93:27	30:46	67:13	23:44	47:18
HCP 4hr	-	-	36:04	64:43	38:09	63:11	39:08	66:11	63:49	107:24	36:55	82:09	50:32	100:56	37:12	67:08

QTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Herefordshire Mean	Herefordshire 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%	Worcester Mean	Worcester 90%
Category 1	7:00	15:00	7:31	12:36	5:35	9:05	6:01	9:36	11:40	22:15	9:36	17:06	7:23	12:45	8:28	15:21
Category 1 T	19:00	30:00	8:05	13:33	6:23	10:06	6:53	10:58	12:16	23:39	10:29	18:34	8:43	15:00	10:01	17:37
Category 2	18:00	40:00	12:02	20:41	10:17	17:46	10:48	17:55	16:16	29:26	14:27	28:05	12:44	22:12	12:33	22:48
Category 3	60:00	120:00	21:16	38:45	26:42	54:39	22:16	46:08	25:19	49:19	23:49	48:01	23:07	44:38	20:14	37:33
Category 4	-	180:00	28:35	55:29	35:01	74:12	30:04	55:37	33:15	55:36	30:41	62:08	28:53	59:10	25:44	53:13
HCP 2hr	-	-	27:11	52:41	36:26	79:01	29:00	57:16	36:44	78:40	41:52	93:27	30:46	67:13	23:44	47:18
HCP 4hr	-	-	36:04	64:43	38:09	63:11	39:08	66:11	63:49	107:24	36:55	82:09	50:32	100:56	37:12	67:08

YTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Herefordshire Mean	Herefordshire 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%	Worcester Mean	Worcester 90%
Category 1	7:00	15:00	7:31	12:36	5:35	9:05	6:01	9:36	11:40	22:15	9:36	17:06	7:23	12:45	8:28	15:21
Category 1 T	19:00	30:00	8:05	13:33	6:23	10:06	6:53	10:58	12:16	23:39	10:29	18:34	8:43	15:00	10:01	17:37
Category 2	18:00	40:00	12:02	20:41	10:17	17:46	10:48	17:55	16:16	29:26	14:27	28:05	12:44	22:12	12:33	22:48
Category 3	60:00	120:00	21:16	38:45	26:42	54:39	22:16	46:08	25:19	49:19	23:49	48:01	23:07	44:38	20:14	37:33
Category 4	-	180:00	28:35	55:29	35:01	74:12	30:04	55:37	33:15	55:36	30:41	62:08	28:53	59:10	25:44	53:13
HCP 2hr	-	-	27:11	52:41	36:26	79:01	29:00	57:16	36:44	78:40	41:52	93:27	30:46	67:13	23:44	47:18
HCP 4hr	-	-	36:04	64:43	38:09	63:11	39:08	66:11	63:49	107:24	36:55	82:09	50:32	100:56	37:12	67:08

	Total Conveyances				Over 1 Hr Turnaround Delays				Hours Lost at Hospital (over 30 min turnaround)			
	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation
Month	40,293	54,939	-14,646	-26.7 %	360	1,749	-1,389	-79.4 %	2,883	5,398	-2,515	-46.6 %
QTD	40,293	54,939	-14,646	-26.7 %	360	1,749	-1,389	-79.4 %	2,883	5,398	-2,515	-46.6 %
YTD	40,293	54,939	-14,646	-26.7 %	360	1,749	-1,389	-79.4 %	2,883	5,398	-2,515	-46.6 %

Hospital Turnaround Delays - 45 - 60 mins and 60 mins +
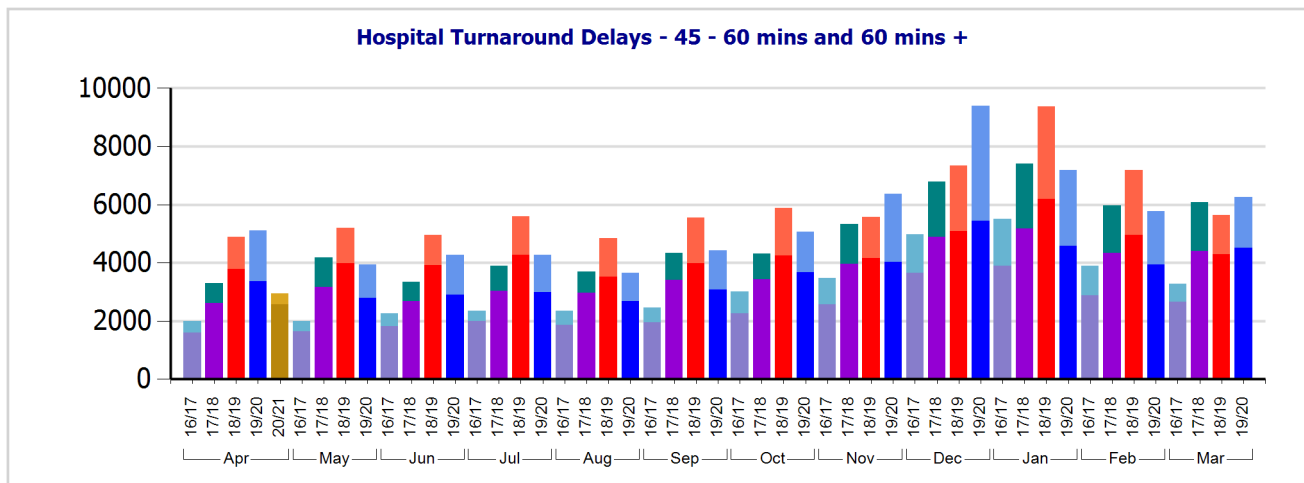
	Hospital Turnaround Timebands												
	MTD							YTD					
Destination	Under 30		30-60 mins		60+ mins		Total	Under 30		30-60 mins		60+ mins		Total
Alexandra	968	66.0 %	498	33.9 %	1	0.1 %	**1467**	968	66.0 %	498	33.9 %	1	0.1 %	**1467**
Birmingham Childrens	509	72.2 %	190	27.0 %	6	0.9 %	**705**	509	72.2 %	190	27.0 %	6	0.9 %	**705**
Burton	471	45.3 %	563	54.1 %	6	0.6 %	**1040**	471	45.3 %	563	54.1 %	6	0.6 %	**1040**
City (Birmingham)	1001	66.0 %	509	33.6 %	6	0.4 %	**1516**	1001	66.0 %	509	33.6 %	6	0.4 %	**1516**
County Hospital (Stafford)	602	79.4 %	151	19.9 %	5	0.7 %	**758**	602	79.4 %	151	19.9 %	5	0.7 %	**758**
George Elliot	471	42.5 %	633	57.2 %	3	0.3 %	**1107**	471	42.5 %	633	57.2 %	3	0.3 %	**1107**
Good Hope	738	36.0 %	1266	61.8 %	44	2.1 %	**2048**	738	36.0 %	1266	61.8 %	44	2.1 %	**2048**
Heartlands	1122	42.5 %	1480	56.0 %	41	1.6 %	**2643**	1122	42.5 %	1480	56.0 %	41	1.6 %	**2643**
Hereford County	513	44.0 %	643	55.1 %	11	0.9 %	**1167**	513	44.0 %	643	55.1 %	11	0.9 %	**1167**
New Cross	1801	60.2 %	1184	39.5 %	9	0.3 %	**2994**	1801	60.2 %	1184	39.5 %	9	0.3 %	**2994**
New Queen Elizabeth Hosp	1646	42.8 %	2138	55.6 %	64	1.7 %	**3848**	1646	42.8 %	2138	55.6 %	64	1.7 %	**3848**
Princess Royal	773	56.8 %	579	42.6 %	8	0.6 %	**1360**	773	56.8 %	579	42.6 %	8	0.6 %	**1360**
Royal Shrewsbury	807	59.9 %	539	40.0 %	2	0.1 %	**1348**	807	59.9 %	539	40.0 %	2	0.1 %	**1348**
Royal Stoke Univ Hosp	1647	44.8 %	1992	54.1 %	41	1.1 %	**3680**	1647	44.8 %	1992	54.1 %	41	1.1 %	**3680**
Russells Hall	1201	44.2 %	1482	54.6 %	32	1.2 %	**2716**	1201	44.2 %	1482	54.6 %	32	1.2 %	**2716**
Sandwell	864	46.0 %	998	53.1 %	17	0.9 %	**1879**	864	46.0 %	998	53.1 %	17	0.9 %	**1879**
Solihull	392	69.8 %	169	30.1 %	1	0.2 %	**562**	392	69.8 %	169	30.1 %	1	0.2 %	**562**
Uni Hospital Cov & War	1333	39.4 %	2011	59.4 %	42	1.2 %	**3387**	1333	39.4 %	2011	59.4 %	42	1.2 %	**3387**
Walsall Manor	1622	69.0 %	725	30.8 %	5	0.2 %	**2352**	1622	69.0 %	725	30.8 %	5	0.2 %	**2352**
Warwick	661	48.7 %	693	51.1 %	2	0.1 %	**1356**	661	48.7 %	693	51.1 %	2	0.1 %	**1356**
Worcestershire Royal	1311	58.5 %	916	40.9 %	13	0.6 %	**2240**	1311	58.5 %	916	40.9 %	13	0.6 %	**2240**

Turnaround - Time at Hospital to Time Clear

RPI

	Month	QTD	YTD
Category 1	1.47	1.47	1.47
Category 2	1.05	1.05	1.05
Category 3	1.03	1.03	1.03
Category 4	1.05	1.05	1.05
HCP	1.05	1.05	1.05
Total	**1.07**	**1.07**	**1.07**

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

	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20
Coventry Hub	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%
Donnington Hub	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%
Dudley Hub	100.0%	100.0%	100.0%	100.0%	99.5%	97.2%
Erdington Hub	99.9%	100.0%	100.0%	100.0%	99.6%	95.8%
Hereford Hub	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%
Hollymoor Hub	100.0%	100.0%	100.0%	100.0%	98.9%	98.5%
Sandwell Hub	100.0%	100.0%	100.0%	100.0%	99.8%	98.6%
Shrewsbury Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stafford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stoke Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Warwick Hub	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%
Willenhall Hub	100.0%	100.0%	100.0%	100.0%	99.5%	96.1%
Worcester Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**99.7%**	**98.4%**

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

	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20
Percentage	99.8%	99.7%	99.8%	99.9%	99.2%	97.4%

Job Cycle Times (minutes)

	MTD		QTD		YTD	
	S&T	S&C	S&T	S&C	S&T	S&C
Category 1	100.24	96.58	100.24	96.58	100.24	96.58
Category 2	86.71	105.08	86.71	105.08	86.71	105.08
Category 3	96.29	121.30	96.29	121.30	96.29	121.30
Category 4	108.96	136.97	108.96	136.97	108.96	136.97
HCP	106.38	127.28	106.38	127.28	106.38	127.28

Section 5: EPR Completion

Month

Overall WMAS

	All Eligible Incidents		
	Eligible Inc	EPRs	%
Total	83,336	79,028	94.8 %

	Transported Eligible Incidents		
	Eligible Inc	EPRs	%
Total	42,152	39,185	93.0 %

	Non Transported Eligible Incidents		
	Eligible Inc	EPRs	%
Total	41,184	39,843	96.7 %

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

Incidents by County

Arden			Birmingham			Black Country			Staffordshire			Herefordshire			Shropshire			Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
12,057	11,326	93.9 %	20,905	19,474	93.2 %	18,709	17,666	94.4 %	16,110	15,498	96.2 %	2,262	2,189	96.8 %	5,930	5,744	96.9 %	7,363	7,131	96.8 %

YTD

Overall WMAS

	All Eligible Incidents		
YTD	Eligible Inc	EPRs	%
Total	83,336	79,028	94.8 %

	Transported Eligible Incidents		
YTD	Eligible Inc	EPRs	%
Total	42,152	39,185	93.0 %

	Non Transported Eligible Incidents		
YTD	Eligible Inc	EPRs	%
Total	41,184	39,843	96.7 %

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

Incidents by County

Arden			Birmingham			Black Country			Staffordshire			Herefordshire			Shropshire			Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
12,057	11,326	93.9 %	20,905	19,474	93.2 %	18,709	17,666	94.4 %	16,110	15,498	96.2 %	2,262	2,189	96.8 %	5,930	5,744	96.9 %	7,363	7,131	96.8 %

Section 6: Monthly Contract Position

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

CCG	April 2020				Year To Date			
	Actual	Contract	Diff	% Diff	Actual	Contract	Diff	% Diff
NHS Birmingham and Solihull CCG	20,457	16,985	3,472	20.44%	20,457	16,985	3,472	20.44%
NHS Cannock Chase CCG	2,007	2,035	-28	-1.36%	2,007	2,035	-28	-1.36%
NHS Coventry and Rugby CCG	6,796	6,017	779	12.96%	6,796	6,017	779	12.96%
NHS Dudley CCG	4,950	4,346	604	13.89%	4,950	4,346	604	13.89%
NHS East Staffordshire CCG	1,972	1,759	213	12.14%	1,972	1,759	213	12.14%
NHS Herefordshire CCG	2,441	2,377	64	2.70%	2,441	2,377	64	2.70%
NHS North Staffordshire CCG	3,172	3,109	63	2.02%	3,172	3,109	63	2.02%
NHS Redditch and Bromsgrove CCG	2,575	2,398	177	7.37%	2,575	2,398	177	7.37%
NHS Sandwell and West Birmingham CCG	9,090	8,107	983	12.12%	9,090	8,107	983	12.12%
NHS Shropshire CCG	3,826	3,924	-98	-2.49%	3,826	3,924	-98	-2.49%
NHS South East Staffs & Seisdon Peninsular CCG	3,118	3,235	-117	-3.63%	3,118	3,235	-117	-3.63%
NHS South Warwickshire CCG	3,412	3,164	248	7.85%	3,412	3,164	248	7.85%
NHS South Worcestershire CCG	4,135	3,863	272	7.03%	4,135	3,863	272	7.03%
NHS Stafford and Surrounds CCG	2,357	2,365	-8	-0.34%	2,357	2,365	-8	-0.34%
NHS Stoke on Trent CCG	4,961	4,894	67	1.37%	4,961	4,894	67	1.37%
NHS Telford & Wrekin CCG	2,604	2,511	93	3.72%	2,604	2,511	93	3.72%
NHS Walsall CCG	5,407	4,565	842	18.45%	5,407	4,565	842	18.45%
NHS Warwickshire North CCG	2,983	2,660	323	12.16%	2,983	2,660	323	12.16%
NHS Wolverhampton CCG	4,572	4,133	439	10.63%	4,572	4,133	439	10.63%
NHS Wyre Forest CCG	1,321	1,360	-39	-2.88%	1,321	1,360	-39	-2.88%
WMAS	92,321	83,805	8,516	10.16%	92,321	83,805	8,516	10.16%

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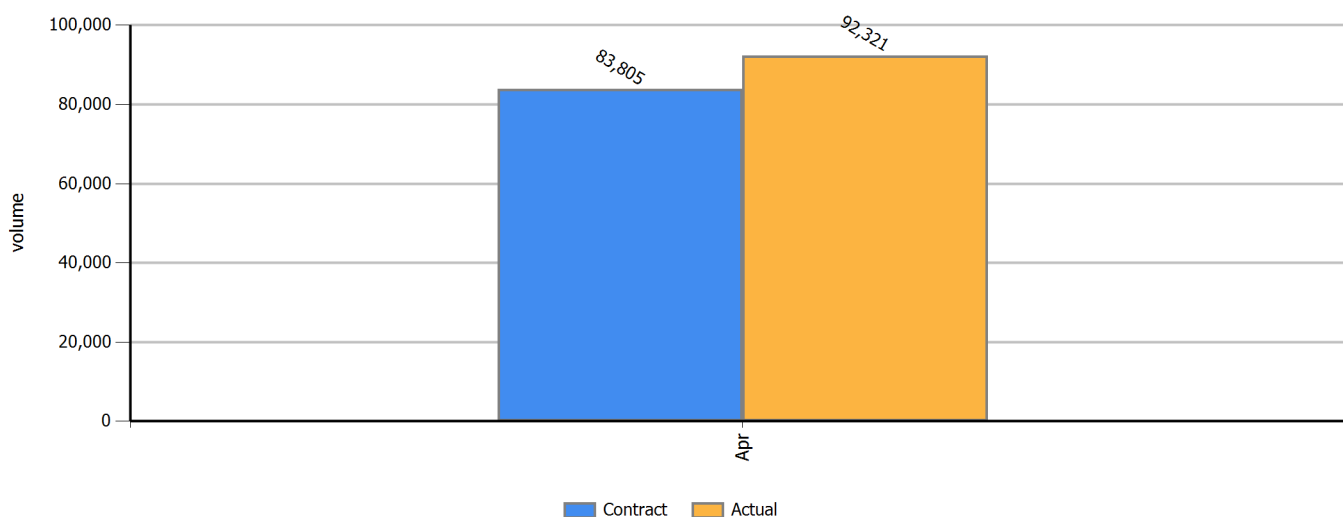
Please note this report for guidance only: An error margin exists between this report and the CCG Contract Monitoring Report. Data includes No Values & OOA's (hidden).

Financial Position Vs Contract (YTD)
£1,565,440

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

Cumulative Actual Vs Contract (percent difference)

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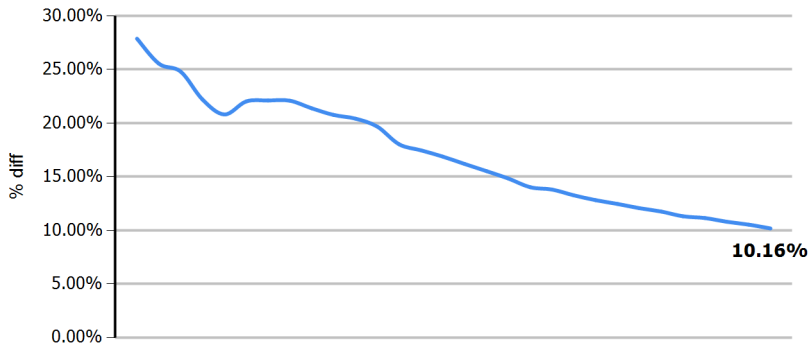
Actual Vs Contract (percentage) by Month
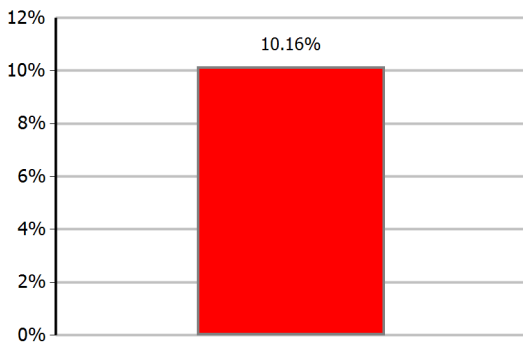
10.16%

Cumulative Actual Vs Contract (volume difference)

8516
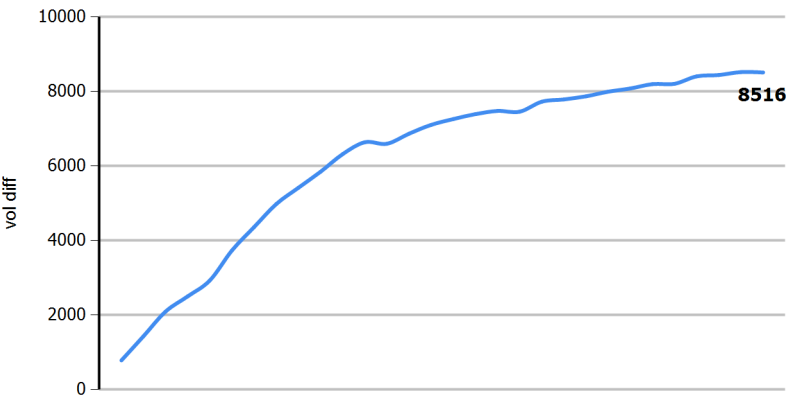
Actual Vs Contract (volume difference) by Month

8,516

Apr
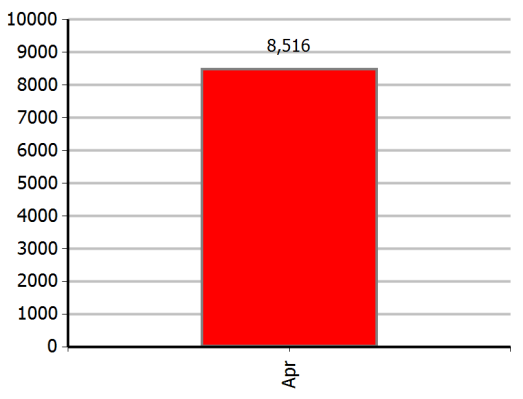
Cumulative Actual Vs Contract (volume difference) by Cost

£1,565,440
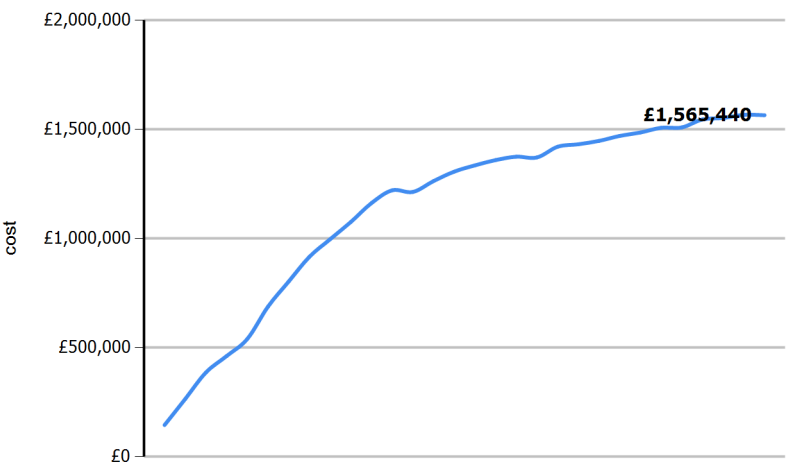
Actual Vs Contract (difference) Cost by Month

£1,565,440

Apr
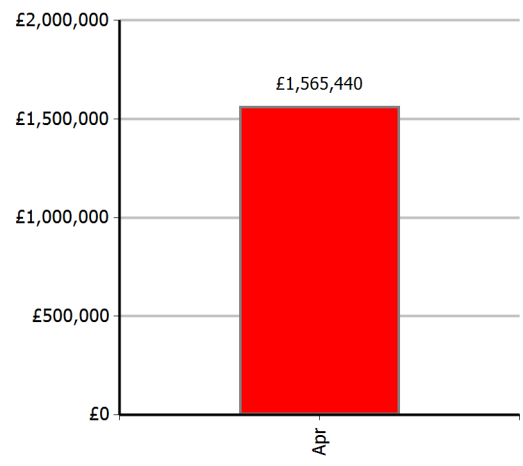
Cardiac Arrest

Month	Post Resuscitation Care Bundle	ROSC On Arrival at Hospital		Survival to Hospital Discharge	
		Overall	Comparator	Overall	Comparator
April 2019	65.60%	32.80%	55.56%	11.30%	31.58%
May 2019	Not required	30.57%	55.56%	10.30%	35.71%
June 2019	Not required	34.40%	65.71%	16.46%	44.12%
July 2019	70.69%	35.34%	52.08%	14.18%	33.33%
August 2019	Not required	31.44%	52.78%	9.09%	24.24%
September 2019	Not required	34.85%	62.79%	15.08%	35.00%
October 2019	69.17%	34.50%	59.70%	12.04%	29.51%
November 2019	Not Required	33.68%	58.33%	11.89%	31.43%
December 2019	Not Required	29.91%	39.13%	8.66%	33.33%
January 2020	71.88%	32.29%	51.61%	10.59%	24.56%
February 2020	Not Required	34.35%	47.17%	8.28%	18.37%
March 2020	Not Required	29.01%	51.02%	Not yet available (30 day survival check required)	

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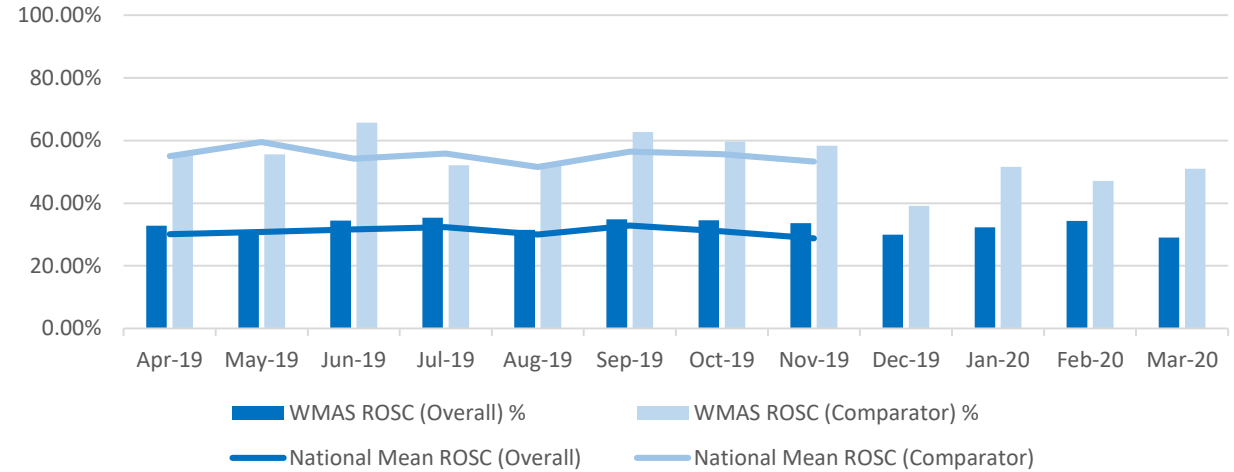
Survival to Hospital Discharge
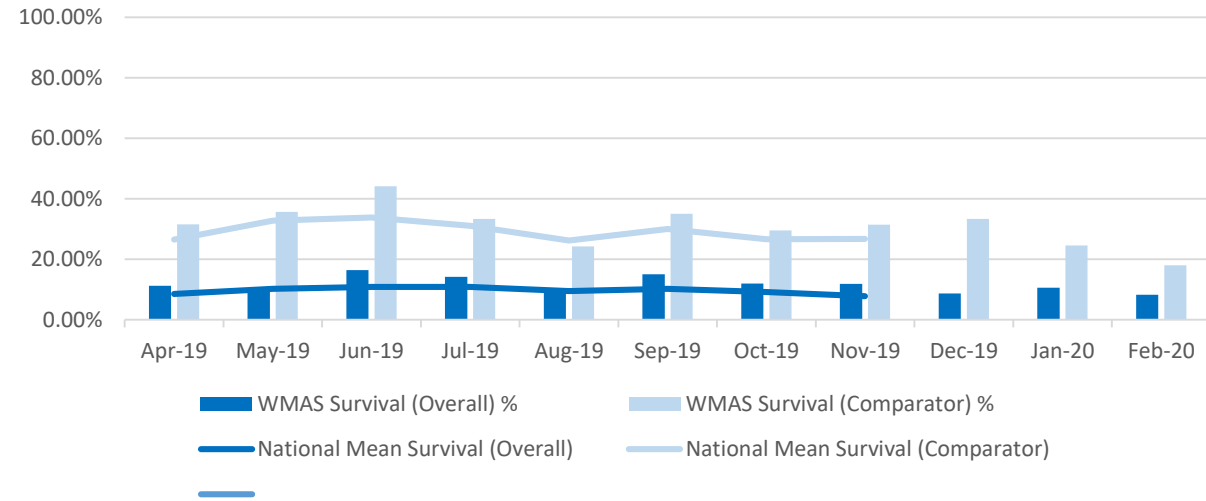
Please note that following re-submission figures may alter

Post Resuscitation Care Bundle – Breakdown (January 2020)

12 Lead ECG	BM Recorded	BP Recorded	ETCO2 Recorded	O2 Administered	Saline Administered
83.59%	92.97%	90.63%	97.66%	100.00%	96.88%

STEMI

		What's good?	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020
Care Bundle	%	Increase	98.01%	96.92%	98.32%	98.93%	97.10%	98.60%	98.82%	96.32%	96.33%	94.27%	97.10%	95.16%
Call to catheter insertion	Mean	Decrease	02:00	01:57	02:04	01:59	02:19	02:05	02:04	02:01				
	90th PR	Decrease	02:37	02:39	02:41	02:27	02:50	02:33	03:18	02:48				

999 Call to catheter insertion for angiography

Latest WMAS Mean
2 hours 01 minutes

Latest National Mean
2 hours 16 minutes

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

STEMI Care Bundle

Legend: 2019-2020, 2018-2019
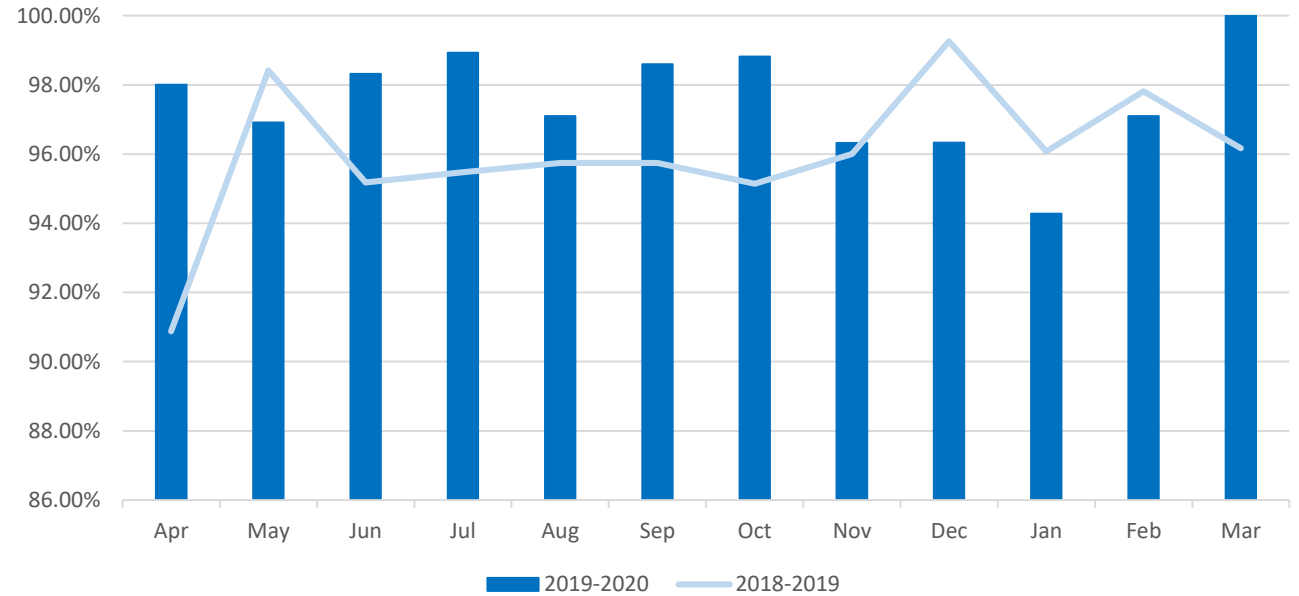
Quality Improvement :

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

Stroke

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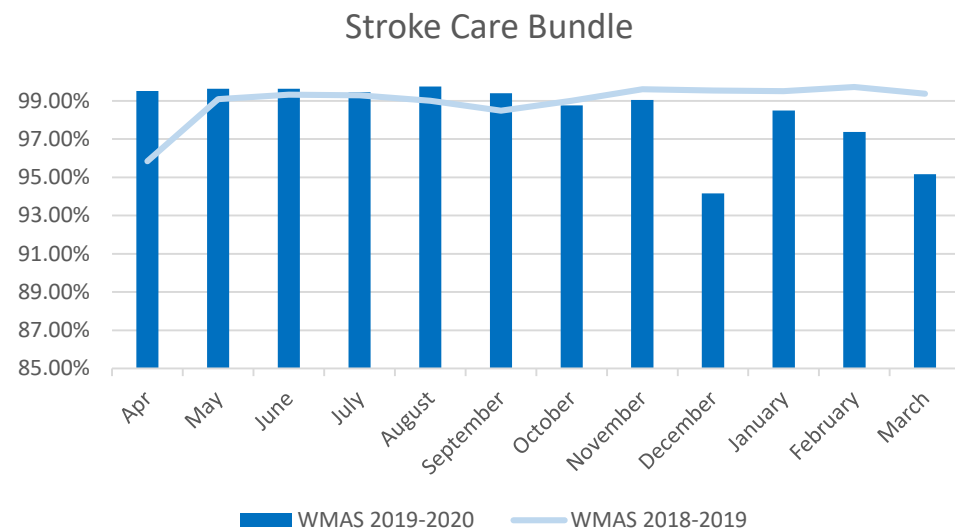
Stroke Care Bundle

Latest WMAS
98.8%

Last National
98.90%

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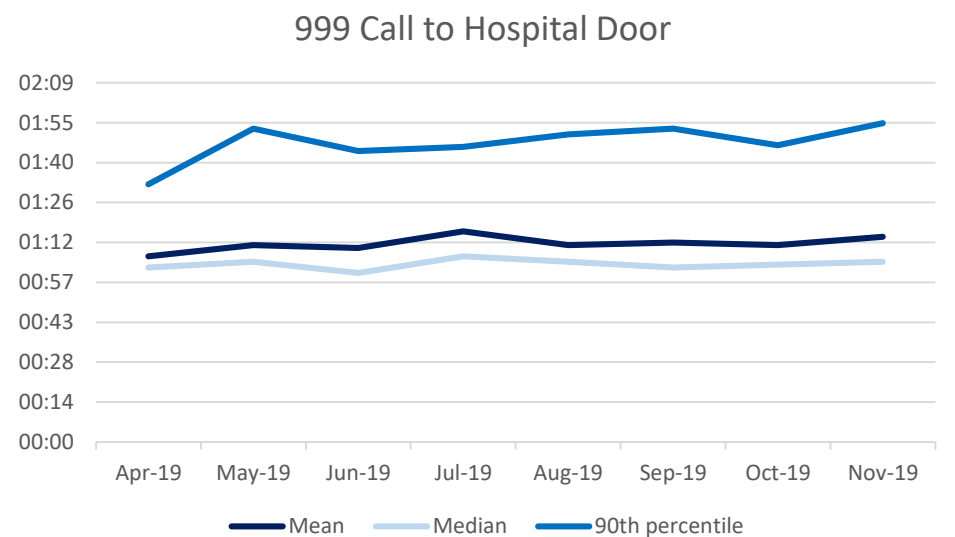
Quality Improvement :

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

Stroke Care Bundle

WMAS 2019-2020   WMAS 2018-2019

999 Call to Hospital Door

Mean   Median   90th percentile

SSNAP Matching	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct 19	Nov-19	Dec-19
Matched	146	165	70	234	385	405	363	377	400
Total	507	528	537	507	574	547	541	540	541
% Match	29%	31%	13%	46%	67%	74%	67%	70%	80%

Sepsis Care Bundle

	June 2018	Sept 2018	Dec 2018	Mar 2019	June 2019	Sept 2019	Dec 2019
WMAS Care Bundle	60.66%	79.30%	78.90%	84.51%	84.54%	82.65%	83.50%
National Mean	68.16%	68.79%	73.26%	77.48%	77.63%	78.27%	Unknown

What patient group are we measuring?

✓ Patients > 18 years old (either known or estimated) if using NEWs or > 16 years old if using NEWs2

✓ Patients with a new onset/presentation of suspected sepsis symptoms based on review of systems

✓ NEWs > 7 (as calculation from initial set of observations)

✗ Pregnancy (known/suspected)

✗ Neutropenic sepsis (as determined by crew based on previous diagnosis/recent chemotherapy)
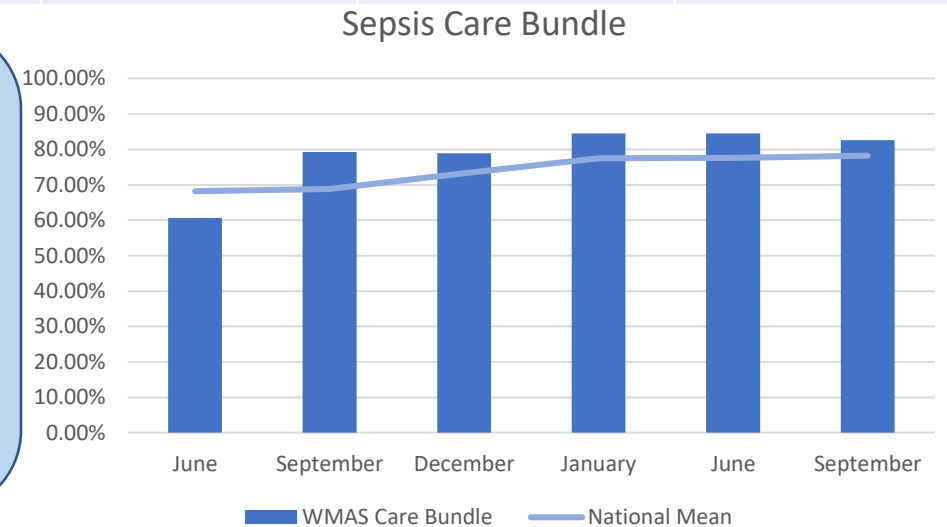
Sepsis Care Bundle

Quality Improvement :

• Introduction of new pre-hospital sepsis triage tool

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

• Dedicated education/awareness page on intranet

• Review of NEWS scoring on EPR

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

Standard	Performance (%)
All Observations Recorded	99.58%
O2 Administered	98.94%
Administration of Saline IV	93.51%
Hospital Pre-Alert Recorded	90.13%
Sepsis Care Bundle	83.50%

3
CORPORATE & CLINICAL INDICATORS

Trust Information Pack

Corporate and Clinical Services Directorate

Trust Board April 2020

Patient Experience

Formal Complaints	Last reported month (Mar 20)	Year to date	
		2018-19 Total	2019-20 YTD
WMAS	33	339	323

Informal (PALS)	Last reported month (Mar 20)	Year to date	
		2018-19 Total	2019-20 YTD
WMAS	144	2085	2136

Compliments	Last reported month (Mar 20)	Year to date	
		2018-19 Total	2019-20 YTD
WMAS	164	1641	1812

Complaints

Informal (PALS)

Compliments

Year to Date the Patient Experience Team has acknowledged 99.1% of its complaints within 3 working days. The Trust has responded to 98% of cases within 25 working days.
March 2020 Acknowledged within 3 days 100% Response provided within 25 working day 100% remaining cases due for closure by 7 May 2020

For the month of March, we have seen an increase of 9 from 24 in March 2019 to 33 in March 2020.

The main reason for a complaint was Clinical = 9

Of the cases closed year to date,

81 = *Justified*,
68 = *Part Justified*,
144 = *Not justified*

In March 2020, the Trust undertook:
126855 Emergency Calls, which equates to 1 Complaint for every 25,371 calls received.
101584 Emergency Incidents, which equates to 1 Complaint for every 7,256 Incidents.
66665 Non-Emergency Patient Journeys, which equates to 1 Complaint for every 8,333 Journeys
282145 IUC Calls answered which equated to 1 complaint for every 94,048 calls received

For the month of March, we have seen a decrease of 15 from 159 in March 2019 to 144 in March 2020.

The main reason for a PALS contacts was:
Attitude and Conduct 35
Information Request - 23
Lost/Damage 22

Of the Cases closed year to date –

702 = *Justified*,
418 = *Part Justified*,
899 = *Not justified*
20 = *N/A*

Compliments: 164 compliments received compared to 159 the previous year an increase of 5

Friends and Family Test
The Trust has received 31 responses compared to 48 responses received the previous year

Recommendation	Mar-20		YTD EU	YTD PTS
	EU	PTS		
Extremely Likely		26	117	335
Likely			1	113
Neither		2	1	33
Unlikely			5	13
Extremely unlikely		1	3	12
Don't Know		2	0	19
Total	0	31	127	525
		31		

Physical and Verbal Assaults Report 1 April 2019 to 31 March 2020
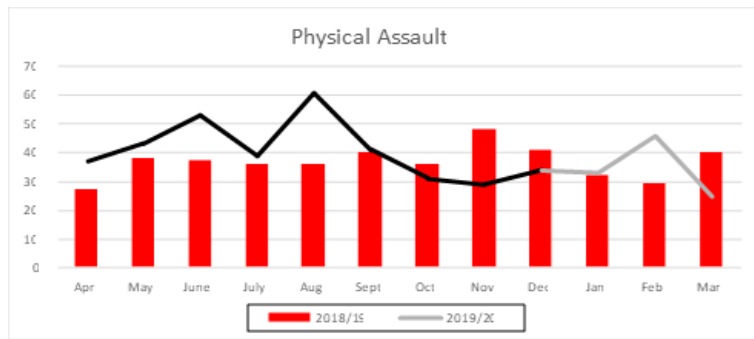
Physical Assault

Physical Assaults: (UP 7.27%) For the financial year, physical assaults were higher than the retrospective period in 2018/19. This has resulted in the Trust having received 472 reported physical assaults to date for 2019/20 (an increase of 32) against 440 for the 2018/19 retrospective period.
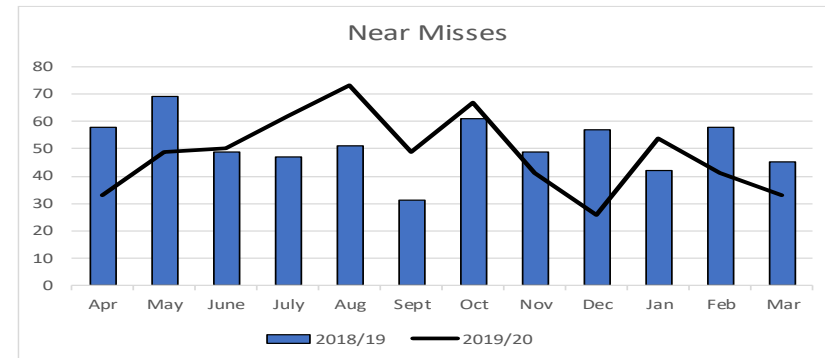
Near Misses

Near Misses: (Down 6.75%) For the financial year 2019/20 reported near miss incidents were slightly lower than the same period in 2018/19. This resulted in the Trust having recorded 578 incidents (a decrease of 39) against 617 incidents for the 2018/19 retrospective period. *Definition: A near miss is an unplanned event that has the potential to cause but does not actually result in human injury.*
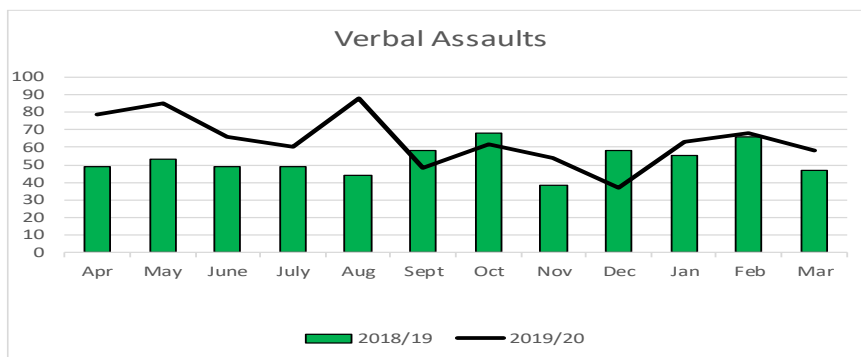
Verbal Assaults

Verbal Assaults: (UP 21.14%) For the financial year 2019/20 verbal incidents were unfortunately significantly higher than the retrospective period in 2018/19. This has resulted in the Trust having received 768 reported verbal incidents for 2019/20 (an increase of 134) against 634 for the 2018/19 retrospective period.

Security Incidents
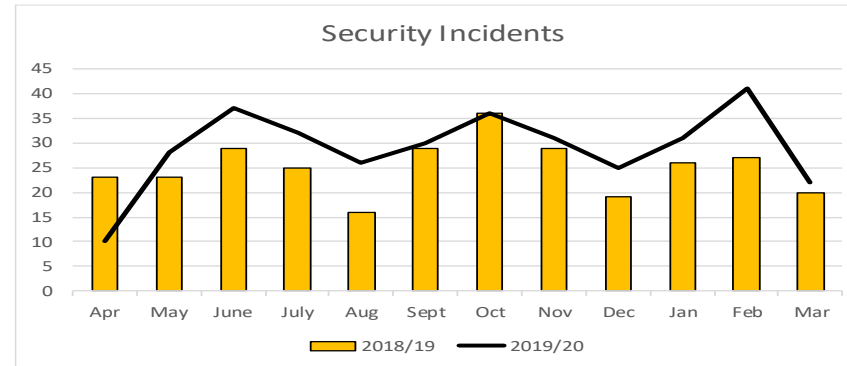
Security Incidents: (UP 15.56%) This area includes incidents such as lost Trust property, theft of property (ID cards, equipment etc.) and criminal damage caused to Trust Property. For the financial year 2019/20 the Trust have had 349 reported security incidents (an increase of 47) against 302 for the year 2018/19 retrospective period.

Patient Safety Incidents

Total Patient Safety Incidents	Year to date		
	Last reported month (Mar 20)	2018-19	2019-20
WMAS	195	2647	3175

No Harm Incidents	Year to date		
	Last reported month (Mar 20)	2018-19	2019-20
WMAS	164	2400	2747

Harm Incidents	Year to date		
	Last reported month (Mar 20)	2018-19	2019-20
WMAS	30	244	425
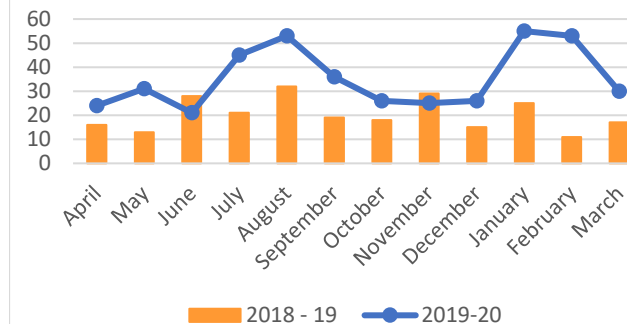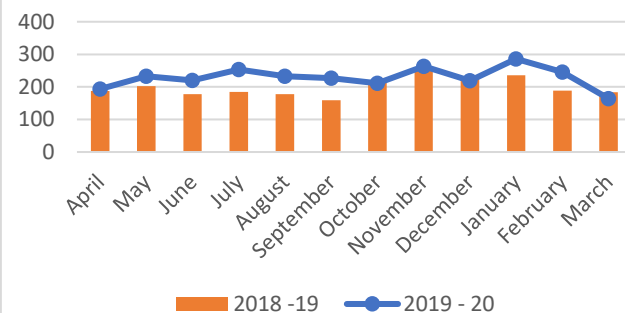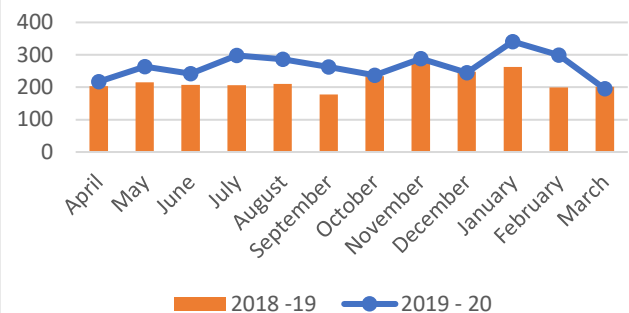
For the month of March, there were 195 patient safety incidents reported. This is a 3% (-6) decrease on the same month for last year.

Service Delivery (E&U & EOC) had 136 patient safety incidents which accounts for 70% of the total. The main themes are;
Skin Tears caused by ECG Dot removal.

PTS had 34 patient safety incidents which accounts for 17% of the total reported. The main themes are;
- Slips/trips/falls during transfer.
- Avoidable injuries whilst in WMAS care.

IUC/111 had 25 patient safety incidents which accounts for 13% of the total reported. The main themes are;
There is a trend of call taking problems mostly relating to incorrect dispositions being reached.

For the month of March, there were 164 no harm incidents.

Service Delivery accounts for 67% (110) of the total of no harm patient safety incidents.

PTS accounts for 18% (30) of the total of no harm patient safety incidents.

IUC/111 accounts for 15% (24) of the total of no harm patient safety incidents.

Level of Harm	Total
Low	27
Moderate	2
Severe	1
Total	30

The top trend for low harm incidents, relate to harm caused due to avoidable injuries caused to patients e.g. avoidable injuries and injuries resulting from slips, trips and falls.

Service Delivery accounts for 83%, PTS 13% & IUC/111 3% of the total of patient harm incidents.

Serious Incidents and Duty of Candour

Total number of serious incidents reported	Last reported month (Mar 20)	Year to date	
		2018-19	2019-20
WMAS	5	62	67

Moderate harm and above	Last reported month (Mar 20)	Year to date
		2019-20
WMAS	3	83

Low harm	Last reported month (Mar 20)	Year to date	
		Total number of incidents	Number of incidents being open completed
WMAS	27	342	293
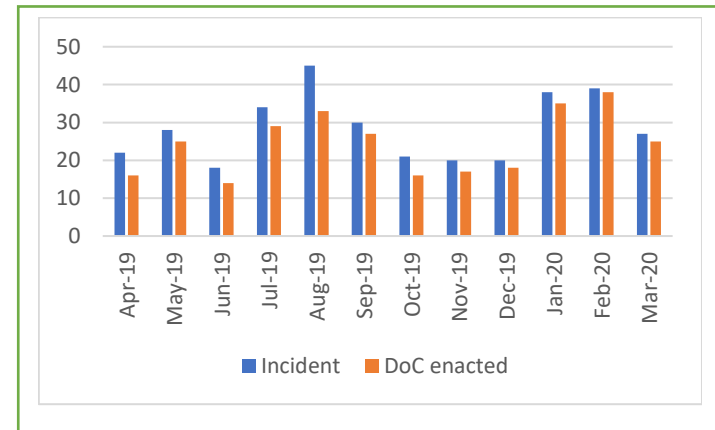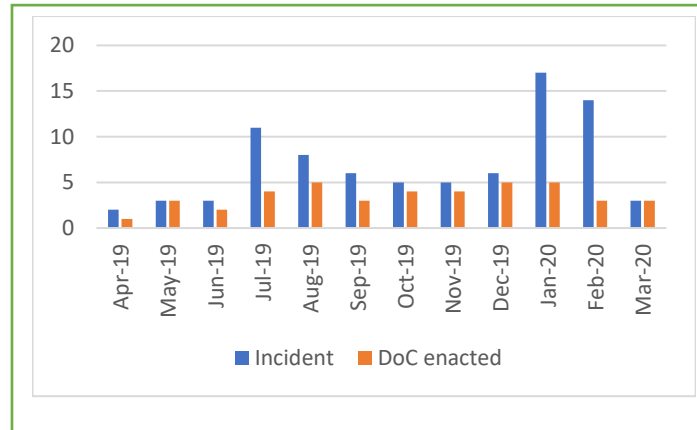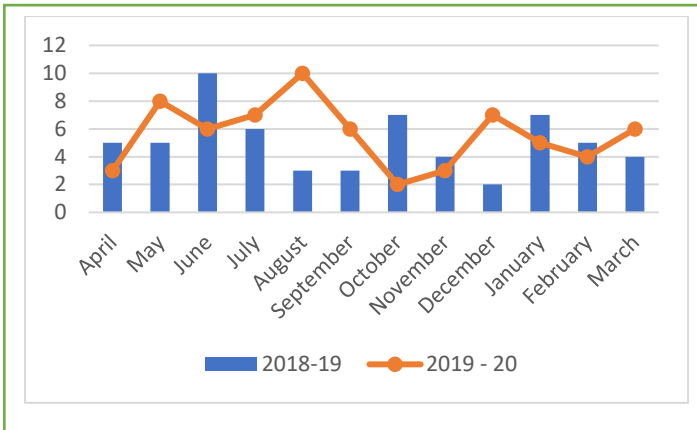
There were 6 serious incidents reported in March 2020.

2020/4576	Failure to resuscitate a patient
2020/5058	PTS RTC #
2020/5231	Discharge of a seizure
2020/6271	Discharge of STEMI
2020/6273	EOC - Delayed response
2020/6274	Discharge of sepsis patient

• There are currently 18 serious incidents open on STEIS.
• Four SI's are currently over the time frame. 2 requests for a "stop clock" have been made to the CCG and approved, 1 due to an ongoing police investigation, and 1 due to long term sickness of a member of staff involved in the SI. 1 is due to long term sickness of an Investigating Officer. This officers workstreams have been reassigned to other investigators, with the whole team assisting with writing reports and RCA's. 1 is due to work volume.
• One Investigating Officer is still absent from work. The remaining Investigating Officers and Patient Safety Officer have been redeployed to assist EOC due to the Covid-19 outbreak. 3 additional stop clocks have been requested for the 3 latest SI's, no response has been received.

Duty of Candour has been enacted in 17% of cases where moderate harm or above has been caused, this is because at the time of reporting, NOK (Next of Kin) details are not known. The report has been run very early in the month and most ER54's are still awaiting managers actions. The duplication of ER54 reporting for the same incident, exaggerates this figure.

There have been 37 incidents where low harm has been caused to a patient.

Out of these, evidence of 'Being Open' can be provided for all 37 of the incidents (100%).

Learning from Deaths (LFD)

Learning From Deaths 2018/2019

Legend:
- LFD Deaths - Died in our care
- LFD Deaths - Where further investigation was not indicated
- LFD Deaths - Where further investigation was indicated (not including SI's)
- SIs conducted

Learning From Deaths 2019/2020

Legend:
- LFD Deaths - Died in our care
- LFD Deaths - Where a Structured Judgement Review was completed (this figure mirrors the LFD Deaths figure except in the month of March where no Structured Judgment Reviews were conducted due to staff redeployment)
- LFD Deaths - Where further investigation was not indicated
- LFD Deaths - Where further investigation was indicated

- The figures above represent the inaugural year of LFD reporting and therefore no year to year comparison can currently be made.
- Although there are noticeable peaks in the monthly figures of patients who have "died in our care" the accompanying levels of case reviews and/or SI's have remained relatively consistent.
- 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.
- The number of LFD Case Reviews which were subsequently reported as Serious Incidents totalled 22.
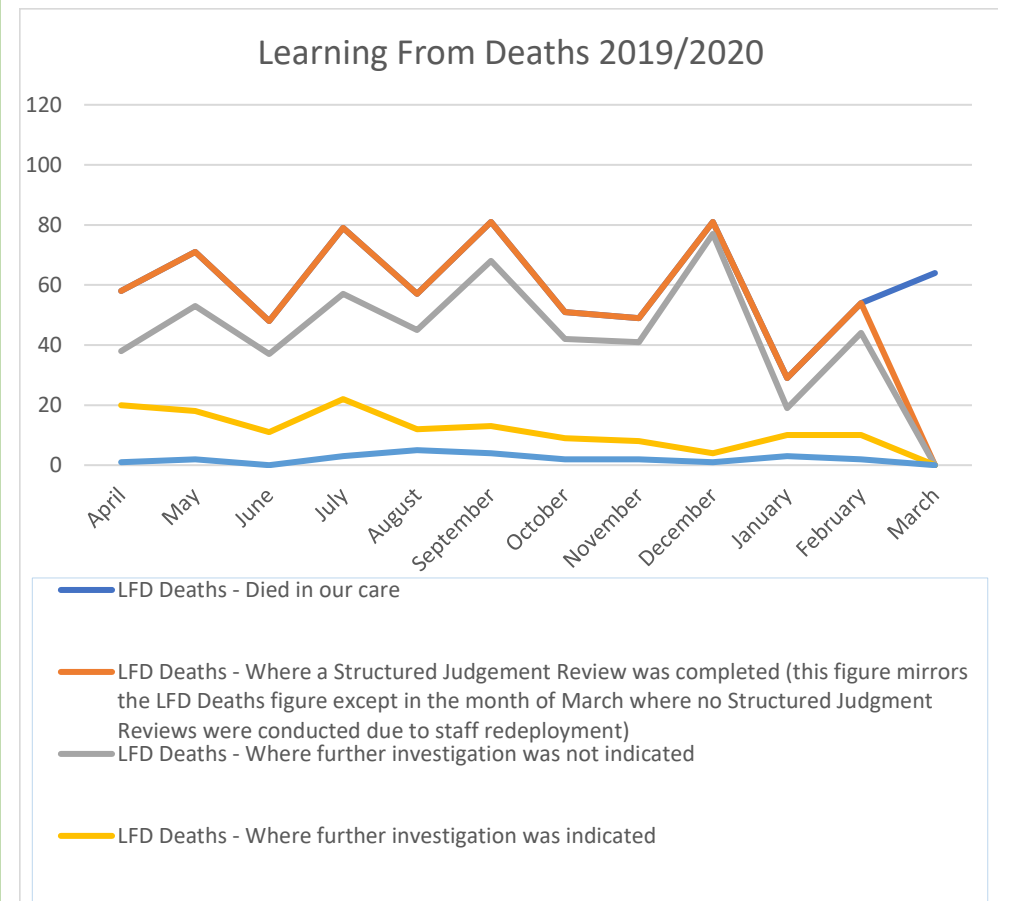
- Although the figures above represent the second LFD reporting year only broad comparisons of LFD quantitative figures can be established due to the clarification of the reporting requirements and definitions published within the National LFD Guidance for Ambulance Services.
- In comparison with the first 12 months of 2018/2019 there has been:
  - A 11.08% decrease in LFD Deaths.
- There have been 25 serious incidents that have been identified through the LFD agenda in the current financial year an increase of 13.64% on the 2018/2019 figures.
- 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.

Safeguarding Referrals

Total Adult Safeguarding Referrals		Year to date	
	Last reported month (Mar 20)	2018-2019 April to March	2019-2020 April - March
WMAS	2858	23206	31639

Total Child Safeguarding Referrals		Year to date	
	Last reported month (Mar 20)	2018-2019 April to March	2019-2020 April - March
WMAS	849	5631	9232

Total PREVENT Referrals		Year to date	
	Last reported month (Mar 20)	2018-2019 April to March	2019-2020 April - March
WMAS	3	32	34
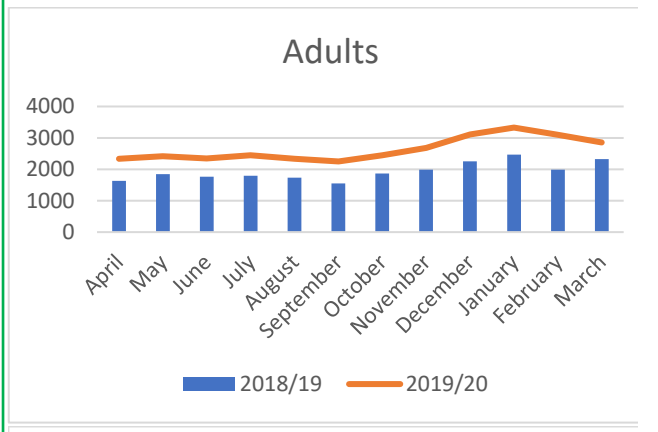
Adult Safeguarding- these figures are for referrals for 18 years and older and include adult care concerns. The referrals are received from E&U staff, PTS staff and anyone else in the organisation. Comparison to previous years for the same time period.

There is a 23% increase in the number of adult care/welfare and adult safeguarding referrals sent in March 2020 compared to March 2019. There is work underway to reduce the number of referrals across the board, with education to staff relating to an enhanced understanding of the criteria for a safeguarding referral, and specifically the distinction between a true protection referral and one highlighting a care and or welfare concern. The change of reporting from the Commercial Call Centre to the Emergency Operations Centre has increased the number of safeguarding referrals.

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

Comparison to previous years for the same time period.

There is a 41% increase in the number of child safeguarding referrals sent March 2020 compared to March 2019.

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

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

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

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

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

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

Safeguarding Case and Reviews

SAFEGUARDING CASES AND REVIEWS

■ DHRs ■ SARs ■ SCRs ■ CDOPs ■ Child Alerts ■ Court Cases ■ LCSPR

	2018-2019 Q1	2018-2019 Q2	2018-2019 Q3	2018-2019 Q4	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 Q4
DHRs	7	6		6	8	8	5	7
SARs		15	7	14	9	22	11	10
SCRs	3		6	8	6	7		
CDOPs	27	20	13	28	17	14	20	15
Child Alerts	66	58	54	68	58	38	55	63
Court Cases	18	25	18	20	15	21	28	25
LCSPR							10	10
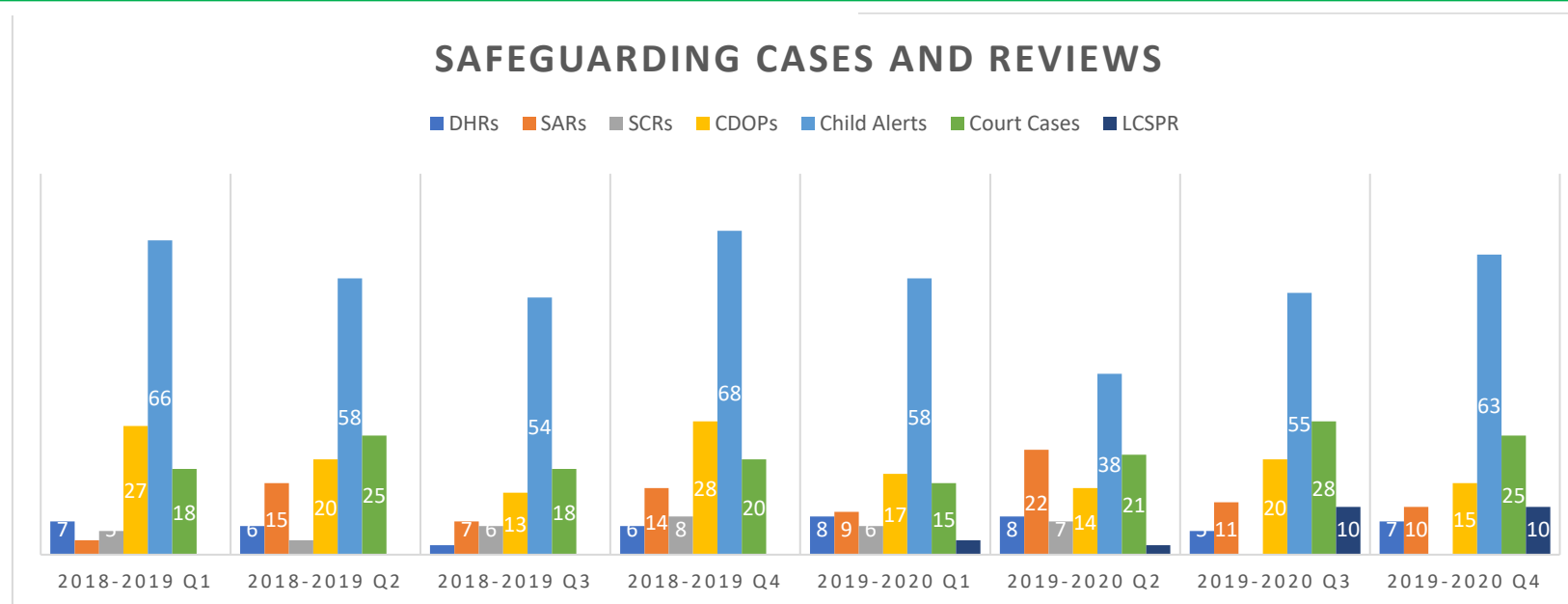
DHR's - Domestic Homicide Review

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 an increase of 1 DHR in Q4 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 Q4 there has been a decrease of 13 CDOPs against the same period last year.

SAR's - Safeguarding Adult Review

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

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

There has been a decrease in 4 SAR's from Q4 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 of 5 Child Alert from Q4 against the same period last year.

SCR's - Serious Case Reviews

Is defined in Working Together 2015 as when:

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

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

LCSPR's – Local Child Safeguarding Practice Reviews

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

WMAS have received 10 LCSPR's in Q4 2019/20.

Medicines Management and Pharmacy

Total Controlled Drugs Incidents (CDI's)		Year to date	
	Last reported month (Feb 20)	2018-2019 April-Jan	2019-2020 April-Jan
WMAS	31	160	222
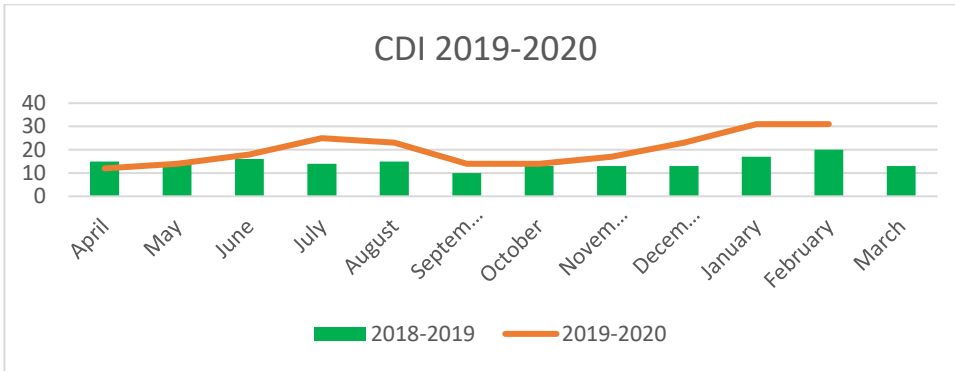
Total Medicines Management related ER54's		Year to date	
	Last reported month (Feb 20)	2018-19 April- Feb	2019-2020 April-Feb
WMAS	4	492	77
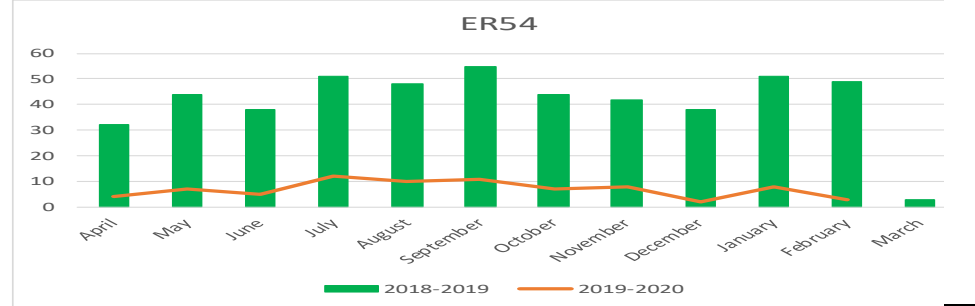
The change in reporting systems and change in MSO means that there is a difference in how the ER54 have been reported hence the difference. It seems that there was duplicate reporting previously. Reporting in this section is now er54's that do not include controlled drugs.

Total Drug Errors, wrong route, wrong dose etc		Year to date	
	Last reported month (Feb 20)	2018-19 April-Feb	2019-2020 April-Feb
WMAS	1	33	17
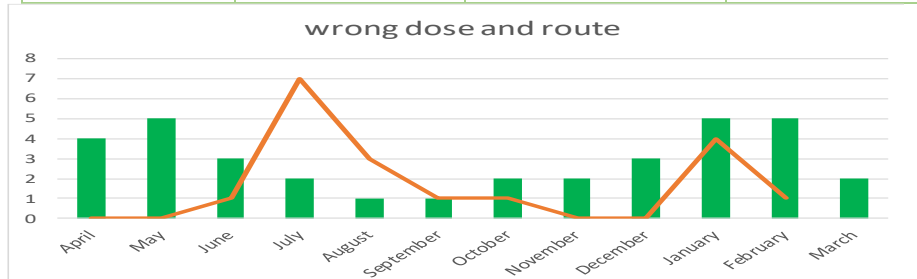
There were 1 case whereby an increased dose of paracetamol was given to the patient .

Total Medicines issues reported through anonymous route		Year to date	
	Last reported month (Feb 20)	2018-2019 April-Feb	2019-2020 April-Feb
WMAS	0	15	0
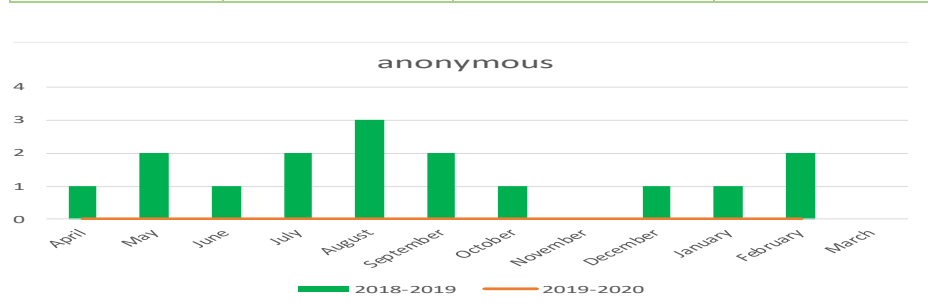
There has been no anonymous reporting since the change of Medication Safety Officer in April 2019.

Corrective and Preventative Actions (CAPA)		Year to date	
	Last reported month (Feb 20)	2018-2019 April- Feb	2019-2020 April- Feb
WMAS	0	8	3
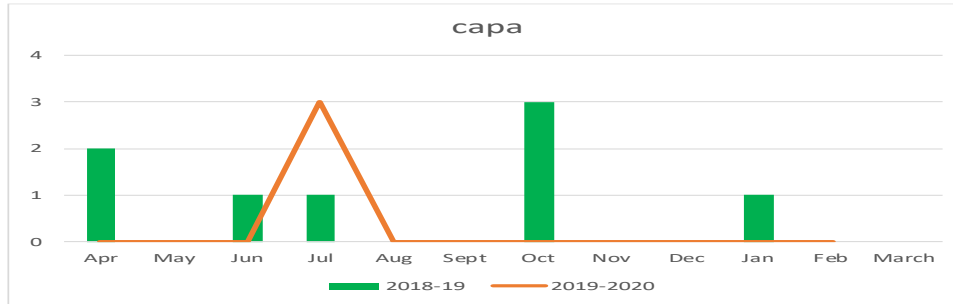
There have been no CAPA reports for the month of Feb 2020.

Claims and Coroners

RPST (Risk Pooling Schemes for Trusts)		Year to date	
	Last reported month Mar 20	2018/19 April - March	2019-20 April - March
WMAS	2	20	23

CNST (Clinical Negligence Scheme for Trusts)		Year to date	
	Last reported month Mar 20	2018/19 April - March	2019-20 April - March
WMAS	0	17	17

Coroners Requests		Year to date	
	Last reported month Mar 20	2018/19 April - March	2019-20 April - March
WMAS	16	358	286

RPST Claims
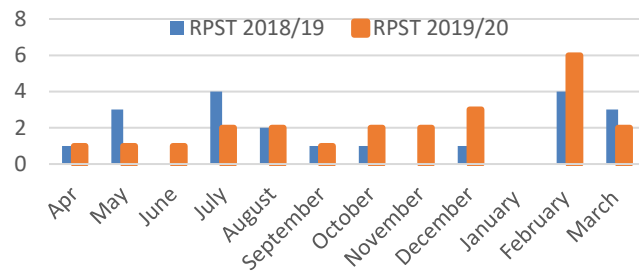
CNST Claims
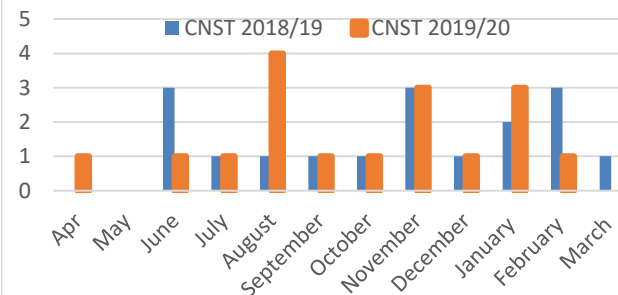
Coroners

Coroners
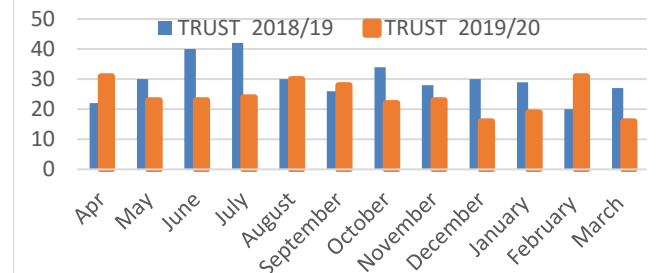
RPST (Risk Pooling Schemes for Trusts)

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

- The Trust has since an increase of 3 RPST claims received in 2019/2020 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 no change in CNST claims received in 2019/2020 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

Freedom of Information (FOI)

Total Number of FOI Requests Recieved & Redirected

Legend:
- 2017/18 Total (inc. redirections)
- 2017/18 (Redirections only)
- 2018/19 Total (inc. redirections)
- 2018/19 (Redirections only)
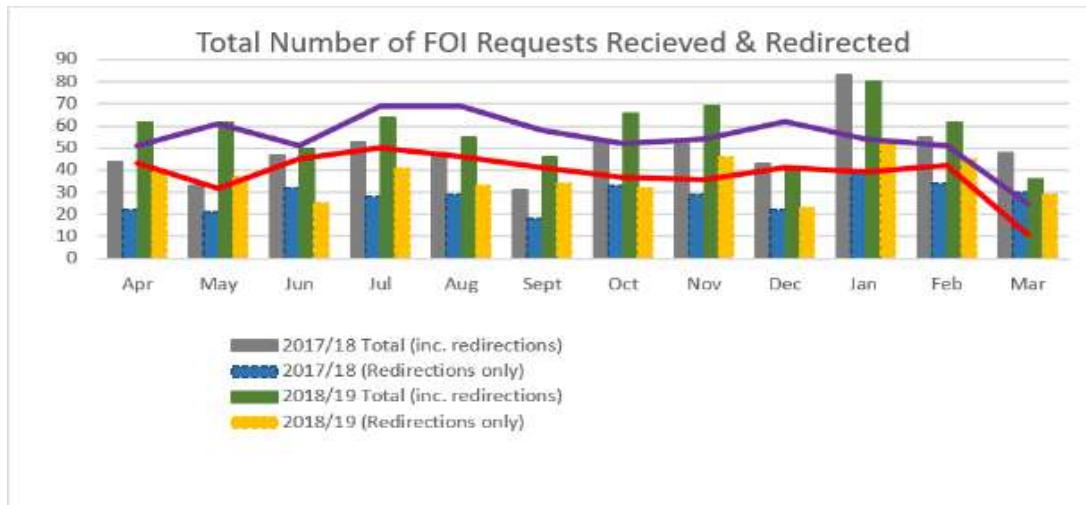
Number of FOI Requests Received		
2017/18	2018/19	2019/20
590	693	657

Number of FOI Breaches (Exceeding Statutory Time Limit to respond)		
2017/18	2018/19	2019/20
9	21	59

Message from ICO – Freedom of Information
The Information Commisioner's Office (ICO) have released

FOII and the coronavirus: a measured approach

The ICO recognises the unprecedented challenges all are facing during the coronavirus (COVID-19) pandemic.

In particular we understand that resources, whether they are finances or people, may be diverted away from usual compliance or information rights work. Whilst we can't extend statutory timescales, we will not be penalising public authorities for prioritising other areas or adapting their usual approach during this extraordinary period.
To further support our information rights colleagues, we will tell people through our own communications channels that they may experience understandable delays when making information rights requests during the pandemic.

Policies, Procedures & Strategies (PPS)

Number of PPS Exceeded Review Date

Legend:
- 2017/18
- 2018/19
- 2019/20
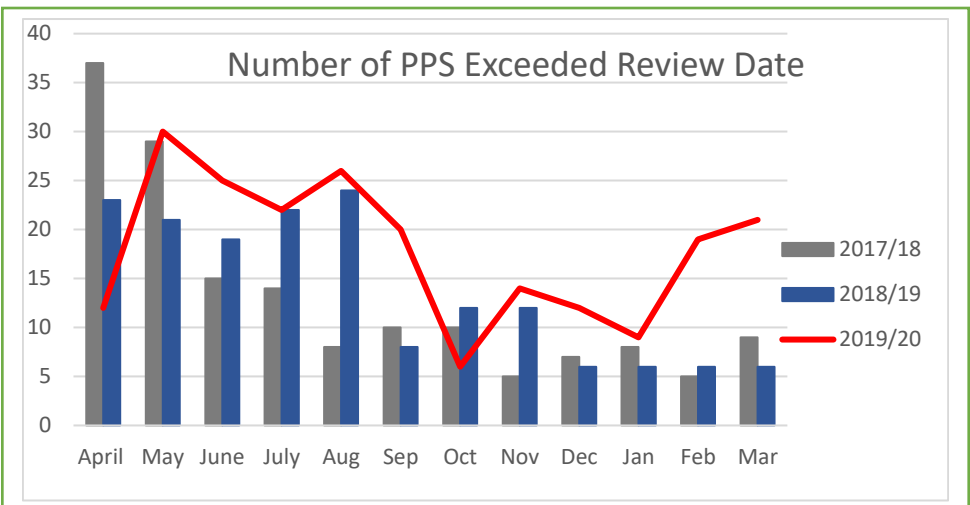
Policies Procedures and Strategies

The Trust continues to work with Trade Union representatives at Policy Group to help keep policies flowing through the governance process and document owners are reminded when their documents are due for review at least 3 months before their review date to help minimise the number of documents passing their review dates.

Paper sent to EMB to agree 12-month extension on any PPS due until September 2020.

Records Management

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

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

Data Protection

Data Protection Breaches and Near Misses	Last reported month (Mar 20)	Year to date Comparison	
		2018-19 Apr- Mar	2019-20 Apr - Mar
WMAS	**4**	**35**	**37**

SAR (Subject Access Requests)	Last reported month (Mar 20)	Year to date Comparison	
		2018-19 Apr - Mar	2019-20 Apr - Mar
WMAS	**10**	**208**	**198**

Data Protection Impact Assessments (DPIAs)

March 2020
All DPIAs summary questions completed, however none required a full DPIA.

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

Due to the identifiable nature of these DPA breaches and near misses. Each one will be reviewed through the Trust's Governance structure in particular through Learning Review Group.

Individuals have a right to their personal information under the Data Protection Legislation, known as SARs (Subject Access Requests). This includes staff requesting their personal files. It does not include solicitor request where Electronic Patient records are released under consent.

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

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

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

Message from ICO
We all share the same concerns about the spread of the COVID-19 virus.

Data protection and electronic communication laws do not stop Government, the NHS or any other health professionals from sending public health messages to people, either by phone, text or email as these messages are not direct marketing. Nor does it stop them using the latest technology to facilitate safe and speedy consultations and diagnoses. Public bodies may require additional collection and sharing of personal data to protect against serious threats to public health.

The ICO is a reasonable and pragmatic regulator, one that does not operate in isolation from matters of serious public concern. Regarding compliance with data protection, we will take into account the compelling public interest in the current health emergency.

Incident Reports

Total Incidents Reported	Last reported month (Mar 20)	Year to date	
		2018-19 April - Mar	2019-20 April - Mar
WMAS	**744**	**7395**	**8323**

RIDDOR	Last reported month (Mar 20)	Year to date	
		2018-19 April - Feb	2019-20 April – Feb
WMAS	**7**	**79**	**83**

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

WMAS Top 5 Types	Total
Violence / Aggression	110
RTC	87
Near Miss	84
IPC	66
Injury	60

WMAS Top 5 Categories	Total
IPC - Infection	99
V&A - Verbal - Intentional	44
Near Miss	34
Equipment - Damage	31
Equipment - Not Available or Suitable	30

Total Incident Reports chart (Apr–Mar, 2018-19 bars and 2019-2020 line)

RIDDOR chart (Apr–Mar, 2018-19 bars and 2019-2020 line)
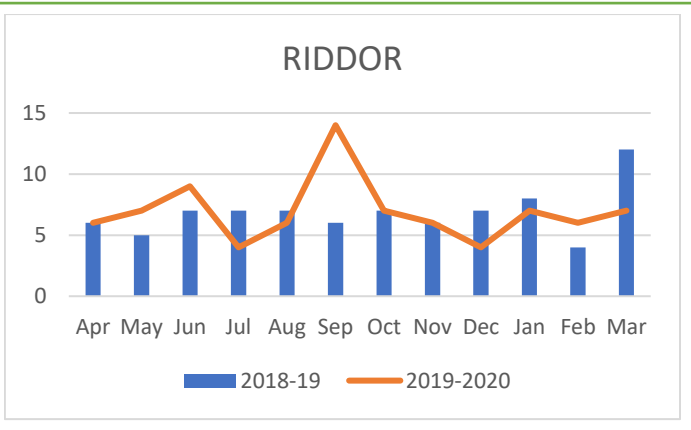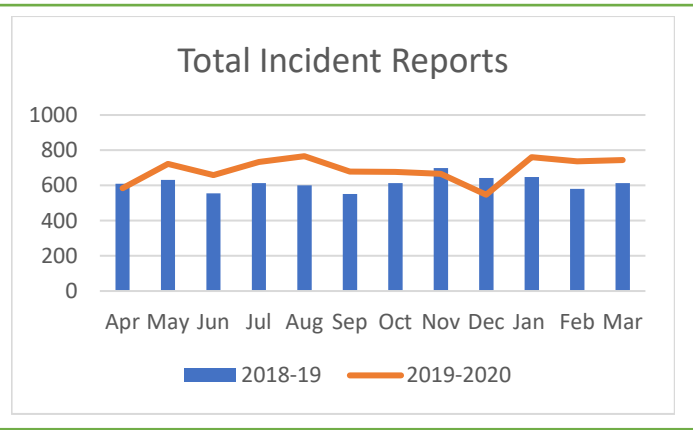
Over 30,000 ER54's received since implementation

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

There has been work undertaken to ensure Data Quality is accurate regarding the incident reporting platform following a number of concerns highlighted

Monthly Trend Analysis reports continues to be shared at both Senior Management Team and Operational Management Team and relevant actions reviewed.

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

Allergic reaction to hand gel a trend (2 reports this month which has been investigated. A slip, trip and fall was reported which will subsequently require further investigation due to the Paramedic's injury causing further complications – HSE, Police and Coroner have been informed

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

The Trust Top 5 incidents types for March:

1. IPC – Infection – Significant increase this month, all cases reviewed as part of monthly trend report and specific trends identified for action – COVID cell aware and noted on Risk Assessment
2. V&A – Verbal - Intentional - All cases to be reviewed with Security and Risk Team to determine cause (potential impact of BWC)
3. Near Miss – Security Team review
4. Equipment Damage – All cases reviewed to determine specific trends (i.e. type of equipment) and reported as part of monthly review
5. Equipment – Not Available or Suitable – As above

4

FINANCIAL PERFORMANCE

5
WORKFORCE INDICATORS

Workforce Performance Scorecard Mar 2020 - Staffing

WORKFORCE PERFORMANCE SCORECARD

Component	Prev Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date (average in italic)	Measure of Success	Target or Indicator
Staff in Post (FTE)	5017.64	5059.49	5076.99	5068.34	5115.75	5149.20	5237.66	5351.26	5690.27	5707.87	5750.05	5756.60	5877.85	*5403*		5471.25
Headcount (HC)	5407	5456	5477	5461	5516	5547	5636	5777	6269	6289	6327	6336	6737	*5902*		
Operational Workforce	2978.72	2997.35	3021.59	3031.49	3051.65	3071.26	3093.77	3126.38	3129.64	3138.75	3115.90	3109.83	3118.82	*3084*		2944.00
Operational Paramedic Skill Mix	62.20%	62.64%	62.55%	62.53%	61.90%	61.18%	61.54%	61.22%	62.33%	63.32%	64.18%	65.06%	65.10%	*62.80%*		25.04%
Operational Paramedic Skill Mix (exc Students Paramedics)	81.34%	81.34%	81.73%	83.02%	83.02%	81.71%	81.52%	82.06%	82.43%	82.72%	82.94%	83.16%	83.26%	*82.41%*		83.02%

Skill Mix - Year to Date and Operational Workforce Plan exc Student Paramedics

Legend: Emergency Care Paramedics, Paramedics, Technician, Trainee Technician
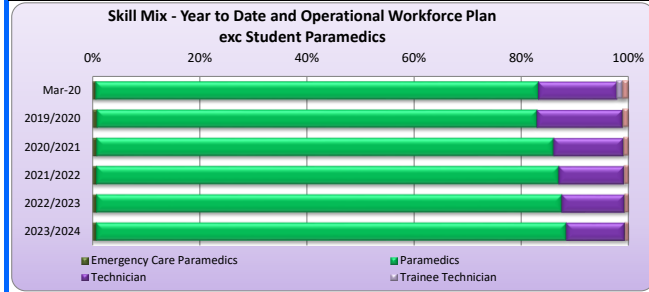
Workforce Profile

The Staff in Post (FTE) is monitored against the workforce plan. Significant investment in Student Paramedic Recruitment has been planned for the year. The workforce plan for 2019/20 takes into consideration over - activity forecast and training abstractions. 1 student paramedic cohort from 2019 -20 commenced before the start of the financial year (38 students). A cohort of 39 started in Apr 19 and 46 in May 19, 28 in Jun, 39 in Jul, 44 in Aug and 76 in Oct. 3 cohorts of Graduate Paramedics commenced: 41 in Sep 19, 37 in Nov 19 and 25 in Dec 19. The 1st cohort 18, of 20/21 commenced in Mar 20.

The paramedic skill mix for the year is aligned to the workforce plan 65.10%. This will rise throughout the year as students qualify. The graph on the right includes the student paramedics. In Mar 20, 277 student paramedics from the regional universities were recruited on Bank contracts to support the impact of Covid - 19.
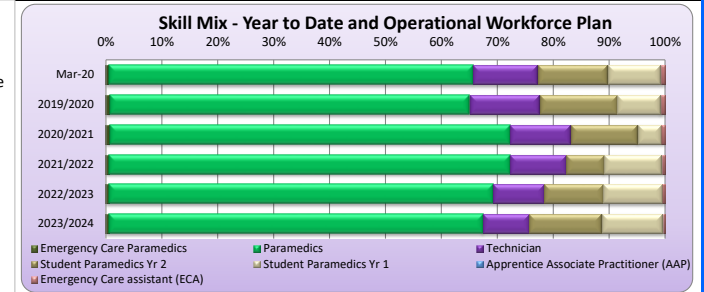
Skill Mix - Year to Date and Operational Workforce Plan

Legend: Emergency Care Paramedics, Paramedics, Technician, Student Paramedics Yr 2, Student Paramedics Yr 1, Apprentice Associate Practitioner (AAP), Emergency Care assistant (ECA)

Component	Prev Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date (average in italic)	Strategic Objective	Target or Indicator
Agency spend as a % of turnover	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.48%	0.47%	0.51%	0.77%	0.60%	*0.57%*	1,2,3	
Agency Spend	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ 113,509	£ 109,822	£ 119,119	£ 181,573	£ 141,910	£ 665,933	1,2,3	
Bank spend as a % of turnover	0.47%	0.44%	0.42%	0.50%	0.40%	0.56%	0.42%	0.46%	0.44%	0.42%	0.60%	0.41%	0.76%	*0.49%*	1,2,3	
Bank Spend	£ 1,210,195	£ 102,393	£ 99,470	£ 118,078	£ 93,825	£ 132,732	£ 98,340	£ 109,215	£ 103,638	£ 98,795	£ 141,691	£ 95,972	£ 179,754	£ 1,373,902	1,2,3	
Overtime spend as a % of turnover	4.99%	4.84%	4.51%	4.84%	4.29%	4.53%	4.44%	4.51%	5.14%	5.19%	4.51%	5.39%	5.47%	*4.80%*	1,2,3	
Overtime Spend	£ 12,740,481	£ 1,138,963	£ 1,060,360	£ 1,140,131	£ 1,008,640	£ 1,066,105	£ 1,043,870	£ 1,062,191	£ 1,209,308	£ 1,222,184	£ 1,060,757	£ 1,269,243	£ 1,287,846	£ 13,569,597	1,2,3	

Bank Spend as a % of Turnover

Legend: 2018/19 - Bank Spend % of Turnover, 2019/20 - Bank Spend % of Turnover

Overtime Spend as a % of Turnover

Legend: 2018/19 - Overtime Spend % of Turnover, 2019/20 - Overtime Spend % of Turnover
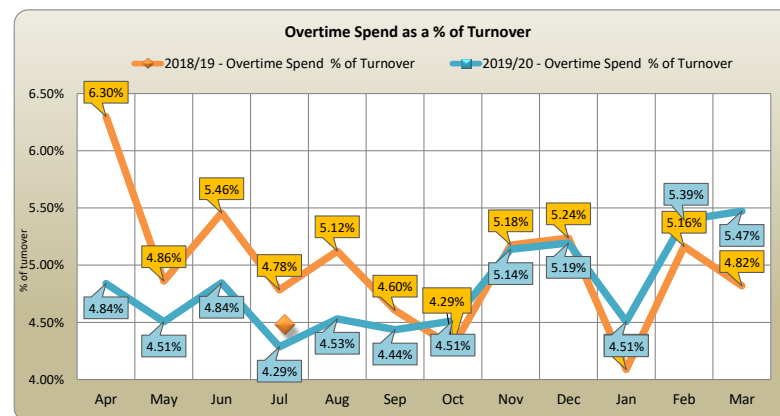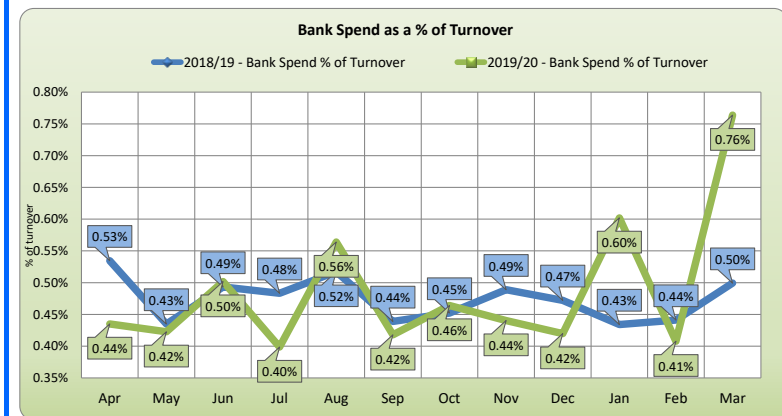
Bank and Overtime Spend as a % of Turnover

Each of these elements are detailed in the graphs to the left

- Bank spend was predominately utilised in 2018/19 by: Emergency Preparedness (Merit) (£732,850), and PTS Services (£402,959). Central Functions & NARU totaled £74,386.
In 2019/20 the spend is predominately in: Merit (£773,250) & PTS Services (£331,700).
The spend in Feb 2020 was £73,565 more than the previous year. £11,997 of this was in 111., and £60,425 in Service Delivery related to Covid -19.
- The overtime spend in March 2020 was for overtime worked in February 2020, and was £262,819 more than in February 2019.
- Following the TUPE transfer of 111 November 2019 there has been a monthly spend on Agency Nursing of £141,910 specifically for 111. There has been no spend on agency staff in any other area of WMAS since Dec 2016.

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

Printed on: 04/05/2020

Workforce Performance Scorecard Mar 2020 - Staffing

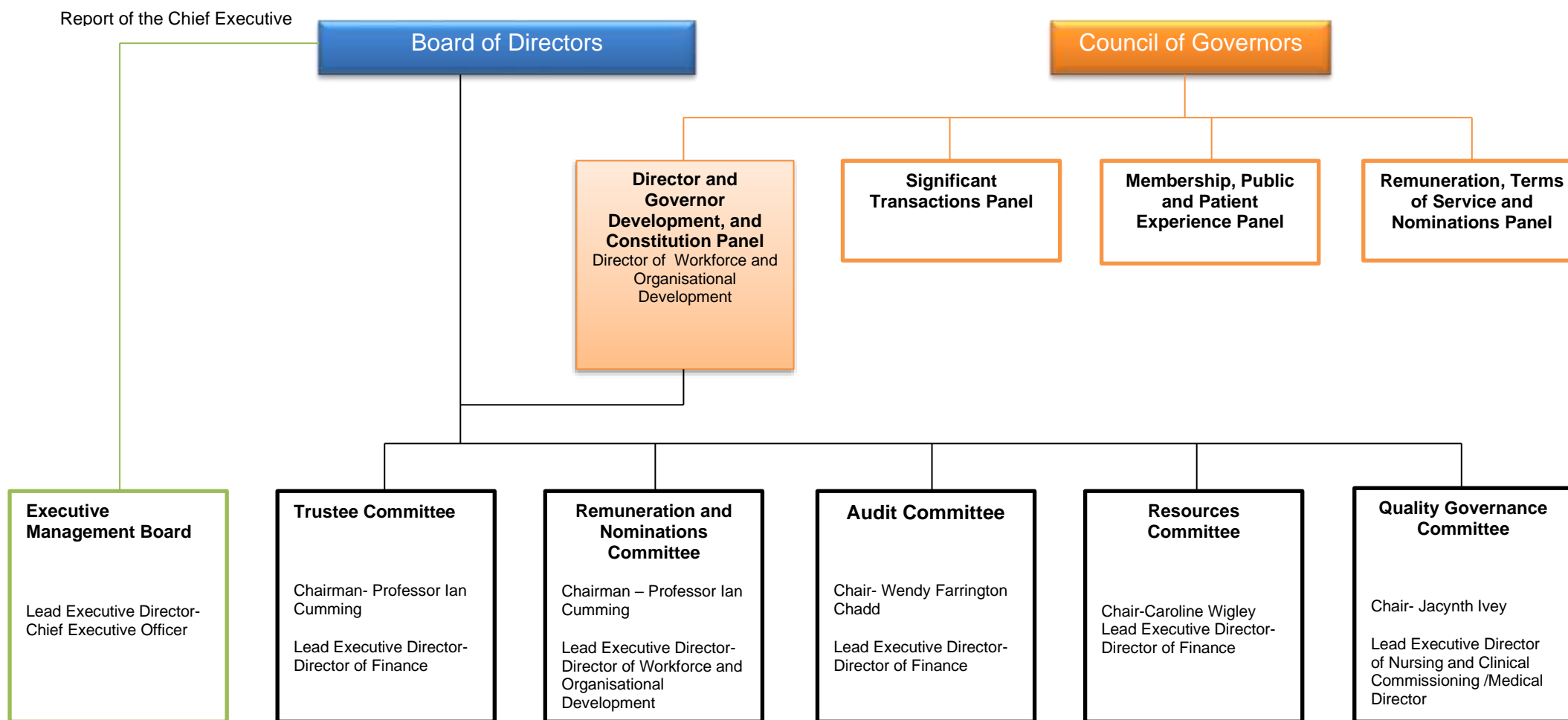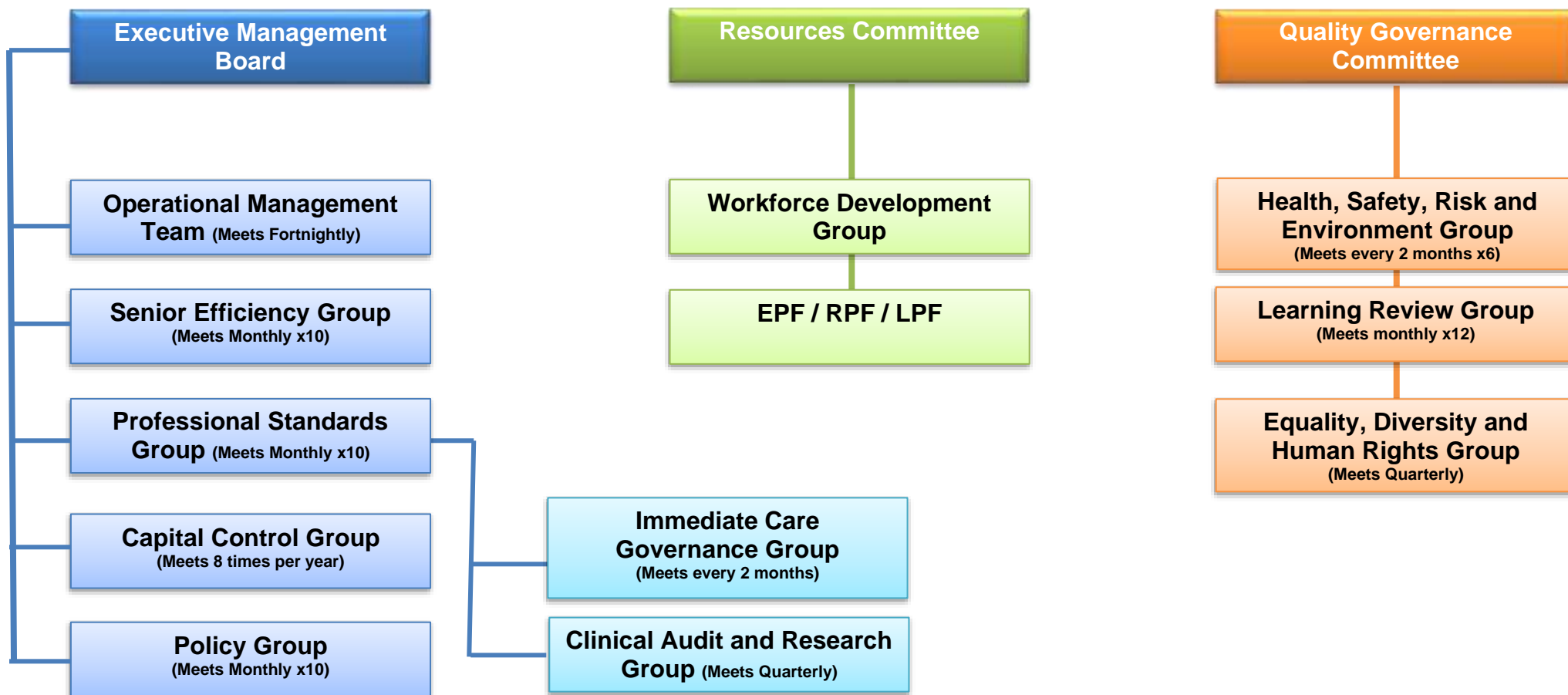| Component	Prev Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date (average in italic)	Strategic Objective	Target or Indicator
Sickness % 18/19	3.54	3.28	3.23	3.08	3.26	3.25	2.97	3.55	3.45	3.67	3.94	3.68	3.48	*3.40*	1,2,3	4.50
Sickness % 19/20	3.40	3.35	3.45	3.29	3.34	3.43	3.59	3.50	3.88	4.26	3.97	3.61	4.66	*3.69*	1,2,3	Top quartile of all Amb Services
Of which - WMAS excluding 111		3.35	3.45	3.29	3.34	3.43	3.59	3.55	3.72	3.94	3.66	3.30	4.35	*3.58*		
Of which - 111								0.43	5.90	7.89	7.35	6.84	7.85	*6.04*		
Sickness Cost* — calculated from the salaries of the absent staff, it does not include the costs for staff cover or loss of activity	£ 5,124,437	£433,510	£464,743	£440,482	£466,387	£471,919	£490,012	£504,441	£551,791	£639,258	£609,494	£517,958	£742,549	£6,332,544	1,2,3	
Of which - WMAS excluding 111		£433,510	£464,743	£440,482	£466,387	£471,919	£490,012	£503,739	£502,452	£558,236	£525,559	£443,041	£647,142	£5,947,222		
Of which - 111								£702	£49,340	£81,021	£83,935	£74,917	£95,408	£385,323		

WMAS Sickness %

Legend: Sickness % 19/20, Of which - WMAS excluding 111, Sickness % 18/19

Sickness absences data is subject to review each month to ensure that the most up to date is available and to allow time for adjustments to made
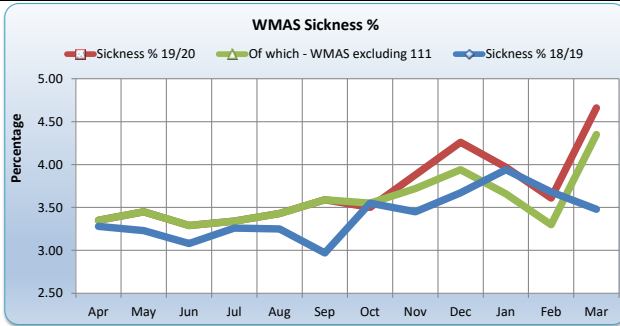
Sickness Absence

The sickness absence figure relates to the current financial year . **The figure is lower than the same month last year.** The TUPE Transfer of 111 in November 19 has affected the % rate. Data is shown for the whole Trust and then split to show 111 seperately. Work is ongoing to manage sickness absence.
The figures may change from those previously reported due to information being updated after the KPI reports have been produced. The spike in March 20 is due to Covid-19.
In terms of benchmarking, for period Mar 19 to Mar 20, the Trust is consistently below all Ambulance Trusts, and the average all Trusts in the West Midlands region and English NHS Trusts.
Benchmarking data is sourced from ESR Business Intelligence up to Mar 2020.

Appraisals The final completion rate for 2018/19 was 96.22%. The number of appraisals up to Nov 19 is less than the same period last year. This is due to the impact of Covid-19 at year end. The figures will change from those previously reported due to information being updated after the KPI reports have been produced.

Turnover The turnover rate up to Mar 20 is marginally above the same period last year. For benchmarking, for the rolling 12 month leavers up to Mar 20, WMAS has a rate of 9.3% compared to all Ambulance Services at 10.4% and 15.1% for all English NHS Trusts.
Benchmarking data is sourced from ESR Business Intelligence up to Mar 2020.

Benchmarking - Absence % FTE (Monthly)

Legend: WMAS, All Ambulance, WM Region, England
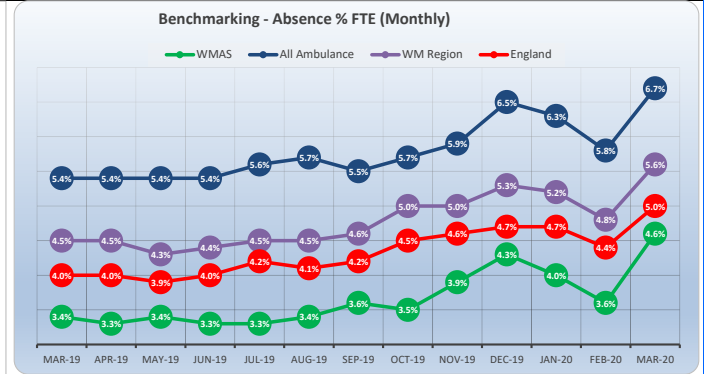
Component	Prev Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date (aver in italic)	Strategic Objective	Target or Indicator
Turnover %	8.78%	0.56%	1.97%	2.14%	2.83%	3.65%	4.19%	5.08%	6.02%	6.96%	7.89%	8.75%	9.81%	*9.81%*	1,2,3	<8.60%
Starters (FTE)	680.44	90.93	66.74	403.56	172.11	119.60	85.94	79.85	33.80	57.54	90.43	59.93	150.35	1410.78		
Leavers (FTE)	416.17	28.11	37.50	39.96	35.04	42.84	29.41	45.12	52.31	49.55	46.51	46.40	44.99	497.74		
% Staff at band 1 -4	47.62%	44.21%	44.09%	43.98%	44.49%	45.16%	45.51%	46.26%	43.11%	43.64%	44.35%	44.16%	45.91%	*45.91%*	1,3,4	
% Staff at band 5 - 7	49.00%	52.80%	52.98%	53.18%	52.63%	51.90%	51.63%	50.99%	49.49%	49.75%	50.66%	51.04%	50.18%	*50.18%*	1,3,4	
% Staff at band 8 and above	1.88%	1.81%	1.79%	1.84%	1.82%	1.81%	1.74%	1.74%	1.63%	1.59%	1.62%	1.66%	1.74%	*1.74%*	1,3,4	
Appraisals % 19/20	96.71%	13.98%	35.29%	52.99%	70.52%	90.00%	90.63%	90.51%	90.19%	90.05%	89.70%	89.15%	87.71%	*87.71%*	1,4	85%
Corporate completed (HC) - exc returners	349	100	45	0	67	0	44	197	33	0	0	0	0	486	1,4	>90%
Training - Clinical Mandatory Day 1 %	95.06%	25.02%	41.12%	62.10%	85.38%	88.09%	88.23%	88.28%	88.83%	91.91%	91.55%	92.47%	91.96%	91.96%	1,3,4	85%
Training - Clinical Mandatory Day 2 %	93.91%						26.00%	52.38%	55.50%	63.61%	81.57%	90.61%	90.14%	90.14%		
Training - PTS Mandatory %	95.97%	4.91%	15.05%	25.37%	35.68%	38.29%	43.86%	54.76%	60.31%	59.74%	60.49%	94.22%	94.22%	94.22%	1,4	
Training - EOC Call Taking Mandatory %	98.78%						97.61%	97.61%	97.61%	97.61%	100.00%	100.00%	100.00%	100.00%		
Training - EOC Despatch Mandatory %	99.04%										100.00%	100.00%	100.00%			

Appraisal % (cumulative by month)

Legend: Appraisals % 18/19, Appraisals % 19/20

Turnover % (cumulative by month)

Legend: Turnover % 18/19, Turnover % 19/20

Target for year = <8.60%

Benchmarking - Turnover % FTE (Rolling 12 Months)

Legend: WMAS, All Ambulance, England
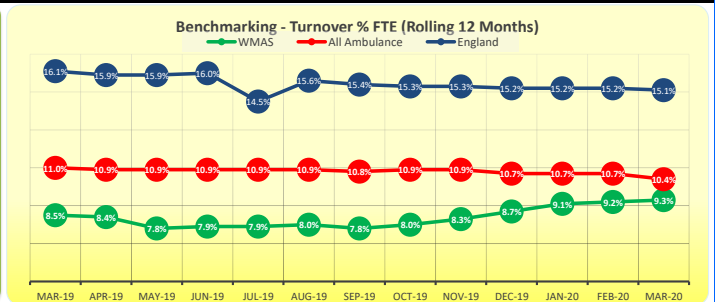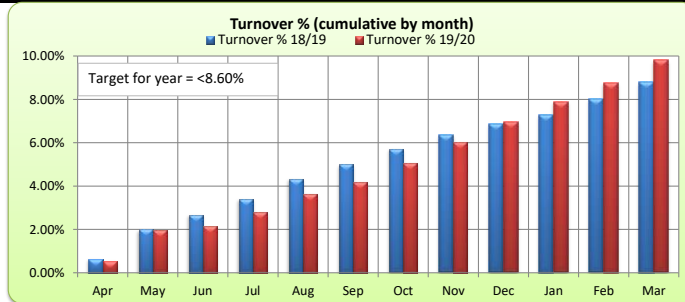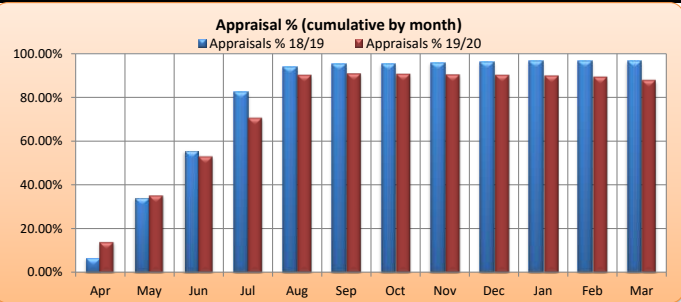
Workforce Performance Scorecard Mar 2020 - Ethnicity

West Midlands Ambulance Service: Year: **2019/20**   Month: **March**

Figures correct as 14/04/20

ETHNICITY BY WEST MIDLAND AMBULANCE SERVICE DIRECTORATES

	31-Mar-20	
White	87.80%	5915
BME	9.80%	660
Not Stated	2.40%	162
		6737
Of which	Female	Female
White	42.79%	2883
BME	5.17%	348
Not Stated	1.04%	70
	Male	Male
White	45.01%	3032
BME	4.63%	312
Not Stated	1.37%	92

BME Staff in WMAS Year on Year Comparison (Headcount)

2016: 248
2017: 258
2018: 287
2019: 329
2020: 660

WMAS Ethnicity Profile by Direcorate

Directorate	White	BME	Not Stated
Service Delivery	3409	199	79
EOC & IUC	826	270	28
Non Emergency Services	948	87	24
Central Functions	311	39	7

Service Delivery Ethnicity Profile by Sector

Sector	White	BME	Not Stated
Coventry & Warwick	459	13	
Dudley	314	20	6
Erdington & Lichfield	500	65	10
Hollymoor & Bromsgrove	531	34	14
Shrewsbury & Donnington	248	3	25
Stafford	173		0
Stoke	281		2
Willenhall & Sandwell	497	45	10
Worcester & Hereford	306		4
Emergency Preparedness	93	4	5

Non Emergency Services Ethnicity Profile by Area

Area	White	BME	Not Stated
Call Centre/Control	54	5	2
Healthcare Logistics	44		1
PTS Birmingham	271	48	11
PTS Black Country	195	13	3
PTS Cheshire	173		45
PTS Coventry & Warwick	131	14	2
PTS Worcester	74		0

Ethnicity Profile by Pay Band

Pay Band	White	BME	Not Stated
Band 1	2		0
Band 2	681	74	14
Band 3	712	101	18
Band 4	1013	92	10
Band 5	977	66	21
Band 6	1613	71	54
Band 7	219	21	6
Band 8 - Range A	32	4	3
Band 8 - Range B	23	0	4
Band 8 - Range C	13	2	0
Band 8 - Range D	7	1	0
Band 9	6		0
Local Pay Scale	255	165	9

EOC & Integrated Urgent Care Ethnicity Profile

Area	White	BME	Not Stated
EOC	393	28	5
111	324	223	20

Central Functions Ethnicity Profile by Area

Area	White	BME	Not Stated
Corporate Services	43	7	0
Finance	61	7	1
Strategic Operations	122	12	4
Workforce & OD	85	13	2

Printed on: 04/05/2020

6
Public Membership

Membership Breakdown Report - May 2020

	Members	Population
Public Members	9182	**5,920,872**
Staff Member	5307	
Total	14489	

Catchment Areas	Members	Population
Birmingham	2114	1,371,015
Black Country	2877	1,199,257
Coventry and Warwickshire	1137	933,061
Staffordshire	1394	1,132,368
West Mercia	1633	1,285,168
Out of Trust Area	27	
Total	**9182**	**5,920,872**

Gender	Actual	Population
Male	3924	2,936,601
Female	4992	2,984,268
Unknown	266	0
Total	**9182**	**5,920,872**

Monitor Ethnicity	Actual	Population
Asian	1987	555827
Black	296	168827
Mixed	141	125332
Other	98	45888
Unknown	454	0
White	6206	4511748
Total	**9182**	**5407622**

General Ethnicity	Actual	Population
Asian Bangladeshi	157	52,477
Asian Chinese	16	31,263
Asian Indian	883	218,397
Asian Other	309	74,979
Asian Pakistani	622	227,241
Black African	104	64,250
Black Caribbean	169	86,782
Black Other	23	31,077
Mixed Other	34	21,378
Mixed White and Asian	25	32,548
Mixed White and Black African	13	9,225
Mixed White and Black Caribbean	69	68,518
Other Ethnic Group	98	31,821
Unknown	454	0
White British	6039	4,427,289
White Gypsy and Irish Traveller	0	4,726
White Irish	62	55,185
White Other	105	4,726
Other Arab	0	18,079
Total	**9182**	**5,920,872**

Monitor Age Range	Actual	Population
Age 0-16	1	1,235,670
Age 17-21	100	357,719
Age 22+	6446	4,327,483
Unknown	2635	
Total	**9182**	

Age	Actual	Population
Age 0 - 16	1	1,235,670
Age 17-21	100	357,719
Age 22-29	832	640,572
Age 30-39	1017	757,020
Age 40-49	1332	720,070
Age 50-59	1071	783,685
Age 60-74	1319	907,596
Age 75 +	875	518,540
Unknown	2635	
Total	**9182**	

NRS Classification	Actual	Population
AB	2146	467,016
C1	2533	701,084
C2	2043	540,579
DE	2391	717,816
Unclassified	69	0
Total	**9182**	**5407622**

7

Governance Structure

TRUST COMMITTEE STRUCTURE

Report of the Chief Executive

Board of Directors

Council of Governors

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

Significant Transactions Panel

Membership, Public and Patient Experience Panel

Remuneration, Terms of Service and Nominations Panel

Executive Management Board

Lead Executive Director- Chief Executive Officer

Trustee Committee

Chairman- Professor Ian Cumming

Lead Executive Director- Director of Finance

Remuneration and Nominations Committee

Chairman – Professor Ian Cumming

Lead Executive Director- Director of Workforce and Organisational Development

Audit Committee

Chair- Wendy Farrington Chadd

Lead Executive Director- Director of Finance

Resources Committee

Chair-Caroline Wigley
Lead Executive Director- Director of Finance

Quality Governance Committee

Chair- Jacynth Ivey

Lead Executive Director of Nursing and Clinical Commissioning /Medical Director

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

TRUST COMMITTEE STRUCTURE

Executive Management Board

Resources Committee

Quality Governance Committee

Operational Management Team (Meets Fortnightly)

Senior Efficiency Group (Meets Monthly x10)

Professional Standards Group (Meets Monthly x10)

Capital Control Group (Meets 8 times per year)

Policy Group (Meets Monthly x10)

Workforce Development Group

EPF / RPF / LPF

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

Learning Review Group (Meets monthly x12)

Equality, Diversity and Human Rights Group (Meets Quarterly)

Immediate Care Governance Group (Meets every 2 months)

Clinical Audit and Research Group (Meets Quarterly)

Version 5 May 2020

8
MEETING SCHEDULE

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

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

9

GLOSSARY OF TERMS

GLOSSARY OF TERMS

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

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

Trust us to care.

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

February 2020

Trust us to care.

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

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

Trust us to care.

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

February 2020

Trust us to care.

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11   MONTH: May 2020   PAPER NUMBER: 08

Quality Governance Committee	
Sponsoring Directors	Jacynth Ivey, Non-Executive Director
Author(s)/Presenter	Jacynth Ivey, Non Executive Director
Purpose	To present the Chairs report on meetings of the Quality Governance Committee held since the last meeting of the Board of Directors and receive any approved minutes.
Previously Considered by	The Report and Minutes arise from the meetings of the Quality Governance Committee.
Report Approved By	Matters considered at meetings of the Quality Governance Committee

Executive Summary

The Board are requested to receive and note the minutes of the meeting of the Quality Governance Committee.

The Board are requested to receive the report of the Chair of the Quality Governance Committee.

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11   MONTH: May 2020   PAPER NUMBER: 08

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

Action required

a) Receiving the minutes of the meeting held on 2nd March 2020
b) Receiving the report of the Chair of the Quality Governance Committee on the meeting held on 11 May 2020.

Minutes of the meeting of the Quality Governance Committee (QGC) held on 2 March 2020 in Conference Room 1, Trust HQ, Waterfront Business Park, Brierley Hill, DY5 1LX

Present:

Jacynth Ivey	(JI)	Non-Executive Director (Chair)
Caroline Wigley	(CW)	Non-Executive Director (Vice Chair)
Alison Walker	(AW)	Executive Medical Director
Mark Docherty	(MD)	Director of Nursing & Clinical Commissioning
Kim Nurse	(KN)	Director of Workforce & Organisational Development
Craig Cooke	(CC)	Director of Strategic Operations & Digital Integration
Stephen Thompson	(ST)	Staffside Representative
Stuart Gardner	(SG)	Staffside Representative

In attendance:

Mohammed Fessal	(MF)	NHSI NExT Scheme Placement
Pippa Wall	(PW)	Interim Director of Strategic Planning
Steve Elliker	(SE)	Head of Security & Safety
Pam Brown	(PB)	Head of Equality & Diversity

Secretariat:

Nicky Shaw	(NS)	PA to Director of Nursing & Clinical Commissioning & Executive Medical Director

ITEM	Quality Governance Committee (QGC) Meeting 2 March 2020	ACTION
03/20/01	**Apologies and Introductions**	
	None received. The meeting was quorate.	
03/20/02	**Minutes of previous meeting – 20 January 2020**	
	The minutes of the meeting held on 20 January 2020 were submitted	
	Resolved:	
	That the minutes of the meeting held on 20 January 2020 be received and approved as a true and accurate record.	
03/20/03	**Action Log**	
	The QGC Log contains the schedule of matters upon which the QGC have asked for further action or information to be submitted. Matters on this log can only be deleted through resolution of the QGC. (For the avoidance of doubt unless specified below all matters contained on the QGC log will remain on the log until the QGC resolves that the matter can be discharged).	
	Resolved:	
	1. *In relation to continued minute 07/19/05.2: Quarterly Exception Report on the Priorities on the Quality Account* MD reminded internal audit had been asked to conduct an audit on the serious incident process and confirmed the data gathering and interview aspect had been completed but the report had not yet been received. Initial feedback received had been positive about the processes in place.	

ITEM	Quality Governance Committee (QGC) Meeting 2 March 2020	ACTION
	MD confirmed the report will encompass all aspects of the process including how long it takes to investigate an incident and taking on board the concerns raised by CW and Staffside.	
	NEW ACTION: The internal audit report will be discussed as an agenda at the May meeting.	**MD**
	2. *In relation to continued minute 09/19/05.2: Community First Responders (CFR) Assurance Report (Action Log Nos. 2 & 3)* (Action No. 2) The comments that the report to include percentage of CFRs who have completed the training within the 6-month time period have been taken on board and will be included in future reports. QGC agreed to discharge this continued minute.	**Discharged**
	(Action No. 3) It was noted the updates against the CFR training programme will be included in the Workforce report from April 2020. QGC agreed to discharge this continued minute.	**Discharged**
	3. *In relation to continued minute 09/19/07.1: Review and approval of annual Strategies Operational Objectives and Milestones* PW had provided the extract from the Executive Management Board (EMB) minutes, agreeing to merge the Communications and Engagement Strategy. This had been attached as Appendix 1 to the action log. QGC agreed to discharge this continued minute.	**Discharged**
	4. *In relation to continued minute 10/19/05.3: Trust Board Reporting (Action Log Nos. 5 & 6)* (Action No. 5) NEW ACTION: Physical & Verbal Assaults is an agenda item and the Head of Security & Safety had been invited to provide an update. QGC agreed to discharge this continued minute.	**Discharged**
	(Action No. 6) MD explained the rationale for the 54% increase in patient safety incidents was mainly due to the adhesive on the ECG dots which are causing skin tears when removed. MD confirmed the issue has been raised with the Manufacturer who is going to change the adhesive.	
	CC added guidance has been issued to staff around the removal of the ECG dots and are being advised not to keep them on the patient any longer than needed. It was noted there is still a large quantity of stock both locally and nationally therefore it is envisaged any improvement will not be seen for approximately 10 weeks.	
	MD highlighted the importance of reporting an incident so that the issue can be raised and addressed by the organisation. QGC agreed to discharge this continued minute.	**Discharged**
	5. *In relation to continued minute 01/20/5.1: Quality Exception Report on the Priorities of the Quality Account / Quality Account Monthly update* The concerns raised around the issues with the ER54 system and accuracy of data had been included in the Chair's Report to the Board of Directors on 29 January 2020. QGC agreed to discharge this continued minute.	**Discharged**

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	6. *In relation to continued minute 01/20/05.5: Cost Improvement Plans (CIPs) and Quality Impact Assessments (QIAs) – pre-implementation for Board advice* The Cost Improvement Plans (CIPs)) and Quality Impact Assessments (QIAs) will be discussed as an agenda item. QGC agreed to discharge this continued minute.	**Discharged**
	7. *In relation to continued minute 01/20/7.1: Clinical and Quality Information Governance Assurance e.g. data quality report, IG standards report* MD had not spoken to the Head of Governance & Risk about the report and will be discussed further as an agenda item later in the meeting. QGC agreed to discharge this continued minute.	**Discharged**
	8. *In relation to continued minute 01/20/7.4: Learning from Deaths – Quarter 3 Report* The Learning from Deaths Quarter 3 report had been presented at the Board of Directors meeting on 29 January 2020. QGC agreed to discharge this continued minute.	**Discharged**
	9. *In relation to continued minute 01/20/08: Workforce Assurance Report* The Health and Wellbeing Dashboard had been included in the Workforce Assurance Report and will be discussed as part of that agenda item. QGC agreed to discharge this continued minute.	**Discharged**
	10. *In relation to continued minute 01/20/09.3: Equality, Diversity & Human Rights Steering Group* The Head of Equality & Diversity had been invited to attend the meeting to provide an update on the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES). QGC agreed to discharge this continued minute.	**Discharged**
	11. *In relation to continued minute 01/20/9.4: Professional Standards Group* AW informed there had been discussions between herself and MD regarding the Senior Clinical Advisory Group (SCAG) and they are currently reviewing the last set of minutes and actions raised to ascertain how they will be addressed. A verbal update will be provided at the next meeting.	**AW**
	12. *In relation to continued minute 01/20/11: Any Other Business* The following points raised at the last meeting had been included in the Chair's Report to the Board of Directors meeting on 29 January 2020 for clarification from the Chief Executive Officer. a) The Secretary of State's recent announcement/hint that the NHS will remove the 4-hour A&E wait target and how does the ambulance service plan to raise the impact of this decision on the ambulance service. b) Who is responsible for WMAS approach Quality Improvement using QI Methodology. QGC agreed to discharge this continued minute.	**Discharged**

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	13. In relation to continued minute 10/19/12: 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 29 January 2020. QGC agreed to discharge this continued minute.	**Discharged**
03/20/04	**Documents for Approval - None**	
03/20/05	**Care, Quality & Safety**	
	5.1 Review of DRAFT Quality Account	
	The DRAFT Quality Account had been submitted.	
	PW stated this is the first draft of the Quality Account and informed the process for completion is underway which will be the same as last year.	
	PW explained amendments had been made which have been 'track changed' and the large blocks of 'red' text are the statements from last year which need to be updated. The equality and diversity sections have been updated since the original document was circulated.	
	The new Trust Priorities are tabled and additional tracked changes added since the original document was circulated. Previously there had been 9 priorities which were not necessarily linked, but the approach this year is to look at each of the priorities from a patient safety, patient experience and clinical effectiveness perspective so that it feels like a more pulled together and thorough piece of work. The wording and definition for each priority are still to be confirmed following staff and stakeholder engagement.	
	PW highlighted PTS might have difficulty with the clinical effectiveness aspect because they do not deliver clinical care. AW referred to the Public Health England (PHE) messaging around 'Making Every Contact Count (MECC)' or working with diverse groups. Therefore, for example an advice card on asthma could be handed out to asthma patients which could form part of 'making every contact count'. PW advised these comments will be taken on board she would contact the MECC Lead at PHE to compare actions of other services to see what further things the Trust can do. The committee agreed MECC should be an objective.	
	AW raised specific issues are not identified which might have an influence of the delivery of the priorities. CW commented there be challenge from the Commissioners if there is a difference between documents and how the Trust is thinking in terms of a business. MF replied this type of issues will be covered in the business continuity plan and PW replied content can be added linking to the business continuity plan if required.	
	In terms of consultation with external stakeholders (excluding Commissioners), JI asked what the Trust is trying to achieve, it is content being portrayed from a patient or non-patient perspective. In response, PW agreed the content needs to be written for the patient as they will not understand some of the clinical terms i.e. clinical validation, etc. KN added the contents can be put into an easy read format.	

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	PW referred to the 'family and friends test' advising the Head of Patient Experience has confirmed this is only required for non-patient transport services from 1 April 2020. The Trust is still required to do something which will be more along the lines of a project and is currently being worked on and any learning will be shared nationally amongst the Ambulance Services. In terms of the targeted questionnaire, it is the intention 100 patients will be asked to complete each quarter.	
	PW stated engagement events are being planned into the calendar with the first one being next Monday (9 March) with the Worcester Health Overview & Scrutiny Committee (HOSC). JI asked how the Trust is considering the inequalities in health within the region and thought engaging with Worcester is good.	
	PW replied the Trust is linking with the local Sustainability and Transformation Partnerships (STPs) and will be going out to as many HOSCs and community groups as possible to ensure the Trust is engaging with the correct people. Because each area will have different requirements, the Trust will be working with them on their own population health management workstreams. The aim is to leave the consultation events as late as possible so that stakeholders can give their opinion on a virtually completed document.	
	PW stated the QA will tie into the agenda of the Learning Review Group (LRG) picking up on trends and themes that are clearly aligned with the workstream of the group.	
	The Trust is engaged with KPMG to ensure auditing is carried out and the Council of Governors have chosen Sepsis this year and the audit was conducted last week. The audit of the data quality of CAT 1 and CAT 2 calls is also on track.	
	In terms of a summary of the timeline, the majority of the sections will be completed by the end of March as it is only figures that need to be updated. The priorities will be agreed at the engagement events which will be conducted by the end of April and then the QA will be presented to the Council of Governors mid-May. KMPG will conduct a final audit before the QA is agreed by QGC and the Board of Directors at the end of May.	
	JI acknowledged the amount of work already done on the QA.	
	Resolved:	
	That the review of the DRAFT Quality Account be received and noted.	
	5.2 Update on Staff Training in Neonatal Care	
	It was agreed this item would be deferred to the May meeting.	
	Resolved:	
	That the Update on Staff Training in Neonatal Care is deferred to the May meeting.	**MD**
	5.3 Trust Board Reporting	
	The Clinical Performance Reports had been circulated.	

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	Clinical Performance It was noted the Trust data is available up to November 2019 compared to August 2019 for the national data. CC gave a brief outline of the Ambulance Clinical Quality Indicators as follows: • **Cardiac Arrest** – performance remains in good place against the national data. No concerns were raised. • **STEMI & Stroke** – CC advised these 2 areas need further work as the organisation needs to improve on-scene times. A discussion took place regarding the challenges faced by the Trust these being; expectation to transport patients to a certain hospital at a specific time and although crews try their best if they are going to a different hospital there can be ambulances queuing outside. The added complexity especially with Stroke is the stroke reconfiguration e.g. Burton is not accepting patients therefore they must go to Derby therefore journey times increase. Also, there is no longer a Regional Stroke Forum therefore there is little engagement with Clinical Leaders as part of the stroke indicator and how quickly the Trust can access the hospital data. The Trust has written to Medical Directors advising they need to speed up work to improve this clinical indicator. AW informed clinically it is about unpicking the patient journey particularly for the chest pain patient because the nature of a STEMI has changed i.e. previously an ECG with a classic "tombstone ECG" was classic in men over 50 with crushing central chest pain, but now ECGs often present with more subtle changes of ischaemia or other changes. Heart attacks in women and the elderly do not usually present in the same way as in men, they may have shortness of breath or simply feel unwell therefore you need to do an ECG and more work around this as it may not be a textbook presentation. AW highlighted some of the serious incidents reported have been because subtle changes have been missed by the clinician. Although there are 2 slightly different clinical models for either stroke or STEMI, to review the cases fully is the right thing to do for each patient. CW referred to Pathways asking if the decision made is the right thing for the patients and MD replied yes and in fairness Pathways do involved WMAS in the discussions. CC said both items will be dealt within one programme and it was agreed that a piece of quality improvement work will be conducted looking at on-scene times during the quarter 1 period. Finally, CC raised the data matching in SNNAP, the national reporting system, is not good as the patient data is incomplete for example if hospital data does not indicate a postcode the data goes nowhere because only completed cases are forwarded for each piece of data. The Trust is keen to raise this issue with Medical Directors and the importance of getting the data complete. • **Sepsis** – performing well against the national data. It was noted the EPR system is due to be updated with the NEWS2 scoring.	

Trust Information Pack

The Trust Information Pack had been submitted outlining January 2020 data. It was noted that since 111 joined the Trust on 5 November 2019 this has impacted on some of the data.

MD outlined the salient points from the report as follows:

- **Patient Experience** – 46 formal complaints were reported in January which is an increase of 23 compared to January 2019. 11 of these complaints related to 111. The main reason for a complaint was clinical (13)

  212 PALS were received which is an increase of 17 compared to the same month last year. 16 of these concerns related to 111. The main reason for a PALS contact was attitude (50) following by response (38).

  MD said it was surprising to see Complaints and PALS concerns had increased as activity was generally down during January. JI commented the current culture is people want more feedback therefore we need to look at the numbers of justified and not justified complaints/concerns.

  MD raised it is also being more honest with the patient for example if the call is categorised as a CAT 3 the target is 120 minutes, therefore in some instances instead of the patient waiting this length of time for the ambulance to arrive they could be told how long they will be waiting and asked if they can take themselves to the Hospital.

  CC raised there are 2 things that could resolve this, the first being a national piece of work being conducted which CC is involved with looking at 'live arrival time script'. Some data modelling has already been done but interesting the first 2 times it was tried the data was wrong either side of the information given.

  Secondly, CC referred to the surge plan and felt stronger advice is needed depending how far up the surge plan the call is and he has been asked to look at CAT 3 and CAT 4 calls by NHS England (NHSE). CC advised it was initially thought the live data for NHSE would be similar to that used by the AA or RAC giving an approximate time of arrival, but this is not working correctly for the Ambulance Service. Therefore, the intention is to look at the historical data from the last 2 years to ascertain the average time taken to get to a postcode.

  AW agreed with CC's comments relating to the surge plan as there have been serious incidents whereby the patient has been waiting hours for the ambulance to arrive and it might have been possible for a family member to have taken them to A&E. This is something that patient relatives have asked about, obviously, this would be difficult if the patient has had a heart attack but if there was a discussion with the caller and it was safe to do then families would have the option. CC agreed that there needs to be a more intelligent conversation with the caller but this will be difficult to fit into the algorithm of the system.

182 compliments were received compared to 165 for January 2019 which is an increase of 17.

103 responses have been received for the Friends and Family Test (FFT) compared to 226 in the previous year, this is because last year face to face surveys were being conducted by the Patient Experience Team. It was noted this work is still ongoing but is being done directly by PTS.

- **Patient Safety** – 355 patient safety incidents were recorded which is an increase of 27% (71) compared to last year.

38 low incidents were reported with a theme emerging of the ECG dots causing skin tears when removed which is due to the adhesive being used. This has been discussed at Learning Review Group (LRG) and Professional Standards Group (PSG) and as previously discussed earlier raised with the manufacturer.

Duty of Candour, has been enacted for 31% of cases where moderate or above harm has been caused. Of the 38 low harm incidents, being open can be evidenced for 35 (92%). In terms of assurance, MD stated duty of candour is completed and done well by the Trust and as he is personally involved can confirm people are very receptive and thankful of the time taken to explain what has happened.

With regards to Learning from Deaths, WMAS is the leading ambulance service on this piece of work.

- **Safeguarding** – overall there has been an increase in both Adult and Child Safeguarding referrals. MF highlighted an 89% in child referrals is significant and MD replied this is partly because there is a greater awareness of safeguarding which equates to a greater increase. A separate safeguarding report is produced with a more detailed breakdown of data and an annual report is also produced and will be presented to the committee in May. MD confirmed repeat patients will be picked up through the Safeguarding Boards.

MD highlighted the Trust is delivering Safeguarding Level 3 training to all its staff even though the National Quality Governance & Risk Directors (QGARD) group stated level 2 is sufficient. WMAS feel providing Level 3 training is right thing to do as it is felt there is no longer 'a generic concern' therefore Level 3 training will provide crews with sufficient knowledge to be able to make a referral. MF agreed Level 3 will enable crews to deal with any safeguarding issues.

MD stated he was undertaking Level 6 Safeguarding training and the Board of Directors will be receiving their training and will check when this is being done.

- **Medicines Management** – an increase in controlled drugs incidents was noted which are mainly breakages and spillages and because of the nature of the job this will happen. MD stated the organisation is not being complacent with this data and it is being investigated.

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	MF assumed the organisation has links with the LINS and MD replied yes. There are also robust processes in place for booking controlled drugs in and out. In relation to other Ambulance Trusts, WMAS has a Paramedic on every vehicle.	
	MF advised he sits on the controlled drugs national action group and referred to the Gosport report and was briefing discussed. MD was unsure whether a report had been done against the Gosport report but would check and report back to the next meeting.	
	In terms of the ER54's there has been a significant reduction in reporting from March last year to year to date. This has been discussed at PSG who have requested the rationale to be investigated. MF stated being able to report these types of errors/incidents is a great example of being open and having a no blame culture but what you might find is if the reporting process is too long staff will not bother or will report it as a near miss because it takes less time.	
	With regards to learning analysis, there does appear to be some on a few certain things but the Trust could be missing some other important work because of under-reporting. MF added it basically comes down to the efficiency of reporting as if it is too onerous then it becomes a concern for staff and then you will have under-reporting issue.	
	It was noted that Trust is looking at an alternative ER54 reporting system as concerns have been raised around the in-house system particularly around business continuity as if the person responsible for the system leaves this will become an issue for the organisation.	
	Resolved:	
	a) That the Clinical Performance Indicator Report and Trust Information Pack be received and noted.	
	b) That CC undertaken a piece of quality improvement work looking at on-scene times.	**CC**
	c) That MD to check if a report had been done against the Gosport report and report back to the next meeting.	**MD**
	5.4 Physical & Verbal Assaults Update	
	JI welcomed SE to the meeting.	
	SE gave a verbal update on physical and verbal assaults page included in the Trust Information Pack as follows:	
	• **Physical Assaults** – 401 reported compared to 371 last year which is an increase of 30 (up 8.09%).	
	• **Verbal Assaults** – 642 reported compared to 521 which is an increase of 121 incidents (up 23.2%).	
	• **Security Incidents** – 285 reported compared to 255 which is an increase of 30 (up 11.6%).	
	• **Near Misses** – 504 reported compared to 514 which is a decrease of 10 (down 1.98%).	

The figures show the first 10 months of the year and generally there has been an increase in each area except for Near Misses where there has been a slight reduction. The increases are associated with the demand on the service and the expectation from the public.

In terms of providing assurance against the data, SE stated the information is collated via the ER54 and reproduced into the Security team's own bespoke database, therefore, if the figures state 401 incidents evidence can be provided for each one.

SE highlighted following the demise of NHS Protect, there have been no self-assessment standards for the Trust to monitor themselves against for over 12 months as the focus has been on counter fraud. During this period, Ambulance Services have still self-assessment themselves against the old standards so data is still available. It has recently been announced that NHS Improvements will be taking over from NHS Protect therefore it is expected a new set of standards will be released shortly.

With regards to answering concerns around the welfare of staff, SE stated each member of staff who has suffered a physical or verbal assault is written to offering support from the Security team and Managers. They are advised what support is available to them which is identified by their Manager following a review of the incident, this might be self-referral to a listening centre, practical support, etc. Managers will accompany staff to Court, but they can either accept or decline this offer.

SE stated staff are always encouraged to report the incident to the police, although this does not always happen because it depends on different factors i.e. mental health, how feel or have been affected by the incident. SE stated the Trust does not report the incident, it only report incidents of criminal damage to vehicles to the police and SE will lead on this.

SE raised a piece of work has been done over the previous months looking at staff who have been incurred a physical or verbal assault. Senior Operations Managers (SOM) have been sent a report listing staff who have been subjected to 3 or more physical or verbal assaults and these staff will be offered additional support, counselling, conflict and resolution training, etc. Currently, there are 46 members of staff who are being offered additional support. It was noted Staffside have fully supported this piece of work.

JI asked where the Trust stands with zero tolerance and SE replied this is totally encouraged in relation to hate or racial abuse and although zero tolerance is accepted in principle the Trust has not withdrawn service. A further discussion took place and it was felt that the process for zero tolerance needed to be further strengthened and communicated.

JI commented most of the hate crime is race related and whether the rationale for underreporting is BME staff incur incidents daily and these are becoming a 'normal' part of their life. SG raised incidents relating to sexual advances made against female crew members are not reported either and to address this a flag can be added 'to not send female crew members' but the crew is only notified of this information if the address is flagged.

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	SE stated to protect staff, a flag can be added to the CAD and staff notified of this information if asked to attend that address. Staff can request the attendance of the police but can be waiting hours for them to attend.	
	With regards to very high-risk individuals, it is about how the situation is managed, there is a risk from the clinical perspective. Certain staff will not enter without police assistance whether as staff who have been in the organisation for a long time might entry the property to test the water before the police arrive.	
	SG highlighted the issue whereby crews making a decision based on information flagged the system which could be serval months old and potentially incorrect. Assessing the situation also comes down to local knowledge as when a flag is requested on a location the Manager will speak to the staff to ask them to rate the incident this is to have an audit trail and then the cases are reviewed after 6 or 12 months therefore some patients may be about to be taken off the list or taken off if the crew member has left.	
	AW stated the Trust has to manage the clinical risk that is in front of us and therefore has to send a resource but these individuals should be made aware of the withdrawal of care which has been done in the past with a very small number of frequent callers where they are informed they will not automatically get an ambulance within X amount of hours.	
	SE stated an end of year is produced which has a more detailed breakdown of data including age, gender, length of service, ethnicity, etc which is presented to the Executive Management Board (EMB) and the Board of Directors.	
	JI requested that the committee receive a 6-monthly review on physical and verbal assaults going forward.	
	SE informed that he is leaving the position of Head of Security & Safety and reassured the position is being recruited to as full time position which will mean the new post holder will have more time to focus on the role, conduct internal analysis and provide support to staff.	
	Resolved:	
	a) That the update on Physical & Verbal Assaults be received and noted. b) That a 6-monthly report on Physical & Verbal Assaults is presented to the committee.	**SE**
	5.5 Cost Improvement Plans (CIPs) and Quality Impact Assessments (QIAs) – pre-implementation for Board advice	
	PW gave a verbal update advising not all CIPs have been identified and those that had were shared at the Board of Directors meeting last week. It was highlighted due to the delay in identifying the CIPS, this work is being done later than expected but the process will still be followed albeit to a very tight deadline.	

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	PW informed the process had been reviewed by the Director of Finance recently and the question raised was to when the QIA should be built into the process. JI informed the importance of the QIA is to identify any potential effect on quality and if not to identify what the triggers will be. A process has been agreed and the QIAs are part of the process.	
	CC stated the CIP list seen last week was mainly a budget setting list and transactions rather than proper changes. JI understood many of the CIPs relate to budget and may not require a QIA but this is the first time there is a gap and there is a whole range of circumstances that have contributed to where we are but the issue is the process is not happening.	
	JI stated the purpose of this committee is to have assurance and understanding and if the organisation is not working within the process this becomes an issue. The CIPs need to be signed off by March which means QGC will not see sight of them before approval. PW advised she had raised this issue with the Chief Executive Officer who was comfortable with whatever arrangements QGC want to put in place and PW was happy to share the QIAs electronically for comment.	
	It was agreed that CIPs would be added to the agenda of the Extra Ordinary Board Meeting on 11 March advising that JI will be reporting to the Board of Directors meeting at the end of March that QGC have not seen sight of the final CIPs to be agreed. It was requested, on that basis, proper consideration of the CIPs will need to be undertaken at the Board of Directors meeting on 25 March 2020.	
	Resolved:	
	a) That the verbal update on Cost Improvement Plans (CIPS) and Quality Impact Assessments (QIAs) received and noted.	
	b) That CIPs is an agenda item at the Extra Ordinary Board meeting on 11 March 2020.	**PH**
	c) That PW circulate the draft QIAs to the committee electronically for comment.	**PW**
03/20/06	**Risk – None**	
	COVID 19 Update	
	JI raised although there are no risk items to be discussed, it was felt appropriate for the committee to receive an update on COVID 19 from AW and CC.	
	CC informed as QGC are aware there have been outbreaks of the Coronavirus and there are several things to update on as the provider of 111 and 999 services.	
	From a 111 perspective, this is the key element for managing coronavirus but there has been an increase in activity as we are seeing the same demand on a Monday, Tuesday and Wednesday as we do on a Friday, Saturday and Sunday. Because of this, we are seeing 150 calls in the clinical queue as staff cannot answer them all.	

CW commented the Public Health England (PHE) message is good to ring 111 but if we are not able to deliver that could be disastrous. CC replied that the Trust is working closely with PHE and NHS England (NHSE) colleagues to look at the situation which is certainly putting more demand on 111.

From a 999 perspective, it was the right decision to purchase the new respiratory hoods which provides a good level of protection for staff. The operational arrangements are in a strong position and NHS Pathways are currently on version 32 with the updates. The big task is putting all of this in place.

CC stated daily assurance checks are being carried out on vehicles used for COVID 19 cases and the data is being monitored by himself.

The Resilience & Specialist Operations Director has been appointed to lead on the Coronavirus together with an Emergency Planning Manager and the Head of Infection Prevention & Control and a COVID 19 cell has been established.

AW informed she participates in weekly webinars with the NHSE Lead and discussions over the last 2 weeks have moved from the possibility of this being to this will be a pandemic. There will be more cases in the UK and until last Thursday, we had all the contact information where each patient had been but since then there have been cases where we do not know where the patient encountered the virus.

NHSE have advised the individual risk is low as it is not as bad has getting the flu, but there is a high risk a large number of people will have a respiratory illness. It appears the impact on young people is lower than influenza.

AW advised NHSE has moved to the next level of preparation and made a formal request to all NHS organisations so it is clear what we will be doing i.e. cohorting, etc. There is concern around vulnerable patients in terms of their conditions and what medication they are taking, etc.

AW has been asked to sit on the NHSE National Clinical Cell for the Royal College of Emergency Medicine and will act as the clinical link for the Ambulance Services through NASMeD and she has been escalating concerns and requesting areas for specific information.

AW is also the Chair of JRCALC, and conversations have been held around what clinical guidance needs to be reviewed. It was noted the Trust will need to amend what it does clinically as it goes along because the guidance is constantly changing daily.

SG referred to sickness records of staff and if they are in self-isolation will this affect their sickness. KN replied HR are following PHE advice and reinforcing the health and safety of staff, currently it has not been clarified as sickness and the Trust will continue to follow NHS Employers advice which staff should self-isolate.

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	It was raised school closures will happen soon therefore where does that leave staff who have no other means of childcare. KN stated there are good support mechanisms in place for staff and it was agreed the Trust will follow the national position on school closures and sickness.	
	Resolved:	
	That the update on COVID 19 be received and noted.	
03/20/07	**Governance/Compliance and Regulation**	
	7.1 Review of Terms of Reference & Committee Self-Assessment	
	The Terms of Reference and Committee Self-Assessment had been circulated. PH advised it is the responsibility of the committee to review the terms of reference and complete the committee self-assessment. Any proposed changes to the terms of reference will be reported to the Board of Directors. The terms of reference were reviewed and amendments made to the membership and job titles following the recent restructure. MD raised if the committee was happy with the 5 meetings per year and JI replied that she was happy with the robust escalation process if the committee does not meet and how messages are relayed back to the Board of Directors. CW commented that it was too early to comment following the recent restructure. AW felt the key focus is that there is enough time between each meeting to complete the actions and the meeting length was not too long. JI replied this will be achieved on the assumption that papers have been read by committee members and only the key areas are identified to focus on. The committee self-assessment was completed by the committee. A copy of the completed self-assessment form will be circulated as Appendix 1 to the minutes.	
	Resolved:	
	a) That the review of terms of reference and committee self-assessment be received and noted. b) That the amendments are made to the terms of reference. c) That a copy of the agreed terms of reference and completed committee self-assessment form will be circulated as Appendix 1 to the minutes. d) That the review of the terms of reference and completion of the committee self-assessment is included in the Chair's Report.	**NS** **NS** **JI**
	7.2 Clinical & Quality Information Governance Assurance e.g. data quality reports, IG standards report	
	PH advised the report will be presented to the Board of Directors at the end of March 2020 with the caveat it had not been presented to QGC.	

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	Resolved:	
	a) That the verbal update on the Clinical & Quality Information Governance Assurance Report be received and noted.	
	b) That the report on Clinical & Quality Information Governance Assurance is presented at the Board of Directors meeting on 25 March 2020.	**PH**
03/20/08	**Workforce Governance**	
	8.1 Workforce Assurance Report	
	The Workforce Assurance Report was received.	
	KN gave an update noted the salient points as follows:	
	• **Key Performance Indicators** – on track.	
	• **Workforce Indicators** – these are slightly ahead of the numbers in the workforce plan and adjustments will be made against next year's workforce plan and budget. Currently the Trust is recruiting 150 call assessors. JI referred to the Ethnicity Profile data by Directorate which appears to be incorrect and very misleading. KN said she would double-check the data.	
	• **NHS Staff Survey** – the results of the survey were released on 18 February and the data had been published in the public domain. 3,375 surveys had been completed giving a response rate of 63% which is a 3% compared to 2018. It was noted the average response rate across the 11 Ambulance Services (including Wales) is 50%. The national response rate for all NHS Trusts and specialist organisations that took part in the survey is 48%. It was pleasing to note a considerable increase in the number of BME responses of which 199 were received compared to 184 last year and 110 in 2017.	
	The report has been RAG rated and provides a comparison against other NHS organisations. KN highlighted that the Ambulance Services appeared in the bottom 5 against the 'People Plan Priorities' relating to morale, immediate managers, staff engagement and health and wellbeing but the results from WMAS put them in the middle section.	
	MF asked why the data is compared to other NHS organisation rather than against other Ambulance Services. JI replied this is around why should staff who work in the Ambulance Services have a different experience compared to other in other NHS organisations.	
	CW raised what the Board of Directors need to see are the overall problems areas and what Hubs have specific issues or had no improvement since last year. KN replied each directorate area are reviewing their action plans and the Staff Survey Group will identify actions to be taken forward as well as whether any improvement has been made against last year. This data will be reviewed by the Board of Directors so they are aware of what the focus will be. JI requested a summary report outlining the key issues, key outliers and key actions be presented to QGC at the May meeting.	

ITEM	Quality Governance Committee (QGC) Meeting 2 March 2020	ACTION

	• **Flu Vaccination Programme** – target reached 80.61%. It was noted WMAS and was the only ambulance service to achieve this CQUIN.
	
	• **General Workforce Matters** – there are a number of employment legislation changes that come into effect from April 2020, these being:
	  - Parental Bereavement Leave
	  - Agency Workers' Rights
	  - Written Particulars in Employment
	
	• **Step into Health 'Talent Pool' Application system** – this is a national initiative by NHS Employers to encourage NHS organisations to work more closely with the Military. The Trust has been formed working relationships with many military units in the West Midlands and KN is a member of the military's Regional Employer Engagement Group. WMAS successfully achieved the Gold Covenant award in December 2019.
	
	• **Health and Wellbeing** – the national NHS health and welling framework which is supported by NHS England and is used as a diagnostic tool by all NHS organisation. The dashboard for WMAS had been included in the report. Health and Wellbeing is becoming more high profile at Board discussions with emphasis on what support is being given to staff. A regular update will be received at the Board of Directors meeting. JI raised due to time constraints that this item is deferred to the next agenda so that a more detailed discussion can take place.
	
	PB was welcomed to the meeting and provided an update on the following:
	
	• **Workforce Disability Equality Standard (WDES)** – the WDES action plan, online report form questionnaire and data from April to March 2019 had been circulated. PB informed the action plan is in its first year of implementation and was developed with the Disability & Carer's Network. PB highlighted there is a slight discrepancy with the data recorded in ESR against the number of disabled staff that responded to the staff survey. Staff are being encouraged to update their personal data on ESR. PB informed there is concern on whether people are being selected on their capability and highlighted although there is a differential this relates to 1 person.
	
	• **Workforce Race Equality Standard (WRES)** – the WRES action plan and data from April to March 2019 had been submitted. PB advised overall there has been some improvement against each of the 9 indicators. The data is supported by the BME actions plan. The key issues are indicator 5 and 6 relating to bullying and harassment which the ONE network felt remains unacceptably high and remains the key challenge.
	
	JI expressed some concern that the data presented was not in the same format as the WRES data submission, it was also noted that the workforce data presented within the workforce assurance report appears to be misleading. JI asked KN to review and represent it accordingly.	

ITEM	Quality Governance Committee (QGC) Meeting 2 March 2020	ACTION
	The improvement against Indicator 2 was noted showing BME staff appointed from shortlist has increased from 7.98% to 14.48%.	
	JI queried the figure against VSM in relation to Indicator 1 as there has been a definitive change, in response PB said she would clarify the definition.	
	JI requested further analysis was needed on the WRES and WDES data with strategic priorities and brought back as an agenda item at the July meeting.	
	• **Gender Pay Gap Report** – the full gender pay report had been circulated which details key data analysis and highlights the key variations for different occupational groups and the actions that are being taken to improve the findings.	
	PB advised the percentage of women in the organisation has increased and it has done well attracting and making it an environment workable for females. There are difficulties attracting females to specific areas of work i.e. engineering and fleet.	
	PB confirmed in terms of Women's Springboard Programme, the women are being tracked and a lot have made changes in both their work and personal life, 3 have gone on to do the Engaging Managers Programme and 1 had made it to Director level.	
	QGC noted the contents of the report and approved the report to be presented to the Board of Directors on 25 March 2020. The data will be published on the Trusts website by 30 March 2020 and submitted to the relevant regulator.	
	Resolved:	
	a) That the Workforce Assurance Report be received and noted.	
	b) That the Health & Wellbeing Dashboard is an agenda item at the next meeting.	**KN**
	c) That in relation to Indicator 1, PB to clarify the definition of VSM.	**PB**
	d) That the workforce data within the workforce assurance report appears to be misleading compared to the WRES data and KN to review the data and represent it accordingly.	**KN**
	e) That further analysis is done on the WRES and WDES data with strategic priorities and brought back as an agenda item at the July meeting.	**PB**
	f) That the approval of the Pay Gap Gender Report is included in the Chair's Report.	**JI**
	g) That the Pay Gap Gender Report is presented at the Board of Directors meeting on 25 March 2020. The data to be published on the Trust's website by 30 March 2020 and submitted to the relevant regulator.	**KN/PB**
03/20/09	**Chair's Reports from Working Groups**	
	9.1 Learning Review Group (LRG)	
	The Chair's Report from the meetings held on 10 February 2020and Action Log of 13 January 2020 had been circulated.	

ITEM	Quality Governance Committee (QGC) Meeting 2 March 2020	ACTION
	The contents of the Chair's Report and Action Log were noted.	
	Resolved:	
	That the Chair's Report from the meeting held on 10 February 2020 and Action Log of 13 January 2020 be received and noted.	
	9.2 Health, Safety, Risk & Environment (HSRE)	
	The Chair's Report from the meeting held on 27 January 2020 and Action Log of 25 November 2019 had been submitted.	
	It was noted HSRE approved the Data Quality Policy.	
	The contents of the Chair's Report and Action Log were received.	
	Resolved:	
	That the Chair's Report from the meeting held on 27 January 2020 and Action Log of 25 November 2019 be received and noted.	
	9.3 Equality, Diversity & Human Rights Steering Group	
	No Chair's Report was submitted due to the next meeting being held on 11 May 2020.	
	9.4 Professional Standards Group (PSG)	
	The Chair's Report from the meeting held on 23 January 2020 and Action Log of 14 November 2019 had been received.	
	It was noted PSG had approved the Clinical Audit Policy & Procedure and Managing Safeguarding Allegations Policy & Procedure.	
	The contents of the Chair's Report and Action Log were received.	
	Resolved:	
	That the Chair's Report from the meeting held on 23 January 2020 and Action Log of 14 November 2019 be received and noted.	
03/20/10	**Schedule of Business**	
	The Schedule of Business had been submitted.	
	Resolved:	
	That the Schedule of Business be received and noted.	
03/20/11	**Any Other Urgent Business**	
	None raised.	
03/20/12	**New or Increased Risks highlighted from the meeting**	
	The following new/increased risks were highlighted at the meeting: 1. **Coronavirus** – update provided by CC and AW. 2. **Quality Impact Assessments** – concerns raised the process has been delayed due to not all CIPS being identified and the limited timeframe to complete this piece of work. The CIPS will be agreed by the Board of Directors at the end of March and QGC will not have seen sight of the final CIPS agreed.	

ITEM	Quality Governance Committee (QGC) Meeting 2 March 2020	ACTION
	3. **Clinical & Quality Information Governance Report** – concerns raised QGC had not seen the report before being submitted to the Board of Directors meeting. There being no further business, the meeting closed at 13.40 pm.	
	Resolved:	
	a) That the new/increase risks raised at the meeting are received and noted. b) That the new/increased risks raised at the meeting are included in the Chair's Report to the Board of Directors meeting on 25 March 2020.	**JI**
03/20/13	**Date and Time of the next meeting**	
	Monday 11 May 2020 at 13.00 pm **Conference Room 1, Millennium Point**	

These minutes were agreed as accurate on Monday 11 May 2020.

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM   11   MONTH   MAY 2020   PAPER NUMBER 08

Committee	Quality Governance Committee
Chair	Jacynth Ivey, Non-Executive Director
Executive Director	Mark Docherty, Director of Clinical Commissioning Service Development/Executive Nurse
Meeting Date(s)	11 May 2020
Any issues relating to assurance	**Care, Quality & Safety** *Quality Account -* Received progress to date. As a result of COVID 19 planned engagement has been minimal however several comments have been received and noted from different stakeholders. None of the comments received warranted any major concern. Council of Governors have agreed their statement. Still awaiting statement from lead commissioner. The external audit of the quality accounts has been stood down as per NHS guidance. An abridged version has been developed however further work is required to make this an easy read accessible document. *Annual Reports* The following Annual Reports were noted and received: - Controlled Drugs Accountability Officer & Medicines Management - Infection Prevention & Control - Better Births - Patient Experience - Safeguarding (including Prevent) - Making Every Contact Count - Emergency Preparedness - Security and Physical Assault - Patient Safety - Clinical Audit Research Data Security & Prevention Toolkit –report will be completed by September 2020. Equality, Diversity & Inclusion Annual Report – this report was not agreed by the committee as the annual workforce data or an analysis of the same was missing. The report contains 4 equality objectives, 2020-24. The committee felt that the objectives could

not be agreed beyond one year as they need to be developed in line with the emerging trust strategy

Trust Board Reporting

Clinical Performance - performance remains strong

Trust Information- Huge thank you to members of staff who produce this report – as 6 members of staff deployed to operations. Incident reporting appears to be reducing, committee sought assurances that learning has not been missed and incidents still being captured. Staff are still being encouraged to report all incidents and are given time to complete their reports.

Safeguarding – increased numbers of referrals, however number of child deaths during COVID have been reduced. Level 3 safeguarding training has been put on hold during COVID.

Both clinical directors have signed off several clinical notices, ensuring staff are regularly kept up to date.

Risk

COVID 19 Update – following updates received:

- Activity
- Operational Model
- PPE
- Medicine Management
- Clinical Pathways
- Governance arrangements
- National Reporting
- Culture of Learning
- Communications
- Workforce – student paramendics
- Disproportionate impact on, and support for BME Workforce

Governance, Compliance and Regulation

Contractual Clinical Quality Standards Compliance (CQUIN)

Positive – in year met CQUN requirements – outlines what they are

- Target of 5% for staff accessing patient information records – achieved 20%. Remains at 5% for this year, a number of trusts struggled to achieve the target.

	• Flu target achieved. The target for forthcoming year is 90%. This may be challenging for the ambulance service dependent on winter.
	Internal Audit Report on Serious Incident Process
	Positive external assurance received. Received a substantial rating. To be presented to EMB
	Not benefited from extra member of staff as 1 other member of staff has been on long term sickness
	Concern expressed that the internal audit report had used a small sample and had been too quick to conclude that one additional member of staff would resolve the issue. Concerns were expressed that the member of staff was now absent due to illness.
	The committee asked EMB to review the current situation
	Workforce Governance -
	NHS Staff Survey - results presented. Further detail is required to understand which directorates/ areas have specific challenges. Asked for data to be triangulated with WDES & WRES. Summary of key issues, key outliers, key actions requested for the May meeting.
	Health and Well Being – dashboard presented
	Working Groups
	The following chairs reports and contents noted:
	• Learning Review Group • Health, Safety, Risk & Environment
Any risks identified	Serious Incident Investigations and staffing to be reviewed by EMB Outcome of risk assessments for BME staff
Any Communication Implications	
Matters to be referred to other Committees for determination or information	Serious Incident Investigations and staffing to be reviewed by EMB

Any other key points for escalation to the Board	

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 12   MONTH: MAY 2020   PAPER NUMBER: 09

Quality Account 2019/20	
Sponsoring Director	Interim Strategy and Engagement Director
Author(s)/Presenter	Interim Strategy and Engagement Director
Purpose	To present the draft Quality Account to members of the Board of Directors for review and approval to publish
Previously Considered by	External Stakeholders Learning Review Group Quality Governance Committee Executive Management Board Council of Governors
Report Approved By	Interim Strategy and Engagement Director

Executive Summary

The final version of the Quality Account is attached for review and approval. The document has been collated according to the Trust's standard processes, despite the decision to relax regulatory requirements at a national level. The only element of the standard approach that has not continued to completion is the input from the Trust's external auditors. Whilst liaison with the auditors had commenced, the auditors were stood down in line with the change in national guidance due to Covid-19.

The Trust held an engagement event prior to Covid-19 taking effect. Following this, the draft document was shared with all key stakeholders for comment. All comments received have been included and responses have been sent with respect to each stakeholder. It should be noted that Worcestershire HealthWatch have provided a draft statement which will be formally approved on 28th May 2020.

Subject to confirmation of the draft statement, the Quality Account, was approved by Quality Governance Committee and Audit Committee on 11th and 22nd May 2020 respectively.

Whilst not a regulatory requirement, the Trust has taken the decision to produce a summary version of the document, which includes the introductory statements, confirmation of achievement of the priorities set for 2019/20 and setting out the priorities for 2020/21. This document will be published alongside the full version on the Trust's website. Finally, to support the information regarding specific corporate service areas, a suite of departmental annual reports has been produced. These have been shared with members of the Board for approval as a separate item.

Related Trust Objectives/ National Standards	The Quality Account supports the achievement of all four Strategic Objectives and will apply to the new Strategic Objectives which were approved in March 2020.

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 12   MONTH: MAY 2020   PAPER NUMBER: 09

Risk and Assurance	Failure to deliver the Quality Account priorities may adversely affect significant risk 3 (Quality Compliance)
Legal implications/ regulatory requirements	The Quality Account is required under the Health & Social Care Act and Quality Account Regulations. Despite the national schedule for production of the Quality Account being deferred, the Trust has fully completed the requirements of this document within the original schedule.
Financial Implications	Any financial implications arising from individual priorities will be identified and reported through appropriate committees
Workforce Implications	None directly identified
Communications Issues	The Draft Quality Account has been presented to all key committees and has been approved by Quality Governance Committee. The report will be published as part of the Annual Report and in its own right in June 2020
Diversity & Inclusivity Implications	There are no adverse implications.
Quality Impact Assessment	This document provides stakeholders with the Trust Account of its Quality Management processes and priorities for improvement.
Data Quality	All data contained within the report is subject to internal audit and checking processes.

Action required

Members are asked to note that the document has been approved by Quality Governance Committee and Audit Committee, and confirm that, subject to formal approval of the draft statement:
- the declaration can be signed by the Chief Executive and Chairman
- the full version and summary version of the Quality Account can be progressed to publication

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 12   MONTH: MAY 2020   PAPER NUMBER: 09

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Quality Account 2019-20

Contents

Please note that information regarding each area of the Trust as described in the Quality Account will be available on the Trust website

Part 1
Statement on Quality from the Chief Executive

Welcome to the West Midlands Ambulance Service NHS Foundation Trust's Quality Report which reviews the year 2019-20 and sets out our priorities for 2020-21. This account is an assessment of the quality of care patients receive when they are in our care. This report details our continued commitment to delivering the very best care for our patients.

At the end of each financial year, it is always appropriate to look back and reflect on the past 12 months. Of particular note, firstly the Trust was proud to be awarded the contract for NHS111 and the Clinical Assessment Service throughout most of the West Midlands. This has given us the opportunity to provide an extremely high-quality service to the public as the first point of contact with the NHS, with the aim supporting patients to choose well. Additionally, there have been periods of significant operational pressure, namely the localised incidents along the River Severn in which communities were repeatedly flooded, followed by the rapidly escalating pandemic, Covid-19. Both of these events have significantly affected the Trust's levels of demand and operational resources.

There have been periods within the year in which activity has increased significantly. Over the course of the year, we have managed almost 1.2 million incidents, an increase of approximately 4.7% on the previous year. We have continued to respond to emergency and urgent calls in the timeliest manner, achieving all national response standards in every quarter. At the end of the year, I am pleased to confirm that we remain the only ambulance service in England that consistently meets all of the new standards.

My thanks, as ever, go to all of our staff and volunteers for the contributions that they continue to make, often in very challenging circumstances, to support and deliver outstanding patient care to the people of the West Midlands.

We continue to work with commissioners and stakeholders across our health economies to make improvements to the service. We are committed to continuing to not only make improvements to our own services, but where possible, align and connect with the services of other providers, sharing information to deliver seamless care for the benefit of patients.

To the best of my knowledge the information contained in this report is an accurate account. On behalf of West Midlands Ambulance Service, I would like to present this Quality Account. We welcome your feedback and if you have comments on this document or the Trust in general, we would be pleased to hear from you.

Anthony Marsh
Chief Executive Officer

Statement on Quality from the Medical Director and Executive Nurse

This has been another very busy year, during which we have not only managed a higher number of patients than ever before, but also in which we took on the delivery of the NHS 111 service for the West Midlands (excluding Staffordshire and Stoke on Trent). We continue to deliver care and performance that again has been rated as outstanding by the Care Quality Commission. Our response times are the best in the country, and on many of the clinical performance metrics we out-perform other services.

This year has also been an exceptionally challenging year for our staff as a result of the three major incidents declared as a result of the floods in Shropshire, Worcestershire and Herefordshire. We are also seeing the impact of the global COVID-19 virus resulting in the highest Level 4 incident being declared by NSH England. Our staff will continue to ensure that the highest level of patient care and safety is maintained during these national emergencies.

We continue to have a significant clinical research portfolio. During 2019/20, the Trust has continued to expand the opportunities for staff and patients to be involved in pre- hospital research, making huge steps forward in forging academic and research relationships in collaboration with local universities, culminating in West Midlands Ambulance Service becoming a University Ambulance Service.

Our staff are our greatest asset, and every day, in all weathers, they are out and about in the region helping people in our communities. Despite the significant workforce challenges across the NHS, we continue to maintain a position of having no Paramedic vacancies enabling us to have a Paramedic on every front-line ambulance supported by highly skilled Ambulance Technicians, thereby ensuring that our patients get appropriate care. Unlike many other services around the country, we have no need to use private ambulance services.

Our National Paramedic Academy based in Brierley Hill allows us to employ and train a skilled workforce, and every year we train around 300 Paramedics, most of whom go on to be employed by us across our Region. Our University NHS Foundation Trust status which we have been awarded confirms our vision to be a leading contributor to the knowledge and research evidence of the Paramedic profession. Our delivery model is one of skilled clinical professionals delivering the most up to date care to our patients.

We continue to invest in our fleet of ambulances to ensure they remain under 5 years old, and we have state of the art clinical equipment on board. Our ambulances are maintained by our workforce of skilled mechanics, and Vehicle Preparation Operatives ensure that the highest level of cleanliness is maintained, as well as checking equipment and stock on the ambulances. All ambulances are now cleaned and stocked from our central ambulance hubs many of which are purpose built and all are designed to ensure the highest levels of infection prevention and control standards are implemented.

Many of you will have seen one the documentary programmes that have been shown on television during the year, such as 999 On the Frontline. These programmes have been helpful in showing the public the extraordinary work undertaken by our staff on a daily basis. From the compassionate handing of the initial 999 call to the excellent care provided by the staff on the ambulance, these programmes have provided a positive view of the quality of care provided by our ambulance service.

We are arguably the best performing ambulance service in the country. But we also recognise that this does not mean we are perfect, and we are absolutely committed to ensuring we continue to improve the services we provide. Sadly, due to the nature of our work some patients die in our care. We have introduced a system of reviewing all these cases to ensure that we have done everything we can to deliver the best care possible. Where there are improvements to be made we ensure that this happens through our Learning Review Group.

Of course we don't always get things right, and we have many systems where we ensure we are aware if mistakes happen. We actively seek feedback from patients, we listen to people who have complaints, and we ask our staff to report where there are problems. Through this process we are constantly improving the delivery of our clinical care. Where we get things wrong, we are being very open and honest through our Duty of Candour which is also helping us improve our service.

We are the first point of contact with the NHS for many people in an emergency; for others that use our service, we are a source of help and support at a time of crisis. People that use our service are often vulnerable, scared, upset or confused and we continue to strive and be a responsive service that is both caring and compassionate.

We recognise that we are part of a large health and social care system, and that our patients move between different organisations to receive their care. We cannot provide excellent patient care in isolation and we are committed to working with partners to deliver excellent care across the system within which we work.

The current threat of the CORONA-19 virus is putting additional strain on our 999 and 111 services. Our staff continue to work tirelessly to ensure that during this global Pandemic our patients continue to receive the best clinical care. We will always strive to deliver the best clinical care for patients and we urge our population to take every precaution to avoid passing on this virus. Remember that regular handwashing is important in preventing the spread of infections.

We are grateful to all our staff for everything they do in delivering an excellent service, and we are proud to be the provider of the urgent and emergency ambulance service for people in the West Midlands.

Dr Alison Walker   **Mark Docherty RN MSc BSc(HONS) Cert MHS**
Executive Medical Director   **Executive Director of Nursing and Clinical**
                                 Commissioning

Introduction

We have a vision to deliver the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies. Put simply, patients must be central to all that we do. This means a relentless focus on the safety and experience of patients during our care and ensuring the best clinical outcomes are achieved.

At West Midlands Ambulance Service University NHS Foundation Trust, we place quality at the very centre of everything that we do. We work closely with partners in other emergency services, different sections of the NHS and community groups. These include working strategically with Sustainability and Transformation Partnerships and Clinical Commissioning Groups, and on a day to day basis with General Practitioners, mental health workers and local community groups. We recognise that working with the developing Primary Care Networks will be of vital importance to establishing capacity to respond to the day to day health needs of our population.

We understand as a provider organisation that to continue to improve quality it is essential that our patients and staff are fully engaged wfith the quality agenda. We continue to reinforce these through our current vision and values. The Trust has been actively reviewing its strategic objectives, which throughout 2019/20 were:

- Achieve quality and excellence
- Accurately assess patient need and direct resources appropriately
- Establish market position as an emergency healthcare provider
- Work in partnership

In the early part of 2020-21, the Trust will be establishing its delivery plans to support a revised Strategic Plan with the following new objectives:

Strategic Objective 1: Safety, Quality and Excellence	Strategic Objective 2: A great place to work for all	Strategic Objective 3: Effective planning and use of resources	Strategic Objective 4: Innovation and Transformation	Strategic Objective 5: Collaboration and Engagement
Our commitment to provide the best care for all patients	Creating the best environment for staff to flourish	Continued efficiency of operation and financial control	Developing the best technology and services to support patient care	Working in partnership to deliver seamless patient care

Care Quality Commission

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

The Trust has been registered with the Care Quality Commission without conditions since 2010. WMAS has not participated in any special reviews or investigations by the Care Quality Commission during 2019/20 and CQC has not taken enforcement action against West Midlands Ambulance Service during 2019/20.

During 2019/2020 the Trust updated its regulated activity following the acquisition of NHS111 and the Clinical Assessment Service. The Trust was inspected by the CQC in 2019. The final report, available from www.cqc.org.uk, confirms the Trust maintained its overall rating of Outstanding.

CareQuality Commission

West Midlands Ambulance Service University NHS Foundation Trust

Inspection report

Unit 9
Waterfront Business Park, Dudley Road
Brierley Hill
West Midlands
DY5 1LX
Tel: 01384215555
www.wmas.nhs.uk

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

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

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

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

Ratings

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

Whilst we have been rated, again, as Outstanding, the inspectors did identify some minor areas for regular focus. Where actions were required, these have mostly been completed and all areas remain under regular review.

Part 2
Priorities for Improvement 2020/21

We have assessed our progress against the agreed priorities for 2019/20 and have confirmed those that need to continue to ensure a high-quality service is maintained and continues to improve. In deciding our quality priorities for 2020/21 for improving patient experience, patient safety and clinical quality, we have listened to our patients, staff and other stakeholders. We have done this through engagement events, surveys, compliments, complaints and incident reporting. We regularly review all information available to us to identify trends and themes, this helps us to identify causes and priorities for improvement. We have identified a single priority for improvement for each of our core services:

Emergency and Urgent (calls from 999 and health care practitioners)
Priority: Safe Discharge on Scene

The priority identified for this service relates to the patients who, following an emergency call, were treated by an ambulance crew and discharged without the need for transport to hospital or any other destination. Paramedics are trained to assess the patient's condition and consider all treatment options available to ensure that the chosen action delivers the right outcomes for each patient. We will review this from the following perspectives:

- Patient Safety - Paramedics use a variety of information sources to facilitate decision making regarding the best treatment for patients. The course of treatment or destination chosen for each patient should meet the patients' needs, ensuring safety always. Through continuous review of trends and themes, we will be aiming to reduce the number of incidents relating to the discharge of patients at the scene. We will do this by:
  - o ensuring that all clinicians are appropriately updated in respect of the latest clinical guidance
  - o working with the local health economy to ensure that clinicians can access the patients' medical history to provide to enable informed decisions to be made
  - o reviewing and updating the Directory of Services to maximise options available, which are appropriate to the patients' condition
  - o provide overview and support from the Emergency Control Room to assist with decision making in relation to the treatment plan for the patient
- Clinical Effectiveness - Once assessed by a Paramedic, the patient's onward treatment needs should be met by other healthcare providers; and should not require further intervention from WMAS. We will be assessing the appropriateness of discharge at the scene by monitoring the volume of patients that re-contact us within 48 hours.
- Patient Experience - All patients should experience high levels of patient care and safety. We currently review all information received from patients and their relatives through complaints, compliments and the Family and Friends Test, however, the number of contacts we receive through these routes are historically low. Our plan to improve feedback will incorporate a survey of 100 patients per quarter to understand their experience and if they had the need to re-contact either 999/111. Patients surveyed will be asked if they would consider attending a patient focused meeting so representatives of the Trust can hear their views and learn from their experiences.

Emergency and Urgent (E&U) Priority: Safe discharge on scene

WMAS plays an important role in ensuring that patients are treated in the right place by the right healthcare professional for their condition. Paramedics are trained to assess the patient's condition and consider all appropriate treatment options available to ensure that the chosen course of action delivers the right outcomes for each patient.

Patient Safety	Rationale	Paramedics use a variety of information sources to facilitate decision making with regard to the best treatment for patients. The course of treatment or destination chosen for each patient should meet the patients' needs, ensuring safety at all times
	Measurement	Reduction in the number of incidents and serious incidents relating to the discharge of patients on scene Review of audit findings
	Baseline	Baseline position to be populated after the end of March Audit carried out in 2019, which provided an assurance score of Moderate
	Target	Target to be agreed and populated based upon baseline Improvements in re-audit during 2020/21
Clinical Effectiveness	Rationale	Once assessed by a Paramedic, the patient's onward treatment needs should be met by other healthcare providers; and should not require further intervention from WMAS.
	Measurement	Reduction in number of recontacts following discharge on scene Review of audit findings
	Baseline	Baseline position to be populated after the end of March Audit carried out in 2019, which provided an assurance score of Moderate
	Target	Target to be agreed and populated based upon baseline Improvements in re-audit during 2020/21
Patient Experience	Rationale	All patients should experience high levels of patient care and safety
	Measurement	Ensure a higher positive experience if patients being discharged on scene compared to a negative.
	Baseline	Current feedback on experience is low through the current Friends and Family reporting process.
	Target	To survey 100 patients a quarter to understand their experience and if they re-contacted 999/111. Patients surveyed will be asked if they would consider attending a patient focused meeting so representatives of the Trust can hear their views and learn from their experiences.

Q10

Patient Transport Services (non-emergency transport to hospital appointments)
Priority: Reduction in avoidable injuries in the care of patients

We provide a reliable service to transport many vulnerable and frail patients to and from hospital appointments. This is an essential aspect to delivering care in the community and assisting people to live safely and independently for as long as possible.   Whilst we strive to offer the highest quality of care to all patients, incidents can occur from time to time, in which patients are injured. We aim to continue to improve our practices to ensure that when incidents do occur, that we learn from the experience and adjust either our practices or the equipment used to minimise the likelihood of reoccurrence. We will review this from the following perspectives:

- Patient Safety - Any incidents or near misses which occur during the care and transportation of patients are reported and thoroughly investigated. Resulting actions may require a change of practice, equipment or further training for staff to reduce the likelihood of a similar incident re-occurring. This has been a priority during 2019/20 and we will continue our work in this area in order that we continue to reduce the number of patient safety related incidents and serious incidents. We will do this by continuing to investigate trends and themes in reported incidents, liaising directly with both the commissioners and patients to ensure that our patients' needs are accommodated fully

- Patient Experience - Our patients should experience the best treatment whilst in our care. This should be evident in all communications with patients about the care they have received. We will continue to focus our attention on the following:
  - Reduction of complaints relating to care during transportation
  - Improvement in response to face to face surveys with patients in relation to their experience
  - Improvement in the volume of responses to the Family and Friends Test in relation to transportation

PTS Priority: Safe Transportation of Patients

We provide a reliable service to transport many vulnerable and frail patients to and from hospital appointments. This is an essential aspect to delivering care in the community and assisting people to live safely and independently for as long as possible. Whilst we strive to offer the highest quality of care to all patients, incidents can occur from time to time, in which patients are injured. We aim to continue to improve our practices to ensure that when incidents do occur, that we learn from the experience to minimise the likelihood of reoccurrence.

Patient Safety		
	Rationale	Any incidents or near misses which occur during the care and transportation of patients are reported and investigated. Actions are implemented which may require a change of practice or further training for staff to reduce the likelihood of a similar incident occurring again. We plan to continue to reduce the number of patient safety incidents and serious incidents
	Measurement	Volume of reported patient harm incidents
	Baseline	Harm related incidents 100, No harm incidents, 672 (Total 772)
	Target	Maintain incident reporting and learning from these incidents with a planned reduction in the number of 'harm' incidents and the level of harm.

Clinical Effectiveness		
	Rationale	The PTS service does not deliver clinical care, therefore there is no requirement for improvement to the clinical effectiveness of this service
	Measurement	
	Baseline	
	Target	

Patient Experience		
	Rationale	Our patients should experience the best treatment whilst in our care. This should be evident in all communications with patients about the care they have received
	Measurement	• Reduction of complaints relating to care during transportation • Improvement in response to face to face surveys with patients in relation to their experience • Family and Friends Test - Improvement in responses in relation to transportation
	Baseline	• Complaints 2019-20 17 (By quarter) • Face to face survey responses 64 (By quarter) • Family and Friends Test –131 (By Quarter)
	Target	• Complaints 2019-20 13 (By quarter) • Face to face survey responses 80 (By quarter) • Family and Friends Test – 164 (By Quarter)

NHS111 (calls for healthcare advice and referral to other health services)
Priority: Ensuring appropriateness of 111 calls that are transferred to 999

WMAS plays an important role in ensuring that patients are treated in the right place by the right healthcare professional for their condition. NHS111 is a major route into the NHS for many patients who feel that they do not need the assistance of emergency or urgent healthcare providers. Through effective telephone triage, we will ensure that only those patients whose symptoms require the use of more urgent healthcare services are transferred to 999. The remainder will be effectively treated through alternative routes.

Since commencing delivery of the NHS111 service in November 2019, the Trust has invested significantly in staff recruitment and training to ensure patients receive the best level of service. Consequently, the volume of calls transferred to 999 has decreased, helping to ensure stability across both services. We believe that further reductions can be made and as the service develops, we will continue to focus on the most appropriate treatment for all patients, regardless of the number dialled. It is important to note that our priority in this area must be clinically, not target, driven. We will not strive for continuous reduction in the number of calls transferred to the 999 service, as this may not be in the best interest of patients. Instead, we will focus upon transferring only those which are **appropriate** for ambulance response. We will be reviewing our actions from the following perspectives:

- Patient Safety - Ensuring that patients receive the most appropriate response according to their presenting symptoms will support treatment in the right environment by the most appropriate healthcare professional. This will reduce the number of patients waiting for an emergency response and in some cases, may reduce the number of patients presenting at Emergency Departments. We will regularly monitor the percentage of calls from 111 that are transferred to 999
- Clinical Effectiveness – we use our skilled clinicians, we the revalidation of 111 calls, which are categorised as category 3 or 4, to effectively signpost patients to alternative pathways to meet their needs and requirements.
- Patient Experience – We will use all methods of communication with patients to ensure that our actions to reduce calls transferred do not adversely affect patient experience.

NHS111 Priority: Ensure appropriateness of 111 calls that are transferred to 999

WMAS plays an important role in ensuring that patients are treated in the right place by the right healthcare professional for their condition. NHS111 is a major route into the NHS for many patients who feel that they do not need the assistance of emergency or urgent healthcare providers. Through effective telephone triage, we will ensure that only those patients whose symptoms require the use of more urgent healthcare services are transferred to 999. The remainder will be effectively treated through alternative routes.

Patient Safety	Rationale	Ensuring that patients receive the most appropriate response according to their presenting symptoms will support treatment in the right environment by the most appropriate healthcare professional. This will reduce the number of patients waiting for an emergency response and in some cases, may reduce the number of patients presenting at Emergency Departments
	Measurement	Percentage of calls from 111 that are transferred to 999
	Baseline	14%
	Target	Below 10% By March 2021
Clinical Effectiveness	Rationale	Through a skilled clinical workforce, the revalidation of 111 calls, which are categorised as category 3 or 4, to effectively signpost patients to alternative pathways to meet their needs and requirements
	Measurement	Volume of calls that receive clinical validation Reduction in the number of recontacts within 24 / 48 hours
	Baseline	• Clinical validation from 70 – 75% (note that during the period of Covid 19 Pandemic, clinical validation has not been a priority, due to the significant rise in demand on the service) • The level of re-contacts will be confirmed at the end of the financial year, in readiness for reporting to commence in Quarter 1
	Target	• Clinical Validation to be increased above 80% by March 2021 • Re-contact target to be established once baseline has been determined
Patient Experience	Rationale	The Trust will review complaints received in relation to the outcome of 111 calls which were not transferred to 999 to ensure that patient experience was not adversely affected.
	Measurement	Number and nature of complaints in relation to treatment and outcomes
	Baseline	Having only commenced the 111 contract in November 2019, there is only a partial baseline to work from at the present time. The trends and themes will be regularly monitored throughout the year.
	Target	Overall reduction in number of complaints relating to outcome following 111 call. Reduction in number of recontacts

Coronavirus (COVID 19) Priorities for 2020/21

Throughout the very challenging circumstances that have been created by the pandemic, we have led the emergency and urgent response for patients calling 999 and 111 and have significantly boosted our resources throughout. Whilst many of these resources will be stepped down as pressures ease the Trust will take the opportunity to consider its priorities and actions throughout the coming year as a result. In particular, we will pay close attention to national analyses surrounding trends in relation to the following as some early examples:

- The effect of isolation on children from the perspective that fewer children are presenting at emergency department with the pattern of illness and injuries that would normally be seen
- Evidence is continuing to emerge that the pandemic could be disproportionately affecting people from black, Asian, and minority ethnic (BAME) communities[1]. A review into the impact of COVID-19 on BAME communities, led by NHS England and Public Health England (PHE) will be key to understanding the actions the Trust must take.
- The effect of isolation on adults' health, with the concern that there may be fewer emergency calls relating to life threatening conditions such as stroke and cardiac arrest

At the time of producing the Quality Account, it is premature to set out specific priorities in relation to Covid19, but as the pandemic eases, the Trust will identify and regularly monitor ongoing priority actions, which will be incorporated into our Quality Account as reflections and learning for future years.

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[1] https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30228-9/fulltext

Summary of Priorities

For ease of reference, the key priorities for quality improvement in 2020/21 are summarised below:

	E&U Safe discharge on scene	PTS Reduction in avoidable injuries in the care of patients	NHS111 Ensure appropriateness of 111 calls that are transferred to 999
Patient Safety	Reduction in the number of incidents and serious incidents relating to the discharge of patients on scene	Reduction in the volume of reported patient safety incidents	Review of the percentage and nature of calls that are transferred to 999 for ambulance response
Clinical Effectiveness	Reduction in number of recontacts following discharge on scene		Increase the volume of calls that receive clinical validation
Patient Experience	Ensure a higher positive experience if patients being discharged on scene	Reduction in the volume of complaints relating to care during transportation Improvement in response to face to face surveys with patients in relation to their experience Family and Friends Test - Improvement in responses in relation to transportation	Number and nature of complaints in relation to treatment and outcomes Reduction in the number of recontacts
Covid-19	Actions to be determined and monitored throughout the year	Actions to be determined and monitored throughout the year	Actions to be determined and monitored throughout the year

Our Services

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

The Trust has a budget of approximately £330 million per annum. It employs more than 5,000 staff and operates from 15 Operational Hubs and a variety of Community Ambulance Stations together with other bases across the region. In total the Trust uses over 1000 vehicles to support front line operations including ambulances, minimal response cars, non-emergency ambulances and specialist resources such as Mental Health, Critical Care, HART and helicopters.

There are two Emergency Operations Centres, located at Tollgate in Stafford and Brierley Hill in Dudley, taking around 3,500 to 4,000 emergency '999' calls each day. In addition, the Trust operates a call centre in Brierley Hill where calls from throughout the West Midlands (excluding Staffordshire) to NHS111 are responded to or referred to other healthcare professionals.

During 2019/20, West Midlands Ambulance Service University NHS Foundation Trust provided the following three core services:

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

2. **Non-Emergency Patient Transport Services** (NEPTS)

In many respects, this part of the organisation deals with some of the most seriously and chronically ill patients. They transfer and transport patients for reasons such as hospital appointments, transfer between care sites, routine admissions and discharges and transport for continuing treatments such as renal dialysis. The Non – Emergency Patient Transport Service has its own dedicated control rooms to deal with the 1,000,000 patient journeys it undertakes annually, crews are trained as patient carers. The Trust has contracts in Birmingham, , Coventry & Warwickshire, Cheshire, Walsall, Dudley and Wolverhampton. The Trust retained some existing contract through recent tender activities and has been awarded a new contract in Sandwell.

3. **NHS111**

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

- Calls transferred to 999 service for ambulance response   13 per cent
- Advice to attend Emergency Department   10 per cent
- Referral to Primary Care or other Service   61 per cent
- Self-care advice   16 per cent

3. **Emergency Preparedness:**

This is a small but vitally important section of the organisation which deals with the Trust's planning and response to significant and major incidents within the region as well as co-ordinating a response to large gatherings such as football matches. It also aligns all the Trust's Specialist assets and Operations into a single structure. Such assets include the staff, equipment and vehicles from the Hazardous Area Response Team (HART), Air Operations, Specialist Operations Response Team (SORT) and the Mobile Emergency Response Incident Team (MERIT). The department constantly arranges training for staff and ensures the Trust understands and acts upon intelligence and identified risk to ensure we keep the public safe in terms of major incidents. The past year has again seen the Trust invest significant time and money in replacing its major incident fleet and equipment, provided annual Commander training and updates to over 200 staff and Managers, trained 350 staff as Specialist Operations Response Team Operatives (SORT), commenced work on the Commonwealth Games 2022, worked in partnership with Midlands Air Ambulance Charity to launch a second critical care car in Worcestershire, responded to significant flooding along the River Severn and introduced drone technology. These are just a few examples of our continuing progression and investment in services

The West Midlands Ambulance Service University NHS Foundation Trust has reviewed all the data available to them on the quality of care for these four relevant health services.

The Trust is supported by a network of volunteers. More than 560 people from all walks of life give up their time to be community first responders (CFRs). CFRs are always backed up by the Ambulance Service but there is no doubt that their early intervention has saved the lives of many people in our communities. WMAS is also assisted by voluntary organisations such as BASICS doctors, water-based Rescue Teams and 4x4 organisations.

The Trust does not sub-contract to private or voluntary ambulance services for provision of its E&U services.

To ensure excellent business continuity in support of major incidents the Trust has agreements in place to request support from other NHS Ambulance Services.

The Trust has utilised the services of private providers during 2019/20 to support Non – Emergency Patient Transport Services particularly during the introduction of new contracts. Sub-contractors are subjected to a robust governance review before they are utilised.

The income generated by the relevant health services reviewed in 2019/20 represents 99.6% of the total income generated from the provision of health services by the Trust for 2019/20. More detail relating to the financial position of the Trust is available in the Trust's 2019/20 Annual Report.

Performance - Emergency and Urgent Service

The Trust is measured nationally against **operational standards for the Emergency and Urgent Service**. Due to its participation in the national Ambulance Response Programme and early implementation of the recommendations, the Trust has been measured against the new national standards since September 2017.

These standards are:

Category 1
Calls from people with life-threatening illnesses or injuries

- 7 Minutes mean response time
- 15 Minutes 90th centile response time

Category 2
Serious Condition that requires rapid assessment (Serious Injury, Stroke, Sepsis, major burns etc.)
- 18 minutes mean response time
- 40 minutes 90th centile response time

Category 3
Urgent but not life threatening (e.g. pain control, non-emergency pregnancy)
- 120 minutes 90th centile response time

Category 4
Not urgent but require a face to face assessment.
- 180 minutes 90th centile response time

Clinical Audit

WMAS recognises the importance of ongoing evaluation of the quality of care provided against key indicators. As a member of the National Ambulance Service Clinical Quality Group, we actively partake in both national and local audits to identify improvement opportunities. As a result, the Trust has a comprehensive Clinical Audit Programme which is monitored via our Clinical Audit & Research Programme Group. During 2019-2020, the Trust participated in 100% of national audits and has not been required to participate in any national confidential enquiries.

The Trust was eligible for and participated in the following audits during 2019-2020:

Audit	WMAS Eligible	WMAS Participation	*Number of Cases Submitted	Annual Number of Cases Submitted
Ambulance Quality Indicators (Clinical)	✓	100%		The AQIs run 2-3 months behind for submission to the DH End of year data will be available August 2020.
Myocardial Infarction National Audit Programme (MINAP)	✓	100%	N/A – Hospitals enter data onto national database	

Local Trust Audits

	Local Clinical Audit Programme
The Trust produces Local Performance indicators to support local improvements. The Trust is committed to developing links with Hospitals to access patient outcomes.	Examining the Delivery of Mental Health Care
	PGD Medication Audit (previously done Medicines Management)
	Clinical Records Documentation Audit
	Management of Deliberate Self Harm
	Management of Paediatric Pain
	Management of Head Injury
	Maternity Management
	Paediatric Medicine Management
	Care of Patients Discharged at Scene
	Administration of Morphine Audit
	Management of Asthma in Paediatric Patients
	Post Intubation Documentation Audit
	MAA Merit Pain Management Audit
	MAA RSI Pre Hospital Emergency Intubation Audit
	MAA & WMAS Thoracostomy Audit
	Learning from Deaths
	Post-Partum haemorrhage Management
	MAA Time to PHEA
	Adrenaline 1:1000 Administration Audit
	Naloxone Administration

Learning from Audit

National Audits

Ambulance Services are not included in the formal National Clinical Audit programme however during 2019-2020 WMAS participated in the following five National Clinical Audits.

Ambulance Quality Indicators

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

Plus the following National Clinical Audit included within STEMI above.

5. **Myocardial Infarction National Audit Programme (MINAP)**

The reports of the National Clinical Audits were reviewed by the Trust in 2019-2020 and the WMAS intends to take the following actions to improve the quality of healthcare provided for patients

- Communications through the Trust Weekly Briefing and Clinical Times
- Development of Electronic Patient Record reporting to enable real time auditing.
- Development of individual staff performance from the Electronic Patient Record.

Local Audits

The reports of two local clinical audits were reviewed by the Trust in 2019-2020 and the WMAS intends to take the following actions to improve the quality of healthcare provided:

Post-Partum Haemorrhage Management

Post-Partum Haemorrhage (PPH) remains one of the leading causes of maternal deaths in the UK (MBRRACE-UK 2017). With the planned increase in community-based births with the implementation of the Better Births programme, there is the potential of an increased input for ambulance trusts to provide assistance to maternity service providers in the future.

It is essential that early identification and timely management of PPH is completed in order to reduce mortality and morbidity. The impact of the poor identification and management of this patient group cannot be under-estimated and the ramifications are significant for both patients and clinicians. Obstetric errors can lead to litigation with significant financial penalties.

WMAS has adopted the JRCALC Clinical Guidelines (2017) for PPH however does not currently carry either of the uterotonic drugs for the management of women suffering a PPH. This may lead to risk of patient safety incidents.

The results have highlighted that significant work is required into highlighting that PPH is an obstetric emergency even though the patient may initially present with minimal external blood loss and observations within normal parameters. Education in providing effective fundal massage along with other clinical management needs to be disseminated to all clinicians.

Assessment and management of Head Injury

The main aim and objective of this re audit was to compare data with the previously completed clinical audit reports to identify areas of improvement and areas that still require attention. The overall aim of these audits is to ensure that patients suffering from a head injury are being assessed appropriately to allow accurate severity of the injury to be determined and correct treatment provided, in addition to identify if the treatment and assessment of patients suffering from head injuries are in line with JRCALC Clinical Guidelines 2006 and NICE Guidance 056 and 176.

Overall this audit showed an improvement in compliance with the standards and that WMAS clinicians are adhering to JRCALC and NICE guidance. The improvement can be attributed to the strategy for improvement developed following the original audit.

It has been recommended to review the clinical audit standards for 2020-2021 clinical audit.

Participation in Research

During 2019/20, the Trust has continued to expand the opportunities for staff and patients to be involved in pre-hospital research, making huge steps forward in forging academic and research relationships in collaboration with local universities, culminating in West Midlands Ambulance Service becoming a University Ambulance Service.

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

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

The number of patients receiving relevant health services provided by WMAS in 2019/20 that were recruited during that period to participate in research approved by a Research Ethics Committee was 835. During this period the Trust participated in 12 research studies, of which 11 studies were categorised as National Institute of Health Research Portfolio eligible.

The following research studies have continued during 2019-20

- **Epidemiology and Outcomes from Out of Hospital Cardiac Arrest Outcomes (OHCAO)**
  Survival from cardiac arrest differs around the country. This project aims to establish the reasons behind these differences in outcome.

  It takes a standardised approach to collecting information about Out of Hospital Cardiac Arrest and for finding out if a resuscitation attempt was successful. The project will use statistics to explain the reasons why survival rates vary between region. It is sponsored by Warwick University and funded by the Resuscitation Council (UK) and British Heart Foundation,

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

- **Resuscitation with Pre-Hospital Blood Products (RePHILL)**
  WMAS and Midlands Air Ambulance are working with University Hospitals Birmingham to investigate whether giving blood products (red blood cells and freeze-dried plasma) to badly injured adult patients, before reaching hospital improves their clinical condition and survival. Patients with major bleeding are currently given clear fluids but military and civilian research suggests that survival could increase if hospital patients receive blood products instead.

The following research studies have commenced during 2019-20

- **Evaluating Advance Care Plans. Listening to Families and Professionals**

  The Child and Young Person's Advance Care Plan (CYPACP) is a document to help plan ahead and record their wishes. It is a 'plan for life' that aims to help children/young people to live as well as possible, for as long as possible and choose the care they want, in the places they want it. The study aims to understand how families, professionals and organisations work together to discuss, complete and use the CYPACP to benefit children/young people.
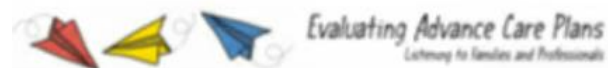
- **Out of Hospital Cardiac Arrests Secondary to Non-Judicial Hanging Injury**
  Retrospective review of existing data regarding out of hospital cardiac arrests occurring as a result of hanging, to understand the injuries sustained and complications encountered by healthcare professionals during pre-hospital resuscitation.

- **Pre-Hospital ECG in Acute Coronary Syndromes PHECG2)**
  This project builds on previous work by the study team, which found that one in three eligible patients did not receive a PHECG, but those that did had a lowered risk of short-term death. Women, the elderly and people with more complex health status were less likely to receive PHECG. The dominant treatment for heart attack at the time of our earlier analysis was 'clot buster' drug therapy (fibrinolysis). In this study we will update that work, in the context of the shift in recent years to a more interventional strategy for treatment of heart attack (angioplasty and stents) and explore reasons for variations in practice -highlighting opportunities to improve care and outcomes.

- **Paramedic Identification of Patients with End of Life Care Needs**

  This study aims to discover whether ambulance paramedics report that they currently refer patients to their General Practitioners (GPs) specifically to assess whether that patient may benefit from EOLC. It also aims to determine ambulance paramedics' awareness of the Gold Standard Framework (GSF) Proactive Identification Guidance (PIG) and their attitudes towards the appropriateness of performing this role in their clinical practice.

- **The Pre-hospital Evaluation of Sensitive Troponin study (PRESTO)**

  When a patient calls emergency ambulance services for chest pain and a heart attack is suspected, the patient is taken to hospital. In the hospital the patient usually undergoes blood tests, both on arrival and up to 12 hours later before the diagnosis of heart attack can be excluded. With the best available laboratory-based tests for a biomarker called troponin, it may soon be possible to exclude this diagnosis as soon as 3 hours after arrival in the hospital. However, clinicians still have to wait for 1-2 hours for the results of laboratory-based tests. Point of care troponin tests are now available and could potentially be used in the ambulance. It is not known whether use of these point of care tests can exclude the diagnosis of a heart attack at the time of paramedic arrival to patients. If they could, we may be able to safely reduce the number of patients being taken to hospital and unnecessary hospital admissions.

- **Impact of Restart a Heart Day 2019 in the UK**

  Members of the public can play an important role in saving someone's life if they are having a cardiac arrest. Having the confidence to start resuscitating someone having a cardiac arrest can be improved by training. The aim of Restart a Heart Day is to train as many people as possible in cardiopulmonary resuscitation (CPR). This study aims to find out where these events are held to see if there are any geographical areas that are being missed and to look at characteristics of any of these missed areas. It also wants to find out how going to train at one of these events affects how confident someone feels about starting CPR should the need arise.

- **Major Trauma Triage Tool Study (MATTS)**

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

- **Strategies to Manage Emergency Ambulance Telephone Callers with Sustained High Needs - An Evaluation Using Linked Data (STRETCHED)**

  To evaluate effectiveness, safety and efficiency of case management approaches to the care of people who frequently call the emergency ambulance service; and gain understanding of barriers and facilitators to implementation.

  For high 999 service users: What are the demographics, case mix and patterns of use? What are the costs and effects of case management across the emergency care system? What are the facilitators and barriers to implementation?

- **Promoting Staff Wellbeing in UK NHS Ambulance Personnel - What Works and How Can We Do Better?**
  Ambulance service workers have some of the highest rates of sickness absence in the NHS. We don't know why ambulance workers are off sick more than other workers, but some researchers think that it might be due to mental health problems. This study looks at the differences in reported sickness between the ten ambulance services in England. We will also look at what is included and what is missing from the policies that the ambulance services use to support their staff with poor mental health.

Sustainability
Environmental & Sustainability Report 2019/2020

The Trusts has an obligation to work in a way that has a positive effect on the communities we serve. The Trust has taken this very seriously, in working to towards sustainability means spending public money well, the smart and efficient use of natural resources, designing for sustainability, planning to improve performance, reducing output, such as waste, vehicle emissions which impact on the environment.

The Trust hopes that the work it has undertaken will be viewed as a demonstration of consideration of the social and environment impacts, ensuring the legal requirements of the Public Services (Social Value) Act (2012) are achieved

In order to embed sustainability within the Trust it is important for us to detail where in our process procedures sustainability feature.

Area	Is sustainability Considered?
Travel	Yes
Business Cases	Yes
Procurement	Yes
Suppliers Impact	Yes
Facilities Management	Yes
Energy	Yes
Waste Management/ Recycling	Yes
Water	Yes
Bio Diversity	Yes

Energy

The Trust has continued with the installation of LED lighting to two further facilities, the installations have been a very positive project with energy consumption reduce over the next twelve months by 333,201KWH and our CO2 output will reduce by 182 tonnes. Further installations will continue with other facilities in future years.

Additionally, areas of buildings which remain empty for periods, motion sensors to rooms have been installed switching lights when not in use, this will be an accumulative benefit as the level of energy will be reduced with lighting being turned off.

Heating boilers have been replaced at four sites, as well as being 30% more efficient than the units they are replacing we have also implemented an air source heat pump recovery system that is being used to deliver 80% of our hot water in our HQ site.

Fleet

Lord Carter's report into unwarranted variation in ambulance services[2] called for reduction of variation across several operational areas including fleet. The WMAS fleet was identified as the most sustainable in the country and our double crewed ambulance (DCA) specification has been used as the benchmark. We have tendered our requirements through to 2021/22 or until the National procurement framework is implemented. One of our major objectives set for the converters to tender against was to reduce the weight of our DCA to reduce the amount of fuel they use.

This project has delivered a significant reduction in harmful emissions - 16.6 per cent reduction in nitrogen oxide (NOx) and 6.9 per cent reduction in carbon dioxide (Co2) emissions.   Our operational fleet is the most modern fuel-efficient fleet in the country (substantiated by the Lord Carter Report).

We will continue to drive this innovation with our partner converter during 20/21 with further weight savings to come using more innovative materials and build techniques.   We continue to work towards alternative fuelled operational vehicles that will provide suitable range to make them a useable and affordable platform.

Alternative fuel vehicles in our non-operational fleet are growing with 29 per cent of the fleet now either petrol hybrid, plug in hybrid or electric.

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[2] https://www.england.nhs.uk/wp-content/uploads/2019/09/Operational_productivity_and_performance_NHS_Ambulance_Trusts_final.pdf

Goals Agreed with Commissioners (CQUIN Indicators)

Commissioning for Quality and Innovation (CQUIN) is a payment framework that enables commissioners to agree a proportion of the Trust's income to be paid on achievement of quality and innovative work to improve the quality of the Service. A proportion of the WMAS' income (1.25%) in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between WMAS and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

The Trust achieved all priorities and targets against CQUIN criteria, which are detailed below:

Indicator Title	Weighting	Value	Achieved?
CCG2: Staff Flu Vaccinations	0.25%	540,941	Yes
CCG10a: Access to Patient Information at Scene (Assurance)	0.5%	1,081,883	Yes
CCG10b: Access to Patient Information at Scene (Demonstration)	0.25%	540,941	Yes
Locally defined indicator: Sepsis	0.25%	540,941	Yes
Total	**1.25%**	**£2,704,706**	

The National CQUIN indicators for 2020/21 are detailed below. Financial values cannot currently be confirmed due to the national cessation of contracting arrangements while resources are focussed on the Covid-19 pandemic.

2020/21 CQUIN Indicators
Achieving a 90% uptake of flu vaccinations by frontline staff with patient contact
Achieving 5% of face to face incidents resulting in patient data being accessed by ambulance staff on scene

Data Quality

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

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

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

NHS Number and General Medical Practice Code Validity
The Trust was not required to and therefore did not submit records during 2019/20 to the Secondary Uses service for inclusion in the Hospital Episode Statistics to be included in the latest published data.

Data Security and Protection Toolkit
In light of Covid-19, NHSX recognises that it will be difficult for many organisations to fully complete the toolkit without impacting on their COVID-19 response. NHSX therefore took the decision to push back the final deadline for DSPT submissions to 30 September 2020. We will comply with this revised schedule and will confirm our achievement later in the year.

Clinical Coding Error Rate
West Midlands Ambulance Service was not subject to the Payment by Results clinical coding audit during 2019/2020 by the Audit Commission.

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

Learning from Deaths

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

During the 2019/20 reporting year, the total number of deaths that occurred, while in WMAS care, was 722. This aggregate figure represents quarterly totals of:

- 177 in quarter one
- 217 in quarter two
- 181 in quarter three
- 147 in quarter four

During the 2019/20 reporting year, 658 case record reviews and 137 investigations were conducted. WMAS, although not stipulated within the National Guidance for Ambulance Trusts, have adopted the approach that where deaths have occurred while in WMAS care, all will receive a case record review. The exception to this was during the month of March 2020; where no case record reviews occurred due to the National COVID 19 response and subsequent staff redeployment to operational duties. Therefore, the number of case record reviews that have been conducted will be identical to the number of deaths that have occurred while in WMAS care with the exception of the quarter 4. This aggregate figure represents quarterly totals of:

- 177 case record reviews and 49 investigations in quarter one
- 217 case record reviews and 47 investigations in quarter two
- 181 case record reviews and 21 investigations in quarter three
- 83 case record reviews and 20 investigations in quarter four

During the 2019/20 reporting year, upon initial case record review or investigation, 25 of the 722 deaths or 3.46% were considered more likely than not to have been due to problems in the care provided to the patient. This number and percentage has been estimated as a result of each case meeting the threshold for investigation under the Serious Incident Framework; which may ultimately determine that there were no problems in the care that was provided. The aggregate figure and percentage represents quarterly totals of:

- 3 deaths or 1.69% in quarter one
- 12 deaths or 5.53% in quarter two
- 5 deaths or 2.76% in quarter three
- 5 deaths or 3.40% in quarter four

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

In the previous 2018-2019 reporting period all deaths received a case record review that was completed and reported on in the 2018-2019 Quality Account. As a result of clarification on Quality Account reporting requirements and the completion of 4 investigations that were not completed at the time of 2018-2019 quality account publication; a revised 2018-2019 quality account statistic has been provided:

- During the 2018/2019 reporting year, upon initial case record review or investigation, 22 of the 812 deaths or 2.70% were considered more likely than not to have been due to problems in the care provided to the patient

Performance against Quality indicators

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

Operational Performance

Ambulance Services nationally have again struggled to meet both national performance targets and efficiency targets in 2019/20 but West Midlands Ambulance Service University NHS Foundation Trust has continued to perform well, consistently exceeded the national average in all measures as shown in the following table:

Category	Performance Standard	Achievement	National Average
Category 1	7 Minutes mean response time	6 Minutes 56 Seconds	7 Minutes 18 Seconds
	15 Minutes 90th centile response time	12 Minutes 6 Seconds	12 Minutes 50 Seconds
Category 2	18 minutes mean response time	13 Minutes 17 Seconds	2 Minutes 47 Seconds
	40 minutes 90th centile response time	24 Minutes 29 Seconds	49 Minutes 3 Seconds
Category 3	120 minutes 90th centile response time	103 Minutes 43 Seconds	171 Minutes 15 Seconds
Category 4	180 minutes 90th centile response time	149 Minutes 39 Seconds	213 Minutes 41 Seconds

We continue to work with our Commissioners and other providers such as acute hospital colleagues to ensure improvements in the provision of healthcare for the people of the West Midlands. WMAS continues to employ the highest paramedic skill mix in the country with a paramedic present in virtually all crews attending patients every day.

WMAS considers that this data is as described for the following reasons: it has been cross checked with Trust database systems and is consistent with national benchmarking and has been audited by external auditors.

Ambulance Quality Indicators

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

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

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

Stroke Care Bundle

A stroke care bundle includes early recognition of onset of stroke symptoms and application of the care bundle.

The Stroke Care Bundle requires each patient to receive each of the detailed interventions below:

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

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

Cardiac Arrest

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

The AQI includes:
- Number of cardiac arrest
- ROSC (return of spontaneous circulation) on arrival at Hospital
- Survival to discharge from hospital
- Post Resuscitation care bundle

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

- Overall Group

  o Resuscitation has commenced in cardiac arrest patients

- Comparator Group

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

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

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

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

Sepsis

Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.
- Observations assessed?
- Oxygen administered where appropriate?
- Fluids administration commenced?
- Administration of fluids recorded
- Hospital pre-alert recorded?

Year-to-date Clinical Performance AQI's

	Mean (YTD)							
Ambulance Quality Indicators	WMAS (15-16)	WMAS (16-17)	WMAS (17-18)	WMAS (18-19)	WMAS (19-20)	Last National Average	Highest	Lowest
STEMI Care Bundle	77.99%	81.17%	81.01%	95.97%	97.14%	79.80%	98.93%	94.27%
Stroke Care Bundle	98.19%	97.36%	95.19%	98.98%	98.66%	96.90%	99.76%	94.16%
Cardiac Arrest - ROSC At Hospital (Overall Group)	30.17%	29.49%	29.26%	32.31%	32.61%	28.80%	35.34%	29.01%
Cardiac Arrest - ROSC At Hospital (Comparator)	50.61%	45.60%	51.91%	54.93%	53.98%	53.60%	62.79%	39.13%
Cardiac Arrest - Survival to Hospital Discharge (Overall Group)***	8.66%	8.94%	9.08%	11.56%	10.16%	7.80%	16.46%	8.66%
Cardiac Arrest - Survival to Hospital Discharge (Comparator Group)***	24.69%	26.39%	30.43%	32.61%	27.80%	26.70%	44.12%	24.24%
Sepsis Care Bundle					83.62%	78.27%	84.54%	82.65%
Post Resuscitation					69.33%	71.10%	71.88%	65.60%

- *The Trust is permitted to re-submit nationally reported clinical data to NHS England twice a year. This is to allow for data to be accessed from hospitals for outcome data and to ensure a continual validation of data can be completed. The figures in the above table are therefore subject to change.*
- *** Due to changes in the reporting of national Ambulance Clinical Quality Indicators, not all AQIs will be reported monthly. Future figures will be reported as per the new National AQI Timetable.*
- **** Survival to discharge data is reported at 30 days. At time of compiling report 30 day period had not passed therefore ytd figures are based on April 2019 – February 2020.*

What our Staff Say

The NHS Staff Survey 2019 was carried out from 16th September to 6th December 2019. This year the survey was conducted by Picker, on behalf of West Midlands Ambulance Service University NHS Foundation Trust and as last year the Board of Directors took the decision to run a census. The results shown here summarise the findings from the Staff Survey 2019.

The survey was conducted electronically to maintain confidentiality and anonymity. 3375 returned a completed survey, giving a response rate of 63%. The response rate shows an increase of 3 percentage point compared to 2018 survey. The average response rate for the 11 Ambulance Trusts (Including Wales) is 50%. The final national response rate for all NHS Trusts and specialist organisations that took part in the survey is 48%

It was very pleasing to also note another considerable increase in the number of responses received from BME staff compared with previous years. 199 BME staff at WMAS took part in the survey in 2019 compared to 184 in 2018 and 110 in 2017.

The staff survey results feedback focused on 32 key areas referred to as Key Findings. The Key Findings are further grouped into the following themes:

- Equality & diversity
- Health and wellbeing
- Immediate Managers

- Morale
- Quality of Appraisals

- Quality of Care
- Safe Environment- Bullying and Harassment
- Safe Environment- Violence

- Safety Culture
- Staff Engagement
- Team Working

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on. The upward arrow indicates a significant increase in score compared to last year.

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	8.4	2914	8.5	3322	Not significant
Health & wellbeing	5.1	2937	5.2	3345	Not significant
Immediate managers	5.9	2953	6.2	3347	↑
Morale	5.8	2875	5.9	3292	Not significant
Quality of appraisals	4.4	2611	4.8	3045	↑
Quality of care	7.5	2701	7.6	3120	Not significant
Safe environment - Bullying & harassment	7.3	2903	7.4	3319	↑
Safe environment - Violence	8.7	2892	8.7	3318	Not significant
Safety culture	6.4	2899	6.5	3315	↑
Staff engagement	6.3	2990	6.3	3374	Not significant
Team working	5.5	2960	5.6	3333	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Top five improvements noted compared to 2018
"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

Q8a. My immediate manager encourages me at work

	2018	2019
Best	71.3%	72.5%
Your org	53.2%	59.9%
Average	59.0%	62.8%
Worst	46.7%	49.7%
Responses	2,950	3,346

Q8c. Immediate manager gives clear feedback on my work

	2015	2016	2017	2018	2019
Best	59.4%	63.3%	64.6%	64.2%	64.7%
Your org	42.4%	40.0%	44.3%	45.2%	52.1%
Average	42.9%	46.2%	48.4%	49.7%	56.6%
Worst	37.1%	37.6%	36.6%	35.3%	36.4%
Responses	215	1,308	2,223	2,944	3,346

Q19e. Appraisal/performance review: organisational values definitely discussed

	2015	2016	2017	2018	2019
Best	34.4%	35.0%	35.9%	50.0%	45.1%
Your org	25.5%	27.4%	25.0%	30.0%	38.1%
Average	24.6%	25.9%	28.2%	31.1%	31.3%
Worst	12.6%	15.7%	15.9%	14.5%	22.4%
Responses	185	1,157	1,949	2,600	3,040

Q22b. Receive regular
updates on patient/service user feedback in my directorate/ department

	2015	2016	2017	2018	2019
Best	44.7%	39.8%	45.4%	63.8%	56.6%
Your org	26.9%	31.7%	21.7%	25.3%	31.7%
Average	34.1%	35.8%	35.2%	33.9%	38.8%
Worst	11.7%	29.6%	21.7%	25.3%	26.0%
Responses	60	307	600	769	816

Q22c. Feedback from patients/service users is used to make informed decisions within directorate/department

	2015	2016	2017	2018	2019
Best	36.4%	46.0%	39.3%	39.7%	64.9%
Your org	32.8%	31.3%	23.5%	31.2%	39.0%
Average	32.0%	31.3%	29.7%	33.5%	34.9%
Worst	12.4%	19.6%	23.5%	27.6%	31.5%
Responses	47	257	523	673	703

Bottom five areas noted that need consideration compared to 2018

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

Q4d. Able to make improvements happen in my area of work

	2015	2016	2017	2018	2019
Best	41.8%	39.9%	39.0%	46.0%	58.1%
Your org	32.2%	28.4%	26.6%	31.6%	28.6%
Average	32.2%	32.1%	29.8%	32.1%	32.4%
Worst	23.6%	24.4%	26.6%	25.1%	23.5%
Responses	218	1,322	2,272	2,985	3,364

Q6b. I have a choice in deciding how to do my work

	2018	2019
Best	51.4%	59.6%
Your org	51.4%	46.1%
Average	44.1%	42.5%
Worst	42.3%	39.0%
Responses	2,959	3,346

Q19f. Appraisal/performance review: training, learning or development needs identified

	2015	2016	2017	2018	2019
Your org	51.6%	44.1%	41.6%	46.5%	42.4%
Average	52.4%	52.2%	50.0%	51.7%	51.6%
Responses	184	1,158	1,922	2,525	3,026

Q20. Had training, learning or development in the last 12 months

Q28b. Disability: organisation made adequate adjustment(s) to enable me to carry out work

	2015	2016	2017	2018	2019
Best	71.5%	71.8%	73.3%	71.9%	76.0%
Your org	68.6%	64.0%	66.7%	66.8%	62.5%
Average	66.9%	67.4%	66.9%	67.9%	64.4%
Worst	55.3%	49.0%	57.3%	51.8%	53.8%
Responses	214	1,269	2,152	2,815	3,190

Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Has your employer made adequate adjustment(s) to enable you to carry out your work?

Your org	20.4%	57.0%
Average	21.9%	58.3%
Responses	3,287	367
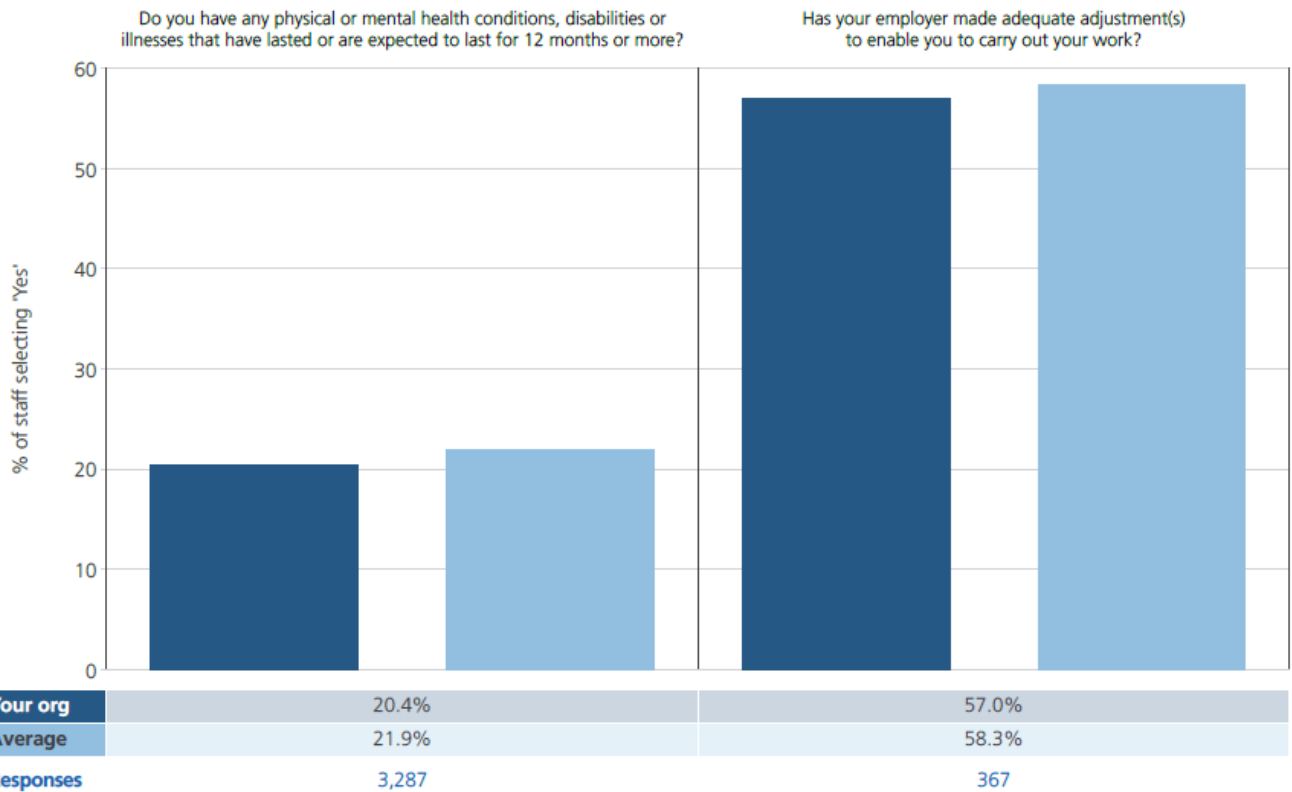
Staff Friends and Family Scores

The results show that 73.5% of respondents would be happy for a friend or relative to be treated at the Trust compared to 72.1% in 2018. The average for Ambulance Trusts in 2019 is 73.5%. 58.1% would recommend WMAS as a place to work compared to 55.2% in 2018. The average for Ambulance Trusts in 2019 is 51.4%.

Staff Engagement Score

Our staff engagement score remains unchanged compared to 2018

	2015	2016	2017	2018	2019
Best	6.2	6.4	6.4	6.5	6.6
Your org	6.2	6.0	6.1	6.3	6.3
Average	5.9	6.0	6.1	6.2	6.3
Worst	5.3	5.5	5.5	5.7	5.8
Responses	218	1,329	2,277	2,990	3,374

The Workforce Race Equality Standard (WRES) Results

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

	2017	2018	2019
	2017	2018	2019
White: Your org	29.7%	29.2%	25.5%
BME: Your org	39.6%	31.3%	24.9%
White: Average	27.5%	27.1%	25.5%
BME: Average	32.0%	31.0%	26.2%
White: Responses	2,022	2,657	3,025
BME: Responses	106	182	197

Average calculated as the median for the benchmark group

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

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

	2017	2018	2019
White: Your org	70.0%	73.7%	77.0%
BME: Your org	47.4%	57.8%	67.9%
White: Average	71.3%	73.6%	74.7%
BME: Average	47.7%	59.6%	56.6%
White: Responses	1,428	1,766	2,043
BME: Responses	78	116	140

Average calculated as the median for the benchmark group

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

	2017	2018	2019
White: Your org	10.7%	10.0%	8.8%
BME: Your org	22.7%	17.9%	15.8%
White: Average	10.3%	10.0%	8.8%
BME: Average	18.3%	17.7%	15.8%
White: Responses	2,031	2,661	3,009
BME: Responses	110	184	196

Average calculated as the median for the benchmark group

Q40

The   Workforce
Disability Equality Standard (WDES) Results

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

	2018	2019
Disabled staff: Your org	52.3%	55.0%
Non-disabled staff: Your org	46.9%	46.9%
Disabled staff: Average	52.3%	52.5%
Non-disabled staff: Average	45.8%	44.9%
Disabled staff: Responses	526	671
Non-disabled staff: Responses	2,296	2,606

Average calculated as the median for the benchmark group

	2018	2019
Disabled staff: Your org	31.0%	24.8%
Non-disabled staff: Your org	16.6%	13.3%
Disabled staff: Average	28.4%	23.2%
Non-disabled staff: Average	13.8%	13.3%
Disabled staff: Responses	523	666
Non-disabled staff: Responses	2,277	2,596

Average calculated as the median for the benchmark group

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

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

	2018	2019
Disabled staff: Your org	24.7%	25.1%
Non-disabled staff: Your org	16.3%	14.5%
Disabled staff: Average	26.5%	25.9%
Non-disabled staff: Average	16.3%	15.7%
Disabled staff: Responses	522	665
Non-disabled staff: Responses	2,276	2,601

Average calculated as the median for the benchmark group

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

	2018	2019
Disabled staff: Your org	46.2%	46.4%
Non-disabled staff: Your org	43.9%	47.2%
Disabled staff: Average	40.1%	44.4%
Non-disabled staff: Average	40.5%	41.1%
Disabled staff: Responses	305	392
Non-disabled staff: Responses	1,095	1,271

Average calculated as the median for the benchmark group

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

	2018	2019
Disabled staff: Your org	61.9%	69.6%
Non-disabled staff: Your org	74.7%	77.8%
Disabled staff: Average	61.4%	67.6%
Non-disabled staff: Average	74.4%	75.8%
Disabled staff: Responses	354	467
Non-disabled staff: Responses	1,508	1,744

Average calculated as the median for the benchmark group

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

	2018	2019
Disabled staff: Your org	61.3%	58.2%
Non-disabled staff: Your org	50.5%	44.3%
Disabled staff: Average	45.3%	41.6%
Non-disabled staff: Average	33.1%	32.3%
Disabled staff: Responses	429	531
Non-disabled staff: Responses	1,363	1,566

Average calculated as the median for the benchmark group

Percentage of staff satisfied with the extent to which their organisation values their work

	2018	2019
Disabled staff: Your org	27.6%	26.7%
Non-disabled staff: Your org	36.0%	39.9%
Disabled staff: Average	25.3%	27.8%
Non-disabled staff: Average	36.0%	38.9%
Disabled staff: Responses	525	670
Non-disabled staff: Responses	2,290	2,611

Average calculated as the median for the benchmark group

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

	2018	2019
Disabled staff: Your org	60.6%	56.4%
Disabled staff: Average	60.3%	58.9%
Disabled staff: Responses	292	367

Average calculated as the median for the benchmark group

Staff engagement score (0-10)

	2018	2019
Organisation average	6.2	6.3
Disabled staff: Your org	5.7	5.8
Non-disabled staff: Your org	6.3	6.4
Disabled staff: Average	5.7	5.9
Non-disabled staff: Average	6.4	6.4
Organisation Responses	2,990	3,374
Disabled staff: Responses	529	671
Non-disabled staff: Responses	2,300	2,616

Average calculated as the median for the benchmark group

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Equality and Diversity

Diversity and Inclusion

The Trust has its core Diversity and Inclusion running through all business streams of the Trust. Over the last year there have been a range of themes that have fell within this category:

- ➤ EDS2
- ➤ WRES Workforce Race Equality Standard
- ➤ Recruitment
- ➤ Public Sector Equality Duty
- ➤ Specific Duties
- ➤ Equality Objectives
- ➤ Diversity & Inclusion Steering Group
- ➤ Staff networks
- ➤ National Ambulance Diversity Group [NADG]
- ➤ National LGBT Group
- ➤ WDES Workforce Disability Equality Standard

Equality Delivery System 2 (EDS2)

The Trust held 2 EDS2 events one for staff during January and February 2020 and the other for our communities in February 2020. EDS2 has 18 outcomes which the Trust is required to be graded against as follows:

Purple	Excelling
Green	Achieving
Amber	Developing
Red	Undeveloped

The grades received this year improved considerably with all criteria graded Green or Purple. Both events had good attendance with a diverse range of attendees

	Undeveloped	Developing	Achieving	Excelling
2019			4 categories	11 Excelling / 3 Excelling / Achieving
2018		4 categories	5 categories	4 Excelling / 5 Excelling/Achieving
2017			10 categories	8 categories

Overall, 54 staff members were consulted and 58 partners and members of the community. The community event was held at Apna Ghar Day Centre in Birmingham. The participants are all members of various BME communities across Birmingham. The final summary will be published on the Trust web site once it has been approved by the Board. https://wmas.nhs.uk/about-wmas/organisation/equality-diversity/equality-delivery-system/

Workforce Race Equality Standard (WRES)

The aim of the Workforce Race Equality Standard (WRES) is designed to improve workplace experiences and employment opportunities for Black and Minority Ethnicity (BME) people in the National Health Service (NHS). It also applies to BME people who want to work in the NHS. The WRES is a tool to identify gaps between BME & White staff experiences in the workplace this is measured through a set of Metrics. The metrics are published annually in conjunction with an Action plan. This was published in July 2018 and incorporated a new Action plan to reflect the progress the Trust has achieved over the last year.

In closing the gaps this will achieve:

➢ Tangible progress in tackling discrimination
➢ Promoting a positive culture
➢ Valuing all staff for their contribution to the NHS
➢ The result will be high-quality patient care and improved health outcomes for all.

The Trust supports and promotes the WRES, encouraging BME staff to reach their full potential through equality of opportunity. The Trust aims to recruit a workforce that is diverse and representative of our communities.

https://wmas.nhs.uk/about-wmas/organisation/equality-diversity/%6e2%80%8bworkforce-race-equality-standard/

Recruitment

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

➢ Employing a Recruitment Engagement Officer with emphasis on encouraging BME applicants.
➢ Marketing materials have been developed using staff BME role models i.e. pop up stands that can be used for events.
➢ Literature is reflective of the diversity of the Trust.
➢ Staff who are involved in the recruitment process must undergo training involving;
  • Value Based Recruitment
  • Equality & Diversity
  • Equality Act 2010 and the law
  • Unconscious Bias
  • Interview skills
  • Co-mentoring for BME staff

- ➢ The Trust
  has developed a recruitment DVD with emphasis on recruiting BME applicants to the role of Paramedic. The DVD has been posted on YouTube in a variety of languages and shared with other Ambulance Services.
  https://www.youtube.com/watch?v=D_bTgdkHGgU

- ➢ The Trust now has a more modern recruitment web site to attract potential applicants.
- ➢ The Recruitment department offers support for BME applicants through the pre-assessment programme. Currently in development is an on line version of the same programme.
- ➢ Community engagement has increased with the employment of a dedicated Recruitment Officer. This has not just been at recruitment events but also at colleges and schools particularly getting young people to think about a career in the ambulance service.
- ➢ All BME applicants are monitored from the point of application to being successful at assessment.
  www.wmas.nhs.uk/Pages/Job-Opportunities.aspx

Public Sector Equality Duties (PSED)

The Trust has evidenced how it has achieved the aims of the General Duty i.e.

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

This has been achieved through our work on key areas including a positive and supportive approach to recruitment and actions taken relating to our Equality Delivery System 2 and Workforce Race Equality Standard plans. The annual report covers the Public Sector Equality Duty and will be published in July 2020.
https://wmas.nhs.uk/about-wmas/organisation/equality-diversity/ :/

Specific Duties

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

- Publish information to show compliance with the Equality Duty at least annually

- Set and publish equality objectives at least every four years

The Trust publishes this information annually on our website.

Q45

Equality Objectives

The Trust is required under the "Specific Duties" to prepare and publish equality objectives which help to further the aims of our Equality Duty. The objectives must be published every four years and this year WMAS has an enhanced set of objectives for 2017-2020 building on the previous plan. Reporting on these equality objectives will be in July 2020 when the Annual Report is due to be published and revised objectives for the next four years will be included..

Equality Objective One

Increase recruitment applications from BME [Black Minority Ethnicity] and Disabled candidates to the Trust to ensure that Trust staff are representative of the communities we serve. Encourage current members of staff who are BME or Disabled to develop and flourish to their full potential.
Links into the WRES

Equality Objective Two

Build trust and confidence with our communities, patients, carers and their families through effective communication, engagement and partnership working.
Links into Community Engagement

Equality Objective Three

Create a culture where all staff, patients, carers and their families and other agencies the Trust works with are treated with Dignity and Respect.
Links through Patient survey /Patient Advice Liaison Service PALS /Staff training

Equality Objective Four

Continue to develop the working environment, were all staff are encouraged to develop as individuals, so that they will provide high quality patient care and enhance the reputation of the Trust in doing so will feel valued for their contribution.
Links to training and development and a caring environment amongst staff

Equality Objective Five

All staff are to foster working relationships that eliminate Bullying, Harassment, Discrimination and other unwanted behaviours that do not reflect the values of the Trust.
Links to work being developed within the Trust on Bullying & Harassment at national level

Diversity and Inclusion Steering Group

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

Staff Groups

- **Proud @ WMAS Network:**

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

- **The BME Network**

  The BME Network is expanding.. Progress has been made by developing Terms of Reference and electing a committee. The Network were present at the National BME Conference in October 2019 and provided both support and a speaker at the event.

  - **A Disability and Carers Network** was launched on July 2020 and supported the recommendations for action in the WDES.
  - **A Womens Network** will be launched in April 2020 to support the Gender Pay Gap Action plan. The Trust ran a Springboard Women's Development Programme in 2019 and a second cohort will be supported through the programme during 2020.

National Ambulance Diversity Group (NADG)

The Trust is represented on the national group and attends the meetings regularly. It is a forum of shared knowledge and expertise which drives the Diversity & Inclusion agenda at a national level.

Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2019. NHS England has launched this. This has now been implemented and published in the Trust.

Health and Wellbeing

This dashboard provides an overview of your current Organisation's status against the Health and Wellbeing Framework

Enablers

Leadership and Management
- Board Leadership — 100%
- Effective line management — 100%
- Organisation Wide Plan — 100%

Data and Communications
- Data driven Decision Making — 100%
- Workforce Health Needs Assessment — 100%
- Engaging with Staff — 83%

Healthy Working Environment
- Physical Infrastructure — 100%
- Nutrition and Sugar — 83%

Health Interventions

Mental Health
- Promotion and self-management — 100%
- Psychological interventions — 100%

MSK
- Promotion and self-management — 100%
- Targeted Interventions — 100%

Healthy Lifestyles
- Promotion and self-management — 100%
- Targeted support for lifestyle management — 83%

National HWB NHS Framework February 2020

This is the model used by all NHS organisations it is both a diagnostic tool and a framework for a need's analysis. The Framework actually grades the Trust against pre-determined metrics. Although all areas will be in the new HWB Action Plan targeted areas identified by the diagnostic tool will be;

- Engaging with staff
- Nutrition and Sugar
- Targeted support for Lifestyle Management

Key HWB Initiatives

- **Mental Health Training Programme**
  Due to pressures resulting from winter, the floods and Covid-19, the last three courses in November had to be cancelled. They will recommence as soon as practicable as the waiting list is in excess of 250 staff. Current data shows we have trained 226 Staff as Mental Health First Aiders and 721 staff in Mental Health Awareness. Each course has been a mixture of staff from different sites and roles also including managers and supervisors. Uniforms aren't allowed and each course has two instructors, so support is always available. Often subjects within the course can be emotive thus the need for two instructors for each course to provide support where required.

- **Mental Health Training Plan 2020**

  The new training plan has just been developed which will provide 18 x two-day courses for a total of 288 staff who will become Mental Health First Aiders. The dates for the new programme will be confirmed once pressures ease following Covid-19. Which will then have a cumulative total of 514 Mental Health First Aiders across the Trust. Ideally there will be Mental Health First Aiders on each site.

  The half day Mental Health Awareness course will continue to be delivered in particular to all call centre staff.

- **Weight Management**

  As of the 10th February 2020 774 staff have joined the weight management programme achieving a weight loss of 6562.5lbs over a 12-week period. The programme continues to be very popular with staff in particular the new 111 staff. Many staff continue after the 12-week period with Slimming World at their own cost. The offer we make acts as a catalyst for a long-term commitment to healthy eating. The programme is one of the most successful of all NHS weight management programmes.

- **Health Checks**

  Unison have supported the Trust by purchasing the health check equipment. So far 14 staff have been trained with the emphasis on training others. Each hub will have trained staff who will be able to deliver the health checks locally. Unfortunately training had to cease due to winter pressures. So far MP Willenhall, Hollymoor and Frankley PTS have been trained to deliver health checks.

  The first health checks were delivered in 111 followed by Millennium Point and Willenhall. As of 10th Feb 2020, 271 health checks have been completed and they are proving very popular with staff. The roll out programme will recommence following the Covid-19 pressures. This will allow the Trust to offer health checks to all of our staff where previously it was too expensive to bring in external providers at £1200 per day. Thanks to Unison we can now deliver across the Trust allowing each site to have the equipment for two weeks at a time to allow maximum uptake of this benefit.

- **Dog Therapy**

  The Trust has held three sessions so far and this initiative is in its infancy but has proved to be extremely popular with staff. Willenhall led the way with a multi dog approach since the first visit this has now been limited to one/two dogs at a time with their owner. Two sessions have been held at Millennium Point and one session at Navigation Point. The feedback was very positive and staff at both locations felt it was a benefit. This will continue every couple of months various criteria are put in place to ensure control and a positive experience for our staff.

  The Trust also follows a calendar of events highlighting key areas of HWB. The most recent being Time to Talk day 6th February 2020 which was to raise mental health awareness and reduce stigma.

Staff Advice and Liaison Service (SALS)

SALS have supported 832 staff between April 2019- January 2020. Out of the 832 staff supported the main rationale for contact were as follows;

Total by No. of People	%AGE
Traumatic Job / Work Stress	36.45%
Staff Member bereavements	14.58%
Family / relationships / Bereavements	16.89%
Health Issues / Mental Health Issues	19.81%
Assaulted by Patients	0.49%
Advice / Signposting / Support	5.71%
Bullying / Rascism / Homophobia	1.22%
Crew mate issues / Mediation	2.67%
Suicidal Ideation / Attempts	2.19%
	100.00%

It should be noted that the main reason for contact is Traumatic jobs/work stress followed by Health issues and Mental Health issues. Thus, the need for mental health training that the Trust has embraced and financially supported. Bereavement is also high on the list over the last year the Trust has held numerous courses on Bereavement delivered by Cruse and will continue to do so in 2020.

Physiotherapy

Currently the Trust employs two Physiotherapists both on a part time basis They both work across the Trust in the following locations.

Hollymoor	Warwick	Stafford
Lichfield	Coventry	Stoke
Erdington	Worcester	Academy

This enables staff to travel to the nearest location to where they live. Patients are identified as new patients or follow ups. Data from October to December is as follows as this is provided quarterly.

Month	New Patient	Follow up Patients
October 2019	34	49
November 2019	44	71
December 2019	35	59

This service provides timely intervention and is well used by staff keeping both Physiotherapists very busy. I addition to staff contact the senior therapist was asked to deliver a workshop at PHE England MSK conference in Birmingham.

Flu Vaccinations

Due to national delays in distribution of the flu vaccine, the Trust, like most other Trusts, started the flu campaign later than normal. Despite this, programme made good progress and we achieved the national 80% target, with the final result of 80.61%. In terms of our regional position we are in the top 20 of all NHS Trusts and to date are the highest placed Ambulance Service in the country.

Absence Management

The Trust continue to provide absence management training for Supervisors and Managers to enable them to have good understanding of the system and be able to provide the correct support for our staff.

The Trust has remained under 4% absence for the last 6 months achieving 3.61% for December 2019 and an overall average of 3.52% for the six months. Regional this puts the Trust in the top quartile and nationally is the lowest absence rate for all ambulance services.

Health & Wellbeing Champions

The Trust currently as of February 2020 has 58 Champions based across a variety of sites. This will increase this year as volunteers will be sort from 111 and where there are gaps this will be addressed.

Membership

The Trust are members of the local Regional HWB group which comprises of a variety of NHS Trusts. From an ambulance perspective we are also members of the National Ambulance Wellbeing Forum [NAWF]

Freedom to Speak Up

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

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

FTSU Guardian

In June 2017, Barbara Kozlowska, Head of Organisational Development was appointed FTSU Guardian, taking over from Diane Scott, Director of Corporate & Clinical Services, and attended the relevant training day at the National Guardian's Office on 18 August 2017.

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

FTSU Advocates

In June 2017 the role of FTSU Advocate was advertised. The ambition was to have at least one trained advocate in each locality/base ensuring ease of access to advice and support for any of our staff who wished to raise a concern.

There are currently 26 trained advocates around the region. They receive 2 half-days' training each year as part of their mandatory updates.

A poster showing advocates' photographs and locations is displayed in each area.

Governance

There are number of ways in which assurance is provided for FTSU:
1. Quarterly returns to National FTSU Guardian's Office
2. Bi-annual reports to WMAS Learning Review Group, Executive Management Board and Board of Directors
3. Quarterly meetings with the Chief Executive Officer, Chair, FTSU Non-Executive and Executive Director FTSU leads and the Guardian

4. 2018/19 FTSU NHS Improvement Self-assessment
5. Audits by an independent non-executive director, and Internal Audit. Audits conduced in 2019 were extremely positive, the internal audit category being "Substantial".
6. Training is in place for all staff at all levels as per the National Guardian's Office guidelines.

Promotion

A poster with details of the FTSU Guardian, Executive (ED) and Non-Executive (NED) leads is on display in all areas.

A SharePoint site has been established, accessed through the Trust's E-Nav Moodle site and intranet - Treble 9.

Advocates provide information at locations throughout the region.

How Staff May Speak Up

The many ways in which staff are able to speak up are outlined in the Freedom to Speak Up (Whistleblowing) Policy which was updated September 2019. The policy includes a flow-chart:

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST
FREEDOM TO SPEAK UP POLICY (WHISTLEBLOWING)

Appendix 1a – Raising Concerns at Work Flow Chart

FREEDOM TO SPEAK UP PROCESS FOR RAISING CONCERNS
This is the preferred process as set out in the Trust's Freedom to Speak Up Policy.
Where appropriate Step 1 and Step 2 may be omitted.

STEP 1 — Appropriate to speak to line manager or other local manager — YES / NO — Manager arranges to meet with member of staff as soon as possible to discuss — RESOLVED — NO / YES — No further action

STEP 2 — Member of staff contacts the following:
- Head of Human Resources
- Senior Operations Manager
- Senior Manager
- Director of Workforce and OD
— Senior manager arranges to meet with member of staff as soon as possible to discuss concerns. — RESOLVED — NO / YES — No further action

STEP 3 — If the matter was not resolved at Step 1 or Step 2, or if the matter is not suitable to discuss with the people identified in these previous stages due to the seriousness of the concern, staff may direct their concern directly to the Chief Executive Officer or the Freedom to Speak up Guardian.

The Board of Directors also agreed and promoted a FTSU Vision and strategy, and the NHSI Self-Assessment Tool. Both of these are reviewed annually by the Board.

The following flow chart (also from the Policy) shows how the Guardian deals with concerns:

Appendix 1b – Raising Concerns at Work Guardian Process Flow Chart

FREEDOM TO SPEAK UP PROCESS FOR RAISING CONCERNS
This is the preferred process as set out in the Trust's Freedom to Speak Up Policy.
Where appropriate Step 1 and Step 2 may be omitted.

STEP 1 — Appropriate to speak to line manager or other local manager
YES → Manager arranges to meet with member of staff as soon as possible to discuss concerns.
NO
RESOLVED — YES → No further action
RESOLVED — NO

STEP 2 — Member of staff contacts the following:
- Head of Human Resources
- Senior Operations Manager
- Senior Manager
- Director of Workforce and OD
→ Senior manager arranges to meet with member of staff as soon as possible to discuss concerns.
RESOLVED — YES → No further action
RESOLVED — NO

STEP 3 — If the matter was not resolved at Step 1 or Step 2, or if the matter is not suitable to discuss with the people identified in these previous stages due to the seriousness of the concern, staff may direct their concern directly to the Chief Executive Officer or the Freedom to Speak up Guardian.

Concerns Raised 2019/2020

In total to date, 3 concerns have been raised during this period, all of which have been successfully concluded and are closed. The concerns cover a range of topics with no single trend being apparent. One of the concerns was related to patient safety issues.

FTSU advocates also report on the level of activity within their areas. This year so far, there have been in the region of 72 conversations between advocates and staff asking for information, and circa 33 conversations with staff who were considering speaking up. The focus of the Trust's actions is to ensure that our managers have the confidence, skills and knowledge to welcome and deal with concerns as and when they arise, so that staff feel positive in raising any concerns with them. There are several routes available within the Trust, by which staff can raise concerns. FTSU therefore adds to these well-established reporting arrangements.

Coronavirus (COVID-19) Actions Taken

Following the outbreak of the Coronavirus in China, and the subsequent spread of the disease to multiple countries, NHS England declared a Level 4 national emergency and the outbreak was declared a pandemic by the World Health Organisation in early March 2020.

Since the first cases were recorded in England, the NHS began to prepare for unprecedented levels of activity and severity of illness. WMAS has proactively managed the response to both emergency and urgent calls, whilst supporting staff and managing all other demands concurrently. The Chief Executive was given the responsibility of command and control of national assets, should the need arise.

A significant command and control model has been in place throughout with many actions implemented, the following provides a high level summary of some of these actions:

- Daily senior command team meeting, chaired by the Chief Executive
- Arrangements to manage the flow and communication in respect of symptomatic patients requiring transport
- Increase fleet by approximately up to 150 vehicles supporting the emergency and non-emergency services
- University students brought into support frontline operations:
    - 99 Year 1 students acting as Vehicle Preparation Assistants
    - 168 Year 2 and 138 Year 3 students respectively working as Ambulance Care Assistants for emergency calls
- Installation of Perspex screens to protect staff in control rooms
- Staff from corporate departments redeployed to assist a variety of support roles
- More than 200 additional 111 call handlers for additional surge capacity
- Continuation of arrangements to support communication and flow at hospitals
- COVID 19 incident room established 16 hours per day, 7 days per week
- Continued work to ensure sufficient quantity of appropriate good quality personal protective equipment is readily available for staff
- Swabbing of staff and where appropriate, family members 7 days per week
- Reconfiguration of estate to ensure social distancing of staff essential providing essential services

Part 3
Review of Performance against 2019-20 Priorities

Priority 1: Increase Patient Experience feedback through direct liaison with patients whilst in Hospital Units.		
Agreed Plans	**Status**	
The Trust will continue with engagement with non-emergency patient transport patients through targeted surveys and discharge and renal coordinators undertaking a small survey	Face to Face surveys have been undertaken for PTS Contracts. Despite a significant rise in responses through this route last year, the Trust has had fewer resources to carry out these surveys due to maternity leave. 253 responses were received compared to 296 during the previous year, unfortunately we fell 43 responses below last year. PTS were attempting to pull this back in March however COVID 19 had an impact.	Achieved
Priority 2: Implement and embed the new FFT guidance due for release in April 2019 across the EU and NEPTS service.		
Agreed Plans	**Status**	
Requirements of new guidance fully embedded in the Trust with improved distribution and response rates.

Actions taken in respect of areas for improvement | The implementation of the new guidance has been postponed due to COVID-19. The Head of Patient Experience has attended national meetings to discuss the approach taken by all Trusts in readiness for implementation.

The Trust has produced and printed business cards to be handed to patients. Our online data capturing system has been updated for survey collection. In relation to 999 patients the Trust will be surveyed targeted patients with a view to having a focus group by March 2021. | Achieved |
| **Priority 3: Further development of Making Every Contact Count (MECC)** | | |
| **Agreed Plans** | **Current Status** | |
| Successful delivery of project plan
Reduced calls, particularly in relation to matters addressed through the MECC Programme | The Trust continues to publish key healthcare and lifestyle messages via its various social media accounts. The Trust works closely with Public Health England, along with the other ambulance Trusts nationally to share good practice, enabling the clinicians to deliver the best service possible to comprehensively meet the needs of all patients. Since starting the NHS111 contract in November 2019, the volume of patients in contact with WMAS has significantly increased, facilitating further opportunities to deliver the right messages under the MECC programme. | Achieved |

Patient Experience (vertical label)

Priority 1: Improve the timely completion of serious incident investigations and completion of any recommendations made from investigations

Agreed Plans	Current Status	
Compliance with the time frame as set out in the National Framework and completion of recommendations within the identified time frame	During the third quarter of 2019/20 there were 12 Serious Incidents raised within WMAS. There are currently 21 SI's being investigated, 10 of which are outside of the 60 working day timeframe. This is due to workload, which is being addressed by the recruitment of an additional Investigating Officer who took up post in January.	On Track

Priority 2: Reduce the incidence of drug administration errors

Agreed Plans	Current Status	
Increase training and awareness of reported incidents among staff to achieve a reduction in the number of drugs administration errors.	The Trust regularly reviews clinical data and within the last year, has developed reporting capability to analyse clinical treatment data in greater depth. This gives the ability to identify data outliers, which may need investigation. The Trust is informed of very few errors, considering the vast amount of patients treated each year. In quarter 4 this has reduced by 41% since the previous financial year. This priority is achieved for the year, but will remain 'on track' as it will remain under continuous review	On Track

Priority 3: Reduce the risk of harm to patients during transfer

Agreed Plans	Current Status	
Incidents involving patient harm during transfer occur very rarely compared to the volume of patients attended to each year. Where such an event occurs, the Trust takes a robust approach to identifying the cause of injury, taking action to reduce the likelihood of reoccurrence. The Trust regularly monitors the number of both "no harm" and "harm" incidents caused during transfer of patients.	The Trust's Incident Reporting tool has been well utilised by staff and is regularly promoted to encourage recording and awareness of such events, this included a focused Patient Safety Week in July. Slips, trips and falls currently remain the most common theme in reported patient safety incidents and patient harm incidents, with most being graded as low harm events. This priority is achieved for the year, but will remain 'on track' as it will remain under continuous review	On Track

Patient Safety

Clinical Effectiveness	Priority 1: Improvement of the performance for the National Ambulance Clinical Quality Indicator for SEPSIS		
	Agreed Plans	**Outcome**	
	The Trust is committed to continual improvement in SEPSIS identification and care in line with National Guidance. We set out to improve our performance in relation to the SEPSIS Care Bundle (the nationally defined guidance for the management of SEPSIS) from the baseline level of 66% to over 75%.	Our clinical scorecard (reported 21 April 2020) confirmed the latest reportable position for 2019-2020 to be above target at 83.62% (compared to the latest national mean of 78.27% in September 2019).	Achieved
	Priority 2: Improve Maternity care in the pre-hospital environment		
	Agreed Plans	**Outcome**	
	The Trust is committed to continual clinical quality improvement. Following some reported adverse clinical incidents, serious incidents and audit findings this was identified as a high priority for the Trust. We planned to: • make improvements in the results of the maternity audit • reduce the number of adverse clinical incidents and serious incidents relating to maternity/neo-natal care	• The Trust's Obstetrics Lead actively reviews all maternity cases and attends all Root Cause Analyses. • To increase the skills of Paramedics when dealing with maternity cases, we have created a Post-Partum Haemorrhage (PPH) video for use on the Mandatory Training Update. • Continuing Professional Development (CPD) sessions have been ongoing throughout the year, each of which are each attended by 15 Paramedics. These have taken place at six of the Trust's fifteen hubs to date. The programme has recently been suspended due to the additional pressures under the Covid-19 pandemic but will resume as soon as practicable with visits to the remaining hubs. • Additionally, the Trust organised a Perinatal Mental Health Train the Trainer Study Day, the first of its kind in the country to train ambulance staff to spot the signs of perinatal mental health illness. This was attended by more than 80 staff. • The Trust's obstetric lead has been a guest speaking and teaching at the Trust's internal training academy in addition to regular teaching at Coventry University. She has also coordinated real life simulated emergency obstetric skills drills at Walsall Standalone Birth Centre. • Introduction of Misoprostol for the Management of Post-Partum Haemorrhage (PPH) • Creation and distribution of our Maternity Action Cards (now included in all maternity packs) • Local Trusts encouraged to notify us of Homebirths Against Medical Advice, so we are able to flag address speed up dispatch to a Category 1 emergency call • Local networking and development of working relationships • Development of a Pilot Telephone Triage Guidance for Birmingham Women's & Children's Hospital	Achieved

Priority 3: Improve the safety and clinical appropriateness of the discharge of the patient on scene by ambulance clinicians		
Agreed Plans	**Outcome**	
The Trust is committed to continual clinical quality improvement; and one of the Trust's high priorities is to ensure the safety of patients following discharge. To make progress in this area, the Trust set out to: • make improvements in the results of the discharge on scene audit • reduce the number of adverse clinical incidents and serious incidents relating to the non-conveyance of patients to a treatment centre	The Trust carried out a clinical audit in relation to the discharge of patients on scene. Recommendations from the audit proposed that a more detailed case review was required to provide assurance to the Trust. Currently we are exploring different methods of this case review and have completed a pilot of reviewing cases, over a 48 hour period, where we have responded to the same patient (identified through the NHS number) and review both the initial case and then the re-contact to identify if 1) the non-conveyance was appropriate 2) what the second contact was and whether there had been any harm to the patient. This is extremely resource intensive, requiring analysis of qualitative data relating to symptoms and treatments. This represents good development to date, and this work will continue into 2020/21.	On Track

Service-based Annual Reports 2019/20

Whilst the above tables represent the overall progress in relation to the priorities that were established in the 2018/19 Quality Account, the following reports are available on our website which contain further details of the work in each of these corporate and clinical departments.

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

The Annual Report in respect of the Data Security and Prevention Toolkit will be available later in the year, in conjunction with the adjusted national for 2019/20.

Patient Safety

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

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

Analysis of all incidents takes place and is supported by triangulation with other information such as complaints, claims, coroners' inquiries, clinical audit findings and safeguarding cases. These are discussed monthly at the Learning Review Group (LRG). The meeting is chaired by the Director of Clinical Commissioning and Service Development and attended by clinicians from across the organisation. Themes and trends are reported quarterly to the Quality Governance Committee and the Trust Board of Directors.

Total Number of Patient Safety Incidents reported by Month

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
Harm	24	31	21	45	53	36	26	25	25	54	53	30	**423**
No Harm	193	233	219	253	233	227	211	263	219	286	244	161	**2742**
Total	**217**	**264**	**240**	**298**	**286**	**263**	**237**	**288**	**244**	**340**	**297**	**191**	**3165**

Figures taken from the orbit report show the total number of incidents reported during 2019-20 have increased from the previous year by 19.5% (from 2,647 to 3,165). This includes complaints and NHS to NHS concerns as well as staff reporting through the internal electronic reporting system. 111/IUC is incorporated from November 2019.

Patient harm events (423) accounted for 13.4% of those incidents reported during 2019/20.

Total Patient Safety Incidents 2016/17 to 2019/20

Patient Harm Incidents 2016/17 to 2019/20
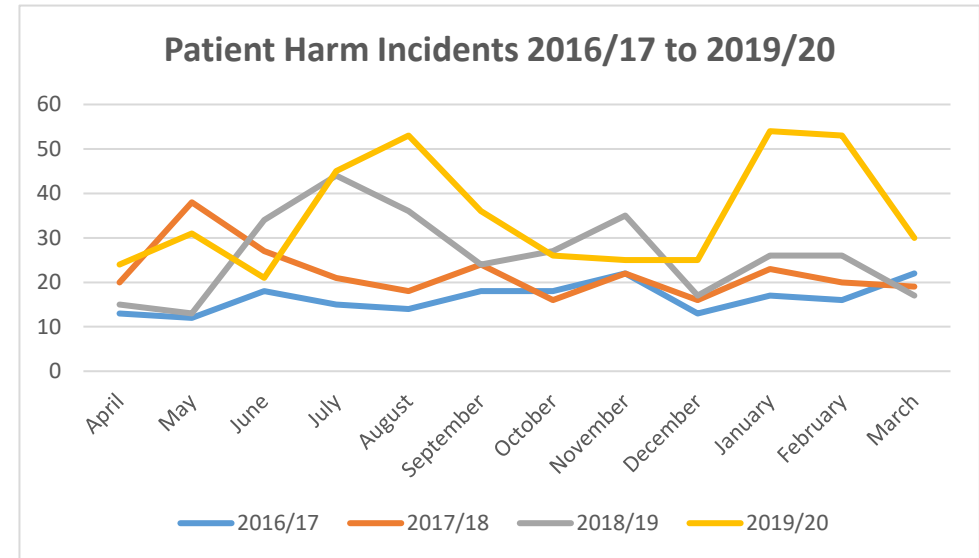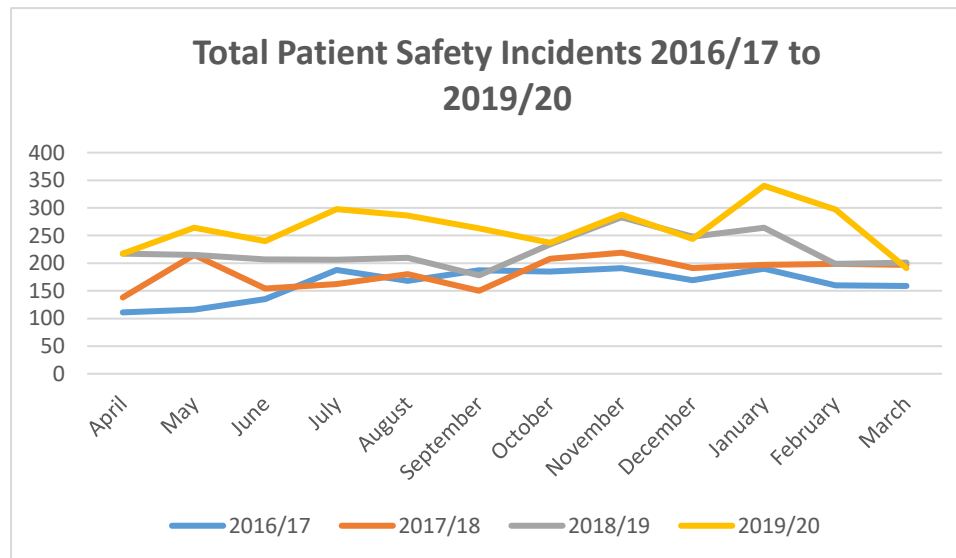
Themes (Patient Safety/Patient Experience/Clinical Audit)

- Harm Incidents:
  - Continue to be associated with slips, trips and falls and collision/contact (E.G. doorframes and furniture) during transfer of patients.
  - Skin tears following removal of ECG dots
- Monitoring: Failure to recognise, treat and transport patients with ST-Elevation Myocardial Infarction (STEMI)
- Make Ready: Missing equipment or out of date drugs on vehicles that have been through the make ready system.
- Delays: PTS delays in attendance continue to be a theme, along with A&E response to category 3 calls.

Serious Incidents

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

Between April 2019 and March 2020, the Trust registered 67 cases as serious incidents. Of those 67 cases registered, 5 were stood down following investigation as it was established they did not meet the threshold as a serious incident.

Following investigations into serious incidents the Trust identified the following key trends and themes in relation to the discharge of patients on scene, for patients with the conditions;

- Sepsis
- STEMI / NSTEMI
- Stroke

Additionally, root cause analyses have identified a common theme, which is related to Crew Resource Management and communication.

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

Top Patient Safety Risks

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

Duty of Candour

The Trust promotes a culture of openness ('just' culture) to ensure it is open and honest when things go wrong, and a patient is harmed. Being open is enacted in all incidents where harm is caused no matter the severity to ensure this culture is carried out.

NHS providers registered with the Care Quality Commission (CQC) are required to comply with a new statutory Duty of Candour, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour which relates to patient harm events considered to have caused moderate harm or above. This regulation requires a more formal process of ensuring that incidents are investigated at an appropriate level and that being open and honest with the patient and/or their families is completed.

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

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

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

Safeguarding

In 2019/2020 West Midlands Ambulance Service has continued to ensure the safeguarding of vulnerable persons remains a priority within the organisation and the trust is committed to ensuring all persons are protected at all times through embedded policies, procedures, education and literature. All staff within WMAS are educated to report safeguarding concerns to the single point of access Safeguarding Referral Line.

Safeguarding Referral Numbers

	Adults	Children
2016/2017	21386	4534
2017/2018	21130	4756
2018/2019	23206	5631
2019/2020	31639	9232
% variance	**35%**	**64%**

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

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

Patient Experience

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

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

Complaints

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

The Trust has received 323 complaints raised so far compared to 339 2018/19. The main reason relates to clinical complaints raised.

Breakdown of Complaints by Service Type YTD:

	2018-2019	**2019-2020**	**% Variance 18/19 – 19/20**
EOC	42	62	47.6%
EU	189	149	(21.2)%
PTS	101	71	(29.7)%
Air Ambulance	0	0	0%
Other	7	6	(16.7)%
IUC	0	35	N/A
Total	**339**	**323**	**5%**

This equates to;
- EOC - 1 Complaint for every 22,421 calls received
- E&U - 1 Complaint for every 7,452 Emergency Incidents
- PTS – 1 Complaint for every 12,786 Non-Emergency Patient Journeys
- IUC - 1 Complaint for every 21,604 111 calls (5 Nov 2019 – 31 March 2020)

Upheld Complaints

The table below indicates that of the 256 complaints, 65 were upheld. If a complaint is upheld, learning will be noted and actioned locally and will also be reported to the Learning Review Group for regional learning to be identified and taken forward as appropriate.

	Upheld	Part Upheld	Not Upheld	Under investigation	Total
Attitude and Conduct	12	13	17	8	**50**
Call Management	7	8	7	2	**24**
Clinical	12	21	53	7	**93**
Driving & Sirens	0	0	2	1	**3**
Eligibility	3	0	3	0	**6**
Info request	2	5	24	1	**32**
IUC Appointments	0	0	1	0	**1**
IUC Dental	0	0	1	0	**1**
IUC General medicines	0	1	2	0	**3**
IUC Inappropriate referrals	2	0	0	0	**2**
IUC Operational	0	2	1	0	**3**
Loss/Damaged	0	0	1	0	**1**
Patient Safety	0	6	3	1	**10**
Response	43	12	33	2	**90**
Safeguarding	0	0	1	0	**1**
Total	**81**	**68**	**150**	**24**	**323**

Patient Advice and Liaison Service (PALS) Concerns
This year has seen an increase in concerns with 2135 concerns raised in 2019/20 compared to 2086 in 2018/19. The main reason for a concern being raised is 'response' this includes emergency and non-emergency patient transport arrangements.

Learning from complaints / PALS

You said	We did
A patient's non-emergency transport booking was taken incorrectly with patient notes not added.	The investigation highlighted that the system crashed causing the notes not to save. An apology offered to the contact and all staff in the control room reminded if the system crashed that they check that all patient notes have saved
Use of ambulance siren when leaving a hub in the night.	The investigation found the sirens were not needed and a station notice would be produced to advise staff to be considerate to residents.
Crew took medication for patient and other party in the property	Staff Notice that all crew to check medication if for patient only.

Ombudsman Requests

The majority of complaints were resolved through local resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2019/20 – 4 independent reviews were carried out, compared to 13 in 2018/19, of the 4 reviews, 2 were closed with no further action and 2 remain under investigation by the Ombudsman.

Patient Feedback / Surveys

The Trust received 57 completed surveys via our website relating to Emergency Services and 14 relating to the Patient Transport Service. A targeted real time survey was undertaken of patients that use the non-emergency patient transport service where a further 253 forms of feedback were received.

Friends and Family Test

The Friends and Family Test (FFT) was officially launched on 1 April 2015. The FFT is offered to patients that dial 999, receive an emergency response but are not conveyed to hospital, and to patients that use the Non-Emergency Patient Transport Service. Patients are offered a freepost leaflet to return to Regional HQ or they can complete the return on online through the Trust website. This guidance will change as of April 2020.

To date we have received the following responses:

Recommendation:	YTD EU	YTD PTS
Extremely Likely	117	335
Likely	1	113
Neither	1	33
Unlikely	5	13
Extremely Unlikely	3	12
Don't know	0	19
Total	**127**	**494**

The Trust has received 621 responses compared to 1133 responses the previous year. The Trust in the previous year undertook a two day survey of all PTS patients which would equate to the difference. 452 responses were 'extremely likely' to recommend the non-emergency ambulance service and emergency service to their friends and family.

Compliments

The Trust has received 1812 compliments in 2019/20 compared to 1641 in 2018/19. It is pleasing to note that the Trust has seen an increase in positive feedback.

Governance

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

Single Oversight Framework

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

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

This process has confirmed WMAS' position, in each of the national publications of the Single Oversight Framework, in Segmentation 1. This signifies the Trusts afforded maximum autonomy and the lowest level of oversight with no potential support needs identified.

The following metrics were introduced in 2017/18 as part of the national Ambulance Response Programme, and have since been incorporated into the Single Oversight Framework:

Category	Performance Standard	Achievement (April 2019 to March 2020)
Category 1	7 Minutes mean response time	6 Minutes 56 Seconds
	15 Minutes 90th centile response time	12 Minutes 6 Seconds
Category 2	18 minutes mean response time	13 Minutes 17 Seconds
	40 minutes 90th centile response time	24 Minutes 29 Seconds
Category 3	120 minutes 90th centile response time	103 Minutes 43 Seconds
Category 4	180 minutes 90th centile response time	149 Minutes 39 Seconds

Listening to feedback

Each year our commissioners and stakeholders provide feedback in relation to the content of the Quality Account. We have received many very positive comments in response to the 2018/19 report, a selection of which are listed below:

- WMAS has provided a good service in emergency conveyance
- We note with pleasure that WMAS met all the requirements and was one of the most efficient services in the Carter review into ambulance services in England. HWH would like to thank all the staff of WMAS for their excellent work often in difficult circumstances.
- We note that complaints are down 22.6% in the year and we would like to see this downward trajectory continuing
- The safeguarding of vulnerable patients is very important and HWH welcome WMAS developments
- Healthwatch Birmingham is pleased to see that the Trust has continued to act on stakeholder responses to the Quality Accounts, including our comments to the 2018/19 Quality accounts
- It is positive to see the actions taken by the Trust in response to patient experiences and feedback from the Patient Transport Service Survey. The "You said, we did" examples of using patient feedback provided in the Quality Account is useful and encourages patients to provide feedback as there is evidence that their involvement actually influences change and decision-making.
- In our response to the 2017/18 Quality Accounts, we expressed concern about the response rate for the Friends and Family Test (FFT). It is positive to see that the FFT response rate has increased from 280 (2017/18) to 1085 (2018/19) with 748 people indicating that they were extremely likely to recommend non-emergency and emergency services to their friends and family (FFT)
- Positive to see that the Trust has continued to increase the NHS Staff Survey scores, with WMAS ranked amongst the top three performers in the country. Again, more Black and Minority Ethnicity (BME) staff have responded to this survey compared to 2017/18
- We welcome the Trusts five equality objectives, especially on building trust and confidence with the community you work with, patients, carers and their families through effective communication, engagement and partnership working
- In our review of the Trust's 2017/18 Quality Accounts, Healthwatch Birmingham asked to see examples of learning that has occurred from complaints and changes taken as a result in the 2018/19 Quality Account. We welcome the inclusion of examples of learning from complaints and PALS provided on p60/61 of the draft. In particular, openness around the cancellation of hospital appointments due to transport delays
- Pleasing to see learning has already taken place in relation to some of the audits around Mental Health, management of head injuries maternity learning from deaths and the care of patients discharged at scene. Particularly, the development of an internal Non-transportation and Referral Policy for staff to ensure that there is a system in place for the safe discharge of patients

- Discharge has been an issue that Healthwatch Birmingham has heard about from many members of the public, especially where people do not have the right information or support for continued care. We therefore, welcome that the policy includes guidance on referral to alternative pathways
- We welcome the Trust's focus on listening to its service users, their families and also its staff to ensure that it can continue to improve and sustain its service provision.
- We welcome and congratulate the continuation in the quality of operational standards across the Trust, which is also noted by the most recent CQC report.
- The Committee commend West Midlands Ambulance Trust for the excellent and efficient service provided
- The Trust becoming the first University Ambulance Trust is recognised and welcomed and the Committee looks forward to continuing to see how the collaboration develops during 2019/20.
- Momentous year for the Trust with over a million calls having been received. It is a credit to the Trust that the ambulance response times continue to be the best in the country.
- We are pleased to know that despite workforce challenges in the NHS there are no Paramedic vacancies, enabling the Trust to have a Paramedic on every front-line ambulance
- We commend the Trust for prioritising improving patient safety in a number of areas
- The Health Scrutiny Panel would like to praise the Trust's, Community First Responders, of which the Trust has over 560, for their dedication and important work - which is sometimes lifesaving in the community
- We are pleased to see that the Trust continues to participate in pre-hospital research and is helping to lead the way in academic and research relationships with local universities.

Additionally, we would like to provide responses to some of the other comments that were fed back to us in response to the draft report for 2018/19:

You Said:	Reporting format not easily understandable to the public – Would be helpful if WMAS could include information to help people understand the figures
Our Response:	Some of the report is prescribed by the national team, and the response standards are national determined. However, we do have some flexibility in how we present our response to the national standards and some of the other performance information. We have tried to set these out more clearly in this report. We plan to produce an easy-read document showing just the priorities for the year and our performance against last year's priorities.

You Said:	A number of 'care bundles' for conditions such as Cardiac Arrest are described, and it would be useful for information about implementation levels to be given.
Our Response:	The care bundles are described in the Ambulance Quality Indicators section of the document.

You Said:	The Trust shows it has set up mechanisms to review and work to improve areas raised under the staff survey, but does not mention the staff health and wellbeing areas of the survey which formed one of its targets that were not achieved.
Our Response:	There is a detailed section of the document relating to the areas of focus to support the health and wellbeing of staff

You said:	Would like audit evidence and patient/family feedback for the achievement of educating clinicians to use a form to record the treatment and EOL wishes of patients.
Our Response:	All of our clinicians are trained in the use of the ReSPECT process and we are rolling out this practice jointly with local health economies. Our process has been recognised as best practice, our mandatory training course for all clinicians includes a full session on ReSPECT and our Lead Clinician for vulnerable patients is a member of the national implementation team.

You said:	Action plan for the 4 priorities from Patient Safety Incidents, patient experience info and clinical audit.
Our Response:	We have changed the way we identify and present our priorities. This report contains an implementation plan which we hope makes out planned actions clearer

You said:	The Trust should explore what other methodologies it could use to gather feedback. Feedback gathered by Friends and Family Test survey is only useful if a trust understands why patients give a particular rating. They should bear in mind that people may not want to raise concerns directly with a member of the WMAS team and how to gather feedback once a WMAS episode of care is complete.
Our Response:	We use all means of gathering feedback (complaints, compliments, engagement events, Face to Face surveys for PTS). The Trust's plan for improvement in 2020-21 will see the implementation of the new Family and Friends Test guidance being implemented in a more focussed way

You said:	We would hope that a close working relationship would increase with Primary Care Networks, including support and care in the community and the safe avoidance of conveyance of category 3 and 4 patients. We note that there is some concern in the discharge of patients at the scene and ensuring the safety of patients and a reduction of adverse clinical incidents
Our Response:	We intend to take a more proactive role in the future with all stakeholders. The Primary Care Networks (PCNs) will be key to our strategy as we develop our engagement culture, particularly as they develop their plans through the Additional Roles Reimbursement Scheme. Our overall conveyance rate remains low and we continue to focus upon the clinical effectiveness of our care and the assurance of safety of all patients who are not conveyed to hospital for further treatment. This has been identified as a priority for our review and development throughout 2020/21.

You said:	WMAS has invested in paramedics in all ambulance crews, the training academy and improvements to its fleet of vehicles. We hope that new development can be made for ambulance paramedics and technicians to access patient history and wishes at the scene of the incident.
Our Response:	WMAS has invested significantly into the development of links with primary care systems. Where local systems are available, currently in Birmingham Solihull and Sandwell, our Paramedics are able to view patient primary care records. This provides valuable additional information to support decision making in relation to the patient's onward treatment. We continue to work with other NHS organisations to enable the same access in other areas of the region.

You said:	It is not clear how the Trust will ensure that it is hearing from a diverse group of people. We are particularly keen the Trust hears feedback from 'seldom heard groups'. We would like to read in the 2019/20 Quality Account, the range of people the Trust has engaged with using the strategies outlined in the current Quality Account.
Our Response:	As part of the Trust's approach to maximise engagement opportunities with seldom heard groups, we recently arranged an engagement session with the service users of the Apna Ghar Day Centre in Birmingham. This proved to be a very successful day, following which, we will seek to arrange further sessions in similar environments.

You said:	The Trust would benefit from developing a Patient Public Involvement (PPI) Strategy A PPI strategy would outline:

- Why the Trust is listening?
- What the Trust listens for?
- How the Trust listens?
- Who you want to hear from (including 'seldom-heard' groups)?
- How the Trust will use what it hears?
- Clear arrangements for collating feedback and experience.

Our Response: The Trust is developing its arrangements for improving the culture of engagement and has commenced with a change of responsibilities at executive level. This will be an area of focus in the coming twelve months.

You said: There is concern over staff retention issues. The web links in the staffing section do not open

Our Response: Whilst the Trust does have staff leave, our retention rates are very high in most parts of the Trust. In our call centre environment, retention rates are lower than elsewhere in the Trust, but we find that this is still significantly higher than with other providers. In particular, since we have been awarded the NHS111 contract, many former staff have returned because they wanted to work for WMAS again.

We will pay attention to web links in future documents.

You said: There is information about specific services and specialities and what patients say about them. Indicators and evidence from complaints, patient and staff surveys inspection benchmarking is present together with performance against key quality and mandatory Indicators.

We believe that the value of the document would increase with the inclusion of more detail and supporting evidence of the resultant outcomes against targets; we believe this is of particular importance as the document is intended for a public audience.

Our Response: Our approach to engagement will be a key area for development over the coming twelve months. We will include in our plans, a review of some of our key public documents, such as the Quality Account to ensure that the audience is able to get maximum value from the information presented.

You said:	It is not possible for us to see a direct link between patient feedback and the quality account priorities, although learning from incidents and complaints is linked.
Our Response:	The priorities for 2020-21 have been developed through the direct work of the Trust's Learning Review Group. This has been explained within the document. In future years, there will be a more integrated process throughout the year to ensure that this link is strengthened and made more visible.

You said:	Patient safety is a paramount concern and we would want to see a measurable improvement in quickly resolving the identified serious incident investigations (47% over time frame) and that WMAS publish learning from these events. Would like to see WMAS work with partners in primary and secondary care to investigate and improve the outcomes for patients
Our Response:	Patient Safety remains a priority for us and we have recently employed an additional member of staff to support the investigation of patient safety incidents. We remain committed to working with key stakeholders with regard to specific incidents and the process overall, to ensure efficient and thorough investigations are completed and that practices improve as a result.

Annex 1 Statements from External Stakeholders

Commissioners
Local HealthWatch Organisations
Overview and Scrutiny Committees

Statement from the Lead Commissioning Group

Received 22 May 2020

Statement of Assurance

As lead Commissioner we are pleased to see sustained progress and achievement of the objectives set for 2019/20, and the continued prioritisation of patient safety, clinical effectiveness, and patient experience for 2020/21.

We recognise the significant challenges faced by the Trust during the past year and commend the organisation for the swift and efficient step-in to provide the NHS111 and Clinical Assessment Services in November 2019. Since this time, the Trust has maintained its performance in both 999 and 111 services, despite exceptional challenges including severe flooding in all counties of West Mercia and subsequently the Covid-19 pandemic.

We welcome the continued monitoring and improvements in patient safety to minimise the risk of harm to patients and recognise the effective implementation of the Learning From Deaths Framework. As Commissioners we welcome, support, and commit to continuing the positive work with the Trust to ensure the progress in patient safety and experience continues, at all levels. WMAS also needs to be commended on its continued work on equality, disability, and diversity.

We are pleased to see the new Strategic Objectives, which will support our key requirement for improved collaboration between WMAS and the wider health landscape, to offer close alignment to regional priorities and are keen to support the Trust in establishing work streams that help to continue to deliver the best patient care throughout the Integrated Urgent Care system as the full strategy is developed. We are similarly pleased to see the drive for innovation through research and development.

Finally, it is important to note that the service remains valued by our patients and we look forward to improvements, and further opportunities over the coming year. Through our close work with the Trust, we will continue to support the work associated with learning through complaints and serious incidents in addition to feedback from staff and patients in respect of the implementation of key innovations.

Statement from Local HealthWatch Organisations

Received on 1 May 2020 from Herefordshire HealthWatch

Healthwatch Herefordshire (HWH) welcomes the opportunity to respond to the West Midlands Ambulance Service (WMAS) quality report. In these extremely difficult times HWH would like to recognise the vital and urgent work being done daily on the community's behalf and our heartfelt thanks to all the staff of WMAS for their work this year. In particular to the work done during the winter floods in Herefordshire and the dedication and professionalism of the staff during the pandemic.

The ambulance service touches all aspects of emergency and urgent care and is well integrated into the health and social care structures in our community. Activity and demand levels across 999 conveyances remains similar to 2019/20 in Herefordshire. This outcome has been positively affected by the new policy of treating more patients at the scene of the incident and discharging them to appropriate services in the community. We commend WMAS for their policy of providing paramedics on all ambulances.

In November 2019 WMAS became the provider of 111 services for the region enabling 111 and 999 services to work together effectively and to structure their work together to maximise their respond to the needs of the community.

HWH congratulates WMAS for achieving an 'outstanding' category in the Care Quality Commission (CQC) Inspection published summer 2019. The CQC reported 15 points that they asked for WMAS to action in the next year. The CQC note that they have yet to inspect 111 services. We recognise that WMAS is the only ambulance service in England to consistently meet all the response criteria in the national standards.

We were pleased to see the new status of West Midlands Ambulance Service University NHS foundation trust and the continuing work of the National Paramedic Academy.

We note that WMAS reports the highest levels on infection control and has a policy of continuous improvement in their work.

In reviewing progress in respect of the WMAS priorities set for 2019/20 HWH looked for the following criteria:

- Are the services safe?
- Are the services effective?
- Are they caring?
- Are they well led?
- Are they responsive to patient need?

The priorities for 2019/20

1. **Patient experience -** increased feedback and embed the new NHS Friends and Family test (FFT). The start date for the new FFT is March 2020. Further development in making every contact count. It is disappointing to note that the return of surveys to WMAS is very low in comparison to the number of patient interfaces. This priority is carried forward to 2020/21.

2. **Patient safety -** Improve timely investigations into incidents and serious incidents and make recommendations that are acted upon. New recruitment to address this important work has been put in place.
   Reduce drug administration errors - In the year there was a reduction of incidents of 26 per cent.
   Reduce hazards in transfer - reduce risk of harm to patients in transfer - the majority of these were low level however a reduction in slips and falls in transit would be welcome in 2020/21.
   HWH was pleased that there were no 'never events' in the year.

3. **Clinical effectiveness** improve performance
   1. Achieve national clinical quality indicators for Sepsis, we note that WMAS performance is above the national average and we hope to see continuous improvement.
   2. Improve maternity care in the pre hospital environment. We see the Trust's work in improving performance, training and learning from case review. In particular home births where the ambulance service attended and discharged at the scene.
   3. Establish safety and clinical appropriateness of discharge at scene by ambulance clinicians. We are pleased to see the pilot to review in detail these cases which we would hope would be a continuous review in the future.

   The priorities for Emergency and Urgent services for 2020/21 as they affect Herefordshire.
   1. Safe discharge at scene:
   Patient safety - reduce the number of incidents and serious incidents. We look forward to the results of the case review structure to provide assurance to the trust and stakeholders.
   Clinical effectiveness - reduction in re-contacts following discharge at scene
   Patient Experience – ensure a higher positive experience.

   The priorities for 111 for 2020/21 - ensure that when 111 calls are transferred to 999 they are clinically appropriate.
   Patient safety – review number and nature of calls that are transferred to 999 for ambulance response.
   Clinical effectiveness - Increase volume of calls that receive clinical validation and resolution.
   Patient experience - By improving performance reduce the number and nature of complaints in relation to treatment and outcomes and reduce re-contacts.

   HWH notes the methodology that WMAS proposes to use to achieve these priorities and looks forward to the improvements in patient health and wellbeing outcomes.

   HWH would like to draw to the attention of WMAS the key issues and best practice in contact with patients who have mental health issues and the special care and clinical attention required. We look forward to the integration of services for this group of patients in the county.
   In our response to the quality report in 2019/20 we asked what could be done to improve response times in our rural communities. We would propose that WMAS consider what

innovations and clinical response can be brought to bear on the

timely interventions and outcomes for category one and two patients.

It is disappointing that the number of patient surveys is so low in the year. We would ask WMAS to consider using NHS guide lines (below), as well as more emphasis to be put on modern systems to significantly increase the number of patient responses.

'Providers should for each of the contract areas survey contacts and gather feedback'. This would increase learning, support and inform WMAS in its work. Stakeholders could be a valuable resource in this area.

Healthwatch Herefordshire will monitor the progress of 2020/21 priorities and offers the West Midlands Ambulance Service our strong support in harnessing the patient voice in their work.

Healthwatch Herefordshire

Healthwatch Coventry represents the interests of patients and public in local NHS and social care services. This is our 'commentary' on the evidence WMAS has produced about how it addresses quality of service.

Local Healthwatch are asked to consider if a Trust's quality account shows the following:

- Does it reflect peoples' real experiences as told to Healthwatch
- Is it clear from the draft that there is a learning culture in the Trust that allows people's real experiences to help the provider get better
- Are priorities for improvement in the Quality Account challenging enough and is it clear how improvement will be measured?

The version we received to produce this commentary did not contain some of the data.

The Trust reports a busy year and there were additional challenges at the end of the period due to flooding and Covid-19.

The Strategic Objectives for 2020/2021 embody an ambition to make progress in a wide range of activities.

The Trust's work in response to national requirements to review cause of death of those who die in the Trust's care is very welcome. The trust describes a learning route to identify improvements. They also evidence Duty of Candour for staff.

From the document it does appear that the Trust is keen to note and willing to learn from mistakes.

The Trust identifies key areas to focus their learning and staff development.

The Trust has achieved the targets its commissioning organisation set as CQUIN targets and remains rated as outstanding by the Care Quality Commission.

The Trust acknowledges that it remains on a journey to developing how it gathers feedback and involves patients and families and includes priorities around this for the third year running.

When we look at the information provided in the document about patient and public involvement, we begin to be concerned that progress seems to be quite slow. We expected the trust would be able to describe more engagement reach and more pieces of work and mechanisms.

The Trust, for example, analyses topics of complaints received and PALS enquiry topics highlighting the top issues of concern. Here there is some synergy with what people say to us. However the number of these contacts are reducing and represent a small fraction of those who use services across patient transport, NHS 111 and emergency ambulance services. The Trust also covers a large geographical area meaning that experiences may well be different from locality to locality for some services, perhaps due to rural and urban localities. People who use services may not wish to make a formal complaint but could still have valuable feedback for the Trust.

The Trust had a quality goal for 2019-20 about developing the implementation of the Friends and Family Test feedback survey. However, the quantity of responses to the Friends and Family test feedback questions have reduced rather than increased. For the patient transport service there is less than half last year's number of responses.

The Trust had also set an objective regarding gathering feedback about patient transport services using a specific survey however the response figure reported at the end of quarter 3 is considerably less than that of the previous year.

The Trust mentions developing its arrangements for improving the culture of engagement and changing responsibilities at an executive level. Leadership and culture are very important for encouraging and enabling effective patient and public engagement activity. It is important that there is shared responsibility amongst staff teams with strategic leadership, ambition and oversight.

The responses to the Trust staff survey also shows that more work is needed in using feedback through discussions and actions within directorates.

A relatively small group has fed into the equalities self-assessment rating process and the Trust records information showing progress in equalities areas.

2019-20 priorities

This section was not complete for us to look at. We hope the Trust can address this next year as the timeline for the quality account is defined and it is our experience that other Trusts share more complete information at this stage.

We cannot see from the information provided why the trust has rated its making every contact count quality priority as 'achieved'. More information is required.

There has been good progress in reducing medication errors

2020-21 priorities

WMAS has set out priorities for each of its service areas: emergency ambulance; patient transport and NHS 111.

The Trust plans to improve patient feedback via a survey of 100 patients per quarter and an invite to a patient focused meeting to understand their experience and if they had the need to re-contact either 999/111. Given that the Trust supports an area of 5.6 million this is a small sample and the response rate to a survey is likely to be less than 10%. Therefore, the Trust should consider revising their target numbers. Using technology for virtual meetings will also help more people to take part, including those who cannot travel to attend face to face.

Within the Patient transport priority no target figure is given for increased responses to patient surveys, friends and family test and reduction in complaints.

Other

There are some areas of the document where information is presented without reflection or analysis of what the information means or shows. For example the Trust reports significant increases in the number of safeguarding referrals it is making for both adults and children. This raises the questions of why is this? What does this show? Is this being taken forward in discussion with other agencies? Information such as this would be helpful.

[ENDS]

Received on 29 April 2020 from HealthWatch Birmingham

During the Covid-19 pandemic Healthwatch Birmingham, along with partners across the city, has reviewed our services to ensure we are utilising our resources to meet the needs of local populations. Working with our commissioners and by following Healthwatch England guidelines, we have recently made the difficult decision not to respond to our Birmingham Trusts Quality Accounts this year.

We appreciate the amount of work that has gone into producing the annual Quality Accounts and thank you for continuing to send them through to us for comment. We hope you understand that during this difficult time we are unable to provide you with a response. We are a small team and it is vital that we deploy our capacity to hearing the experiences and needs of our local communities during this time. We are working with partners to support services to meet current needs and supporting the recovery of the city following this pandemic.

Thank you for your continued hard work and we look forward working with you in the year ahead.

Received on 20 May 2020 from Healthwatch Worcestershire

Healthwatch Worcestershire
Civic Centre
Queen Elizabeth Drive
Pershore
WR10 1PT
Tel: 01386 550 264
info@healthwatchworcestershire.co.uk
www.healthwatchworcestershire.co.uk

Healthwatch Worcestershire's response to the Quality Account of the West Midlands Ambulance University NHS Foundation Trust (WMAS) for the financial year 2019/20

Healthwatch Worcestershire [HWW] has a statutory role as the champion for those who use publicly funded health and care services in the county. Healthwatch Worcestershire welcomes the opportunity to comment on the West Midlands Ambulance University NHS Foundation Trust Quality Account [QA] for 2019/20. Healthwatch Worcestershire's principal concern is that patients who live or work in Worcestershire receive safe and quality services from the Trust.

We understand that this year has been an exceptionally challenging year for WMAS due to the three major incidents declared as a result of the floods in Shropshire, Worcestershire and Herefordshire. There is also the impact of the global COVID-19 virus resulting in the highest Level 4 incident being declared by NSH England to be taken into account.

We have used national Healthwatch England guidance to form our response below

1. **Do the priorities of the provider reflect the priorities of the local population?**

   Healthwatch Worcestershire has no direct evidence to suggest that the priorities of the provider do or do not reflect the priorities of the local population.

   We are not aware of the extent of patient engagement by WMAS in Worcestershire but would welcome any contact with the Public Governors representing the West Mercia region.

   We note the WMAS commitment to continuing to not only make improvements to their own services, but where possible, to align and connect with the services of other providers, sharing information to deliver seamless care for the benefit of patients. HWW also welcomes the revised 2020/21 Strategic Objective 5: Collaboration and Engagement commitment to working in partnership to deliver seamless patient care.

   HWW welcomes the inclusion of the statement acknowledging that whilst it is premature to set out specific priorities in relation to Covid-19 at the moment, as the pandemic eases learning from the pandemic and national analyses need to be considered when identifying and monitoring future priority actions.

2. **Are there any important issues missed?**

Healthwatch Worcestershire welcomes the fact that although the West Midlands Ambulance Service is rated as outstanding by the Care Quality Commission the Trust still acknowledge that lessons can be learnt, and services improved. Healthwatch Worcestershire notes that the West Midlands Ambulance Service has continued to perform well, consistently exceeding the national average in all four categories of response and achieved highly in the Ambulance Quality indicators.

As one of Healthwatch Worcestershire's Healthwatch's statutory functions as a local Healthwatch is to enable local people to monitor the quality of health care services in Worcestershire it would be useful if the Quality Account provided information about performance, patient safety and quality at a more local level.

HWW welcomes the fact that all three priorities for Improvement 2020/21 whilst measuring against patient safety and clinical effectiveness also emphasise the importance of the patient experience and are looking for feedback from patients.

3. **Has the provider demonstrated that they have involved patients and the public in the production of the Quality Account?**

In the section on Quality Priorities for 2020/21 there is a statement that

"In deciding our quality priorities for 2020/21 for improving patient experience, patient safety and clinical quality, we have listened to our patients, staff and other stakeholders. We have done this through engagement events, surveys, compliments, complaints and incident reporting. "

There is no other evidence that patients and the public have been involved in the production of the Quality Account.

4. **Is the Quality Account clearly presented for patients and the public?**

Healthwatch Worcestershire understands the challenges in clearly presenting the Quality Account for patients and the public given the content required by NHS England. None the less the draft Quality Account is long, technically complex and the language used is not always clearly presented for patients and the public. We note that WMAS we do have some flexibility in the presentation of their response to the national standards and some of the other performance information and that they have tried to set these out more clearly in the QA.

We also welcome the stated intention to produce an easy read version of the QA showing just the priorities for the year and the performance against last year's priorities.

Yours Sincerely

Chairman

Healthwatch Worcestershire

Statement from Overview and Scrutiny Committees

Received on 2nd April 2020 from Stoke on Trent Overview and Scrutiny Committee

During the Covid-19 pandemic, Stoke-on-Trent City Council will not be holding meetings of the Adults and Neighbourhoods Overview and Scrutiny Committee and therefore will not be commenting on the 2019/2020 Quality Accounts. The Chair, Councillor Jean Bowers has confirmed that she would not wish to place any further burden on your trust during these unprecedented times.

I apologies for any inconvenience this may cause but wanted to let you know this message at the earliest opportunity, so that we don't hold up your process in any way.

Received on 29th April 2020 from Worcestershire Overview and Scrutiny Committee

The Worcestershire Health Overview and Scrutiny Committee welcomes receipt of the draft 2019-20 Quality Account for West Midlands Ambulance Service University NHS Foundation Trust. This year's Account provides an extensive overview of the year's work. The Account demonstrates how the Trust seeks feedback from those who have used the service, with the sole point of improving the service. HOSC Members are aware of the challenges in reaching more rural areas of Worcestershire, as well as the continued challenge of delays in hospital handovers in the county. The Trust continues to perform well against the new performance targets and HOSC Members are also interested to note the Trust's approach to new National Guidance for Ambulance Trusts on Learning from Deaths. We are very encouraged by the Trust's investment and development in NHS111 since being awarded the contract for this service. The Quality Account and the Trust's public Board meetings reflect the ambition of the organisation, and the tremendous motivation and commitment shown by WMAS staff in another year of outstandingly rated service to the community they serve. The HOSC Chairman has highlighted the comprehensive presentations given to the Committee, which provide an exemplar for other NHS organisations. Through the routine work of HOSC, and the activities of individual Members, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire.

Received on 29th April 2020 from Dudley's Overview and Scrutiny Committee

Many thanks for granting Dudley Council Health Scrutiny Committee Members the opportunity to preview and comment on your 2019-20 Quality Accounts. We had hoped you could present them to us for a more interactive dialogue but Covid-19 has obviously taken priority over everything else. We trust the comments we have raised will be helpful to you.

General comment – as the service is not specific to Dudley we cannot assess if Dudley residents are well served by the ambulance service, do you have any thoughts about whether the Quality Accounts could have any local comments? We in turn were wondering if it would be more helpful for nearby Councils to provide a joint response.

As we reviewed the draft accounts it was clear that there were a number of omissions due to the data not being available at the time they were submitted to us. Would it be more appropriate to have these accounts later than March? We accept that for this year 19/20 with the additional demands from the Covid-19 pandemic in February and March 2020 that this is likely to skew and throw out all of the previous year's figures.

We would also have liked to see some analysis on the 111 service and deployment of ambulances since it has been taken over by the Ambulance service. It was expected it would reduce the number of dispatches from the previous year and it would be interesting to see if that is the case.

Under patient experience it would be helpful to understand if there are geographical differences between areas.

Please could you include some staff testimony and patient testimony in the report?

We could find no mention in the Quality Accounts of care homes and how you make decisions to convey or avoid conveyance to hospital. Many care home residents have made advanced care plans and it would be helpful to know how in practice these are followed.

Some specific points:
Page 9 – clinical effectiveness. How are you capturing outcomes on the decisions taken by paramedics at the scene, either to convey to hospital or treat in the community, to ensure that the right decisions are being made?
Page 75 – how do you intend to work with Dudley's Primary Care Networks to ensure patients can be safely managed at home without the need to convey to hospital, and how will you ensure you can access their medical records where appropriate to ensure safe decision making?
Page 77 comment about linking patient feedback to quality account priorities – your response ends mid-sentence.

Received on 1 May 2020 from Birmingham Health and Social Care Overview and Scrutiny Committee

Thank you for sending through the WMAS Draft Quality Account 2019/20 and well done to all at WMAS for managing to produce the draft on time in the very difficult circumstances. We are aware of the strenuous efforts which have been made by the trust to provide information and engage with stakeholders on the Quality Account over a number of years. The following response is being sent on behalf of the Chair of the Birmingham Health & Social Care Overview & Scrutiny Committee, Councillor Rob Pocock.

Based on the draft WMAS Quality Account 2019/20 the Birmingham Health & Social Care O&S Committee comment as follows:

1. *It has been a challenging year and it is acknowledged that there are always areas where improvements can be made. These include the measures being prioritised to reduce the number of incidents relating to the discharge of patients at the scene by monitoring the volume of patients who re-contact WMAS within 48 hours. Similarly, the planned measures to improve feedback on patient experience with a view to reducing avoidable injuries during care and transportation of patients and also actions to ensure the appropriateness of 111 calls transferred to 999, all of which seem to be appropriate and should help to address the areas for improvement identified.*

2. *From an Equality and Diversity perspective, it is pleasing to note the increase in the number of responses received from BME staff to the 2019 NHS Staff Survey compared with previous years. Likewise the use and promotion of the Workforce Race Equality Standard aimed at improving workplace experiences and employment opportunities for BME people in the NHS, which is supported by an updated action plan and the enhanced recruitment programme in an effort to recruit a workforce representative of the community served. In the same way, the launch of a Disability and Carers Network and the implementation of the Workforce Disability Equality Standard are also welcomed and it will be interesting to see the report on the enhanced set of equality objectives when the Annual Report is published.*

3. *In conclusion, the Birmingham Health & Social Care O&S would like to commend the WMAS for their performance over the past year in the most challenging of circumstances and for continuing to maintain a high level of patient care and safety throughout. This has included delivering the 999 and NHS 111 services for the West Midlands in the face of widespread flooding in parts of the region together with dealing with an increase in the number of patients managed, whilst achieving all national response standards consistently. Credit is also merited for the vital and continuing role that the WMAS has played in responding to and managing the impact of the ongoing global COVID-19 pandemic. That this has been achieved whilst continuing to deliver performance rated as outstanding by the CQC deserves to be recognised.*

Received on 30th April 2020 from Wolverhampton's Health Scrutiny Panel

City of Wolverhampton Council's, Health Scrutiny Panel won't be submitting a statement this year, like we did last year. Hopefully when the Covid-19 crisis has calmed down, the Panel will invite representatives from the Trust to one of their meetings, either virtually or in the real world, when some of the points raised in the Quality Accounts can be discussed.

Thank you for sending through the draft which I did circulate to all our Health Scrutiny Panel Members.

Statement from the Council of Governors

The Council of Governors welcomes the comprehensive Quality Account for 2019/20 and appreciates the considerable amount of time and effort that has been put into its preparation. The reader is able to have a complete overview of West Midlands Ambulance Service University NHS Foundation Trust during the 2019/20 timescale.

As in previous years the Service has faced an ever-increasing demand, and yet the Trust continues to provide patients with the highest quality care whilst achieving all the national response standards in every quarter.

During 2019/20 West Midlands Ambulance Service has faced many challenges such as the significant flooding within the many regions the Trust covers. The arrival and escalation of the Covid-19 Pandemic brought unprecedented demands, and as the fight against the virus continues, the full command and control arrangements that the Trust had put into practice at the end of the year will continue into the new financial year 2020/21.

The Trust was proud to be awarded the Contract for NHS 111 and the Clinical Assessment Service throughout most of the West Midlands (with the exception of Staffordshire). Through effective telephone triage, the service can ensure that patients are treated for their condition in the right place, at the right time, by the right healthcare professional no matter whether they dial 111 or 999.

Despite the service having seen an increase in demand, it has not put a halt to a variety of achievements throughout the year. WMAS continues to provide a reliable non-urgent Patient Transport Service to and from hospital for many vulnerable and frail patients. We have seen many successful Paramedic training programmes taking place, and a significant number of staff being employed on the commencement of the 111 Contract to name just a few.

During 2019/20 the Council of Governors went through the thorough processes involved in the re-appointment and recruitment of Non-Executive Directors. After a successful interview process, the Trust welcomed Mushtaq Khan as the latest Non-Executive Director to be appointed to the Board when he joined in October 2019. As it was announced that Sir Graham Meldrum the Chair of West Midlands Ambulance Service would be retiring on 31st March 2020, after fourteen years of excellent service, in November 2019 the Remuneration Panel, made up of members of the Council of Governors carried out a comprehensive interview process in order to appoint a new Chair of the Trust, and the Council of Governors was pleased to announce that Professor Ian Cumming would take up the position of Chair of WMAS commencing on 1st April 2020, and we look forward to welcoming Ian who we are sure, will continue to bolster the strong leadership of the Trust.

The council of Governors welcomes the priorities set out for 2020/21 and looks forward to hearing and seeing first-hand how the Trust progresses these priorities throughout the year in its endeavour to remain the best performing Ambulance Service in the Country.

Eileen Cox
Lead Governor
14 May 2020

Annex 2 - Statement of Directors' Responsibilities

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  o board minutes and papers for the period April 2019 to 25 March 2020
  o papers relating to quality reported to the Board over the period April 2019 to 25 March 2020
  o feedback from commissioners dated 22 May 2020
  o feedback from governors dated 14 May 2020
  o feedback from local Healthwatch organisations dated 1 May 2020
  o feedback from Overview and Scrutiny Committee dated from 2 April 2020 to 1 May 2020
  o the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009,dated 27 May 2020.
  o the [latest] national staff survey published
  o the Head of Internal Audit's annual opinion of the Trust's control environment dated 22 May 2020
  o CQC inspection report dated 22/08/2019
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

Date: 27 May 2020   Chairman

Date: 27 May 2020   Chief Executive

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Annex 3: The External Audit limited assurance report

In March 2020, NHS Improvement made the decision to relax or remove some of the normal regulatory activities to allow Trusts to free up as much capacity as possible and prioritise their workload to be focused on doing what is necessary to manage the response to the COVID-19 pandemic. This included the decision to cease arrangements for externally auditing Quality Accounts.

No audit statements are therefore required for this year.

Annex 4: Glossary of Terms
Glossary of Terms

Abbreviation	Full Description
A&E	Accident and Emergency
AFA	Ambulance Fleet Assistant
ARP	Ambulance Response Programme
AQI	Ambulance Quality Indicators
BASICs	British Association of Immediate Care Doctors
CCGs	Clinical Commission Groups
CFR	Community First Responder
CPO	Community Paramedic Officer
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
COVID-19	Coronavirus Pandemic
CSD	Clinical Support Desk
DCA	Double Crewed Ambulance
E&U	Emergency & Urgent
EMB	Executive Management Board
EOC	Emergency Operations Centre
FAST	Face, Arm, Speech Test
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HART	Hazardous Area Response Team
HCAI	Healthcare Acquired Infections
HCRT	Healthcare Referral Team
IGT	Information Governance Toolkit
IM&T	Information Management and Technology
IPC	Infection Prevention and Control
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPIs	Key Performance Indicators
MERIT	Medical Emergency Response Incident Team
MINAP	Myocardial Infarction Audit Project
NED	Non-Executive Director
NHSP	National Health Service Pathways
NICE	National Institute for Health and Clinical Excellence
NRLS	National Reporting & Learning System
OOH	Out of Hours
PALS	Patient Advice and Liaison Service
PDR	Personal Development Review
PRF	Patient Report Form
NEPTS	Non – Emergency Patient Transport Service
QIA	Quality Impact Assessment
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RRV	Rapid Response Vehicle
SI	Serious Incident
SOF	Single Oversight Framework
STEMI	ST Elevation Myocardial Infarction
STP	Sustainability and Transformational Partnerships
VAS	Voluntary Aid Services
WMAS	West Midlands Ambulance Service University NHS Foundation Trust
YTD	Year to Date

Further Information

Further information and action plans on all projects can be obtained by contacting the lead clinician named on the project.

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given in the Quality Report to be published in June.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service University NHS Foundation Trust
Ambulance Headquarters
Millennium Point
Waterfront Business Park
Brierley Hill
West Midlands
DY5 1LX

You can also find out more information by visiting our website: **www.wmas.nhs.uk**

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370.**

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Quality Account 2019-20
Summary of Priorities

West Midlands Ambulance Service
University NHS Foundation Trust

Trust us to care.

Contents

Please note that information regarding each area of the Trust as described in the Quality Account will be available on the Trust website

Part 1
Statement on Quality from the Chief Executive

Welcome to the West Midlands Ambulance Service NHS Foundation Trust's Quality Report which reviews the year 2019-20 and sets out our priorities for 2020-21. This account is an assessment of the quality of care patients receive when they are in our care. This report details our continued commitment to delivering the very best care for our patients.

At the end of each financial year, it is always appropriate to look back and reflect on the past 12 months. Of particular note, firstly the Trust was proud to be awarded the contract for NHS111 and the Clinical Assessment Service throughout most of the West Midlands. This has given us the opportunity to provide an extremely high-quality service to the public as the first point of contact with the NHS, with the aim supporting patients to choose well. Additionally, there have been periods of significant operational pressure, namely the localised incidents along the River Severn in which communities were repeatedly flooded, followed by the rapidly escalating pandemic, Covid-19. Both of these events have significantly affected the Trust's levels of demand and operational resources.

There have been periods within the year in which activity has increased significantly. Over the course of the year, we have managed more than 1.1 million incidents, an increase of approximately 4.7% on the previous year. We have continued to respond to emergency and urgent calls in the timeliest manner, achieving all national response standards in every quarter. At the end of the year, I am pleased to confirm that we remain the only ambulance service in England that consistently meets all of the new standards.

My thanks, as ever, go to all of our staff and volunteers for the contributions that they continue to make, often in very challenging circumstances, to support and deliver outstanding patient care to the people of the West Midlands.

We continue to work with commissioners and stakeholders across our health economies to make improvements to the service. We are committed to continuing to not only make improvements to our own services, but where possible, align and connect with the services of other providers, sharing information to deliver seamless care for the benefit of patients.

To the best of my knowledge the information contained in this report is an accurate account. On behalf of West Midlands Ambulance Service, I would like to present this Quality Account. We welcome your feedback and if you have comments on this document or the Trust in general, we would be pleased to hear from you.

Anthony Marsh
Chief Executive Officer

Q3

Statement on Quality from the Medical Director and Executive Nurse

This has been another very busy year, during which we have not only managed a higher number of patients than ever before, but also in which we took on the delivery of the NHS 111 service for the West Midlands (excluding Staffordshire and Stoke on Trent). We continue to deliver care and performance that again has been rated as outstanding by the Care Quality Commission. Our response times are the best in the country, and on many of the clinical performance metrics we out-perform other services.

This year has also been an exceptionally challenging year for our staff as a result of the three major incidents declared as a result of the floods in Shropshire, Worcestershire and Herefordshire. We are also seeing the impact of the global COVID-19 virus resulting in the highest Level 4 incident being declared by NSH England. Our staff will continue to ensure that the highest level of patient care and safety is maintained during these national emergencies.

We continue to have a significant clinical research portfolio. During 2019/20, the Trust has continued to expand the opportunities for staff and patients to be involved in pre- hospital research, making huge steps forward in forging academic and research relationships in collaboration with local universities, culminating in West Midlands Ambulance Service becoming a University Ambulance Service.

Our staff are our greatest asset, and every day, in all weathers, they are out and about in the region helping people in our communities. Despite the significant workforce challenges across the NHS, we continue to maintain a position of having no Paramedic vacancies enabling us to have a Paramedic on every front-line ambulance supported by highly skilled Ambulance Technicians, thereby ensuring that our patients get appropriate care. Unlike many other services around the country, we have no need to use private ambulance services.

Our National Paramedic Academy based in Brierley Hill allows us to employ and train a skilled workforce, and every year we train around 300 Paramedics, most of whom go on to be employed by us across our Region. Our University NHS Foundation Trust status which we have been awarded confirms our vision to be a leading contributor to the knowledge and research evidence of the Paramedic profession. Our delivery model is one of skilled clinical professionals delivering the most up to date care to our patients.

We continue to invest in our fleet of ambulances to ensure they remain under 5 years old, and we have state of the art clinical equipment on board. Our ambulances are maintained by our workforce of skilled mechanics, and Vehicle Preparation Operatives ensure that the highest level of cleanliness is maintained, as well as checking equipment and stock on the ambulances. All ambulances are now cleaned and stocked from our central ambulance hubs many of which are purpose built and all are designed to ensure the highest levels of infection prevention and control standards are implemented.

Many of you will have seen one the documentary programmes that have been shown on television during the year, such as 999 On the Frontline. These programmes have been helpful in showing the public the extraordinary work undertaken by our staff on a daily basis. From the compassionate handing of the initial 999 call to the excellent care provided by the staff on the ambulance, these programmes have provided a positive view of the quality of care provided by our ambulance service.

We are arguably the best performing ambulance service in the country. But we also recognise that this does not mean we are perfect, and we are absolutely committed to ensuring we continue to improve the services we provide. Sadly, due to the nature of our work some patients die in our care. We have introduced a system of reviewing all these cases to ensure that we have done everything we can to deliver the best care possible. Where there are improvements to be made we ensure that this happens through our Learning Review Group.

Of course we don't always get things right, and we have many systems where we ensure we are aware if mistakes happen. We actively seek feedback from patients, we listen to people who have complaints, and we ask our staff to report where there are problems. Through this process we are constantly improving the delivery of our clinical care. Where we get things wrong, we are being very open and honest through our Duty of Candour which is also helping us improve our service.

We are the first point of contact with the NHS for many people in an emergency; for others that use our service, we are a source of help and support at a time of crisis. People that use our service are often vulnerable, scared, upset or confused and we continue to strive and be a responsive service that is both caring and compassionate.

We recognise that we are part of a large health and social care system, and that our patients move between different organisations to receive their care. We cannot provide excellent patient care in isolation and we are committed to working with partners to deliver excellent care across the system within which we work.

The current threat of the CORONA-19 virus is putting additional strain on our 999 and 111 services. Our staff continue to work tirelessly to ensure that during this global Pandemic our patients continue to receive the best clinical care. We will always strive to deliver the best clinical care for patients and we urge our population to take every precaution to avoid passing on this virus. Remember that regular handwashing is important in preventing the spread of infections.

We are grateful to all our staff for everything they do in delivering an excellent service, and we are proud to be the provider of the urgent and emergency ambulance service for people in the West Midlands.

Dr Alison Walker　　　　　　　　　**Mark Docherty RN MSc BSc(HONS) Cert MHS**
Medical Director　　　　　　　　　　**Director of Clinical Commissioning & Service**
　　　　　　　　　　　　　　　　　　　Development ／ Executive Nurse

Introduction

We have a vision to deliver the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies. Put simply, patients must be central to all that we do. This means a relentless focus on the safety and experience of patients during our care and ensuring the best clinical outcomes are achieved.

At West Midlands Ambulance Service University NHS Foundation Trust, we place quality at the very centre of everything that we do. We work closely with partners in other emergency services, different sections of the NHS and community groups. These include working strategically with Sustainability and Transformation Partnerships and Clinical Commissiong Groups, and on a day to day basis with General Practitioners, mental health workers and local community groups. We recognise that working with the developing Primary Care Networks will be of vital importance to establishing capacity to respond to the day to day health needs of our population.

We understand as a provider organisation that to continue to improve quality it is essential that our patients and staff are fully engaged with the quality agenda. We continue to reinforce these through our current vision and values. The Trust has been actively reviewing its strategic objectives, which throughout 2019/20 were:

- Achieve quality and excellence
- Accurately assess patient need and direct resources appropriately
- Establish market position as an emergency healthcare provider
- Work in partnership

In the early part of 2020-21, the Trust will be establishing its delivery plans to support a revised Strategic Plan with the following new objectives:

Strategic Objective 1: Safety, Quality and Excellence	Strategic Objective 2: A great place to work for all	Strategic Objective 3: Effective planning and use of resources	Strategic Objective 4: Innovation and Transformation	Strategic Objective 5: Collaboration and Engagement
Our commitment to provide the best care for all patients	Creating the best environment for staff to flourish	Continued efficiency of operation and financial control	Developing the best technology and services to support patient care	Working in partnership to deliver seamless patient care

Care Quality Commission

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

The Trust has been registered with the Care Quality Commission without conditions since 2010. WMAS has not participated in any special reviews or investigations by the Care Quality Commission during 2019/20 and CQC has not taken enforcement action against West Midlands Ambulance Service during 2019/20.

During 2019/2020 the Trust updated its regulated activity following the acquisition of NHS111 and the Clinical Assessment Service. The Trust was inspected by the CQC in 2019. The final report, available from www.cqc.org.uk, confirms the Trust maintained its overall rating of Outstanding.

CareQuality Commission

West Midlands Ambulance Service University NHS Foundation Trust

Inspection report

Unit 9
Waterfront Business Park, Dudley Road
Brierley Hill
West Midlands
DY5 1LX
Tel: 01384215555
www.wmas.nhs.uk

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

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

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

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

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

Whilst we have been rated, again, as Outstanding, the inspectors did identify some minor areas for regular focus. Where actions were required, these have mostly been completed and all areas remain under regular review.

Review of Performance against 2019-20 Priorities - Patient Safety

Priority 1: Improve the timely completion of serious incident investigations and completion of any recommendations made from investigations

Agreed Plans

Compliance with the time frame as set out in the National Framework and completion of recommendations within the identified time frame

Outcome

During the third quarter of 2019/20 there were 12 Serious Incidents raised within WMAS. There are currently 21 SI's being investigated, 10 of which are outside of the 60 working day timeframe. This is due to workload, which is being addressed by the recruitment of an additional Investigating Officer who took up post in January.

Achieved

Priority 2: Reduce the incidence of drug administration errors

Agreed Plans

Increase training and awareness of reported incidents among staff to achieve a reduction in the number of drugs administration errors.

Outcome

The Trust is informed of very few errors, considering the vast amount of patients treated each year. The latest report reflected a decrease in recorded errors of 26 per cent. A full update will be provided in the final report once the financial year has completed. In quarter 4 this has reduced by 41% since the previous financial year.

Achieved

Priority 3: Reduce the risk of harm to patients during transfer

Agreed Plans

Incidents involving patient harm during transfer occur very rarely compared to the volume of patients attended to each year. Where such an event occurs, the Trust takes a robust approach to identifying the cause of injury, taking action to reduce the likelihood of reoccurrence. The Trust regularly monitors the number of both "no harm" and "harm" incidents caused during transfer of patients.

Outcome

The Trust's Incident Reporting tool has been well utilised by staff and is regularly promoted to encourage recording and awareness of such events, this included a focused Patient Safety Week in July.

Slips, trips and falls currently remain the most common theme in reported patient safety incidents and patient harm incidents, with most being graded as low harm events

Achieved

Review of Performance against 2019-20 Priorities - Clinical Effectiveness

Priority 1: Improvement of the performance for the National Ambulance Clinical Quality Indicator for SEPSIS	
Agreed Plans The Trust is committed to continual improvement in SEPSIS identification and care in line with National Guidance. We set out to improve our performance in relation to the SEPSIS Care Bundle (the nationally defined guidance for the management of SEPSIS) from the baseline level of 66% to over 75%.	**Achieved**
Outcome Our clinical scorecard (reported 21 April 2020) confirmed the latest reportable position for 2019-2020 to be above target at 83.62% (compared to the latest national mean of 78.27% in September 2019).	

Priority 2: Improve Maternity care in the pre-hospital environment	
Agreed Plans The Trust is committed to continual clinical quality improvement. Following some reported adverse clinical incidents, serious incidents and audit findings this was identified as a high priority for the Trust. We planned to: • make improvements in the results of the maternity audit • reduce the number of adverse clinical incidents and serious incidents relating to maternity/neo-natal care	
Outcome • The Trust's Obstetrics Lead actively reviews all maternity cases and attends all Root Cause Analyses. • To increase the skills of Paramedics when dealing with maternity cases, we have created a Post-Partum Heamorrhage (PPH) video for use on the Mandatory Training Update. • Continuing Professional Development (CPD) sessions have been ongoing throughout the year, each of which are each attended by 15 Paramedics. These have taken place at six of the Trust's fifteen hubs to date. The programme has recently been suspended due to the additional pressures under the Covid-19 pandemic, but will resume as soon as practicable with visits to the remaining hubs. • Additionally, the Trust organised a Perinatal Mental Health Train the Trainer Study Day, the first of its kind in the country to train ambulance staff to spot the signs of perinatal mental health illness. This was attended by more than 80 staff. • The Trust's obstetric lead has been a guest speaking and teaching at the Trust's internal training academy in addition to regular teaching at Coventry University. She has also coordinated real life simulated emergency obstetric skills drills at Walsall Standalone Birth Centre.	**Achieved**

- Introduction of Misoprostal for the Management of Post-Partum Haemorrhage (PPH)
- Creation and distribution of our Maternity Action Cards (now included in all maternity packs)
- Local Trusts encouraged to notify us of Homebirths Against Medical Advice so we are able to flag address speed up dispatch to a Category 1 emergency call
- Local networking and development of working relationships
- Development of a Pilot Telephone Triage Guidance for Birmingham Women's & Children's Hospital

Priority 3: Improve the safety and clinical appropriateness of the discharge of the patient on scene by ambulance clinicians

Agreed Plans

The Trust is committed to continual clinical quality improvement; and one of the Trust's high priorities is to ensure the safety of patients following discharge. To make progress in this area, the Trust set out to:

- make improvements in the results of the discharge on scene audit
- reduce the number of adverse clinical incidents and serious incidents relating to the non-conveyance of patients to a treatment centre

Outcome

The Trust carried out a clinical audit in relation to the discharge of patients on scene. Recommendations from the audit proposed that a more detailed case review was required to provide assurance to the Trust. Currently we are exploring different methods of this case review and have completed a pilot of reviewing cases, over a 48 hour period, where we have responded to the same patient (identified through the NHS number) and review both the initial case and then the re-contact to identify if 1) the non-conveyance was appropriate 2) what the second contact was and whether there had been any harm to the patient. This is extremely resource intensive and we are trying to identify different methods.

Good progress is being made in this area and will continue into 2020/21.

Achieved

Review of Performance against 2019-20 Priorities - Patient Experience

Priority 1 - Increase Patient Experience feedback through direct liaison with patients whilst in Hospital Units	
Agreed Plans The Trust will continue with engagement with non-emergency patient transport patients through targeted surveys and discharge and renal coordinators undertaking a small survey **Outcome** Face to Face surveys have been undertaken for PTS Contracts. Despite a significant rise in responses through this route last year, the Trust has had fewer resources to carry out these surveys due to maternity leave. 253 responses were received compared to 296 during the previous year, unfortunately we fell 43 responses below last year. PTS were attempting to pull this back in March however COVID 19 had an impact.	**Achieved**
Priority 2 - Implement and embed the new Family and Friends Test guidance due for release in April 2019 across the EU and NEPTS service.	
Agreed Plans Requirements of new guidance fully embedded in the Trust with improved distribution and response rates. Actions taken in respect of areas for improvement **Outcome** Face to Face surveys have been undertaken for PTS Contracts. Despite a significant rise in responses through this route last year, the Trust has had fewer resources to carry out these surveys due to maternity leave. 253 responses were received compared to 296 during the previous year, unfortunately we fell 43 responses below last year. PTS were attempting to pull this back in March however COVID 19 had an impact.	**Achieved**
Priority 3: Further development of Making Every Contact Count (MECC)	
Agreed Plans Successful delivery of project plan. Reduced calls, particularly in relation to matters addressed through the MECC Programme **Outcome** The Trust continues to publish key healthcare and lifestyle messages via its various social media accounts. We work closely with Public Health England and other ambulance Trusts nationally to share good practice, enabling the clinicians to deliver the best service possible to comprehensively meet the needs of all patients. An Annual Report has been produced in relation to our work in this area. This is available on our website. The volume of patients in contact with WMAS has significantly increased since we commenced 111, facilitating further opportunities to deliver the right messages under the MECC programme	**Achieved**

Service-based Annual Reports 2019/20

Further information in respect of some of our services can be found in a suite of Annual Reports covering the following areas:
- Controlled Drugs and Medicines Management
- Infection Prevention & Control
- Better Births
- Patient Experience
- Safeguarding (including Prevent)
- Making Every Contact Count
- Emergency Preparedness
- Equality, Diversity & Inclusion
- Security and Physical Assaults
- Health, Safety and Risk
- Patient Safety
- Clinical Audit and Research

These reports are all available on the Trust website.

The Annual Report in respect of the Data Security and Prevention Toolkit will be available later in the year, in conjunction with the adjusted national for 2019/20.

Coronavirus (COVID-19)

Following the outbreak of the Coronavirus in China, and the subsequent spread of the disease to multiple countries, NHS England declared a Level 4 national emergency and the outbreak was declared a pandemic by the World Health Organisation in early March 2020.

Since the first cases were recorded in England, the NHS began to prepare for unprecedented levels of activity and severity of illness. WMAS has proactively managed the response to both emergency and urgent calls, whilst supporting staff and managing all other demands concurrently. The Chief Executive was given the responsibility of command and control of national assets, should the need arise.

A significant command and control model has been in place throughout with many actions implemented, the following provides a high level summary of some of these actions:

- Daily senior command team meeting, chaired by the Chief Executive
- Arrangements to manage the flow and communication in respect of symptomatic patients requiring transport
- Increase fleet by approximately up to 150 vehicles supporting the emergency and non-emergency services
- University students brought into support frontline operations:
    - o 99 Year 1 students acting as Vehicle Preparation Assistants
    - o 168 Year 2 and 138 Year 3 students respectively working as Ambulance Care Assistants for emergency calls
- Installation of Perspex screens to protect staff in control rooms
- Staff from corporate departments redeployed to assist a variety of support roles
- More than 200 additional 111 call handlers for additional surge capacity
- Continuation of arrangements to support communication and flow at hospitals
- COVID 19 incident room established 16 hours per day, 7 days per week
- Continued work to ensure sufficient quantity of appropriate good quality personal protective equipment is readily available for staff
- Swabbing of staff and where appropriate, family members 7 days per week
- Reconfiguration of estate to ensure social distancing of staff essential providing essential services

Priorities for Improvement 2020/21

We have assessed our progress against the agreed priorities for 2019/20 and have confirmed those that need to continue to ensure a high-quality service is maintained and continues to improve. In deciding our quality priorities for 2020/21 for improving patient experience, patient safety and clinical quality, we have listened to our patients, staff and other stakeholders. We have done this through engagement events, surveys, compliments, complaints and incident reporting. We regularly review all information available to us to identify trends and themes, this helps us to identify causes and priorities for improvement. We have identified a single priority for improvement for each of our core services:

Emergency and Urgent (calls from 999 and health care practitioners)
Priority: Safe Discharge on Scene
The priority identified for this service relates to the patients who, following an emergency call, were treated by an ambulance crew and discharged without the need for transport to hospital or any other destination. Paramedics are trained to assess the patient's condition and consider all treatment options available to ensure that the chosen action delivers the right outcomes for each patient.   We will review this from the following perspectives:

- Patient Safety - Paramedics use a variety of information sources to facilitate decision making regarding the best treatment for patients. The course of treatment or destination chosen for each patient should meet the patients' needs, ensuring safety always. Through continuous review of trends and themes, we will be aiming to reduce the number of incidents relating to the discharge of patients at the scene. We will do this by:
    - o ensuring that all clinicians are appropriately updated in respect of the latest clinical guidance
    - o working with the local health economy to ensure that clinicians can access the patients' medical history to provide to enable informed decisions to be made
    - o reviewing and updating the Directory of Services to maximise options available, which are appropriate to the patients' condition
    - o provide overview and support from the Emergency Control Room to assist with decision making in relation to the treatment plan for the patient
- Clinical Effectiveness - Once assessed by a Paramedic, the patient's onward treatment needs should be met by other healthcare providers; and should not require further intervention from WMAS. We will be assessing the appropriateness of discharge at the scene by monitoring the volume of patients that re-contact us within 48 hours.
- Patient Experience - All patients should experience high levels of patient care and safety. We currently review all information received from patients and their relatives through complaints, compliments and the Family and Friends Test, however, the number of contacts we receive through these routes are historically low. Our plan to improve feedback will incorporate a survey of 100 patients per quarter to understand their experience and if they had the need to re-contact either 999/111. Patients surveyed will be asked if they would consider attending a patient focused meeting so representatives of the Trust can hear their views and learn from their experiences.

E&U Priority: Safe discharge on scene

WMAS plays an important role in ensuring that patients are treated in the right place by the right healthcare professional for their condition. Paramedics are trained to assess the patient's condition and consider all appropriate treatment options available to ensure that the chosen course of action delivers the right outcomes for each patient.

Patient Safety		
	Rationale	Paramedics use a variety of information sources to facilitate decision making with regard to the best treatment for patients. The course of treatment or destination chosen for each patient should meet the patients' needs, ensuring safety at all times
	Measurement	Reduction in the number of incidents and serious incidents relating to the discharge of patients on scene Review of audit findings
	Current position	Baseline position to be populated after the end of March Audit carried out in 2019, which provided an assurance score of Moderate
	Target	Target to be agreed and populated based upon baseline Improvements in re-audit during 2020/21

Clinical Effectiveness		
	Rationale	Once assessed by a Paramedic, the patient's onward treatment needs should be met by other healthcare providers; and should not require further intervention from WMAS.
	Measurement	Reduction in number of recontacts following discharge on scene Review of audit findings
	Current position	Baseline position to be populated after the end of March Audit carried out in 2019, which provided an assurance score of Moderate
	Target	Target to be agreed and populated based upon baseline Improvements in re-audit during 2020/21

Patient Experience		
	Rationale	All patients should experience high levels of patient care and safety
	Measurement	Ensure a higher positive experience if patients being discharged on scene compared to a negative.
	Current position	Current feedback on experience is low through the current Friends and Family reporting process.
	Target	To survey 100 patients a quarter to understand their experience and if they re-contacted 999/111. Patients surveyed will be asked if they would consider attending a patient focused meeting so representatives of the Trust can hear their views and learn from their experiences.

Q15

Patient Transport Services (non-emergency transport to hospital appointments)
Priority: Reduction in avoidable injuries in the care of patients

We provide a reliable service to transport many vulnerable and frail patients to and from hospital appointments. This is an essential aspect to delivering care in the community and assisting people to live safely and independently for as long as possible.   Whilst we strive to offer the highest quality of care to all patients, incidents can occur from time to time, in which patients are injured. We aim to continue to improve our practices to ensure that when incidents do occur, that we learn from the experience and adjust either our practices or the equipment used to minimise the likelihood of reoccurrence. We will review this from the following perspectives:

- Patient Safety - Any incidents or near misses which occur during the care and transportation of patients are reported and thoroughly investigated. Resulting actions may require a change of practice, equipment or further training for staff to reduce the likelihood of a similar incident re-occurring. This has been a priority during 2019/20 and we will continue our work in this area in order that we continue to reduce the number of patient safety related incidents and serious incidents. We will do this by continuing to investigate trends and themes in reported incidents, liaising directly with both the commissioners and patients to ensure that our patients' needs are accommodated fully

- Patient Experience - Our patients should experience the best treatment whilst in our care. This should be evident in all communications with patients about the care they have received. We will continue to focus our attention on the following:
  - Reduction of complaints relating to care during transportation
  - Improvement in response to face to face surveys with patients in relation to their experience
  - Improvement in the volume of responses to the Family and Friends Test in relation to transportation

![NHS West Midlands Ambulance Service University NHS Foundation Trust logo]

PTS Priority: Safe Transportation of Patients

We provide a reliable service to transport many vulnerable and frail patients to and from hospital appointments. This is an essential aspect to delivering care in the community and assisting people to live safely and independently for as long as possible. Whilst we strive to offer the highest quality of care to all patients, incidents can occur from time to time, in which patients are injured. We aim to continue to improve our practices to ensure that when incidents do occur, that we learn from the experience to minimise the likelihood of reoccurrence.

Patient Safety	Rationale	Any incidents or near misses which occur during the care and transportation of patients are reported and investigated. Actions are implemented which may require a change of practice or further training for staff to reduce the likelihood of a similar incident occurring again. We plan to continue to reduce the number of patient safety incidents and serious incidents
	Measurement	Volume of reported patient harm incidents
	Baseline	Harm related incidents 100, No harm incidents, 672 (Total 772)
	Target	Maintain incident reporting and learning from these incidents with a planned reduction in the number of 'harm' incidents and the level of harm.

Clinical Effectiveness	Rationale	The PTS service does not deliver clinical care, therefore there is no requirement for improvement to the clinical effectiveness of this service
	Measurement	
	Baseline	
	Target	

Patient Experience	Rationale	Our patients should experience the best treatment whilst in our care. This should be evident in all communications with patients about the care they have received
	Measurement	• Reduction of complaints relating to care during transportation • Improvement in response to face to face surveys with patients in relation to their experience • Family and Friends Test - Improvement in responses in relation to transportation
	Baseline	• Complaints 2019-20 17 (By quarter) • Face to face survey responses 64 (By quarter) • Family and Friends Test –131 (By Quarter)
	Target	• Complaints 2019-20 13 (By quarter) • Face to face survey responses 80 (By quarter) • Family and Friends Test – 164 (By Quarter)

Q17

NHS111 (calls for healthcare advice and referral to other health services)
Priority: Ensuring appropriateness of 111 calls that are transferred to 999

WMAS plays an important role in ensuring that patients are treated in the right place by the right healthcare professional for their condition. NHS111 is a major route into the NHS for many patients who feel that they do not need the assistance of emergency or urgent healthcare providers. Through effective telephone triage, we will ensure that only those patients whose symptoms require the use of more urgent healthcare services are transferred to 999. The remainder will be effectively treated through alternative routes.

Since commencing delivery of the NHS111 service in November 2019, the Trust has invested significantly in staff recruitment and training to ensure patients receive the best level of service. Consequently, the volume of calls transferred to 999 has decreased, helping to ensure stability across both services. We believe that further reductions can be made and as the service develops, we will continue to focus on the most appropriate treatment for all patients, regardless of the number dialled. It is important to note that our priority in this area must be clinically, not target, driven. We will not strive for continuous reduction in the number of calls transferred to the 999 service, as this may not be in the best interest of patients. Instead, we will focus upon transferring only those which are **appropriate** for ambulance response. We will be reviewing our actions from the following perspectives:

- Patient Safety - Ensuring that patients receive the most appropriate response according to their presenting symptoms will support treatment in the right environment by the most appropriate healthcare professional. This will reduce the number of patients waiting for an emergency response and in some cases, may reduce the number of patients presenting at Emergency Departments. We will regularly monitor the percentage of calls from 111 that are transferred to 999
- Clinical Effectiveness – we use our skilled clinicians, we the revalidation of 111 calls, which are categorised as category 3 or 4, to effectively signpost patients to alternative pathways to meet their needs and requirements.
- Patient Experience – We will use all methods of communication with patients to ensure that our actions to reduce calls transferred do not adversely affect patient experience.

NHS111 Priority: Ensure appropriateness of 111 calls that are transferred to 999

WMAS plays an important role in ensuring that patients are treated in the right place by the right healthcare professional for their condition. NHS111 is a major route into the NHS for many patients who feel that they do not need the assistance of emergency or urgent healthcare providers. Through effective telephone triage, we will ensure that only those patients whose symptoms require the use of more urgent healthcare services are transferred to 999. The remainder will be effectively treated through alternative routes.

Patient Safety	Rationale	Ensuring that patients receive the most appropriate response according to their presenting symptoms will support treatment in the right environment by the most appropriate healthcare professional. This will reduce the number of patients waiting for an emergency response and in some cases, may reduce the number of patients presenting at Emergency Departments
	Measurement	Percentage of calls from 111 that are transferred to 999
	Baseline	14%
	Target	Below 10% By March 2021

Clinical Effectiveness	Rationale	Through a skilled clinical workforce, the revalidation of 111 calls, which are categorised as category 3 or 4, to effectively signpost patients to alternative pathways to meet their needs and requirements
	Measurement	Volume of calls that receive clinical validation Reduction in the number of recontacts within 24 / 48 hours
	Baseline	• Clinical validation from 70 – 75% (note that during the period of Covid 19 Pandemic, clinical validation has not been a priority, due to the significant rise in demand on the service) • The level of re-contacts will be confirmed at the end of the financial year, in readiness for reporting to commence in Quarter 1
	Target	• Clinical Validation to be increased above 80% by March 2021 • Re-contact target to be established once baseline has been determined

Patient Experience	Rationale	The Trust will review complaints received in relation to the outcome of 111 calls which were not transferred to 999 to ensure that patient experience was not adversely affected.
	Measurement	Number and nature of complaints in relation to treatment and outcomes
	Baseline	Having only commenced the 111 contract in November 2019, there is only a partial baseline to work from at the present time. The trends and themes will be regularly monitored throughout the year.
	Target	Overall reduction in number of complaints relating to outcome following 111 call. Reduction in number of recontacts

Q19

Coronavirus (COVID 19)

Throughout the very challenging circumstances that have been created by the pandemic, we have led the emergency and urgent response for patients calling 999 and 111 and have significantly boosted our resources throughout. Whilst many of these resources will be stepped down as pressures ease the Trust will take the opportunity to consider its priorities and actions throughout the coming year as a result. In particular, we will pay close attention to national analyses surrounding trends in relation to the following as some early examples:

- The effect of isolation on children from the perspective that fewer children are presenting at emergency department with the pattern of illness and injuries that would normally be seen
- The emerging views that Covid-19 may be disproportionately affecting black, Asian and minority ethnic members of the community
- The effect of isolation on adults' health, with the concern that there may be fewer emergency calls relating to life threatening conditions such as stroke and cardiac arrest

At the time of producing the Quality Account, it is premature to set out specific priorities in relation to Covid19, but as the pandemic eases, the Trust will identify and regularly monitor ongoing priority actions, which will be incorporated into our Quality Account as reflections and learning for future years.

Summary of Priorities

For ease of reference, the key priorities for quality improvement in 2020/21 are summarised below:

	E&U Safe discharge on scene	PTS Reduction in avoidable injuries in the care of patients	NHS111 Ensure appropriateness of 111 calls that are transferred to 999
Patient Safety	Reduction in the number of incidents and serious incidents relating to the discharge of patients on scene	Reduction in the volume of reported patient safety incidents	Review of the percentage and nature of calls that are transferred to 999 for ambulance response
Clinical Effectiveness	Reduction in number of recontacts following discharge on scene		Increase the volume of calls that receive clinical validation
Patient Experience	Ensure a higher positive experience if patients being discharged on scene	Reduction in the volume of complaints relating to care during transportation Improvement in response to face to face surveys with patients in relation to their experience Family and Friends Test - Improvement in responses in relation to transportation	Number and nature of complaints in relation to treatment and outcomes Reduction in the number of recontacts
Covid-19	Actions to be determined and monitored throughout the year	Actions to be determined and monitored throughout the year	Actions to be determined and monitored throughout the year

Further Information

Further information and action plans on all projects can be obtained by contacting the lead clinician named on the project.

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects. Progress reports will be available within the Trust Board papers every three months with the end of year progress being given in the Quality Report to be published in June.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service University NHS Foundation Trust
Ambulance Headquarters,
Millennium Point,
Waterfront Business Park,
Brierley Hill
West Midlands,
DY5 1LX

You can also find out more information by visiting our website: **www.wmas.nhs.uk**

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370.**

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 13   MONTH: MAY 2020   PAPER NUMBER: 10

Departmental Annual Reports 2019/20	
Sponsoring Director	Interim Strategy and Engagement Director
Author(s)/Presenter	Interim Strategy and Engagement Director
Purpose	To present the draft corporate function Annual Reports to members of the Board for review and approval
Previously Considered by	Where appropriate, the reports have been agreed by: • Health, Safety Risk and Environment Group (HSRE) • Professional Standards Group (PSG) • Operational Management Team (OMT) • Diversity and Inclusivity Group (D&I) The reports have also been reviewed and agreed by Quality Governance Committee (QGC) as identified
Report Approved By	Interim Strategy and Engagement Director

Executive Summary

The leads of key corporate functions have produced the following reports to cover a summary of activities and achievements during 2019/20 and an overview of priority work areas for 2020/21.   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. Better Births (Agreed at QGC) - requested amendment has been completed
4. Patient Experience (Agreed at PSG and QGC) - requested amendment has been completed
5. Safeguarding, including Prevent (Agreed at PSG - requested amendment was completed – Agreed at QGC)
6. Making Every Contact Count (Agreed at QGC)
7. Emergency Preparedness (Agreed at OMT and QGC)
8. Equality, Diversity & Inclusion (Agreed at D&I, and QGC - requested amendment has been completed)
9. Security and Physical Assaults (discussed verbally at HSRE with document to follow, report shared with members of QGC for review)
10. Health, Safety and Risk (discussed verbally at HSRE and QGC with document to follow)
11. Patient Safety (Agreed at PSG and QGC)
12. Clinical Audit and Research (Agreed at PSG and QGC)

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 13   MONTH: MAY 2020   PAPER NUMBER: 10

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

In accordance with NHS Improvement's adjustment to national timescales to free up resources to respond to Covid-19, the Data Security and Protection Toolkit Annual Report will be complete by September 2020.

Related Trust Objectives/ National Standards	The Annual Reports relate to the key objectives of each department and therefore support the achievement of all of the Trust's Strategic Objectives.
Risk and Assurance	Failure to achieve key departmental objectives may adversely affect significant risk 3 (Quality Compliance)
Legal implications/ regulatory requirements	Some of the reports (for example Infection Prevention and Control, Medicines Management and Safeguarding are statutory functions within all Trusts
Financial Implications	Any financial implications arising from individual priorities will be identified and reported through appropriate committees
Workforce Implications	None directly identified
Communications Issues	The departmental Annual Reports will be available to the public through the Trust's website alongside the Quality Account
Diversity & Inclusivity Implications	The Diversity and Inclusion Annual Report is contained within the pack
Quality Impact Assessment	Not required
Data Quality	All data contained within the reports have been provided and validated by the leads and Director for each area. All Trust data is subject to internal audit and checking processes.

Action required

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

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 14   MONTH: May 2020 PAPER NUMBER: 11

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

Executive Summary

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

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

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

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

Action required

    a)   To receive the minutes of the meeting held on 11 March 2020.

    b)   To receive the verbal report of the Chair of the Audit Committee on the meeting held on 22nd May 2020.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

ANNUAL REPORT OF THE AUDIT COMMITTEE FOR THE FINANCIAL YEAR 2019/20

Introduction

The NHS Audit Committee Handbook includes the requirement for Audit Committees to provide an Annual Report to the Board. The Board is invited to note and comment on the contents of the report and the overall conclusion reached by the Committee in relation to the provision of assurance to the Accounting Officer and the Board.

Membership and Attendance

This Annual Report gives details of the coverage and challenge provided by the Audit Committee of WMAS and the conclusion and opinions reached.

The report covers meetings during the period 1st April 2019 to 31st March 2020.

During the period the membership of the Audit Committee was as follows:

> Wendy Farrington-Chadd – Chair, Non-Executive Director
>
> Anthony Murrell – Non-Executive Director (to 30.9.19)
>
> Anthony Yeaman – Non-Executive Director
>
> Jacynth Ivey - Non-Executive Director
>
> Caroline Wigley – Non-Executive Director
>
> Narinder Kooner – Non-Executive Director
>
> Mushtaq Khan – Non Executive Director (from 1.10.19)

A quorum will be two non-executive members.

In addition the following persons are invited to attend:

> Director of Finance, West Midlands Ambulance Service University NHS Foundation Trust
>
> Internal and External Auditors
>
> Local Counter Fraud representation
>
> Directors, senior finance staff and managers as requested by the Audit Committee.
>
> The Chair and CEO attend by invitation of the Committee, the CEO attends annually to present the Annual Governance Statement.

The Audit Committee met five times: 23 May, 23 July, 28 October 2019 and 16 January, 11 March 2020.

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Each meeting was quorate. The Committee spent time with the auditors and without the presence of management at 4 out of 5 meetings. The Audit Committee reported its findings at the next Board meeting.

Attendance of voting members was as follows:-

NAME	23.5.19	23.7.19	28.10.19	16.1.20	11.3.20
Wendy Farrington-Chadd[1]	✓	✓	✓	✓	✓
Tony Murrell[2]	✓	✓			
Caroline Wigley	✓	✓	✓	✓	✓
Narinder Kaur Kooner	✓	☒	☒	✓	☒
Tony Yeaman	☒	✓	✓	☒	✓
Mushtaq Khan[3]			☒	☒	✓
Jacynth Ivey	✓	☒	✓	☒	☒

[1]Chair

[2]Up to 30 September 2019

[3]From 1 October 2019

Consideration and proposals

The NHS Audit Committee Handbook recommends that the Audit Committee should prepare an annual report that sets out how the committee has discharged its responsibilities and met its terms of reference. The report is timed to support preparation of the Annual Governance Statement and it should summarise the Audit Committee's work for the past year and present the Audit Committee's opinion about:

- The comprehensiveness of assurances in meeting the Board and Accounting Officer's needs.

- The reliability and integrity of these assurances.

- Whether the assurance available is sufficient to support the Board and Accounting Officer in their decision taking and their accountability obligations.

- The implication of these assurances for the overall management of risk.

- Any issues the Audit Committee considers pertinent to the Annual Governance Statement and any long term issues the Committee thinks the Board and/or Accounting Officer should give attention to.

- Financial reporting for the year.

- The quality of both Internal and External Audit and their approach to their responsibilities.

- The Audit Committee's view of its own effectiveness, including advice on ways in which it considers it needs to be strengthened or developed.

Quality of assurances

This section provides the Committee's comments and opinions on the comprehensiveness, reliability, integrity and sufficiency of assurances in meeting the needs of the Board and the Accounting Officer.

In setting its forward agenda the Committee considered items currently on the Board Assurance Framework and the associated High Level Risk Register, items of current interest and also items raised by the auditors and senior management team. In addition the Committee followed up risk items previously identified to ensure that it remains informed of progress against previously agreed actions.

The Committee dealt with the following items, during the year:

- Approval of the WMAS accounts for 2018/19

- Review of 2018/19 Internal Audit Annual Report incorporating Head of Internal Audit Opinion

- The process for external audit from the financial year 2018/19

- Approval of the Trust's Accounting Policies.

- Items from Resources Committee, Quality Governance Committee raising any areas of concern.

- Review of internal audit reports, including recommendations tracking

- Review of the following Policies and Procedures:- Policy and Procedure to deal with Conflicts of Interest. (Incorporating the Business conduct hospitality and commercial sponsorship policy)

- Assessment of the applicability of the Going Concern concept to the Trust with respect to production of the 2019/20 accounts and Annual Report

- Reviewing the Terms of Reference in March 2020.

- Board Assurance Framework and associated Risk Register were reviewed regularly

- Clinical Audit Annual Report 2018/19

- Senior management attendance to discuss Internal Audit report recommendation implementation progress,

- Review of learning from legal claims

- Updates from the external auditors, KPMG

- Approval of annual plans for External Audit, Internal Audit and Counter Fraud.

- Review of aspects of Local Counter Fraud Specialist Service (LCFS):

  - 2018/19 Annual Report, including completed self-assessment against NHS Counter Fraud Authority standards

The following items were considered in the course of the year:

- Fraud, losses and compensations, waiving of standing orders, hospitality, documents signed under seal, Directors' interests, ex-gratia payments, claims, credit notes in excess of £1k, Procurement workplan (including tenders).

In discharging its responsibilities the Committee places considerable reliance on the work of Internal and External audit.

The Committee concurs with the Annual Opinion provided by Internal Audit as expressed in the "Head of Internal Audit Opinion 2018/19", viz. "**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."

Overall Management of Risk

The Committee has reviewed the Trust's risk management arrangements. It reviews the Assurance Framework and Risk Register arrangements through its own activities and through receiving relevant reports from the External and Internal Auditors. Risks have been monitored at Executive Management Board (EMB), Audit Committee, Resources Committee and the Quality Governance Committee, with high risks reported to Board. Audit Committee monitoring involves a regular review of the Assurance Framework and Risk Register processes. This is in keeping with the 2018 NHS Audit Committee Handbook guidelines that state "... the primary role of the Audit Committee is to continually review the relevance and rigour of the assurance framework and the arrangements surrounding it"

Based on this the Committee is assured that appropriate consideration is being given to risk management and took assurance from the steps management is taking to mitigate risks and learn lessons.

Financial Reporting

The Committee reviewed the 2018/19 accounts at the 23 May 2019 meeting and subsequently recommended the final accounts for Accounting Officer signature, authority to do so delegated by the Board.

Audit Arrangements

This section provides the Committee's opinion on the quality of Internal and External Audit arrangements.

The Public Sector Internal Audit Standards describe internal audit as *'...an independent, objective assurance and consulting activity designed to add value and improve an organisations operations'*. Essentially internal audit works closely with management and the Audit Committee to design and implement risk based programmes of work. This approach provides assurance on the effectiveness of governance, risk and controls across key systems that support the delivery of the objectives and/ or function and duties of the organisation.

The Audit Committee approved the Internal Audit Plan for 2019/20 in March 2019 and has since received a summary of all final reports and agreed

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management action plans, as shown below with a breakdown of the assurance opinion provided:

Internal Audit Assignment	Assurance Opinion				Advisory
	Optimal	Substantial	Requires Improvement	Insufficient	
Governance and Risk:					
Freedom To Speak Up		✓			
Claims Management		✓			
Risk Management and Assurance Framework			✓		
Quality and Clinical:					
Winter Planning	✓				
Learning from Deaths		✓			
Make Ready and Deep Cleans			✓		
Serious Incidents		✓			
Information Technology:					
Data Protection Impact Assessments		✓			
Penetration Testing – Internal and HSCN		✓			
Penetration Testing – Local Area Network				✓	
IT Strategy		✓ (draft)			
Data Security and Protection Toolkit				✓ (draft)	
Performance and Operations:					
Global Rostering System – Annual Leave and Overtime			✓		
Workforce and Organisational Development:					
Fit and Proper Persons Requirement			✓		
Immunisation Programme for Healthcare Workers			✓		
Finance:					
Charitable Funds		✓			

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Stock Management		✓			
Key Financial Systems – Creditors, Debtors and Asset Management	✓				
Payroll		✓			
General Ledger and Budgetary Control		✓			

indicate that the report has not yet been formally agreed with the Executive Lead, however as the reports have already been reviewed for factual accuracy by Operational Managers, the stated assurance opinion is unlikely to change or impact the Head of Internal Audit Opinion.

As part of the Progress Reports presented to each Audit Committee, overdue management actions that require follow up are flagged. The Audit Committee has continued to implement the agreed formal protocol whereby, in the light of the results of Internal Audit enquiries on implementation status, the Committee has requested senior management attendance at the Committee to report more fully on the reasons for any apparent difficulties in recommendation implementation.

The Committee is able to take assurance from the level of engagement with KPMG and their experience of other NHS organisations allows them to make a valued contribution to the Committee.

Private meetings are held regularly to encourage informal dialogue with the auditors.

Based on the above the Committee is satisfied with the audit arrangements in place.

The process to tender for the External Audit contract also took place during 2019 and it was pleasing to announce that KPMG were successful in retaining the contract for External Audit services for the Trust which was approved by the Council of Governors.

Issues for Annual Governance Statement

The 2018/19 draft Annual Governance Statement was presented to the May 2019 Board. The AGS stated that the Board's review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the West Midlands Ambulance Service University NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. The AGS declared that "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."

Audit Committee Effectiveness

The Audit Committee carried out its annual self-assessment of its Terms of Reference and the operation of the Committee at its March 2020 meeting.

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This review concluded that the Audit Committee had clear strengths in the following areas:

- The purpose and duties are undertaken in in a competent manner
- The Committee is well chaired and focussed, with plenty of opportunity to raise questions and allow free debate
- Meetings are regular and timely and there is confidence that meetings could be held outside of schedule if the need arose.
- Meetings are scheduled to meet the requirements of the Trust
- There are a good mix of skills that work well together
- There is good and appropriate challenge
- Minutes and salient outcomes are reported to the Board
- All actions are closed off appropriately in the meeting and in the minutes.
- The quality and quantity of papers are good, all reports are well written and explained to the Committee and usually circulated in good time for the meeting
- Quality of papers received are good, improvement in Internal Audit reports also noted.
- Any issues on patient safety are highlighted and discussed.
- Well structured and orderly Committee
- Good input from external and internal Audit.
- The Committee can bring in other Directors/Senior Managers if required
- Reports from both Resources Committee and Quality Govenance Committee are received by the Audit Committee.
- A good and well run committee which is well supported.

Overall, it was concluded that the current governance arrangements are fit for purpose and the committee functions well.

Forward Look – 2020-21

The External Audit plan has been approved by the Committee and the Board.

The committee will review any ongoing business and operational issues posed through Brexit and the impact of Covid -19.

For Internal Audit, progress under each Annual Internal Audit Plan (which is embedded in a rolling five year strategic plan considered by the Committee annually) continues to cater more for the operational and clinical activity related risk areas.

Conclusion

The Committee acknowledges that whilst it is not possible to eliminate risk, it believes that management are managing risk in a professional and considered way. The Schedule of Business has been amended to include a "Risk and Assurance Focused" meeting during the year and these are held in January.

The Audit Committee has placed appropriate and reasonable reliance on the reports and representations referred to above and have concluded that a good system of internal control and risk management is in place.

Wendy Farrington-Chadd

Chair – Audit Committee

May 2020

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ANTI-FRAUD, BRIBERY AND CORRUPTION POLICY

DATE APPROVED:	**24 May 2016**
APPROVED BY:	**Audit Committee**
IMPLEMENTATION DATE:	**24 May 2016**
REVIEW DATE:	**May 2022**
LEAD DIRECTOR:	**Director of Finance**
IMPACT ASSESSMENT STATEMENT: No adverse impact on Equality or Diversity	

Document Reference Number:	**FN – Policy – 008 (Version 7)**

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Change Control:

Document Number	FN – Policy – 008
Document	Anti-Fraud, Bribery & Corruption Policy
Version	Seven
Owner	Director of Finance
Distribution list	All
Issue Date	May 2020
Next Review Date	May 2022
Author	Local Counter Fraud Specialist

Change History:

Date	Change	Comment/Approved by
August 2006	Issued	Trust Board
June 2008	Reviewed	Audit Committee
July 2008	Issued	Trust Board
March 2011	Reviewed	Audit Committee
April 2011	Issued	Trust Board
March 2013	Reviewed	Audit Committee
March 2013	To be Approved	Trust Board
August 2014	Reviewed	Audit Committee
August 2014	To be Approved	Trust Board
May 2016	For Review	Audit Committee
March 2018	For Review	Audit Committee
May 2020	For Review	Audit Committee

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CONTENTS

1   Introduction

1.1   West Midlands Ambulance Service University NHS Foundation Trust expects probity and accountability within its own staff and its dealing with suppliers and contractors.

1.2   The document deals with:

1.2.1   the types of incidents which the guidance needs to address;

1.2.2   the ways in which incidents may be discovered;

1.2.3   the actions to take.

See Appendix 1 for definitions

2   Anti – Fraud, Bribery and Corruption Guidance

2.1   One of the basic principles of public sector organisations is the proper use of public funds. It is, therefore, important that all those who work within the Service are aware of the risk of fraud and the means of enforcing the rules against fraud and corruption. It is in the interests of all Service staff to uphold these principles.

2.2   Fraud in the NHS costs the taxpayer millions of pounds every year. By raising fraud awareness and successfully combating fraud, we will help to minimise losses and free up resources for patient care and services. We are also accountable to the public for the provision of services in an open and honest manner and any failure to do so brings the service into disrepute and threatens the respect afforded to the whole organisation.

2.3   The aim of this document is to let you know how you can help to combat fraud locally, and who you can contact within the Trust for advice and guidance. It provides a framework for response to all who find themselves having to deal with suspected or detected cases of fraud or corruption involving NHS funds.

2.4   This policy and guidance is for use by all Trust staff and is issued in line with the Raising Concerns at Work policy of the Trust which applies to all employees and officers of the Trust, to self-employed contractors and others working for the Trust. The policy should also be read in accordance with the Business Conduct, Hospitality & Commercial Sponsorship Policy.

2.5   Every year, millions of pounds are being diverted from the National Health Service through fraud, corruption and error. The vast majority of staff within the NHS are professional and honest, but there are a small minority

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who think that such behaviour is acceptable. This deprives the NHS of valuable resources, which should be focused on improving patient care. Examples of fraud within the NHS range from: the submission of false travel claims by staff and intentional evasion of NHS charges by patients, to complex and high value fraud, sometimes involving millions of pounds.

2.6 The NHS Counter Fraud Authority (NHSCFA) was set up in November 2017 with a remit to counter all fraud and corruption within the NHS. NHSCFA is an intelligence led and stake-holder focused service, with the purpose of safeguarding NHS resources against criminal activity, with dedicated specialists working at national and regional level to counter fraud within the NHS.

2.7 In line with their responsibilities, the Trust Chief Executive and Director of Finance must put in place and maintain appropriate Counter Fraud arrangements, ensuring compliance with the NHS Standard Contract Service Condition 24, which set out the Trusts' (Provider's) responsibilities with regards to ensuring that appropriate Counter Fraud arrangements are in place. The Trust must nominate a suitable person to carry out the duties of a Local Counter Fraud Specialist (LCFS), as specified in the NHS Protect Fraud & Corruption Manual. The LCFS reports to the Trust Director of Finance and works with NHSCFA in accordance with the NHS Protect Fraud & Corruption Manual and Service Condition 24 of the NHS Standard Contract. The Manual details procedures that all health bodies should follow to counter fraud and corruption within the NHS. A copy of the manual is issued to all Directors of Finance and Local Counter Fraud Specialists for health bodies, which must be held securely.

2.8 The LCFS has a vital role to play within the counter fraud structure, acting as "first line of defence" against fraud and corruption within NHS organisations. Working closely with NHSCFA, they will apply their practical knowledge of the environment within which they work, together with the skills they have developed through training, to be an effective weapon in tackling fraud and corruption.

2.9 Underpinning this structure are the following strategic areas as identified by NHS CFA

2.9.1 <u>Inform and involve</u>

Everyone has a part to play in the fight against fraud, whether it be the public, NHS staff, professionals, managers or policy makers. We must work together to raise fraud awareness and enforce the message that fraud within the NHS is not acceptable and will not be tolerated. We all have a responsibility to protect our organisation and its resources.

The LCFS will raise awareness and test the level of awareness using a combination of methods, including:

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- Presentations to new staff and various groups of staff.
- Newsletter articles and items placed in Weekly Brief.
- Updates on the Counter Fraud pages on the Intranet.
- Displays of posters and supplying leaflets to appropriate locations.

2.9.2 <u>Deter and Prevent</u>

Deter

The most effective deterrent will come from those of us within the NHS who value the services provided and disapprove of those who abuse the systems through fraud. In addition, publicity surrounding the counter fraud arrangements in place and frauds that have been detected and punished will deter some who perpetrate or consider perpetrating fraud.

Prevent

If it is not possible to deter fraudsters, the next preferable course of action is to prevent fraud from succeeding. This will be achieved through robust financial policies, sound financial systems and internal audit arrangements, and risk assessments to identify the main potential areas for fraud. An important part of this will be the fraud proofing of policies and documents to identify any potential fraud risk.

There will be a regular liaison between the LCFS and the Internal Audit Manager to discuss any potential fraud risks arising from work undertaken by Internal Audit, and the effect of these risks on the Anti- Fraud Work Plan.

2.9.3 <u>Hold to Account</u>

Prompt detection of any fraud that cannot be prevented helps effective investigation and can establish links between different types of fraud. Local pro-active exercises will be undertaken to detect fraud in specific areas of activity.

Detected fraud will be investigated by accredited NHS counter fraud specialists in a professional, objective and timely manner.

Following the investigation of fraud, it is important to ensure that appropriate sanctions, whether disciplinary, criminal or civil are applied to those who committed fraud.

It is important that resources fraudulently obtained are recovered, wherever possible. Detailed advice and guidance will be available to support health bodies in their efforts to ensure that fraudsters do not benefit from their crimes, and that money recovered is put

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back into patient care.

3   The Trust's Policy

3.1   The Trust is absolutely committed to maintain an honest, open and well-intentioned atmosphere, so as to best fulfil the objectives of the Trust and of the NHS. It is therefore, committed to the elimination of fraud within the Trust, to the rigorous investigation of any such cases and, where fraud or other criminal act is proven, to ensure that wrongdoers are appropriately dealt with. The Trust will also take appropriate steps to recover any assets lost as a result of fraud.

3.2   The Trust wishes to encourage anyone having suspicions of fraud to report them. Any employee reporting reasonably held suspicions should not suffer as a result of this report. **Victimising or deterring staff from reporting concerns is a serious disciplinary matter.** Any contravention of this policy should be reported to the Chief Executive or Chairman of the Audit Committee.

3.3   The Trust has set in place procedures (in the form of Standing Orders, Standing Financial Instructions) designed to minimise the likelihood of the Trust being a victim of fraud and has issued guidance to be followed in the event of suspected fraud being reported.

4   Defining Fraud, Bribery & Corruption

4.1   The *Fraud* Act 2006 created the following specific offences:

      4.1.1   **Fraud by false representation** – dishonestly and knowingly making an untrue statement with the intention of making a gain or causing another to make a loss. This includes anything said, written or entered into a system or device.

      4.1.2   **Fraud by failing to disclose information** – dishonestly failing to disclose information that should legally be disclosed with the intention of making a gain or causing another to make a loss.

      4.1.3   **Fraud by abuse of position** – someone, in a post who in which they are expected to protect the interests of another, dishonestly doing something or failing to do something with the intention of making a gain or causing another a loss.

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4.1.4 **Possession, etc. of articles for use in frauds** – being in possession or having under control, articles for use in the course of or in connection with any fraud. Articles includes programs or data held on a computer.

4.2 The term "corruption" includes offences under the ***Bribery*** Act 2010 which came into effect on 1 July 2011 and its provisions apply to all business. The Act strengthens previous UK and anti-bribery legislation and creates an offence which can be committed by organisations which fail to have adequate provisions in place to prevent bribery from occurring. In addition to the corporate offence, there are three offences which individuals could be found guilty of summarised as follows:

	Section	Offence	Detail	Sanction
Individuals	Section 1	Bribing another person	Offering, promising or giving a bribe in the UK or abroad, in the public or private sector.	Individuals could face a 10-year prison sentence and unlimited fines.
	Section 2	Receiving a bribe	Requesting, agreeing to receive or accepting of a bribe in the UK or abroad, in the public or private sector.	
	Section 6	Bribery of foreign public officials	Bribery of a foreign public official in order to obtain or retain business.	
Organisations	Section 7	Failure to prevent bribery	Failure by an organisation to prevent a bribe being paid by those who perform services for, or on behalf of the organisation ("associated persons").	Organisations could face unlimited fines and reputational damage could be significant.

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4.3 Fraud is a deliberate act by an individual or group of individuals. Fraud is, therefore, always intentional and dishonest. The following are examples of fraud that cause a loss to the NHS and patient care:

4.3.1 **Travel, Subsistence & Allowance claims**: False or inflated claims made; excessive/inappropriate expenses claimed.

4.3.2 **Cash receipts:** Altering documentation to disguise the theft of cash; accepting cash without receipting or declaring it.

4.3.3 **Petty cash:** Receipt submitted; no expenditure made; reimbursement sought for inappropriate expenditure.

4.3.4 **Payroll:** Erroneous employees introduced onto the payroll; a leaver not taken off the payroll and the salary diverted to the perpetrator; hours worked over-stated to take advantage of flexitime or over-time arrangements; knowingly retaining an overpayment of salary.

4.3.5 **Ordering:** This is an area open to corruption as well as fraud. Goods ordered for personal use or from a specific supplier in return for some form of benefit; goods ordered from a relative's or friend's business; creating/certifying false invoices, for which no order has been raised.

5 Roles and Responsibilities

5.1 Everyone has a part to play in the fight against fraud and must work together to raise awareness and enforce the message that fraud within the NHS is not acceptable and will not be tolerated.

5.2 **The Board** is wholly supportive of the strategic areas set out in the NHSCFA Fraud and Corruption Manual as identified in section 2.9 above.

5.3 The Board is committed to maintaining an honest, open and well-intentioned atmosphere within the Service. It is, therefore, also committed to the elimination of fraud and corruption within the Service and to the rigorous professional investigation of any such cases.

In order to comply with a Cabinet Office directive via NHSCFA, the Trust is required to nominate a Board Fraud Champion. The role is designed to provide fraud awareness at a strategic/board level, to support and promote the fight against fraud at a strategic level and with other colleagues within their own organisation and to support Local Counter Fraud Specialists in the work that they already do.

5.4 Any apparent financial irregularity by an employee of the Trust will be the subject of a disciplinary investigation under the relevant policy. If the case

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is upheld, disciplinary action, including reference to any relevant professional organisation, will be taken. Such irregularities will also have been referred to the Local Counter Fraud Specialist and/or NHSCFA, who will carry out their own investigation.

The Trusts' LCFS/HR Protocol for Investigation of Alleged/Suspected Fraud by an employee will be followed with regard to concurrent investigations. As soon as it is possible to do so, the LCFS/NHSCFA will advise the Director of Finance as to whether prosecution of a criminal offence is appropriate. The Trust will always seek recovery of money from individuals where losses have been incurred because of a proven fraud or financial irregularity by them.

5.5   The **Local Counter Fraud Specialist** shall:

   5.5.1   Report directly to the Director of Finance;

   5.5.2   Provide a written report, at least annually, to the Audit Committee on Counter Fraud work within the organisation;

   5.5.3   Attend Audit Committee meetings and have the right of access to all Audit Committee members and the Chairman and Chief Executive of the Service;

   5.5.4   Undertake, in agreement with the Director of Finance or Chief Executive, pro-active work to detect cases of fraud and corruption, particularly where systems weaknesses have been identified. This work is carried out to complement the detection of potential fraud and corruption by auditors in the course of routine audits;

   5.5.5   Pro-actively seek and report to NHSCFA opportunities where details of counter fraud work (involving action on prevention, detection, investigation, sanctions or redress) can be used within presentations or publicity in order to deter fraud and corruption;

   5.5.6   Investigate suspected fraud in accordance with the NHSCFA Fraud and Corruption Manual, referring cases to NHSCFA all cases appropriate to them. (see Appendix 2).

5.6   **All staff** have a duty to protect the assets of the Service which include information and goodwill as well as property, and the Board wishes to encourage anyone having suspicions of fraud or corruption to report them. All members of staff can, therefore, be confident that their reasonably held suspicions will be taken seriously, and no member of staff will suffer in any way as a result of reporting them which include information and goodwill as well as property. Please refer to the Trust's Raising Concerns at Work policy for further information and guidance.

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5.7   The Service also discourages anybody who has reasonably held suspicions from doing nothing, trying to investigate the matter themselves, talking to others about their suspicions or approaching or accusing the individual themselves. These actions could result in the continued perpetration of the fraud being committed against the service, or an unsuccessful outcome as a result of a counter fraud investigation being compromised or jeopardised.

5.8   Front line staff are often in the best position to identify areas for concern and must therefore take the responsibility to ensure that any real concerns are passed onto the Service's dedicated counter fraud staff for investigation.

5.9   All fraud investigations must be made in accordance with the requirements of the NHS Counter Fraud and Corruption Manual, and any criminal investigation into suspected cases of fraud and corruption will be carried out by a trained and accredited Counter Fraud Specialist (or the Police).

5.10   Anyone who encounters behaviour, or finds documents that they think may constitute fraud, should retain any evidence and make notes of any issues and concerns immediately **AND** <u>once they have raised their concerns, take no further action</u> and, in particular, not share their suspicions with other parties.

5.11   <u>Staff and Managers:</u>

  5.11.1   Should convey their concerns or suspicions to the **LCFS on 07500 225027 <u>or</u>** to the **Director of Finance on 01384-475001**, or to the LCFS via completion of a CFS1 Referral Form (attached as Appendix 3).

  5.11.2   All information will be treated confidentially until such time as it needs to be disclosed under the rules of criminal investigation. Staff and managers must make it clear from the outset if they are raising the matter under the protection of the Trust's Raising Concerns at Work Policy.

  5.11.3   If for some reason the member of staff or manager does not wish to report the matter directly, they can report the matter on the **National Fraud and Corruption Line on 0800 028 40 60.** Reports to this line can be made anonymously and the right to remain anonymous is strictly protected. Employees can also report fraud at www.cfa.nhs.uk

  5.11.4   **Staff and managers should report their suspicions <u>IMMEDIATELY</u> and <u>not try to solve the problem or involve the Police - this decision will be taken at a later stage.</u>**

5.12   Each reported incident will be reviewed by the Local Counter Fraud Specialist, in liaison with appropriate advisors to the Trust, in order to determine whether a criminal investigation would be appropriate. If so such an investigation will be carried out by the LCFS or NHS Protect with appropriate liaison with those involved in any associated disciplinary investigation.

5.13   It is important to know that a case can be jeopardised if evidence is not collected in the proper manner.   Evidence also includes witness statements. In view of the complexity and importance of complying with all the conditions of Code C of the Police and Criminal Evidence Act 1984, line managers or other staff <u>must not</u> carry out any investigations or interviews.

5.14   Staff and managers reporting concerns or suspicions will be given positive feedback thanking them for their action in bringing such matters to the attention of the Fraud Team and assuring them that appropriate action is being taken.

5.15   All employees of West Midlands Ambulance Service University NHS Foundation Trust, and the NHS at large, have a duty to ensure probity and accountability.   The internal control systems should ensure this, but if anyone has a suspicion of anything that could be theft, fraud, or serious misconduct, they should report it.   The Trust has a duty to ensure that public money is spent on providing essential services and is not wasted or stolen and all staff are personally responsible for ensuring that this happens.

5.16   The NHSCFA provide support to LCFSs and they also have a set of standards for providers and commissioners that all NHS organisations must comply with. On an annual basis, each organisation must complete and return a Self-Review Tool (SRT) which details evidence supporting compliance with the NHSCFA standards. One of those standards (which has been introduced for 2019/2020) specifies the following:

Standard 1.4
The organisation has carried out comprehensive local risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Risks are recorded and managed in line with the organisation's risk management policy and are included on the appropriate risk registers. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body).

A risk assessment has been completed and added to the risk register and will be regularly reviewed. **Appendix 4 refers.**

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

P a g e | **9**

Appendix 1 **Fraud Definitions**

NHS Counter Fraud Authority	NHS Counter Fraud Authority ("NHSCFA") has responsibility for all policies and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS and ensuring that any investigations will be handled in accordance with NHSCFA guidance.
Fraud	The Fraud Act 2006 came into effect on 15 January 2007 and gave a statutory definition of the criminal offence of fraud, as classified under the following headings: • Fraud by false representation. • Fraud by (wrongfully) failing to disclose information. • Fraud by abuse of position. • Possession of articles for use in frauds. • Making or supplying articles for use in frauds.
Fraud by false representation	**A person is in breach of this section if he/she:** • Dishonestly makes a false representation, and • Intends, by making the representation to make a gain for themselves or another, or to cause loss to another or to expose another to a risk of loss. **A representation is false if:** • It is untrue or misleading, and • The person making it knows that it is, or might be, untrue or misleading.
Fraud by (wrongfully) failing to disclose information	**A person is in breach of this section if he/she:** • Dishonestly fails to disclose to another person information which they are under a legal duty to disclose, and • Intends, by failing to disclose the information to make a gain for themselves or another, or to cause loss to another or to expose another to a risk of loss.
Fraud by abuse of position	**A person is in breach of this section if he/she:** • Occupies a position in which he/she is expected to safeguard, or not to act against, the financial interests of another person. • Dishonestly abuses that position, and • Intends, by means of the abuse of that position to make a gain for themselves or another, or to cause loss to another or to expose another to a risk of loss. A person may be regarded as having abused their position even though their conduct consisted of an omission rather than an act.
Possession of articles for use in frauds	A person is guilty of an offence if he has in his possession or under his control any article for use in the course of or in connection with any fraud.

Making or supplying articles for use in frauds	A person is guilty of an offence if he makes, adapts, supplies or offers to supply any article - • knowing that it is designed or adapted for use in the course of or in connection with fraud, or • intending it to be used to commit, or assist in the commission of, fraud.

The Fraud Act states that the terms "Gain" and "Loss" should be read in accordance with the following:

- As extending only to a gain or loss in money or other property; and

- As including any such gain or loss whether temporary or permanent.

"Property" means any property whether real or personal (including things in action and other intangible property).

"Gain" includes a gain by keeping what one has, as well as a gain by getting what one does not have.

"Loss" includes a loss by not getting what one might get, as well as a loss by parting with what one has.

Those found guilty under the Act are liable for a fine and or imprisonment, with a maximum sentence of up to 10 years.

Appendix 2   **Processing a Referral**

```
                          ┌─────────────────────────────┐
                          │ Suspicion of Fraud reported │
                          │ from Trust, contractor or   │
                          │ other (see Appendix 3)      │
                          └─────────────────────────────┘
                                        │
                                 ┌──────────────┐
                                 │ LCFS Reviews │
                                 └──────────────┘
```

Suspicion unfounded	Suspicion founded but no potential for prosecution	Suspicion founded and potential for prosecution
Close case and report internally	*Case investigated by Trust under disciplinary*	

Fraud appears to be under £15K → NHSCFA informed by LCFS → NHSCFA/LCFS agree whether case is to be referred to NHSCFA or LCFS continues to investigate → Where LCFS continues - investigates case as per the fraud & corruption

- Case not proven → *Close case and internal* → *Inform NHSCFA*
- Sanctions to be invoked → If prosecution refer to NHSCFA → NHSCFA /Trust agree course of action

Fraud is over £15k → LCFS refers to NHSCFA → NHSCFA investigates or refers to national proactive team

- Investigation shows sanctions to be invoked → Normally refer back to LCFS to agree course of action on sanctions with Trust Director of Finance
- Case not proven → *Close case and internal report*

Appendix 3

COUNTER FRAUD REFERRAL FORM

IF ANONYMOUS APPLICATION GO TO SECTION 5

1.	**NAME**	

2.	**ORGANISATON / DEPT**	

3.	**ADDRESS**	

4.	**TEL.NO**	

THIS ALLEGED FRAUD RELATES TO (if known):

5.	**NAME**	

6.	**ADDRESS**	

7.	**DATE OF BIRTH**	

8.	**SUSPICION /ALLEGATION**

Please attach any available additional information.

Signed……………………………………   Date……………………………….

The Local Counter Fraud Specialist will undertake to acknowledge receipt of this referral direct to you within 5 working days unless otherwise requested.

Please return this form to:

Local Counter Fraud Specialist, The Academy, Dudley Road, DY5 1LQ

Appendix 4	**GENERAL RISK ASSESSMENT**

Assessment number:	ORG-074-V1	Date of assessment:	**24/01/20**	Review date:	**24/01/21**
Risk assessment title:	Risk of Fraud, Bribery or Corruption				

Reason for assessment		
Initial	x	Other reason (State):
Review		Requested that assessment be completed as provision was not in place. Ideally, Fraud, Bribery and Corruption should be on the Trust risk register in order to comply
Post incident		with NHS Counter Fraud Authority standards for providers.
Post reporting (E.g. IRF)		

Background

Under the NHS Standard Contract, all organisations providing NHS services (providers) must put in place and maintain appropriate counter fraud arrangements.

Incidents of Fraud, Bribery and Corruption can occur within any NHS organisation. Each NHS organisation employs a Local Counter Fraud Specialist (LCFS) whose role is to promote fraud awareness and to investigate any allegations of fraud that are reported. There is a national anti-fraud organisation within England and Wales called the NHS Counter Fraud Authority (NHSCFA). The NHSCFA provide support to LCFSs and they also have a set of standards for providers and commissioners that all NHS organisations must comply with. On an annual basis each organisation must complete and return a Self-Review Tool (SRT) which details evidence supporting compliance with the NHSCFA standards. One of those standards specifies the following:

Standard 1.4
The organisation has carried out comprehensive risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Risks are recorded and managed in line with the organisation's risk management policy and are included on the appropriate risk registers. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body).

Currently, the risk of fraud, bribery or corruption is not recorded on the risk register. Allegations of fraud can be made by WMAS employees, members of the public, external organisations and the NHSCFA fraud and corruption reporting line. The Trust will receive on average 6 allegations of fraud during the year and will also receive a number of data matches from the Cabinet Office National Fraud Initiative that will require further investigation. There are several different types of fraud that occur regularly throughout all NHS organisations such as:

- Payroll Fraud
- ID and right to work in the UK
- Working elsewhere whilst on sick leave
- Bank mandate fraud
- Procurement/contract fraud
- Overtime, expenses & allowances fraud

In the current financial year to date (2019/20), there have been four allegations and subsequent investigations relating to fraud. Only one of those investigations has resulted in identification of fraudulent activity resulting in a financial loss to the Trust of £1828.01.

Summary of task / hazard (Describe the hazard / activity giving cause to the hazard)

Due to the operational requirements of the Trust many employees work with very little contact or supervision from their immediate line manager. There is potential for authorisation of payments relating to overtime, expenses and allowances being made based on trust and potentially causing a financial loss to the Trust.

Risks associated with the task / hazard

*This form can also be found within the Guidance of Recording a Risk
Assessment (GOV – Procedure – 007 v1)

(Describe how harm may / will occur from the task / hazard. Include possible outcomes / consequences of the risks becoming realised)
Financial implications – potential losses when employees commit acts of fraud, bribery or corruption Low morale / insecure feeling of staff who were victims of fraud or staff who see colleagues committing criminal acts without any action being taken against them. Adverse publicity against the Trust & damage to Trust reputation Potential for inspection by NHSCFA Quality team for non-compliance with NHSCFA standards for providers Lack of awareness at strategic level and inadequate resources provided to combat fraud, bribery and corruption

Risk groups (Those most likely or especially at risk – consider including details of how they are at risk)

Operation emergency staff	x	Visitors		Other *(State)*:
Non-emergency services (E.g. PTS)	x	Service users		
Control centre staff	x	Other emergency services		
Air Ambulance		Lone workers		
Administration staff	x	Young persons		
First Responders (E.g. CFR / MFR)	x	New / expectant mothers		
Other ambulance services	x	Public		
Other healthcare staff		Contractors		
		New/inexperienced staff	x	

Existing controls *(precautions in place)*

Anti-Fraud, Bribery & Corruption Policy.
Fraud Awareness Newsletters
Freedom to Speak up Policy and Guardians
Promotion of a anti-fraud culture across the Trust by all Trust staff to ensure any opportunities of Fraud Bribery or Corruption is minimised.
NHS Counter Fraud Authority fraud standards for providers
LCFS reports to Audit Committee to provide assurance to NHSCFA standards
Self-Review Tool (SRT)submitted to NHSCFA annually
Annual report provided to the Trust via Director of Finance/ Audit Committee
Accredited LCFS employed by the Trust
Fraud Sanctions and Redress Policy
Disciplinary Policy and Procedure

Are the current controls adequate?		Yes	x	No	

Risk rating *(Risk rating with additional controls / precautions)* **– Refer to WMAS risk matrix**

Consequence score of incident (actual and potential)

(5) Catastrophic		(4) Major	X	(3) Moderate		(2) Minor		(1) Insignificant	

Detail reasons for giving this score

Even though the consequence of a large scale fraud could be quite dramatic, including costs to the Trusts, the level of control measures which are in place and the number of allegations received, only warrants the Moderate consequence at this time.

Likelihood score of incident

(5) Almost certain		(4) Likely		(3) Possible		(2) Unlikely		(1) Rare		X

Detail reasons for giving this score
When control measures are implemented, this would encourage a greater emphasis on an anti fraud culture across the Trust which in turn would impact on a possible increase in the number of reported cases of fraud, bribery or corruption.

Risk rating score					
Risk rating score (To attain risk rating multiply scores of consequence and likelihood)	4	Colour coded rating	YELLOW	Potential risk reduction	0

Treatment controls required / to be considered			
Treatment	By whom	By when	Effectiveness if achieved (Optional)
If risk of fraud, bribery and corruption is added to the Trust risk register the Trust will score better against the NHSCFA standards for providers	Local Counter Fraud Specialist	31/03/20	

Overall recommendations
The issue has been discussed at various counter fraud managers meetings nationally and presentations have been given by NHSCFA regarding the importance of recording fraud, bribery and corruption as a risk. Inclusion on the risk register will also be reported at Audit Committee. Any changes to the level of risk will be discussed between the LCFS and the Director of Finance.

Persons competing assessment

Name	Role	Signature (Where not recorded electronically)	Method of involvement		
			Personal	E-mail	Telephone
John Kelly	Local Counter Fraud Specialist			John.kelly@wmas.nhs.uk	07500 225027

Reviewed by	**Comments**	**Date**
John Kelly	Initial assessment as Risk of Fraud, Bribery and Corruption are not currently recorded on the Trust risk register .	24/1/20

Risk ownership	
Risk owner	John Kelly
Risk sponsor	Linda Millinchamp

West Midlands Ambulance Service
University NHS Foundation Trust

Minutes of the Audit Committee held on
11 March 2020, 1400 hours at WMAS HQ, Brierley Hill.

Present:

Mrs W Farrington-Chadd	WFC	Non-Executive Director (Chair)
Mr M Khan	\MK	Non-Executive Director
Mrs C Wigley	CW	Non-Executive Director
Mr A Yeaman	AY	Non-Executive Director (Via telephone)

In attendance

Mrs L Millinchamp	LJM	Director of Finance
Mr C Knight	CKn	Internal Audit
Miss Z Baker	ZB	Internal Audit
Mr P Higgins	PH	Governance Director & Trust Secretary
Mr T Felthouse	TF	KPMG, External Audit
Mr C Cooke	CC	Strategic Director of Operations and Digital Integration
Mr C Kerr	CKr	Head of Information Governance

Secretariat:

Mrs D Stevenson	DMS	PA to Director of Finance

ITEM	Audit Committee Meeting 11 March 2020	ACTION
03/20/01	**Welcome and apologies**	
	Apologies were received from Narinder Kooner, Jacynth Ivey, Ellen Nowell, John Kelly.	
03/20/02	**Minutes of the Last Meeting**	
	Resolved: The minutes of the meeting held on 16 January 2020 were agreed as an accurate record.	
03/20/03	**Matters Arising**	
	• **10/19/05 Time off for Public duties** – outstanding, update to next meeting. • **01/20/10 - LJM to review waiver process**, outstanding. To be added to Schedule of Business for May.	**JK/CKn** **LJM/ DMS**
03/20/04	**Internal Audit**	
	Progress Report ZB outlined the Internal Audit Progress Report to members. Five reports have been finalised since the last Audit Committee as follows:-	

Immunisation Programme (Requires Improvement).   Four actions required from HR, one high and three medium priority.

Penetration Testing (split assurance opinion) Insufficient relates to Local Area Network. A report from PC and CC has been received to ensure that actions are in place to progress the 14 actions identified. CC also explained that fortnightly meetings are being held to ensure requirements are in place. CC to keep the Committee updated.
Substantial assurance was given to Internet and Health and Social Care Network (HSCN).
ZB explained why the assurance was split to the Committee and said that external hacking is strongly managed by the Trust.

Make Ready and Deep Cleans (Requires Improvement) CC said he requested this audit and that he is working with N Hudson to ensure the improvements required are put together in an operational action plan. This is still in draft form at the moment. Completion times to be put back to the end of Q1 beginning of Q2. The Committee agreed to the revised timings.

Payroll (Substantial) – low priority actions identified, use of error record sheets noted.

Risk Management and Assurance Framework (Requires Improvement) The entire process has been reviewed and there are 5 actions in relation to the BAF, some work also to be carried out on the Risk Management side. CKr said he is confident that this assurance will improve over the coming year as new processes are being put in place.

Follow up – The follow up of audit report recommendations are all on track. Internal Audit assignments completed to date were also noted by members and are on target.

Internal Audit Work Plan 2020-21

ZB outlined the plan to members.

The Plan is split into 7 key areas, meetings have been held with all Executive Directors. ZB outlined the priority areas as follows :-
1. Governance – this will focus on the BAF and Risk Register.
2. Clinical and Patient Safety – includes the Mental Health Act, safeguarding referrals, clinical supervision.
3. Quality and Performance – annual data quality audit, patient experience, WRES.

	4. Financial Control – business cases audit (due in Q1), Love2Shop vouchers process (LJM said a new system is in place but still wanted to see if there were any further suggested improvements that could be made), Procurement and tender waivers, General Ledger, Payroll and Budgetary Control. 5. Information Management and Technology – GDPR, mobile devices (including Ipads) ***WFC requested that EPR devices are included, ZB said she would look into this***. Penetration testing, Annual DS&PT Audit. 6. Workforce – Succession planning, FileStore records management, the Committee said ***FileStore is an important area that requires assurance.*** CW suggested that Succession Planning/Talent Management review ***be removed from the Internal Audit Plan***, as the days would be better spent on the review requested in relation to ***EPR devices***. 7. Estates and Facilities – Fire Safety and equipment maintenance. The Committee noted and commended the plan with highlighted recommendations. ZB also pointed out the Internal Audit Strategy to members for the forthcoming year. The Internal Audit Charter which outlines the purpose, authority and responsibilities for the internal audit service for WMAS and is a requirement of the International Standards for the Professional Practice of Internal Auditing and its approval is the responsibility of the Audit Committee. The Charter was approved by the Committee. **Monthly Insight Report** CK outlined the report to the Committee which details items of interest for members. CK highlighted:- • Mental Health Act • HFMA Briefing The external audit: best practice in working well together. The report was noted by members and is also now shared with the Board.	

	Resolved:
	   a) The Committee received and noted the Progress Report
	   b) The Committee approved the Internal Audit Plan with highlighted recommendations.
	   c) The Committee approved the Internal Audit Charter.
	   d) The Committee received and noted the Insight Report.	

03/20/05	**External Audit Progress Report**	
	AB introduced Tony Felthouse to the Committee who has replaced Asim Iqbal. AB outlined the March 2020 Progress Report to the Committee. No particular issues to be flagged up. The interim audit work took place week	

commencing 24 February and the team also undertook an initial review of the Trust's arrangements for IFRS16. AB also pointed out to the Committee Appendix B the Q3 Benchmarking report which sets out WMAS's position in relation to 21 other NHS Trusts.

The accounts process is rolling out in April and May, and KPMG is also geared up to work remotely should the need arise and if the year end deadlines remain the same. The KPMG Portal will also be used. LJM said the finance team are also prepared to be able to work from home and additional IT equipment has been ordered.

	Resolved: a) The Committee received and noted the Progress Report.	
03/20/06	**Review Accounts Progress**	
	LJM said that the interim audit had taken place and no problems reported. The new software purchased to assist the Trust with IFRS16 is up and running.	
	Resolved: a) The Committee received and noted the verbal update	
03/20/07	**Going Concern Review**	
	LJM said it is requirement for the Board and the Audit Committee to review the financial performance of the Trust and confirm the Trust as a Going Concern. LJM outlined the paper to members and said there were no areas of concern. LJM drew members' attention to the items highlighted in red as these have yet to be confirmed i.e., the E&U contract, Head of Internal Audit Opinion and risks identified rated >16 after mitigation. Once these have been confirmed this paper will be submitted to the Board for endorsement.	
	Resolved: a) The Audit Committee to recommend to the Board that the there are **no material** uncertainties that may cast **significant** doubt about the Trust's ability to continue as a going concern. Paper to be submitted to Board when the items highlighted have been confirmed.	**LJM/ DMS**
03/20/08	**Accounting Policies**	
	LJM said the Accounting Policies for the Trust are based on the standard national set. The policies will support the year end accounts process..If there are any national changes between now and the year end the policies will be updated.	

	Resolved: a) The Audit Committee approved the Accounting Policies.	
03/20/09	**Data Security and Protection Toolkit**	
	CKr outlined the Toolkit to the Committee drawing particular attention to the Dashboard which details the 10 National Data Guardian's security standards. CKr said Internal Audit have conducted a deep dive audit for the following areas - 4: Managing Data Access, and 8: Unsupported Systems. Following this review 21 sections were noted as requiring improvement and much progress has been made. All actions are completed or on target with 8 actions in progress.	
	Resolved: a) The Committee received and noted the report.	
03/20/10	**LCFS Progress Report**	
	CKn outlined the LCFS report in JK's absence which details the coutenr fraud activity undertaken since the previous Audit Committee meeting. He pointed out that Regular meetings are scheduled with the Director of Finance to discuss progress with the work plan, current investigations and any emerging issues. CKn also said that JK has been appointed as Security Manager for the Trust and a new LCFS will be recruited.	
	Resolved: a) The Committee received and noted the report.	
03/20/11	**Items from the Resources Committee**	
	CW gave a verbal update to members on the last meeting held February 2020. The only item of concern was the Trust's Use of Resources rating of 1 which may be affected by the agency cap due to the employment of agency staff in 111. WMAS are awaiting a response from the Centre regarding this.	
	Resolved: a) The Committee received and noted the verbal update.	
03/20/12	**Items from the QGC**	
	CW gave a brief verbal update regarding the QGC and said that all KPIs were discussed at the meeting and clinical indicators remain strong.	
	Resolved: a) The Committee received and noted the verbal update.	

03/20/13	**Review Register of Directors' Interests**	
	PH presented the register for information and said this would be submitted to the Board meeting in March.	
	Resolved: a) The Committee received and noted the Register.	
03/20/14	**Review Terms of Reference**	
	The Terms of Reference were reviewed by the Committee. The IG Toolkit to be replaced with Data Security and Protection Toolkit. Any other amendments to be forward to PH.	
	Resolved: a) The Terms of Reference to be amended and submitted to Board. Any further comments to be forwarded to PH.	**PH** **All**
03/20/15	**Committee Self Assessment**	
	The Committee completed the self-assessment during the meeting. Comments to be collated and forwarded to PH. Attendance matrix to be completed.	
	Resolved: a) DS to collate answers provided, complete the attendance matrix and forward to PH.	**DMS**
03/20/16	**Schedule of Business**	
	Noted by members, any further items to be forwarded to DS.	**All**
03/20/17	**Any Other Urgent Business**	
	None.	
03/20/18	**New Risks Identified**	
	• None noted.	
03/20/19	**Dates of Future Meetings 2020**	
	All members to note the dates of future meetings :- • 22 May 2020, 10am, Board Room Dudley Academy. • 14 July 2020, 10am, Board Room Dudley Academy. • 10 November 2020, 10am, Board Room Dudley Academy • 19 January 2021, 10am, Board Room Dudley Academy • 16 March 2021, 10am, Board Room Dudley Academy	**All to note**

03/20/20	**Meeting of the Audit Committee in the absence of Officers of the Trust**	
	Held separately.	

Chair…………………………….. Dated…………………………………

The meeting closed at 1645 hours.

Action Points – Audit Committee 11 March 2020

Minute	Details	To be actioned by	Complete/ Incomplete	Evidence
10/19/05 01/20/03 03/20/03	• Time off for Public duties - update to be provided to next meeting.	JK/CKn		*Added to agenda for May*
01/20/10 03/20/03	• LJM to review waiver process – May meeting	LJM		*Added to SofB for May (deferred to July)*
03/20/07	• Going Concern paper to be submitted to March Board	DMS	*Complete*	*Submitted to March Board*
03/20/14	• Terms of Reference – any changes to be forwarded to PH. IG Toolkit to be replaced with DS&P Toolkit	All PH		
03/20/15	• Self Assessment to be completed and forwarded to PH	DMS	*Complete*	*Submitted to PH on 17.3.20*
03/20/16	• Schedule of Business – Any further items to be notified to DMS.	All		

Date of Next meeting :
22 May 2020, 10am, via Microsoft Teams

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

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 15   MONTH: May 2020   PAPER NUMBER: 12

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

	enables the Board to report on its stewardship of the Trust.
Diversity & Inclusivity Implications	The Committee is mindful of the Trusts duties in relation to the Workforce Race Equality Standard and also the Public Sector Equality Duty regulations, in addition equalities regulations.
Quality Impact Assessment	The Committee reviews the Quality Impact on the Trust's CIP and any material service changes and escalate any concerns to the Board.
Data Quality	The Agenda and papers of the Resources Committee is held by the Director of Finance.
Action required a) To receive the minutes of the meeting held on 20th February 2020.	

Minutes of the Resources Committee
held on 20 February 2020, Dudley Academy Conference Room

Present:

CW	Caroline Wigley, Non-Executive Director (Chair)
WFC	Wendy Farrington-Chadd, Non-Executive Director
LJM	Linda Millinchamp, Director of Finance
CC	Craig Cooke, Director of Strategic Operations and Digital Integration
KN	Kim Nurse, Director of Workforce and Organisational Development
MD	Mark Docherty, Director of Clinical Commissioning
JB	Jeremy Brown, Integrated Emergency and Urgent Care Director
MP	Malcom Price, Commercial Training Manager
LJ	Laura Johnson, Deputy Head of Purchasing and Contracts
RW	Remone Williams, Costing Accountant (Minutes)

ITEM	Meeting held on 20 February 2020	ACTION
02/20/01	**Welcome and Apologies**	
	Apologies were received from Donna Stevenson, Narinder Kooner, Euan Connell, Michelle Brotherton.	
02/20/02	**Notes of Previous Meeting**	
	To agree the notes of the meeting held on 16th January 2020	
	Resolved: The notes of the previous meeting were agreed.	
02/20/03	**Matters Arising**	
	Next meeting on the 20th April will be held at 10am at Dudley Academy, **not 2pm** as previously advised.	**DMS**
02/20/04	**Operational Performance Pack**	

	• CC presented the operational report to members for January. All performance standards were met in January, albeit demand was down against expected levels. Nevertheless, operational pressures included:-
	   o Hospital handovers, this was mainly at Worcester, Redditch and Shropshire hospitals.
	   o COVID-19 (Coronavirus) - The 111 Service is being heavily relied on across the NHS to manage the first contact and signposting of patients. 999 Service has been responsible for transporting patients to the local A&E departments for testing and returning them home.	

- o The Trust has been well placed to respond to the 111 and 999 requirements and the Service has led on many of the guidance and policy documents produced nationally.
- o The Trust invested heavily in new PPE in 2018/19 and this has proven beneficial to enable the quick response to the COVID-19 situation.
- o SCC is collating all reported cases of suspected COVID-19 for information purposes and for analysis. All information is being sent to Public Health England.
- o COVID-19 has put pressure on VPO's due to an increased number of deep cleans.
- CC also presented an update on the WMAS flood response:-
  - o 3 major incidents declared (Shropshire/ Worcestershire/ Herefordshire)
  - o 6 severe flood warnings
  - o 30 4x4 ambulances deployed
  - o Additional OM Cover in 4x4 response cars deployed at key sites.
  - o HART Flood Rescue Team assembled 24/7. Command and Control Arrangements in place at HQ 20hrs each day.
  - o Multi-Agency SCG Gold Level assembled at Hindlip

- January performance:-

Priority	Target Mean	Target 90%	Month Mean	Month 90%	QTD Mean	QTD 90%	YTD Mean	YTD 90%
Category 1	7:00	15:00	6:59	12:03	6:59	12:03	6:55	12:00
Category 1 T	19:00	30:00	7:58	14:10	7:58	14:10	7:57	14:13
Category 2	18:00	40:00	12:29	22:45	12:29	22:45	13:13	24:20
Category 3	60:00	120:00	32:47	71:44	32:47	71:44	45:11	103:40
Category 4	-	180:00	46:36	114:58	46:36	114:58	61:37	150:28

- Call Answer – The 2minute delays on call answering have been further reduced which is notable given this period includes the New Year's Eve demand, 7 during the month.
- EPR. The product remains stable and operating as normal.
- IT systems, no problems or outages were experienced with key infrastructure in the period.
- A&E Fleet availability remains very strong with 95% availability to Operations.
- Training – due to reduction in demand operational staff have accelerated the training plan to ensure all milestones and delivery plans are met.

	Resolved:	
	a) The Committee received and noted the report.	
02/20/05	**111 Report**	
	• Call volume – Activity was 9% lower than forecast. Call answer performance was 97.9%. Call answer target of 95% was only missed 2 days in the month. Average time to answer a call was 3 seconds. • CAS activity - The % of triaged activity which was transferred to CAS was 26.1%, the highest volume being for ambulance validation. 87.45% of patients who were initially triaged as requiring a Cat 3/4 ambulance, were validated by a clinician. • Ongoing issues with clinical numbers. Posts have been accepted, but people are yet to turn up predominantly due to working notices, however, 30% are not turning up at all.	
	Resolved: a) The Committee received and noted the report.	
02/20/06	**Month 10 Finance Report**	
	LJM updated the Committee:- • Position at month 10 was reported as £53k better than plan. • E&U income was under plan at Month 10, but total income is a positive variance of £16.75m against plan. • Establishment – the plan does not contain 111 wte numbers. • Cash – remains strong. • CIPs marginally above plan on an aggregate basis with 92% delivered. • Use of Resources –the Trust expects to regains its segmentation 1 but there is a risk this could drop to 3 given the potential breach of the agency cap since running the 111 service. • Forecast – on plan. STPs are pushing for WMAS to be under plan at year end. • BPPC – 94% achieved. This was under plan In January due to the number of old invoices cleared. • Debtors – £2.1m, £1.2m worse than plan. • Capital - £15.1m spend at month 10, therefore, overplan. Plans are in place to achieve the forecast plan by the year end. **Budget setting** • Robust work has been completed on 20/21 budget setting, minor adjustments are to be made after discussions with the board. • Still in negotiation with commissioners for agreement on contract.	

	Resolved: a) The Committee received and noted the report.	
02/20/07	**Commercial Services Report – Confidential**	
	The commercial services report was presented by MP and the following items noted: • Staff retention and genuine sickness levels have been a challenge in Worcester. • Increased activity on Alex site compared to Worcester site noted. Risk meetings have been held. WFC said that concerns should be raised via Mark Docherty and the impact on our organisation and on patients. • KPIs noted for each contract. • City and Sandwell contract – estate to be determined. • Tactical manager working in EOC until end of March focusing on discharges. • Macclesfield site – still awaiting planning permission. • Sickness – for December was 5.33%.	
	Resolved: The committee received and noted the report.	
02/20/08	**Workforce and OD Report**	
	KN updated the committee: - • Discussion took place about Primary care networks and their plans to recruit and employ paramedics, which could be a risk to the Trust. • Flu – 80.20% achieved as at today's date. • Staff survey – completed with 63% achievement, a 3% increase from last year. • Recruitment - An NHS 111 service workforce plan has been created and continues to be monitored to ensure sufficient workforce capacity and skill mix is achieved to deliver fluctuating patient demand levels. • Sickness – 4.41% whole Trust, 4.06% excluding 111, 8.32% 111 only.	
	Resolved: The Committee received and noted the report.	
02/20/09	**Service Agreements and Contracts Update - Confidential**	
	LJ presented the procurement update on behalf of EC: • PTS Taxi Service – Meeting to take place with supplier for further discussions. • Rapid Response Vehicles – Specification Required	

• Fleet Vehicle Breakdown & Recover – Specification Required • Vehicle Spares – Specification Required • Vehicle Accident Repairs – Specification Required	
Resolved: The Committee received and noted the report.	

02/20/10	**Review Terms of Reference and Self-Assessment**	
	CW asked if DMS can confirm when this was last done and if complete rehaul is required.	**DMS**
02/20/11	**Schedule of Business**	
	• April meeting – 20th April change of time to 10am.	**All**
	Resolved: The revised Schedule of Business was received and noted by members.	
02/20/12	**Any Other Urgent Business**	
	• None.	
02/20/13	**New Risks Identified at the Meeting**	
	The volatility of activity against contract is causing an issue and noted as a potential risk to the Trust.	
02/20/14	**Dates and times of Future Meetings**	
	20 April 2020, Board Room, The Academy. New time of 10am 16 July 2020, Board Room, The Academy 15 October 2020, Board Room, The Academy 18 January 2021, Board Room, The Academy	**All**

The meeting closed at 1300 hours.

Action Points – Resources Committee February 2020

Minute	Details	To be actioned by	Complete/ Incomplete	Evidence
02/20/10	DMS to discuss with Phil Higgins if a complete review and assessment of the committee is required	DMS		*DMS emailed PH on 25 Feb.* *Both to go ahead at April meeting. T of R to be*

Minute	Details	To be actioned by	Complete/ Incomplete	Evidence
				submitted to April Strategy Day
02/20/11	April meeting – 20th April change of time to 10am. Teams meeting	**All**		*All to note.*

Date of Next meeting:- 20 April 2020, 10am, Microsoft Teams

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 16   MONTH   MAY 2020   PAPER NUMBER 13

Title	Report of the Chairman of the Remuneration and Nominations Committee.
Sponsoring Director	Prof. Ian Cumming
Purpose	To report to the Board on the meeting of the Remuneration and Nomination Committee convened on 25 March, 29 April, and 13 May 2020
Previously Considered by	Remuneration and Nominations Committee
Report approved by:	The Chairman

Executive Summary

The Remuneration and Nominations Committee met on 25 March, 29 April, & 13 May 2020 and discussed and determined as appropriate the following:

- Update on Strategy & Engagement Director and Director of Workforce and Organisational Development Recruitment
- CEO end of year appraisal and consideration of the Bonus Scheme.
- Payment of outstanding annual leave as authorised by the Board.
- Strategy & Engagement Director – Appointment
- Retire & Return Applications

Related Trust Objectives	The Constitution of the Foundation Trust requires the establishment of a committee of Non-Executive directors to determine the remuneration and terms of service of Executive Directors.
Risk and Assurance	The Committee will determine appropriate policies to assure the Board that it attracts the correct calibre of person to lead the Trust and that the Trust remains compliant with employment law and regulations.
Legal implications/ regulatory requirements	The Committee will operate within any statutory and non-statutory employment guidance.
Financial Implications	The Committee will determine matters within the financial framework and plans of the Trust.
Workforce & Training Implications	It is essential to attract the correct calibre of person to ensure that the Trust maintains its reputation as a high performing Trust.

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

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 16   MONTH   MAY 2020   PAPER NUMBER   13

Communications Issues	Not directly applicable to the contents of this report
Diversity & Inclusion Implications	Any statutory and non-statutory employment guidance will be complied with and will be incorporated into any policy agreed by the committee and it will take account of the Trust's equality, diversity and Inclusion policies when making appointments.
Data and Information Sources	The agenda and reports submitted to the Committee are held by the Trust Secretary. Any data and information sources are held by the Director of Workforce and Organisation Development.
Action required by the Board To note the contents of the report and seek clarity where appropriate.	

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM 17   **MAY 2020**   **PAPER NUMBER 14**

Operating Plan 2020/21	
Sponsoring Director	Interim Strategy and Engagement Director
Author(s)/Presenter	Interim Strategy and Engagement Director
Purpose	To present the final draft Operating Plan 2020/21 for approval
Previously Considered by	Executive Management Board
Report Approved By	Interim Strategy and Engagement Director
Executive Summary The attached paper represents the final Operating Plan for 2020/21, incorporating the latest workforce plan, final accounts and current overview of activity. In previous years, this has been required to be submitted to the regulator, however this year, this is not a requirement. Despite this, the format is the same as set out by NHSI in previous years. Having been reviewed and approved by each lead Director and considered by members of the Executive Management Board, the Board of Directors is now asked to approve the plan for publication on the Trust website.	
Related Trust Objectives / National Standards	The activity, finance and workforce plans on which this narrative is based, form part of the Trust's statutory requirements and the Strategic Plan for the Trust and the STPs. This narrative document is not a statutory requirement for 2020/21, but the Trust has taken the decision to produce it in the same format as previous years.
Risk and Assurance	Through cross directorate review, the Trust has complied with regulatory requirements for financial, operational and workforce planning arrangements, all submissions have been completed according to set timescales. This narrative documents brings each element together in a summary document for use by Trust Directors and Managers. A summary will be produced for publication on the Trust's website for public use.
Legal implications/regulatory requirements	This paper provides confirmation that WMAS is compliant with NHS England's Shared Planning Guidance. No regulatory issues have been identified.
Financial Implications	The financial content will reflect the current position in respect of income, expenditure, CIPs and other cost pressures.
Workforce Implications	The Workforce Planning requirements are fully updated.
Communications Issues	Once the final plan has been approved, the Trust will produce an abridged version for publication. It is proposed that a draft version will be shared with EMB for agreement prior to submission for Board approval in May.
Diversity and Inclusivity Implications	Equality Impact Assessment statements have been reviewed and approved for the Cost Improvement Programme.
Quality Impact Assessment	Quality Impact Assessments have be reviewed and approved for the Cost Improvement Programme.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM 17   **MAY 2020**   **PAPER NUMBER 14**

Data Quality	The document reflects the requirements as published by NHS England / Improvement. All submissions have been reviewed approved by the relevant Director.
Action required Members are asked to review and approve the document for publication	

Operating Plan 2020-2021

West Midlands Ambulance Service University NHS Foundation Trust

DRAFT

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Activity Planning

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) has a good working relationship with its Lead Commissioner and plays an active part in regional planning discussions. Demand in recent years has shown varying levels of annual increase, however the Trust meets regularly with Commissioners to ensure transparency in reporting of activity and performance.   The role of the Lead Commissioner remains pivotal to agreement of future activity to reflect the diverse geography and demography of the patients that we serve and the views of associate commissioners are sought during contract negotiations to support the provision of services to meet diverse requirements within local communities.   The contract reflects the requirements of each Commissioner, promoting local ownership of health requirements. Growth varies year on year, but over the long term, activity increases by an underlying 4.5 per cent, as table 1 identifies:

Table 1

Financial Year	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Assigned Incidents	878,545	907,726	948,787	978,645	1,018,628	1,079,028	1,125,488	1,178,887
Annual Growth	6.20%	3.30%	4.50%	3.10%	4.0%	5.9%	4.3%	4.7%
Average	4.5%							

Joint planning assumptions for the current year were based upon collective views from the Trust and its Commissioners. The Trust's core funding is secured from all CCGs within the West Midlands for the provision of emergency and urgent services. 2020 to date has been a turbulent year with lower than average activity in January, followed by prolonged periods of major flooding along the River Severn which caused an immediate uplift in activity. This was followed by the pandemic caused by Covid-19, which again caused widespread concern and leading to significant fluctuation in activity into the new financial year.   The forecast activity is closely aligned to the Trust's financial plan and workforce model, each of which will be finely tuned throughout the coming year, as the need arises. Despite having agreed most of the key elements ahead of contract signature, still to be agreed was the expected level of growth.   Whilst this was still under discussion, in early March 2020 NHS Improvement took steps to ease regulatory pressures during the escalating Covid-19 pandemic. The decision was taken nationally to cease all contracting arrangements and to implement block contracts for all Trusts for the first half of the year.   The contract figure for monitoring purposes is therefore based upon an agreement of balances exercise based upon activity at Month 09 which resulted in an increase of 2.8 per cent growth. From a budgetary perspective, the Trust's financial arrangements are based upon outturn plus 2 per cent.

WMAS has continued to reduce levels of conveyance to Emergency Departments throughout the last year, with its comparative position in the national statistics (source: Ambulance Quality Indicators), moving from 57.7% in March 2019 to 55.7 per cent in February 2020. Each month, maintaining the third lowest conveyance of all Trust in England.   In March 2020, conveyance rates by every Trust was almost 10 per cent lower than before, due to the unprecedented circumstances under to the Covid-19 pandemic. We have made significant investment and worked with all areas to provide the best technical integration with primary care and other providers' systems both in the control room and at the scene of the incident. This empowers all staff involved with each patient to access the patient's medical history along with information about availability and capacity of all relevant health services to aid decision making.   Our staff remain focussed on ensuring that they only convey patients to Emergency Departments when necessary.

Further to the establishment of the Strategic Capacity Cell in February 2019, the Trust has developed this service in liaison with healthcare leaders throughout the region to provide very robust arrangements for strategic oversight and direct influence to support the Paramedics when attending individual patients. This team incorporates a variety of existing capacity and oversight functions throughout the region, including oversight of the existing Winter Cell, Strategic Operations Cell, Hospital Desk, Regional Capacity Management Team and Clinical Assessment Hub. Building on existing localised arrangements to manage capacity and patient flow, the new Cell utilises live

information in relation to the status of all hospitals, ambulance demand, the electronic patient record whilst the crew is on scene, and the Directory of Services. The Strategic Capacity Cell Commanders can support the crew, search for alternative pathways, and intervene where necessary to avoid conveyance to emergency departments or to intelligently convey to alternative emergency departments to manage system wide capacity.

Whilst the Trust will maintain its drive for efficiency and improved patient outcomes, there remains considerable pressure from handover delays which continue to affect performance adversely. During 2019/20, the Trust lost 65,195 hours at hospital for turnarounds over 30 minutes, compared to 66,942 for the same period in 2018/19, thanks to the continued efforts of staff at the hospitals and the ambulance crews, for the first time, this represents a year on year decrease of 2.6 per cent. This equates to 5,579 12-hour ambulance shifts (for 2018/19) and 5,432 in 2019/20. Table 2 confirms the conveyance percentages, including all conveyances and those to Emergency Departments (ED).

Table 2

	Conveyances April to March each year					
Financial Year	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
% Total	59.5%	60.0%	59.5%	58.9%	59.3%	58.9% *
% to ED	59.2%	59.7%	59.3%	56.0%	56.6%	54.7% *

'* - Note that March 2020 conveyances were significantly lower than normal, due to the impact of Covid-19 on the type of calls received, the evolving government advice, the need to ease pressure on NHS Services and maximise capacity for those suffering most from the virus.

To ensure sufficient capacity to deliver a safe and quality service to patients, the Trust is focussing on the core elements of its operational strategy which include:
- ➢ Maintaining the uplift in workforce ensuring 100 per cent of projected attrition is fully replaced, as confirmed in table 4.
- ➢ Following an early increase in fleet to support the Trust's response to Covid-19, there will be further adjustments to the overall vehicle stock to maintain the fleet age under five years. The replacement schedule continues to support the ongoing increase in workforce by investment in an additional double-crewed ambulances in time for the winter period. The net impact of the 2020/21 replacement schedule will result in a planned stock at March 2021 of 480 vehicles.
- ➢ Continuing to meet the profile and type of demand with optimum operational skill mix, resulting in each patient requiring a response on scene being assessed and treated by a Paramedic
- ➢ Fleet continuing to meet standards for cleanliness and CQC compliance, reduced failure rate and vehicle life costs
- ➢ Continuing to invest in our core skills and partnerships with other providers to increase rates of see and treat or referral to alternative care, where it is in the best interests of the patients
- ➢ Ongoing engagement with the British Heart Foundation to ensure a combined corporate knowledge of all active defibrillators in the local community
- ➢ Further engagement with the community and the Trust's partner agencies to boost the availability and capacity of Community First Responders where they are most needed.

The Trust continues to highlight the urgent need for Commissioners and Acute Hospitals to reduce hospital delays. This will ensure the Trust has adequate resource available to respond to the activity, maintain and improve operational standards, whilst also maintaining its focus on other areas of efficiency within the operational model. The volume of conveyance and patients self-presenting at Emergency Departments have reduced significantly during the Coronavirus pandemic, removing congestion and enabling improved patient flow within the hospital. The needs and expectations of patients will be monitored closely as the lockdown restrictions are gradually eased.

For many years, the Trust has demonstrated robust and accurate demand and capacity modelling processes, coupled with high quality resilience planning. These processes have provided stability at times of increased pressure and are used routinely to plan for resource requirements in the Workforce Plan, in terms of required volume of front-line staff and enhancements to skill mix. We can have confidence in our capacity and ability to maintain stability throughout 2020/21 as confirmed within Lord Carter's report into Unwarranted Variation in Ambulance Services, we remain the most cost effective Trust on many measures and continue to be the only Trust to have a paramedic on every vehicle, which is proving to reduce requirements for ambulance back-up and improve decision-making in respect of disposition for treatment.

The Trust has sound planning arrangements to provide advanced oversight of enhanced arrangements for all significant events, such as Christmas / New Year, school holidays, and public holidays where there is an impact upon the daily routine of operations. Our plans in recent years have been rated as robust by NHS Improvement and have served the local health economies well. These plans account for impact from external sources, such as availability of doctor's surgeries and other alternative pathways throughout the region. Within the scope of the plans, the Trust regularly monitors the percentage of annual leave allocations, sickness absence and abstractions for training to ensure that the Trust's capacity to respond to activity is not adversely affected and that patients receive care from the appropriately skilled clinicians at the right time. It is expected that the existing planning processes, coupled with appropriate levels of Commissioner support, will provide continued stability through the period of this plan. The established Resource Escalation Action Plan (REAP) and Surge Demand Management plan provide a tried and tested means of releasing additional capacity at short notice and will continue to be invoked, at times of peak demand or major incident.

The current arrangements for monitoring demand, performance, finance and quality planning will continue through:
 ➢ Regular monitoring by directorate senior management teams. Performance issues are identified and rectified, where possible, at this stage.
 ➢ Regular monitoring by Quality Governance Committee, Resources Committee and Executive Management Board for review of exceptions and associated action plans.
 ➢ Presentation of key messages to Board of Directors, Council of Governors and Trade Unions.
 ➢ Regular discussion at Board level strategy sessions to ensure that projects remain aligned with the overall strategic agenda.

Covid-19

Following the outbreak of the Coronavirus in China, and the subsequent spread of the disease to multiple countries, NHS England declared a Level 4 national emergency and the outbreak was declared a pandemic by the World Health Organisation in early March 2020.

Since the first cases were recorded in England, the NHS began to prepare for unprecedented levels of activity and severity of illness. WMAS has proactively managed the response to both emergency and urgent calls, whilst supporting staff and managing all other demands concurrently. The Chief Executive was given the responsibility of command and control of national assets, should the need arise.

A significant command and control model has been in place throughout, with many actions implemented to provide a safe working environment for staff and sufficient highly trained staff to provide a safe service to the public. The following provides a high-level summary of some of these actions:

- Daily senior command team meeting, chaired by the Chief Executive
- Arrangements to manage the flow and communication in respect of symptomatic patients requiring transport
- Increase fleet by approximately up to 150 vehicles supporting the emergency and non-emergency services
- University students brought into support frontline operations:
  - 99 Year 1 students acting as Vehicle Preparation Assistants
  - 168 Year 2 and 138 Year 3 students respectively working as Ambulance Care Assistants for emergency calls
- Installation of Perspex screens to protect staff in control rooms
- Staff from corporate departments redeployed to assist a variety of support roles
- More than 200 additional 111 call handlers for additional surge capacity
- Continuation of arrangements to support communication and flow at hospitals
- COVID 19 incident room established 16 hours per day, 7 days per week
- Continued work to ensure enough appropriate good quality personal protective equipment is readily available for staff
- Swabbing of staff and where appropriate, family members 7 days per week
- Reconfiguration of estate to ensure social distancing of staff essential providing essential services

Throughout the very challenging circumstances that have been created by the pandemic, we have led the emergency and urgent response for patients calling 999 and 111 and have significantly boosted our resources throughout. Whilst many of these resources will be stepped down as pressures ease the Trust will take the opportunity to consider its priorities and actions throughout the coming year as a result. We will pay close attention to national analyses surrounding trends in relation to the following as some early examples:

- The effect of isolation on children from the perspective that fewer children are presenting at emergency department with the pattern of illness and injuries that would normally be seen
- Evidence is continuing to emerge that the pandemic could be disproportionately affecting people from black, Asian, and minority ethnic (BAME) communities[1]. A review into the impact of COVID-19 on BAME communities, led by NHS England and Public Health England (PHE) will be key to understanding the actions the Trust must take.
- The effect of isolation on adults' health, with the concern that there may be fewer emergency calls relating to life threatening conditions such as stroke and cardiac arrest

It is currently too premature to set out specific priorities in relation to Covid19, but as the pandemic eases, the Trust will identify and regularly monitor ongoing priority actions, which will be incorporated into our plans as reflections and learning for future years.

Quality Planning

Approach to Quality Improvement, Leadership and Governance

The Trust's Quality Governance arrangements enable local level responsibility, overarching control and board level accountability. The Board of Directors recognise that effective monitoring of governance arrangements is key to the delivery of a high quality safe, effective and responsive service.   The Board of Directors is supported by pillar committees (Appendix 1), three of which are responsible for oversight and assurance of Trust's finance, performance and quality arrangements:

The **Executive Management Board** is responsible for managing and delivering a high-quality service. The plans to deliver this are managed through the **Professional Standards Group,** chaired by the Director of Strategic Operations and Digital Integration. The Group ensures that care provision is safe and compliant with current national and international clinical standards and guidance. The group is accountable for a series of working groups, which focus upon clinical standards and the governance of volunteer medics, clinical audits and research.

The Resources Committee is chaired by a Non-Executive Director and has responsibility for monitoring and reviewing the adequacy and utilisation of resources to assure the Board upon the efficient and effective delivery of strategic and operational plans and objectives, together with any associated development plans, risks and financial / non-clinical assurance.

The Quality Governance Committee (QGC), chaired by a Non-Executive Director, provides the Board of Directors with assurance on all matters pertaining to patient services (including service developments), patient safety and responsiveness to patient needs and the identification of risks that may impede achievement of the Trust's quality plans. This is done through a review of clinical and quality performance from a regional and local delivery perspective.

The Trust is committed to maintaining its Care Quality Commission (CQC) assessment of Outstanding and as such the Trust's governance arrangements and compliance reviews provide a granular view of quality across the organisation enabling the Board of Directors' informed decision making.   This is achieved by monitoring compliance with the CQC key lines of enquiry for each service delivered by the Trust. As part of its schedule of business, Senior Managers provide a self-assessment which the committee triangulates with risk and assurance intelligence received through its subgroups.:

➢ **Health, Safety & Risk and Environment Group** responsible for ensuring that an effective and consistent risk management system is in place
➢ **Diversity and Inclusivity: Steering and Advisory Group** is responsible for ensuring the Trust fulfils its statutory duties under the Equality Act (2010) and utilises all available data sources e.g. Workforce Race Equality Standard and Equality Delivery System 2. The Equality Delivery System as part of its assurance mechanisms
➢ **Learning Review Group** provides assurance that the Trust is investigating, reviewing and learning from all adverse events identified through incident reporting including serious incidents, complaints, claims, national intelligence, benchmarking and Board to Ward type engagement (Day in the life) feedback and clearly identifies risks to quality. The Trust's commissioners have an open invitation to this meeting, those that attend provide very positive feedback on the effectiveness of the meeting.

The Trust ensures, as part of ongoing review of efficiencies, that the governance structure is appropriate and effective. Commitment to quality improvements are reviewed under the Well Led Framework to identify where leadership capacity and capability could be improved. The Board of Directors has an experienced, long standing team of Directors.   Leadership and Governance arrangements remain an ongoing focus of the Board of Directors and the Executive Management Board with work continuing to deliver sustainable change through effective use of a skilled workforce, senior management team and committee frameworks.

Care Quality Commission (CQC)

During 2019/2020 the Trust updated its regulated activity following the acquisition of NHS111 and the Clinical Assessment Service. The Trust was inspected by the CQC in 2019. The final report, available from www.cqc.org.uk, confirms the Trust maintained its overall rating of Outstanding.

CareQuality
Commission

West Midlands Ambulance Service University NHS Foundation Trust

Inspection report

Unit 9
Waterfront Business Park, Dudley Road
Brierley Hill
West Midlands
DY5 1LX
Tel: 01384215555
www.wmas.nhs.uk

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

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

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

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

Ratings

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

The report is available from www.cqc.org.uk or the Trust website www.wmas.nhs.uk. The CQC report and the associated recommendations have been subject to the Trust Quality Governance process and regular scrutiny, led by the Chief Executive Officer and agreed by the Executive Management Board.

Quality Improvement Planning

The Trust Quality Improvement Plans are developed each year, they are identified through learning from adverse incidents, latest research, national guidance and best practice identified through national benchmarking of similar services. Learning from self-assessment and through external inspections is key to ensuring the Trust's quality planning is focussed appropriately. During 2019/20, the Trust undertook a review of its Executive Management Team's responsibility, creating additional capacity for quality improvement planning, which will provide a key part of our activities throughout 2020/21.

The Trust works closely with its Commissioners and Stakeholders to monitor and improve service delivery. The Clinical Quality Review Group (CQRG) chaired by the Trust's lead Commissioners, reviews the assurances and risks identified through the Trust Quality Governance arrangements and subsequent learning is used to inform contract development and future quality planning.

Strategy and Board Assurance

We understand as a provider organisation that to continue to improve quality it is essential that our patients and staff are fully engaged with the quality agenda. We continue to reinforce these through our current vision and values. The Trust has been actively reviewing its strategic objectives, which throughout 2019/20 were:

- ➢ Achieve quality and excellence
- ➢ Accurately assess patient need and direct resources appropriately
- ➢ Establish market position as an emergency healthcare provider
- ➢ Work in partnership

In 2020-21, the Trust will be establishing its delivery plans to support a revised Strategic Plan with the following new objectives:

Strategic Objective 1: Safety, Quality and Excellence	Strategic Objective 2: A great place to work for all	Strategic Objective 3: Effective planning and use of resources	Strategic Objective 4: Innovation and Transformation	Strategic Objective 5: Collaboration and Engagement
Our commitment to provide the best care for all patients	Creating the best environment for staff to flourish	Continued efficiency of operation and financial control	Developing the best technology and services to support patient care	Working in partnership to deliver seamless patient care

The first year's implementation plan has been identified through existing work streams for each directorate, including:

- ➢ Integration of the NHS111 and 999 call centres, with dual trained staff providing expertise and resilience across both services.
- ➢ Ensuring the appropriateness of calls being dealt with by both NHS111 and 999 services
- ➢ Continued collaboration with STPs and CCGs to support all work streams to alleviate pressure on emergency departments and utilise community services, where appropriate for the patient
- ➢ Digital developments to continue integration between WMAS' systems and primary care, empowering WMAS staff to make more informed decisions about onward treatment for each patient
- ➢ Enhanced engagement with all stakeholders including at both strategic and community levels to support development of future plans and work streams.

The plans for the coming year will necessarily play a significant role in the recovery from Covid-19, as the NHS adjusts to a new state of business as usual whilst re-planning elective work. The Trust's role in integrated urgent care will be vital to success throughout the region.

To accommodate maximum engagement in the planning of the longer-term work streams, arrangements for a flexible implementation of the strategy will allow for input from the incoming Chairman and the planning of staff and community engagement events.

The Board Assurance Framework has recently been redesigned to assess the key controls, assurance, and gaps in assurance in relation to the progress towards achieving the new objectives. This new structure will strengthen the overall strategy and the local implementation of work streams alongside a more robust approach to managing risk.

A key risk for the Trust's operation relates to ambulance handover delays. Due to the Covid-19 pandemic, the pressures experienced by the Trust when handing patients over at hospital have changed from the historic delays to the more complex requirements surrounding the need to protect staff and the patients from further spread of the virus. As the nation moves through the recovery phase, there will be significant focus upon business as usual is re-established in a way that avoids returning to overcrowded emergency departments. The Trust will continue its regional management and where necessary, escalation if handover delays start to re-occur.

Learning from national investigations

WMAS has been a contributor to various key national reports over the course of the last contracting period, including the National Audit Office report and Lord Carter's review of efficiency. In each case, WMAS was represented as highly performing and efficient when compared to other Trusts. However, any opportunity for improvement in practice will be reviewed and implemented where appropriate to ensure the Trust remains at the forefront of pre-hospital care provision. This is overseen by the Senior Efficiency Group, which is chaired by the Director of Finance and meets monthly.

Learning from deaths

Learning from the deaths of people who die whilst in our care can help improve the quality of the care provided to our patients and their families and identify where we could do more. The purpose of reviews and investigations into deaths which occur in our care to is to learn in order to prevent recurrence. Reviews and investigations are important for learning purposes and their findings are shared and acted upon, through monthly reports to the Learning Review Group. A quarterly report is sent to Board of Directors and highlights the types of cases that have been reviewed and the lessons learnt as well as complying with the National Framework.

Quality Account

The Trust's Quality Account details the Trust approach to quality and includes details of the Trust's quality improvement plans. Our annual priorities for 2020/21 consider local and national quality initiatives. These have been discussed as part of initial engagement events with some of the Trust's key stakeholders. They have been shared more widely with members of HealthWatch groups and Overview and Scrutiny Committees throughout the region, following which several responses have been received confirming the Trust continues to identify appropriate work streams to ensure continuous quality improvement throughout the Trust. Some stakeholders took the opportunity to provide suggestions for further improvement, which we will take on board over the course of the coming year. The diagram in Appendix 2 identifies the areas on which our quality account priorities will focus.

National Commissioning for Quality and Innovation Schemes (CQUIN)

In line with national guidance, specific arrangements for establishing national CQUIN schemes have been agreed as part of the Trust's standard contract. There will be two schemes for the year, both of which are nationally defined:

Table 3

2020/21 CQUIN Indicators	Performance 2019/20	CQUIN Target 2020/21
Achieving a 90% uptake of flu vaccinations by frontline staff with patient contact	80.61% (target for 2019/20 was 80%)	90%
Achieving 5% of face to face incidents resulting in patient data being accessed by ambulance staff on scene	10.3% Average achievement since implementation. Achievement in Quarter 4 12.2%	5%

National Clinical Audits

Ambulance Services are not included in the formal National Clinical Audit programme however during 2019-2020 WMAS participated in the following five National Clinical Audits.

Ambulance Quality Indicators

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

Plus, the following National Clinical Audit included within STEMI above.

5. **Myocardial Infarction National Audit Programme (MINAP)**

Safe Staffing

The Trust's Workforce Plan details the arrangements which provide a clinically safe and effective service including the provision of a paramedic on every response vehicle and is the only ambulance service to do so. In addition, the Trust introduced the national Ambulance Response Programme (ARP) which improved responses to critically ill patients through dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need.

Mental Health Standards

The Trust works with Commissioners, Mental Health Providers and the Police to ensure the most appropriate response to patients suffering the effects of acute psychosis. The Trust supports early intervention assessment and referral to appropriate services. An example is the Mental Health Triage car operating in partnership with West Midlands Police and the Birmingham & Solihull Mental Health Trust. The car has proved successful in ensuring patients requiring expert mental health care access the right service first time and the model has been replicated in two other areas within the region.

Better Births Review

Since employing a midwife to lead the Trust's approach to managing maternity patients, there has been significant activity in this area including:

➢ Actively reviewing all maternity cases and attends all Root Cause Analyses.
➢ To increase the skills of Paramedics when dealing with maternity cases, we have created a Post-Partum Heamorrhage (PPH) video for use on the Mandatory Training Update.
➢ Continuing Professional Development (CPD) sessions have been ongoing throughout the year, each of which are each attended by 15 Paramedics. These have taken place at six of the Trust's fifteen hubs to date. The programme has recently been suspended due to the additional pressures under the Covid-19 pandemic but will resume as soon as practicable with visits to the remaining hubs.
➢ Additionally, the Trust organised a Perinatal Mental Health Train the Trainer Study Day, the first of its kind in the country to train ambulance staff to spot the signs of perinatal mental health illness. This was attended by more than 80 staff.
➢ The Trust's obstetric lead has been a guest speaking and teaching at the Trust's internal training academy in addition to regular teaching at Coventry University. She has also coordinated real life simulated emergency obstetric skills drills at Walsall Standalone Birth Centre.

Our maternity priorities for 2020/21 will include:

- Badgernet - Implementation of Maternity Badgernet access for all WMAS Clinicians attending Maternity Calls. BadgerNet is a full end-to-end real time to offline maternity system, where records from the confines of the hospital, community, or home are included. In addition to a mobile phone application for women to view and interact with her own pregnancy notes in the same way women did with the old green pregnancy notes.

- Call the Midwife Business Case - To have a Registered Midwife (RM) in attendance at all Maternity 999 cases, whereby RM would register / login as active on a real time mobile device. The midwife will then be given the opportunity to accept any maternity Jobs within 4-5 mile radius of her home address- dependent upon service demand. The first midwife to accept the job is then assigned to that job and obliged to attend the scene, take the lead and continue care on conveyance into hospital on the ambulance with the Paramedics. Only midwives who actively attend the callout will get paid – no on calls rates would be provided.

- Transwarmer Business Case - To incorporate a Transwarmer mattress onto all ambulances. A Transwarmer is a thermal mattress designed for use by Neonatal Intensive Care Unit, and Transport Unit to prevent neonates from cold stress and hypothermia. The TransWarmer heats up quickly and provides continuous heat for up to 2 hours without external power source and helps absorb vibration during transport of infants.

- Maternity Advisory Service / Hot Desk / Triage - 24/7 maternity advisory service / hot desk or triage, staffed by fully qualified Registered Midwives to provide over the phone maternity care, support, advice and guidance to pregnant women and all WMAS crews across the Trust.

- Formulate a National Ambulance Obstetric / Maternity Network - where all Maternity / Obstetric Leads from all 10 NHS Ambulance Trusts can work collaboratively to share ideas and learning across the trusts

- Continue to embed lessons learnt from and share with wider organisation through the internal Learning Review Group (LRG) and key staff communications.

- Ensure focus remains on quality assurance, including further audits on staff knowledge

- Launch Maternity / Obstetrics Website which gives all staff access to midwifery information

Infection Prevention and Control (IPC)

The Trust has robust IPC plans that include monitoring and audit of standards and actions to maintain and improve. The focus continues to be to maintain high standards on premises and ambulances and to assist with national research to determine best practice cleaning standards for all ambulance services. The Trust has invested in Positive Pressure Infection Control masks to replace the FFP3 masks, providing two per operational vehicle and one for each responding manager. This investment has proven to be of significance with the recent outbreak of Covid-19. The IPC lead plays a pivotal role in the Trust's enhanced management arrangements in respect of the current pandemic, ensuring availability of all personal protective equipment and cleaning materials and that all cleaning schedules are always robustly managed.

Falls

The Trust Electronic Patient Record introduced during 2016 provides a report back to GPs which advises of patient contact with the Ambulance Service with reference to actions taken such as referral to falls care pathways or hospital admission.

Sepsis

The Trust has adopted the 2016 NICE guidelines for Sepsis and provided education to all clinicians. Education plans for 2017/18 include further face to face Sepsis education. In addition, the Trust is working with the Regional Sepsis Working Group to develop pre-alert and referral pathways. The management of SEPSIS has been the subject of monitoring under the Trust's CQUIN schemes during 2019/20 and current performance in delivering the care bundle is exceeding the target.

End of Life

WMAS has educated ALL staff in the implementation and management of the ReSPECT form. The Trust continues to work with CCGs to ensure full implementation according to local readiness. The Trust's Consultant Paramedic works with the National End of Life Leads Ambulance Group and has represented the Association of Ambulance Chief Executives on the national arena for ReSPECT and recently attended the National ReSPECT conference in London. In addition, he has appeared on a radio 4 programme discussing this issue.

Quality Impact Assessment Process

The Board of Directors is responsible for ensuring that transformational programmes designed to provide improved efficiencies do not adversely impact on the quality of the service to patients.

The Executive Management Board (EMB) including the Medical Director and Executive Nurse provides a support and challenge function which includes review of business cases, agreement of actions required including escalation of major and high-risk transformational change to the Board of Directors. The EMB and QGC also monitor implementation and effectiveness.

All proposed cost efficiencies are subject to an initial review of efficiency and potential risk. This ensures a balanced approach, eliminating duplication of cost efficiencies in any one particular service area. All proposed schemes are discussed in detail with the responsible Director to ensure that the proposal is viable and that all mitigating actions are implemented. Prior to implementation, all schemes are subject to a Quality Impact Assessment, which points to triggers that could identify efficiency savings which have the potential to result in adverse impacts. Triangulation is ensured through the monitoring of identified triggers by the Learning Review Group and any negative fluctuations are escalated to EMB and QGC. These might be increased complaints or adverse incident reports relating to the area of CIP i.e. equipment savings resulting in an increase in reports of equipment failures.

The full quality impact assessments are reported to Quality Governance Committee and Executive Management Board. Assurance that the assessments have been satisfactorily completed is then provided to the Board of Directors. The assessments are updated mid-year to provide added assurance that there is no negative impact because of the efficiency. The Process is articulated in Appendix 3.

Triangulation of Quality with Workforce and Finance

The requirement to deliver a safe, clinically effective service that results in positive patient experiences is the key priority of the Executive Management Board (EMB) chaired by the Chief Executive Officer.

EMB brings together all the elements required to deliver quality including good management of finances and workforce information. EMB provide the Board of Directors with information that explains delivery, identifies risks and provides advice on future proofing the service.

The Quality Governance Committee together with the Trust Audit Committee provide the Board of Directors with assurance relating to quality, workforce and finance information. This provides the Board of Directors with the ability to focus on areas that require improvements.

The Board of Directors regularly receives a pack comprising key indicators for:
- A&E Performance and Activity
  - Operational response times / Hear and Treat, See and Treat
  - Percentage Variance in demand (assigned incident vs Contract)
- Clinical Quality and Safety
  - Patient Safety Harm and Serious Incidents
  - PALS and Complaints
  - Ambulance Quality Indicators

- Finance
  - Financial sustainability risk ratings
  - Earnings Before Interest, Taxes, Depreciation and Amortisation **(**EBITDA)
  - Delivery of Cost Improvement Programme (CIP)
  - Capital expenditure
- Workforce
  - Workforce sustainability, including capacity planning and skill mix.
  - Attendance Management
  - Appraisals and Personal Development Planning
  - Mandatory Training
- Risk, Health and Safety
  - Non-Patient Safety Harm (including RIDDOR)
  - Violence and Aggression against staff

The Board receive this triangulated information no less than four times each year and they use it to seek further clarification or assurances and agree plans for improvements and sustainability in line with Commissioning intentions and regional Sustainability and Transformation Plans.

The Trust's quality priorities and plans are compliant with current regional Sustainability and Transformation Plans (STP) which include appropriate use of resources to reduce acute admissions.

Workforce Planning

The People Strategy supports our Trust strategic and operational plans by scheduling resources in relation to demand on an annual basis and projected for the next five years ensuring we have the right people in place fully trained to achieve the operational skill mix required. The five-year Workforce Plan has been based on operational and clinical deployment models and the predicted increases in patient demand. The plan must be robust to achieve the financial parameters set. Changes to the ways we deliver our services provides the challenge for developing new knowledge and skills to meet changing healthcare requirements. High level Clinical and Operational engagement is necessary to inform plans so that they remain fit for purpose. The Trust aims to achieve a diverse workforce that is representative of the communities we serve. Workforce information is used to predict required resources and provide information and trends on the composition of our staff.   Promoting equality and equity are at the heart of our values, ensuring that we exercise fairness in all that we do and that all communities or groups benefit from improvements made to health outcomes.

The Trust's equality objectives (shown in Appendix 4) have been developed through consultation with staff and communities through the Equality Delivery System2 process and other sources of feedback such as the Workforce Race Equality Standard and National NHS Staff Opinion Survey. Key themes are incorporated into current work streams within the Trust, as part of our four-year equality objective plan. It is a key objective to maximise capacity through better utilisation and productivity of the workforce. The Workforce Plan recognises the need to continually enhance knowledge and skill requirements necessary to support the provision of a wider range of treatments and referral to a broadening range of patient pathways.

We are maintaining deployment of a registered Paramedic, first time, every time and have continued with substantial recruitment and training. This has enabled resources to be flexibly deployed within the operational directorate, meeting peaks in demand during periods of surge, ensuring that we remain on course to achieve the optimum skill mix in the longer term. Our workforce information allows the effective planning, recruitment and training of resources so as to analyse and respond to key trends as they become apparent. The Trust has no paramedic vacancies and demonstrates the highest ratio of qualified paramedics to clinical support staff of all UK ambulance Trusts. The table below shows the movement of operational staff, paramedics and technicians (including student paramedics), over the next two years:

Table 4

2 Year Workforce Plan 2019 to 2021 (Operational Staffing)	2019/20	2020/21
Starting point: Staff in post	**2995**	**3116**
Attrition	-217	-246
Recruitment: Direct Entry Paramedic	90	160
Recruitment: Student Paramedic	266	281
Forecast Staff in Post	**3134**	**3311**
Paramedic Skill Mix	64%	65%

Since 2013 when the Trust introduced a programme to recruit and train student paramedics to obtain registration status with the HCPC within 30 months, circa 2,000 Student Paramedics have commenced the Trust's programme resulting in a 95% retention rate. This provides substantial stability in the Workforce Planning process. The Paramedic skill mix as at March 2020 was 64% and this is expected to rise steadily over the course of the next two years.

The Annual Workforce plan is developed through a team of Directors and Senior Managers, led by the Executive Director of Workforce and Organisational Development. The plan is submitted for agreement to the Executive Management Board (EMB) and approved by the Board of Directors. To monitor the plan, regular meetings, attended by representatives from Finance, Workforce and Operational Directorates, are held to provide updates to the Workforce Development Group (WDG) and EMB. Exceptions to the plan are reported to the Board of Directors.
Furthermore, specific workforce metrics are reported to the Quality Governance Committee and the Resources Committee to ensure triangulation with other areas for assurance (i.e. financial, operational, patient safety).

Mandatory / refresher training course content is designed based upon serious incidents, appraisals, outcomes from regular Learning Review Group meetings in addition to content mandated by the Health and Care Professions Council (HCPC) and the Joint Royal Colleges Ambulance Liaison Committee. The Trust's stringent process for quality impact assessing all Cost Improvement Plans ensures that front line services are protected whilst identifying savings elsewhere, particularly within corporate management and administrative services. Workforce Quality Impact Assessments are monitored and reviewed through reports to the Executive Management Board and the governance committee structure. Due to its rigorous controls, the Trust does not require the engagement of private sector provision within the front-line Operational workforce of the Trust.

The Trust's Commissioning Strategy emphasises the need to work proactively with key partners to provide the best possible care in the right place to meet patient demand. The strategy identifies patient expectations and Trust priorities. The Trust's enabling strategies form part of a Strategic Framework to ensure triangulation of work streams to facilitate the delivery of the highest quality care at the best value achievable. The correlation of these elements supports the process to identify areas of risk. Locally, workforce related STP work streams are beginning to take effect, with meetings held in all counties covered by the Trust. The Trust's workforce related priorities are aligned to the aspirations of the lead STPs and monitored throughout the period of the plan. The Trust continues to engage with the Local Workforce Advisory Board [soon to be re-designated the People Board] to facilitate understanding of our service and to ensure our robust workforce plans are consistent with those within the wider STPs. Key areas of emphasis include sustaining our routes for workforce supply of professional healthcare staff and the move to increasing levels of "see and treat", see and refer and "hear and treat" services so as to avoid conveyance to accident and emergency departments. Our regular dialogue with commissioners will provide the opportunity to monitor alignment between the Trust's workforce strategy, onward commissioning intentions and the wider expectations across the STPs. The Trust is represented at Health Education England (HEE) regional workforce meetings by the Director of Workforce and Organisational Development.

Paramedic education for the ambulance sector, has uplifted the academic education programme from a level 5 (diploma) to level 6 (BSc degree) for registration with HCPC, for all programmes commencing from September 2021. However, all universities in the West Midlands undertaking Paramedic Science programmes have now transferred onto the 3-year degree route for all direct entry students. Forecast workforce plans have been adapted to reflect this delay in graduating students becoming available, and measures have been designed collaboratively with our university partners to mitigate disruption to workforce supply of a "fallow year". We continue to ring-fence funding for our education programme taken from within our annual service contract funding to recruit and train a substantial number of student paramedics to achieve an academically accredited Associate Ambulance Practitioner [level 4] qualification. This qualification level also meets the apprenticeship standard on the National framework. This enables our students to meet the entry requirements of our Higher Education Institutions offering HCPC accredited courses. Working in partnership with five University organisations, the Trust ensures students continue to develop through a "conversion programme" to achieve a Paramedic Science Diploma [level 5] and gain entry onto the HCPC Register. This programme will also move onto the BSc 3-year programme from 2021. Additional driver training to operate our fleet safely and at speed are delivered by the Trust. Further apprenticeships have been developed for Patient Transport Services staff and Emergency Operations Staff, and discussions with our partner universities to offer the full paramedic science degree through an apprenticeship route are well advanced.

Whilst our successes in recruitment, training and retention of staff has played a key part in our successful service delivery, our current People Strategy sets out how, in the future, our staff will be:
- Attracted to our Trust as an employer of choice
- Retained by our Trust as a place where people want to work
- Deployed to deliver a quality service with compassion and care
- Managed - in a working environment where highly engaged and professionally competent staff flourish in a "can do" culture of innovation, rooted in good practice where the patient always comes first.
- Developed – with investment in continuous professional development and the opportunities for advancement

Financial Planning

Financial Forecasts and Modelling

Financial Position 2019/20

The Trust had a required Control Total for 2019/20 of £2.203m which it had accepted. This comprised a PSF element of £2.203m against a breakeven baseline. Significant financial pressures were identified in the 2019/20 Budget Setting process amounting to £4.5m – these included:
- Costs of incremental drift– estimated to cost £0.6m
- General Non-pay inflationary pressures were £0.8m
- Above inflation increases for vehicle fuel costs of £1.1m
- Loss of contribution from training fees of £0.4m

In order to meet the Control Total and cover the additional financial pressures, the Trust put in place a CIP programme of £4.033m. Performance against the Financial Plan was strong across the Financial Year, and achievement of the Cost Improvement Plan was also positive with an outturn position of £4.199m by the end of the Financial Year, 4% above the required total.

Table 5 summarises the outturn on key financials at the end of the financial year and highlights the key variances between outturn and the plan as submitted to NHSI and the Trust's Board of Directors.

Table 5

	2019/20 Outturn	2019/20 Plan
	£m	£m
Income	313.0	282.4
Pay expenses	(227.3)	(209.9)
Non-pay expenses	(75.1)	(62.8)
Total expenditure	(302.4)	(272.7)
EBITDA	10.6	9.7
Operating Expenditure not in EBITDA	(8.1)	(6.6)
Non-Operating Income	0.4	0.1
Non-Operating Expenditure	(0.5)	(1.0)
Retained surplus	2.4	2.2
Capex	21.2	21.2
Closing Cash Balance	45.3	32.0
UOR	1	1

In total **income** showed a positive variance against plan of £30.6m. E&U income levels were above plan for 8 months of the year but below plan for May, July, January and February. The Trust is registered as a provider of Apprenticeship training courses and income from the Levy account was £3.006m at Month 12. Commercial Services income was above plan and income from seconded staff charges was shown gross but offset by the pay costs. Funding for the additional costs incurred in March 2020 to meet COVID 19 pressures has been agreed by NHSE/I and the cash will be received in May. Overall, **pay** remained under control – either within budget or explained by known – funded – activity pressures, additional agreed/funded work and accounting gross for seconded staff throughout the year. An urgent requirement to increase 111, EOC and operational staffing to deal with COVID 19 calls resulted in a significant increase in staff costs in March which will be met in full by Central Government. **Non-pay** was £12.3m overspent for the year compared with original plan - significant adverse variances related to use of taxi services for PTS due to delay in recruitment of funded staff posts for the new Cheshire contract. The taxi cost was offset by these vacancy costs.

Whilst the Trust faced financial challenges in 2019/20 with a significant CIP to manage, close control of costs and continued emphasis on achieving efficiencies both to meet and exceed the planned CIP programme ensured that the outturn position remained on plan. Reporting a satisfactory outturn on all financial targets in 2019/20 is a significant achievement against a challenging financial position for the NHS. The Trust position includes:
- ➢ the delivery of an operating surplus of £2.408m.
- ➢ a strong 'Use of Resources' Risk Rating of 1
- ➢ delivery of 100% of the Trust's Cost Improvement Programme
- ➢ a better than forecast Cash position
- ➢ delivery of the year's capital programme of £21.2m

Nonetheless, the Trust did face significant financial challenges during the year, particularly in:
- ➢ managing costs for PTS contracts whilst meeting the Key Performance requirements of those contracts
- ➢ continuing to meet the operational structure requirements for the Ambulance Response Programme standards
- ➢ covering the additional costs incurred to maintain services during the period of winter flooding which severely affected the West Mercia counties
- ➢ costing, setting up and running the new 111 Call Centre, and
- ➢ managing and accounting for the additional costs incurred to meet the operational challenges of COVID 19

In addition, having identified the scale of efficiencies required to meet the required 2019/20 Control Total, the Trust put in measures to meet enabling costs of the savings plans for the new Financial Year, thereby securing a full year saving on cost for 2020/21. The Trust has an effective 'Senior Efficiency Group' chaired by the Director of Finance which meets bi-monthly to oversee progress on achievement of the CIP, embrace the recommendations of the Carter Efficiency Review and explore opportunities to address any unwarranted variation highlighted in the 'Model Ambulance'.

Summary of the 2020/21 Financial Plan

The Trust had prepared an internal **Financial Plan for 2020/21** and negotiations to agree funding levels for the E&U and 111 contracts were in progress when all planning preparations were suspended by NHSE/I due to the declaration of the COVID-19 pandemic as a Level 4 national emergency. NHS Commissioners and Trusts were instructed to apply the nationally mandated terms of the NHS Standard Contract from 1 April 2020 with no variation from the national terms allowed. Block cash payments are to be paid monthly to each Trust from April 2020 to at least the end of July (later amended to October), with top-up payments to cover excess COVID-19 costs. This process is designed to ensure that all Trusts can meet their running costs and maintain payments to suppliers. All Trusts will break-even each month during this time. Further guidance will be issued to Trusts on arrangements for the remainder of the financial year, and on the potential to move forward to 'normalised' financial processes.

In order to assess the impact of pandemic costs against the original recurring budget of the Trust, WMAS intends to measure costs and income against the internal budget agreed by its Board of Directors in March 2020. This internal budget for 2020/21 is based on a turnover of £324m and key figures from that budget are:-

Table 6

Key planned financial metrics, 2020/21	£m
Income	**322.8**
Pay	(244.3)
Non-pay	(69.6)
Total expenditure	**(313.9)**
EBITDA	8.9
'Financials' (depreciation, interest and dividends payable)	(8.9)
Retained surplus	**NIL**
'Use of Resources' Risk Rating (on scale 1-4, with 1 being lowest risk)	**1**
Capital programme	**24.9**

Key points to note are:-
> - E&U income has been budgeted at 2% overall increase in activity.
> - The 111 service is included at full year cost
> - The plan reflects a number of changes in workstreams, particularly around changes to non-emergency PTS work where contracts have ended/expanded.
> - The plan includes an increase in front-line staffing from 2,944 wte operational staff to 3,057 wte in order to meet activity and performance pressures.
> - The plan meets the Break-even Control Total required by NHSE/I
> - In order to achieve the budget plan the Trust must achieve £2.3m planned 'Cost Improvement/Efficiency Savings'.
> - As funding discussions were not completed, a shortfall of £3.6m relating to the increased cost of staff salaries negotiated on a national basis (Agenda for Change) remained to be resolved. This is reflected in the Pay Budget above.

Activity Pressures – Internal Financial Plan

➢ Activity and performance pressures continue to underpin the Trust's operational, workforce, and financial planning. In the year to 31 March 2020 the Trust met all of the national Performance Targets, and this against the second lowest funding base of all English Ambulance Services as measured by Reference Costs - WMAS had a cost of 88 for 2018/19 compared with a maximum of 116 for the highest cost Trust, East of England Ambulance Service. With the exception of May and July 2019, and then January and February 2020, activity was above contracted levels every month of the 2019/20 Financial Year with activity for the year 28,795 incidents above plan (2.50%).

➢ The weighted increase in the Trust's E&U Internal Activity Plan for 2020/21 is 2.0 per cent and equates to dealing with an additional 31,090 E&U incidents in the year (forecast outturn to plan). This would result in an increase in funding of some £8.9m which will be invested in 60 additional WTE paramedics.

➢ Non-pay activity-based budgets have been reviewed – particularly relating to fleet costs, medical and surgical supplies, and drugs. Fleet costs – leasing, servicing and repairs, insurance and fuel – have been flexed in line with front-line vehicle numbers while clinical supplies have been flexed in line with patient activity.

➢ Additional COVID 19 cost pressures will be met each month in full as part of the revised 'break-even' financial regime

Impact on Risk Rating and Liquidity

The Trust continues to have a strong liquidity position and risk rating.

➢ Cash balances continue to be sound. Although there will be an expected reduction in cash balances between the 2019/20 outturn position of £45.3m and the 2020/21 planned position of £30.0m, this is after investment of £24.9m in capital purchases in 2020/21.

➢ For 2020/21, the Trust has a planned capital servicing requirement of £1.5m against a planned EBITDA (revenue available for capital servicing) of £8.9m. This is a rating of 1.

➢ I&E Margin is planned at 0 per cent which gives a rating of 2, but no planned variance from Control Total is a rating of 1.

➢ The Trust has incurred Agency spend since it took over responsibility for the 111 service and has requested a revised agency cap while it seeks to employ clinical staff on permanent contracts. This should enable the Trust to maintain a rating of 1 against this measure.

As a result of planned performance against the 5 risk metrics the Trust can confirm its plan to achieve an overall UOR of 1.

Efficiency Savings for 2020/21

It is apparent from the Trust's Internal Financial Plan that there is a normalised position of £Nil in 2020/21, however this is dependent on achieving the significant level of planned efficiency savings and resolving the shortfall in funding for AfC salaries which remained under discussion in the 2020/21 contract negotiations.

A Cost Improvement Programme (CIP) /additional income programme of some £2.3m is required to deliver the 2020/21 budget.

Table 7 summarises the Trust's CIPs for 2020/21. Detailed proposals have been discussed by the Trust's Executive Management Board and were Quality Impact Assessed before final Trust Board approval. Final plans and timescales for implementation were presented to the Board of Directors for approval with the full internal plan for 2020/21.

Table 7

Cost Improvement Programme – 2020/21		
Proposal	**£000s**	**Rec/NRec**
Corporate restructure	546	Rec
Corporate secondments	206	Rec
Operational restructure	683	Rec
Support services	96	Rec
Commercial Services efficiency	100	Rec
Purchasing Efficiencies	125	Rec
Communications and IT costs	290	Rec
Other including Carter efficiencies	250	Rec
TOTAL	**2296**	

Ambulance Services already combine purchasing power where possible – examples include a national Uniform tender and a national Association of all the English Services plus Scotland for Vehicle Insurance which is OJEU tendered.

Lord Carter Review

The review by Lord Carter into the potential for efficiency savings, whilst focussing initially on the acute sector, has been embraced by the Trust.

To date, the Trust has committed to making further reductions in management and corporate overheads including improving procurement and maximising utilisation of assets whilst ceasing occupation of buildings which are less critical to operational requirements. The Trust's continued focus on productivity incorporates regular reviews of staff utilisation, along with increasing services to ensure staff welfare. As a result, the Trust has the lowest sickness rates of all Ambulance Services in the country.

The Senior Efficiency Group, chaired by the Director of Finance reviews the principles and recommendations of Lord Carter's review in detail, and an action plan has been prepared to identify and implement further savings and efficiencies in addition to those already identified.

Capital Planning

The Trust is planning for a capital programme of £24.9m for 2020/21, to be funded entirely from internal resources. The main elements of the programme are summarised below.

Table 8

Capital Expenditure Plans – 2020/21	
	2020/21 £m Plan
Information technology incl. EPR	1.9
Clinical equipment	0.4
Estates	5.2
Fleet	17.1
Other	0.3
Total	**24.9**

The Trust's 2020/21 capital plan is mainly based around investment in IT, estates and fleet. Significant projects relate to:

- ➤ Purchase of the Millennium Point building which houses the Trust Headquarters and the principal EOC. This building was previously leased since the inception of the Trust.
- ➤ Continued maintenance and further development of the electronic patient record. The Trust has introduced a new electronic patient record and the development of this technology has included access to the NHS number and the associated benefits of receiving and sharing patient data.

- ➢ £2.5m will be invested in Trust infrastructure including premises and IT including a programme of green sustainability initiatives.
- ➢ The Trust currently has a mixture of leased and owned operational vehicles. A planned change to operational practice following the commencement ARP resulted in a reduction in requirement for rapid response cars, and surplus owned vehicles have been disposed of and surplus leased vehicles returned. This has generated recurring savings and reduced future capital requirements. Notwithstanding this, the Trust plans to invest £17.1m in replacement vehicles in 2020/21, of which £15.1m is to replace 118 double-crewed ambulances which will be reaching the end of their lease arrangements in the financial year.

Link to the Local 'Sustainability and Transformation Partnerships' (STP)

There are six STPs throughout the Trust's operational area.

Table 9

Footprint Name	Population (million)	CCGs
Staffordshire	1.1	6
Shropshire and Telford & Wrekin	0.5	2
The Black Country	1.3	4
Birmingham and Solihull	1.1	1
Coventry & Warwickshire	0.9	3
Herefordshire & Worcestershire	0.8	4

Covering more than one STP can mean duplicating work, meetings, and relationship management. The level of engagement we maintain is resource intensive but our visible leadership across multiple organisations has adapted over many years to meet local needs.

There continues to be a difference in the stage of maturity and development across the six STPs. Whilst structured slightly differently, they have all focussed upon the triple aim of the Five Year Forward View, including:

- ➢ Delivering high quality care
- ➢ Improving health outcomes
- ➢ Reducing the financial gap

Key priorities are consistent throughout all areas, the key requirement which is pertinent to WMAS continues to relate to the conveyance of patients to Emergency Departments. This national priority has been the focus of one of the two national CQUINs for the last two years. WMAS has carefully developed and monitored all the required enablers for the CQUIN with significant success in some areas such as the collection of NHS Number at the point of call. Due to transformational changes made over several years, the Trust regularly achieves one of the lowest conveyance rates in the country. Securing further reductions is therefore more of a challenge. We continue to seek safe alternative outcomes for some patients in collaboration with all key stakeholders. WMAS' clinicians will use clinical judgement and local knowledge to determine when a patient is best either discharged on scene or conveyed to an alternative destination. Recent and upcoming developments under our Global Digital Exemplar programme are expected to provide further support in this area. These developments include the deployment of clinical guidelines to the Electronic Care Record tough book and clinician access to the Directory of Services. Significant change requires a partnership approach with other providers and commissioner support.

Since publication of the Ten-Year Plan, the delivery plans are being evaluated and where relevant, adjusted to ensure compliance for the longer term. The scale of the financial challenge continues in all areas as, without exception, increased funding allocations continue to be outstripped by rising demand. There is ongoing requirement for supplementing traditional demand management actions, and provider efficiencies, as these alone have not met the financial challenges of the STPs.

Whilst it is very clear that WMAS' involvement in the delivery of the STPs is critical to success, the announcement that ambulance Trusts are to be aligned to that of the lead commissioner brings a slight change to the configuration. We have always attempted to support all STPs and will continue to do so to ensure alignment of priorities, but from a financial point of view, WMAS' contribution to the STP control total will be aligned to the Sandwell and West Birmingham STP, due to the host CCG of the lead commissioner. We will keep a close eye on the developments within the STPs and ICSs we are involved with and will work with system leaders to adapt to the way they work in the changing health landscape.

Whilst it can be a challenge generally for ambulance services to engage with all local initiatives at the neighbourhood level, we will continue to support all areas as our resources permit.

There are currently no designated Integrated Care Systems (ICS) in the West Midlands. Birmingham and Solihull STP is the most advanced in its formation and maturity of discussions. The providers within the STP having carried out key transformations to amalgamate and standardise care provision regardless of organisational boundaries and the CCGs having merged into one. WMAS will observe and support each STP as required through their respective developments as the requirements to convert to ICS' continue.

In the pursuit of place-based care, health and care organisations are collaborating to develop new ways of working, and often this means integrating care pathways within small footprints, connecting primary care networks and local community and acute services in a way that streamlines care for local patients. In Shropshire for example there is well established work focusing on the acute service provision and the nature of community-based services to support changes in acute provision (known locally as FutureFit); the STP builds on this work, and challenges the underlying assumptions. From a commissioning perspective, Birmingham and Solihull provide an example of the merging of commissioning arrangements across the City.

Not surprisingly, as most of the health expenditure in a STP footprint is on secondary care, there is a large focus to re-size the acute hospitals in a way that better fits the population needs based on having services closer to home to support people in their communities. Such a change in focus presents challenges to providers of health and social care, but equally offers opportunities for us to adapt services to the changing provider landscapes. During this period, we will contribute expertise:

- No wrong front door – connecting patients to services that are best suited to their needs regardless of their first point of contact.
- Technical infrastructure and expertise – ensuring we maximise impact of our digital and IT platforms.
- Experience of operating at scale and achieving economies of scale
- Knowledge and experience of supporting people closer to home
- Close local and system relationships

There are many streams of work to identify the 'enablers' of change across the STP footprints, such as the workforce, commissioning arrangements and the physical infrastructure. We need to ensure that we are key players in all this work, to identify opportunities for our service to enhance patient services, but also to ensure that STP plans do not de-stabilise our service delivery model.

Membership and elections

The Trust maintains a regularly cleansed membership database and as of January 2020 we have a current membership of 14,515 consisting of 9,208 public members and 5,307 staff members. At 26 members, the Council of Governors is regarded by the Trust to be of a size and scope that is manageable and is in the mid-range when compared with other Foundation Trusts.

In the most recent election in 2019 the Trust focussed on using an online nominations platform and encouraging more members to vote online. 24 public and staff members of the Trust were nominated for nine vacancies in five public constituencies and two classes of the staff constituency. The voting turnout was 23.1%, maintaining the level of engagement of recent years. Induction training for newly elected and appointed Governors takes place as soon as practicably possible after election or appointment; and covers all the elements identified by NHS Providers as necessary for Governors to undertake their statutory responsibilities.

Over the year a programme of themed presentations and workshops are arranged to ensure that the Council fully understands the business of the Trust and its various activities, therefore Governors can fulfil their important role. The schedule of business begins with an Induction for new Governors and the salient matters of business throughout the year are; the budget, the re-appointment of Non-Executive Directors, the Quality Account, the Appointment of Lead Governor and Deputy Lead Governor, Non-Executive Director Appraisals, Agreeing Clinical Indicators for audit purposes and considering audit reports and the Annual Accounts, seeking the views of the Governors on the forward plan and the Council of Governors Self-Assessment. In every meeting there is a 'Focus On …' development session enabling Governors to grow their knowledge and understanding of a particular subject pertinent to the Governor role; past sessions have included internal and external audit, safeguarding and community engagement; they may be facilitated by experts from within or outside of the Trust.

Governors are continually encouraged to help sign up members and helping the Trust in achieving a membership that is fully representative of the communities we serve. The Trust recognises within its strategy that as a foundation trust it has a duty to involve the local community in decisions that affect their lives and wellbeing. Governors are regularly encouraged to take part in community engagement and recruitment activities, which are specifically targeted at under-represented groups within the membership database

West Midlands Ambulance Service University NHS Foundation Trust remains committed to developing an ongoing dialogue with the public and key stakeholders through encouraging Foundation Trust membership and engagement with the democratic process

Looking forward to the next 12 months the Trust will continue to focus on progressing development and the skills needed by its council to governors and to actively engagement with the Trust membership.
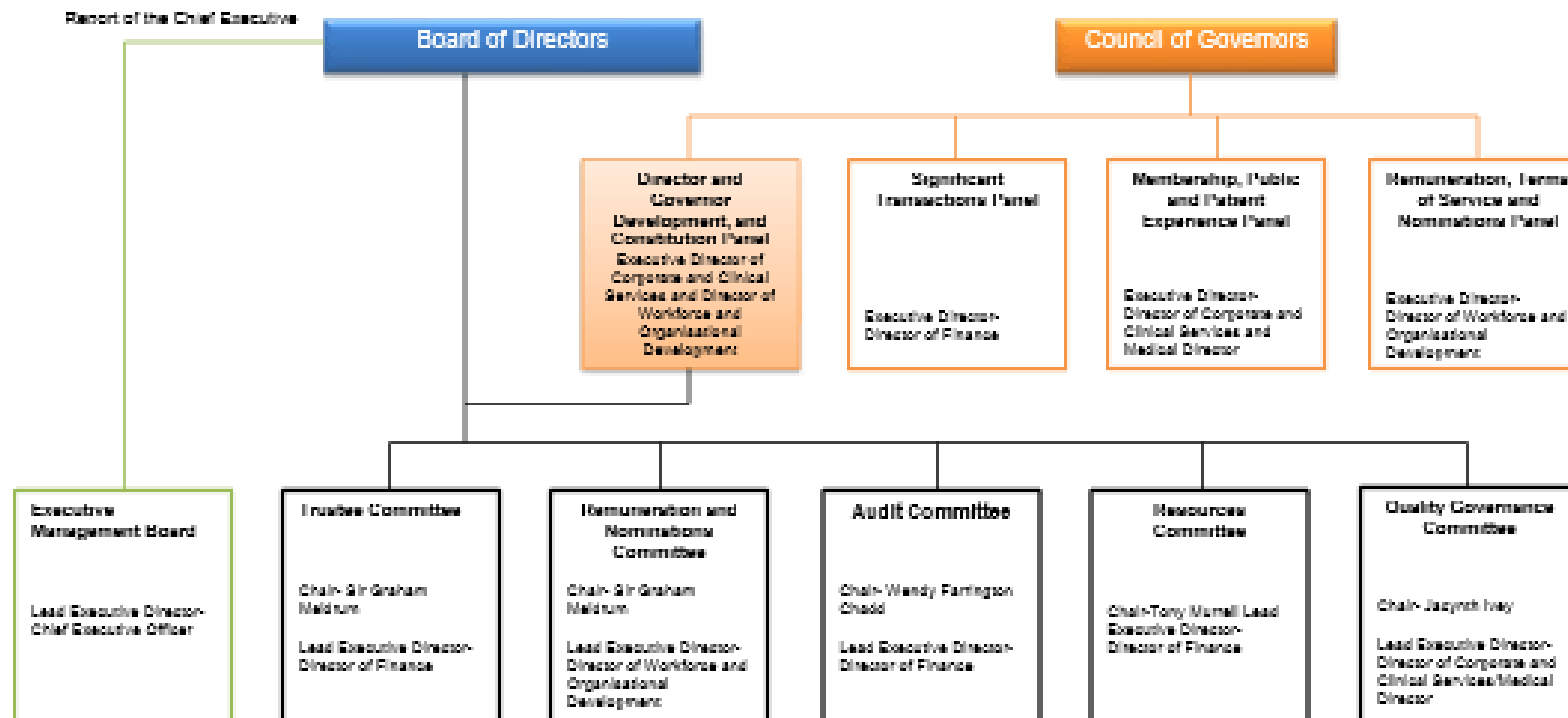
Appendix 1 – Trust Committee Structure

West Midlands Ambulance Service
NHS Foundation Trust

TRUST COMMITTEE STRUCTURE

Report of the Chief Executive

Board of Directors

Council of Governors

Director and Governor Development, and Constitution Panel
Executive Director of Corporate and Clinical Services and Director of Workforce and Organisational Development

Significant Transactions Panel
Executive Director- Director of Finance

Membership, Public and Patient Experience Panel
Executive Director- Director of Corporate and Clinical Services and Medical Director

Remuneration, Terms of Service and Nominations Panel
Executive Director- Director of Workforce and Organisational Development

Executive Management Board
Lead Executive Director- Chief Executive Officer

Trustee Committee
Chair- Sir Graham Meldrum
Lead Executive Director- Director of Finance

Remuneration and Nominations Committee
Chair- Sir Graham Meldrum
Lead Executive Director- Director of Workforce and Organisational Development

Audit Committee
Chair- Wendy Farrington Chadd
Lead Executive Director- Director of Finance

Resources Committee
Chair-Tony Murrell Lead Executive Director- Director of Finance

Quality Governance Committee
Chair- Jacynth Ivey
Lead Executive Director- Director of Corporate and Clinical Services/Medical Director

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

TRUST COMMITTEE STRUCTURE

Executive Management Board

- Operational Management Team (Meets Fortnightly)
- Senior Efficiency Group (Meets Monthly x10)
- Professional Standards Group (Meets Monthly x10)
- Capital Control Group (Meets 8 times per year)
- Policy Group (Meets Monthly x10)

- Immediate Care Governance Group (Meets every 2 months)
- Clinical Audit and Research Group (Meets Quarterly)

Resources Committee

- Workforce Development Group
- EPF / RPF / LPF

Quality Governance Committee

- Health, Safety, Risk and Environment Group (Meets every 2 months x6)
- Learning Review Group (Meets monthly x12)
- Equality, Diversity and Human Rights Group (Meets Quarterly)

Appendix 2 – Proposed Quality Account Priority Areas

	E&U Safe discharge on scene	PTS Reduction in avoidable injuries in the care of patients	NHS111 Ensure appropriateness of 111 calls that are transferred to 999
Patient Safety	Reduction in the number of incidents and serious incidents relating to the discharge of patients on scene	Reduction in the volume of reported patient safety incidents	Review of the percentage and nature of calls that are transferred to 999 for ambulance response
Clinical Effectiveness	Reduction in number of recontacts following discharge on scene		Increase the volume of calls that receive clinical validation
Patient Experience	Ensure a higher positive experience if patients being discharged on scene	Reduction in the volume of complaints relating to care during transportation Improvement in response to face to face surveys with patients in relation to their experience Family and Friends Test - Improvement in responses in relation to transportation	Number and nature of complaints in relation to treatment and outcomes Reduction in the number of recontacts

Appendix 3 – Quality Impact Assessment Process

Stage One: Identification and Planning

1. The Board of Directors determines the annual savings targets as part of its financial plan.
2. The EMB and individual budget holders are then responsible for the identification of plans to achieve the savings targets. Plans are developed within the directorate teams to help engage staff in the change process.

Stage Two: Assessment

1. CIPs that include transformational change elements (change in service) will require a business case developed by the budget holder.
2. EMB will review all business cases to ensure the impact on quality is positive and to determine if the CIP can be approved and managed at EMB or has 'significant' implications as agreed within the Trust Constitution and requires escalation to Board of Directors via the Resource Committee
3. EMB will ensure that high risk transformational change CIPs include robust implementation planning that have considered business continuity and contingency planning during the change process.

Stage Three: Approve and Implement

1. EMB will review, assess, amend as necessary, and approve low risk CIP business cases.
2. EMB will review, assess, and amend as necessary significant risk CIP business cases utilising the QIA template and share them with the Resource Committee.
3. The Resource Committee will review, discuss, request amendments as necessary and escalate high risk CIP to the Board of Directors
4. Risks identified with any of the schemes are placed on the Trust Risk Register; they are actioned and monitored in accordance with the Trust's Risk Assessment and Management Policy

Stage Four: Monitoring

1. Approved transformational change CIPs are then included in the Finance log and on-going monitoring of the plan is coordinated via EMB.
2. The Finance team reports on progress, risks and assurances to EMB and the Board of Directors (via the relevant director's report).
3. EMB, QGC and the Board of Directors (at least 3 times each year) review the progress of the various CIP along with the organisations scorecards to determine whether the changes are achieving the proposed improvements.
4. The Quality Governance Committee will review high risks to ensure they are managed appropriately and do not have a negative impact on quality.

Appendix 4 – Trust Equality Objectives

Equality Objective One – Equality Standards

Our commitment to meeting the equality standards set by NHS England will be demonstrated by implementation and monitoring of:
    - Workforce Race Equality Standard
    - Workforce Disability Equality Standard
    - Gender Pay Gap Reporting
    - Accessible Information Standard
    - Equality Delivery System2

Equality Objective Two – 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.

Equality Objective Three – Civility Respect
Ensure all our Board members, 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

Equality Objective Four - Leading and embedding the culture
Ensure our leadership is committed to creating an environment that promotes and values equality and diversity and this is embedded in all we do

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 18   MONTH: May 2020   PAPER NUMBER: 15

Learning from Deaths – Quarter 4 2019/20	
Sponsoring Director	Mark Docherty, Director of Clinical and Commissioning.
Author(s)/Presenter	Steve Jeffries, Patient Safety Officer.
Purpose	The purpose of this report is to present quarterly data and analysis that has resulted from the "Learning from Deaths Framework" as stipulated by the National Quality Board. There is also a requirement to publish a quarterly dashboard that reports data on deaths, including data on preventable deaths and reports on actions to learn and improve.
Previously Considered by	The quarterly LFD report has previously been considered and/or actioned by the Learning Review Group & Quality Governance Committee. The report submitted to the Board of Directors is a redacted version of the LRG report.
Report Approved By	The quarterly report was previously presented / approved at: - The Learning Review Group meeting. - The Quality Governance Committee.
Executive Summary The National Quality Board guidance, which applies to Ambulance Service NHS Trusts and Foundation Trusts, requires the Board to receive quarterly information on deaths. This is achieved through a paper which specifies, in relation to the Learning from Deaths (LFD) agenda: the number of deaths, the number of case reviews (Structured Judgement Reviews (SJRs), the number of case reviews that have required further investigations, the number of investigations where the trust may have contributed towards the death (serious incidents), the cumulative total of these figures and vitally any subsequent learning, themes and actions that have occurred.	
Related Trust Objectives/ National Standards	The report supports the achievement of Trust Strategic Objectives and complies with the Trusts NHS contract and quality account reporting.
Risk and Assurance	Provides assurance that the Trust is compliant with Care Quality Commission (CQC) key fundamental standards relevant to safety and analysis and learning.
Legal implications/ regulatory requirements	To maintain compliance with both regulations and the conditions of licence and registration from the Regulators.
Financial Implications	None in the context of this report, although the implications for NHS Resolution (NHSR) and NHS Litigation (NHSLA) premiums are included in the Trust's financial planning.
Workforce Implications	None in the context of this report.
Communications Issues	The contents of this report have been redacted so no patient identifiable or staff identifiable information is present.
Diversity & Inclusivity Implications	None in the context of this report.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 18   MONTH: May 2020   PAPER NUMBER: 15

Quality Impact Assessment	Not required for this report.
Data Quality	Data checked by the Clinical Directorate and the Learning Review Group. All source data is digitally stored in the Clinical Directorate drive.

Action required

- The Board is asked to review, discuss and then consider any points to assist with learning.
- Please note that due to the Level 4 National response to COVID 19 and subsequent staff redeployment no Structured Judgment Reviews were undertaken in March 2020.

WMAS Learning from Deaths (LFD) – Quarter Four Report

January 1st 2020 – March 31st 2020

Contents

Introduction

Learning from the deaths of people who die whilst in our care can help improve the quality of the care provided to our patients and their families and identify where we could do more.

For many patients who die whilst in our care; death is an inevitable outcome and they experience excellent care from the ambulance service leading up to their death. However, some patients experience poor quality care or poor service provision resulting from multiple contributory factors, which often include poor leadership and system-wide failures. Our staff work tirelessly under increasing pressures to deliver safe, high-quality healthcare. When mistakes happen providers, working with partner organisations, need to do more to understand the causes. The purpose of reviews and investigations into deaths, where problems in care might have contributed, is to learn and therefore prevent recurrence. Reviews and investigations are only useful for learning purposes if their findings are shared and acted upon.

This report is intended to highlight and share the cases that have been reviewed and the lessons learnt, in addition to complying with the National Quality Boards National Guidance for Ambulance Trusts on Learning from Deaths; which can be found at: https://www.england.nhs.uk/publication/guidance-for-ambulance-trusts-learning-from-deaths/.

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations made will be reported separately and therefore will not be contained within this LFD Report.

Learning from Death (LFD) Inclusion Criteria

The Trust reviews all patient care episodes where death occurred whilst under our care. The care episode commences from the time our staff answer the telephone call, from either the patient or their representative, to the time WMAS transfer the patient's care to another healthcare provider or the patient is deceased. Additionally, the care episode will continue for a further 24 hours if a "non-transport" option occurs and during that subsequent re-contact the patient is deceased.

The Trust will also review the care provided to the deceased patient in the following circumstances:

- Where bereaved families, carers, or staff, have raised a significant concern about the quality of care provision.
- Where a concern has been raised with the Trust through whatever means e.g. concerns raised by audit work, concerns raised by the Care Quality Commission or another regulator.
- Where learning will inform the Trusts existing or planned improvement work.
- Where the Trust has a requirement to report the death as part of a national mortality review or investigation programme.

LFD Definitions & Explanations

- A "*Structured Judgement Review (SJR)*" is a standardised case record review methodology that has been developed by Royal College of Physicians' and then adapted for use within the ambulance service. Structured judgment reviews predominately use information which has been documented on the Computer Aided Dispatch (CAD) and/or the Electronic Patient Record (EPR). A SJR is routinely undertaken and is therefore not principally instigated as result of any known concerns about the provided care. This is because it primarily aims to provide a judgement on the care provided and following this whether any learning is possible or areas of good practice can be shared. The process for a SJR principally requires two specific actions to occur:
  1) The reviewer to make explicit judgement comments about the care quality the patient has received. This is applied, where relevant, to the 4 phases of ambulance care and the overall care (See table 1).
  2) The reviewer, with due regard to the explicit judgment comments made, to apply care quality scoring. This is applied, where relevant, to the 4 phases of ambulance care and the overall care (See table 2).

Table 1 – Ambulance Care Phases		
Care Phase	**Phase Descriptors**	**Phase Detail**
1	Initial management and/or pre-scene	Appropriateness of initial call handling and categorisation; response time, appropriateness of vehicle and staff dispatched
2	On scene	Clinical care quality
3	Transfer and handover	Clinical care quality
4	End of life care	Appropriateness of clinical care and where appropriate handover location and timeliness
Overall Care Score	An aggregate consensus score based on the completed care phase 1 to 4	

Table 2 – Phase Care Scores	
Care Scores	**Care Score Descriptors**
1	Very poor care
2	Poor care
3	Adequate care
4	Good care
5	Excellent care

- "*No Further Investigation*" means that following the SJR no care concerns have been identified nor does the case fall into any national mortality or investigation programmes.

- "*Further Investigation*" means that following the SJR further action was required however no inference should be made in relation to the quality of patient care at this point. This is because the actions may include a mandated requirement to report the death or a requirement for further information.

- "*Further investigations where a problem in care was identified which was considered, on the balance of probability, to have contributed to the patient's death*" means that the threshold for a serious incident investigation has been met. A "serious incident" is an event in health care where the potential for learning is so great or the consequences to patients, families, carers, staff or the Trust is so significant, that they warrant investigation using additional resources to mount a comprehensive response. Where the LFD process identifies a serious incident any subsequent learning and recommendations identified are reported through the serious incident reporting process.

- For the purposes of case record review inclusion and reporting learning disabilities is defined as:
  "*A significant reduced ability to understand new or complex information, to learn skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood*"

- For the purposes of case record review inclusion and reporting severe mental illness is defined as:
  "*All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death, or who had been discharged within 6 months prior to their death; all patients who were an in-patient in a mental health unit, or who had been discharged within the last month; all patients who were under a crisis resolution and home treatment team (or equivalent) at the time of death*".

- For the purposes of case record review inclusion and reporting a paediatric is defined as:
  "Death of a patient under 18 years of age, including early neonatal death"

- For the purposes of case record review inclusion and reporting a maternal death is defined as:
  "A death of a woman during or up to one year after the end of pregnancy".

- For the purposes of case record review inclusion and reporting a stillbirth & late fetal loss is defined as:
  "All births delivered from the 22nd week showing no signs of life"

- For the purposes of case record review inclusion and reporting a safeguarding concern is defined as:
  "A concern can be defined as ambulance staff making two or more safeguarding referrals for the deceased within the last 12 months".

- For the purposes of case record review inclusion and reporting a death in custody is defined as:
  'Death of a patient in police and prison suites, youth offender institutions, immigration removal centres and patients where Section 135 and 136 of the Mental Health Act have been used".

National LFD Quantitative Reporting Requirements – Quarter 4 2019-2020

	LFD Deaths	LFD Deaths Where A Structured Judgement Review Was Completed	LFD Deaths Where Further Investigation Was Indicated	LFD Investigations Where A Problem In Care Was Identified Which Was Considered, On The Balance Of Probability, To Have Contributed To The Patient's Death	Number Of Completed Investigations (Monthly Totals Not Required)
January	29	29	10	3	
February	54	54	10	2	
March	64	0			
Quarter 4 Total	147	83	20	5	15
Total In Current Financial Year	722	658	137	25	132

***** *Due to the Level 4 National response to COVID 19 and staff redeployment no Structured Judgment Reviews were undertaken in March 2020*

WMAS LFD Quantitative Reporting Requirements – Quarter 4 2019-2020

The Number & Phase of WMAS Care In Which The Reportable Death Occurred

	Cardiac Arrest Pre-Clinician Arrival	Cardiac Arrest Witnessed By A Clinician	Cardiac Arrest Within 24 Hours of "non-coveyance" Where Recontact Subsequently Occurred
January	19	6	4
February	23	27	4
March	35	9	20
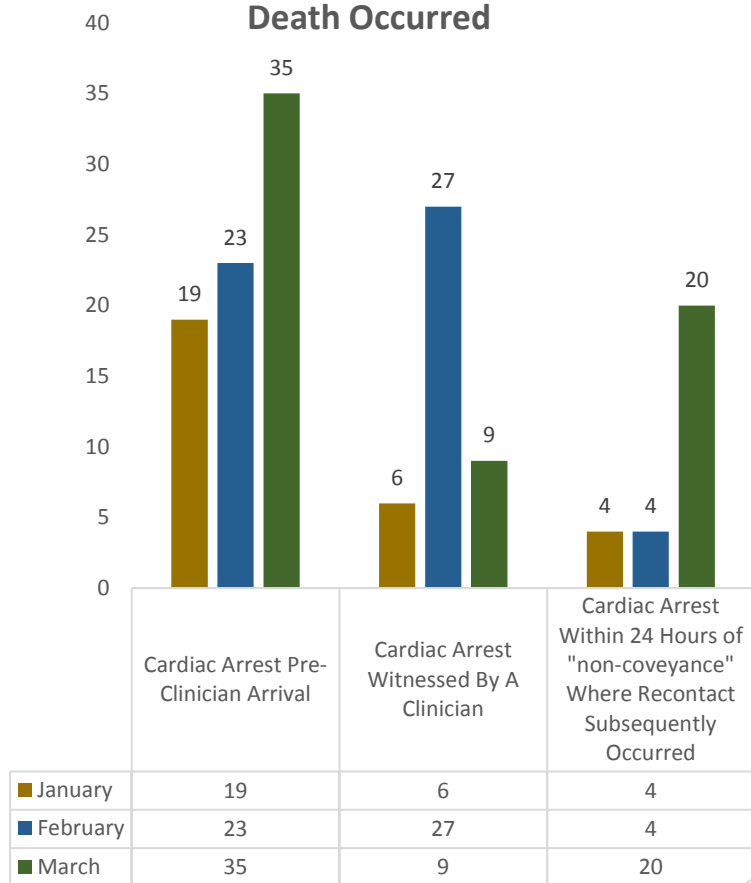
Deaths Falling Within A National Mortality Review Or Investigation Programme

	Learning Disability (Patients > 4 Years Old)	Severe Mental Illness	Paediatric (Patients <18 Years Old)	Maternal Death	Stillbirth & Late Fetal Loss	Safeguarding Concerns	Death In Custody
January	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0
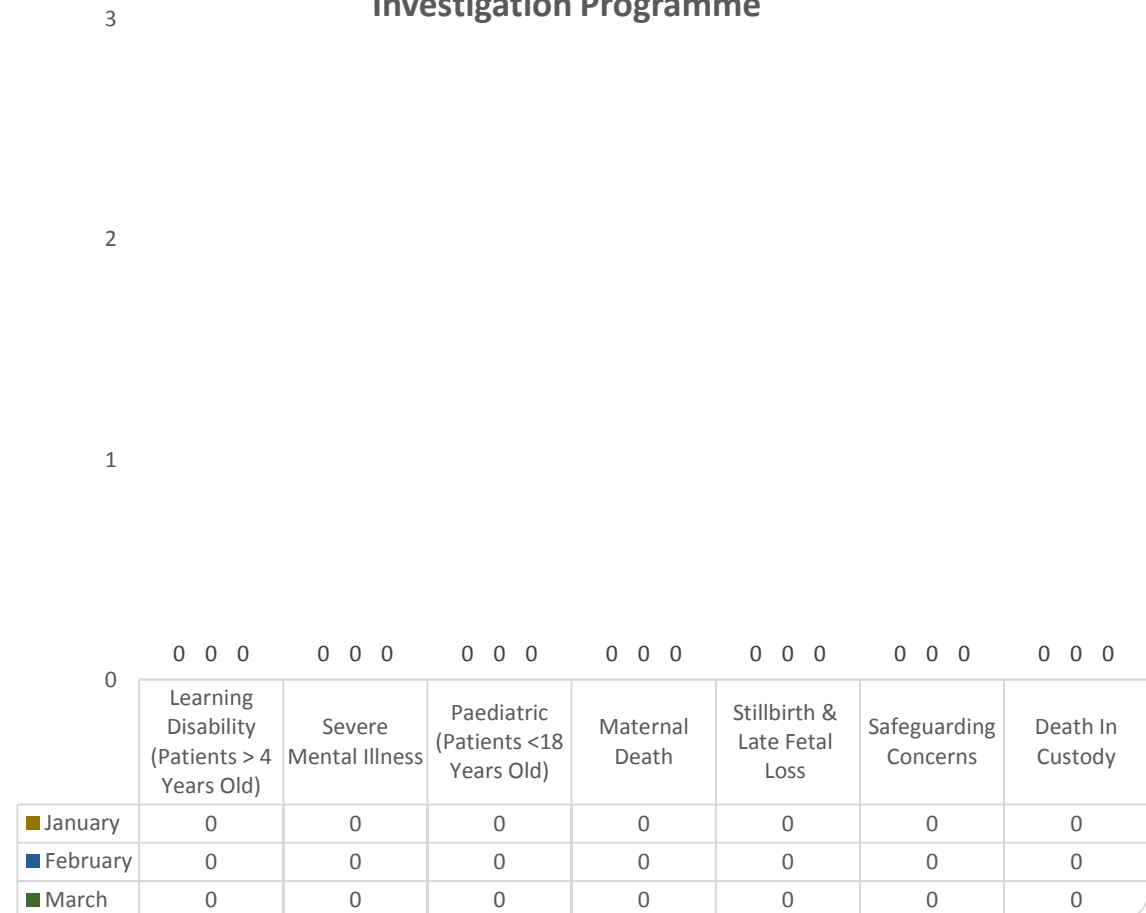
2019/2020 Learning, Themes and Actions: Theme Number 1 – Clinical Documentation

Learning	Actions
1. **Clinical documentation must be appropriately completed to support clinical decision-making rationale and/or appropriate on scene discharge. This relates to:** - The NEWS 2 score. - Sepsis tool. - Informed consent and the documentation required where a patient refuses treatment/transport against the advice of a clinician. - Providing a rationale (either overtly or covertly) within the documentation for the decision to treat / transport / discharge. - Ensuring that documentation accurately reflects the care/treatment which was provided. - The completion of the WMAS discharge form.	1.1 NEWS 2 is mandated in all medical patients and CN 379 & NEWS 2 information has been published in the weekly briefing - **Action Complete (See LFD Evidence Folder 1.1a & 1.1b).** 1.2 Where case reviews occur, clinicians are supported to understand the value of accurate documentation and advised that the NEWS 2 score is mandated for medical patients - **Action Complete (See case reviews).** 1.3 Sepsis information has been published in the weekly briefing - **Action complete (See LFD Evidence Folder 1.3a).** 1.4 The WMAS discharge form is being reviewed by the Trust's Lead Paramedic, where the inclusion of NEWS 2 scoring will be considered - **Action Complete (See LFD Evidence Folder 1.4a).** 1.5 The Trust's Education and Training CTM Lead has been informed of the LFD learning in order to support the delivery of the CTM Mandatory Update 2020/2021 - **Action Complete (See LFD Evidence Folder 1.5a).** 1.6 The Patient Safety Officer has been invited to deliver Education & Training modules at the National Academy relating to learning identified through the LFD agenda and Serious Incidents - **Action Complete (See LFD Evidence Folder 1.6a).** 1.7 Clinicians are reminded of clinical documentation responsibilities through clinical supervision shifts, mandatory updates, the weekly briefing and the clinical times - **Action Complete (See LFD Evidence Folder 1.7a).** 1.8 The EPR now includes a "tick box" that confirms that the patient has received a paper copy of the discharge form - **Action Complete (See LFD Evidence Folder 1.8a).**

Positive learning which has resulted from learning from deaths.

- Clinical Team Mentor and Patient Safety Officer case reviews have established that documentation does not always reflect the appropriate care and treatment which was provided by the clinicians.
- Case record reviews have evidenced that there are more examples of care within the "excellent" & "good" category than any other.
- Patient clinical records (redacted) demonstrating excellent patient assessment are being used as exemplars during the Patient Safety Officer delivered sessions at the National Academy.
- The incidences where the discharge form is not used/documented appears to be decreasing.

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations made are reported separately.

2019/2020 Learning, Themes and Actions: Theme Number 2 – On scene times

Learning	Actions
2a. On initial case record review on scene times can appear to be extended, even when the patient's clinical presentation would suggest early conveyance would be necessarily.	2.1 Where case reviews occur, individuals are supported to understand what constitutes an appropriate patient assessment - **Action Complete (See case reviews).** 2.2 Appropriate patient assessment is a re-occurring module on the clinical supervision shift - **Action Complete (See LFD Evidence Folder 2.2a).** 2.3 A work stream supporting on scene situation awareness, entitled "9 9 9", is currently being undertaken by the Trust's Lead Paramedic - **Action Pending (See LFD Evidence Folder 2.3a).** 2.4 The Trust's Education and Training CTM Lead has been informed of the LFD learning in order to support the delivery of the CTM Mandatory Update 2020/2021 - **Action Complete (See LFD Evidence Folder 1.5a).** 2.5 The Patient Safety Officer has been invited to deliver Education & Training modules at the National Academy relating to learning identified through the LFD agenda and Serious Incidents - **Action Complete (See LFD Evidence Folder 1.6a).**

Positive learning which has resulted from learning from deaths.
- Case record reviews have evidenced that there are more examples of expedited "on scene times" than those that appear not to be.
- A judgement on an appropriate "on scene time" is complex due to circumstances of each case being diverse. Where an "on scene" time appears extended clinicians often provide a rationale which is appropriate.

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations made are reported separately.

2019/2020 Learning, Themes and Actions: Theme Number 3 – Equipment Information	
Learning	**Actions**
3a. It has been identified that when equipment is removed, replaced or introduced that clinicians may still not be aware of the change. This theme only applies to equipment that has been deemed suitable for cascading via the weekly briefing / clinical times / trust notices.	3.1 Imbed a re-occurring module on the clinical supervision shift that reviews equipment changes that have occurred - **Action Complete (See LFD Evidence Folder 3.1a).** 3.2 The Trust's Education and Training CTM Lead has been informed of the LFD learning in order to support the delivery of the CTM Mandatory Update 2020/2021 - **Action Complete (See LFD Evidence Folder 1.5a).**

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations made are reported separately.

2019/2020 Learning, Themes and Actions: Theme Number 4 – Education & Training

Learning	Actions
4a. Case reviews have highlighted practical and cultural issues that relate to: - The appointment of a resuscitation team leader. - The use of the cardiac arrest / airway check list.	4.1 A work stream reviewing the cardiac arrest / airway check list is currently being undertaken by the Trust's Lead Paramedic - **Action Complete (See LFD Evidence Folder 4.1a).** 4.2 The methodology of how resuscitation is delivered on mandatory updates / student paramedic programmes / graduate inductions needs to include a "team approach resuscitation", as this replicates the nature of the majority of the resuscitations - **Action Pending (See LFD Evidence Folder 4.2a).** 4.3 The appointment and documentation of a resuscitation team leader has been included in the Day 2 2019 Mandatory Update - **Action Complete (See LFD Evidence Folder 4.3a).** 4.4 Midlands Air Ambulance to discuss ways in which CCPs arriving, at an already evolved cardiac arrest, can support the utilisation and culture around crews using resuscitation checklists **- Action Complete (See LFD Evidence Folder 4.4a).** 4.5 The Trust's Education and Training CTM Lead has been informed of the LFD learning in order to support the delivery of the CTM Mandatory Update 2020/2021 - **Action Complete (See LFD Evidence Folder 1.5a).** 4.6 The Patient Safety Officer has been invited to deliver Education & Training modules at the National Academy relating to learning identified through the LFD agenda and Serious Incidents - **Action Complete (See LFD Evidence Folder 1.6a).**

Positive learning which has resulted from learning from deaths:

- The change process and culture does take time to imbed, however the recording of a resuscitation team leader within the clinical documentation appears to be increasing.
- The arrival of critical care practitioners at a cardiac arrest enhances clinical leadership, crew resource management and clinical documentation.

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations made are reported separately.

2019/2020 Learning, Themes and Actions: Theme Number 5 – On scene care and/or discharge

Learning	Actions
5a. A case review identified that 2 clinicians believed they were unable to use the Strategic Capacity Cell (SCC) and the 111 *8 or *9 scheme when in the Staffordshire area. **5b. Case record reviews have highlighted there is a lack of understanding around the administration of end of life medications and end of life care.** **5c. Case record reviews have highlighted that the on scene care of "End of Life" (EoL) patients is convoluted with clinicians remaining with the patients until the point of death.** **5d. Case record reviews have highlighted that when managing a bariatric, with identified time critical features, early medical support was not sought.**	5.1 The local DOS Lead was contacted and it was confirmed the SCC and 111 * scheme can be used in Staffordshire. The Operational Notice EOC 290, which relates to the SCC, has been re-published in the Weekly Briefing **- Action Complete (See 5.1a).** 5.2 The two specific staff members have been contacted to confirm that the SCC and 111 * scheme can be used **- Action Complete (See 5.2a).** 5.3 Multiple initiatives have been implemented by the trust to support clinicians' decision-making process and the use of end of life medications **- Action Complete (See 5.3a).** 5.4 The Trust's Education and Training CTM Lead has been informed of the LFD learning in order to support the delivery of the CTM Mandatory Update 2020/2021 - **Action Complete (See LFD Evidence Folder 1.5a).** 5.5 The Patient Safety Officer has been invited to deliver Education & Training modules at the National Academy relating to learning identified through the LFD agenda and Serious Incidents - **Action Complete (See LFD Evidence Folder 1.6a).** 5.6 A work stream supporting "End of Life" decision making is currently being undertaken by the Head of Clinical Practice - **Action Pending (See LFD Evidence Folder 5.6a).**

Positive learning which has resulted from learning from deaths:

- There are other ways that the trust has supported alternate care pathways such as the use of DOS.
- The clinical support desk and SCC is available to all clinicians and its use is frequently evidenced on the clinical documentation.
- Information about alternate care pathways is regularly published in the weekly briefing.
- Case record reviews have shown an increased use of End of Life medications; with appropriate documentation being recorded.

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations made are reported separately.

2019/2020 Learning, Themes and Actions: Theme Number 6 – 999/111 Call Assessment	
Learning	**Actions**
6a. 999 case record reviews highlighted a trend relating to the safe assessment of breathing and consciousness.	6.1 A "Hot Topic" on the subject of checking breathing and consciousness during the call assessment was produced and additionally staff members were individually informed **- Action Complete (See 6.1a).**
Positive learning which has resulted from learning from deaths: • Call audits have evidenced that there are more examples of care within the "excellent" & "good" category than any other.	

Please note that where deaths have been investigated under the serious incident framework any lessons learnt or recommendations made are reported separately.

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM   19   DATE   MAY 2020   PAPER NUMBER   16

Title	Annual declarations required under the Licence Conditions
Sponsoring Director	Chief Executive Officer
Author(s)/Presenter	Trust Secretary
Purpose	To advise the Board of Directors of its obligations under its licence conditions and to make the required annual self declarations in compliance with the Regulators guidance to demonstrate compliance with the terms and conditions of holding a licence as an NHS provider.
Previously Considered by	Council of Governors in relation to being able to confirm that the Trust has provided the necessary training to its Governors, as required under 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
Approved by:	The Chairman and The Chief Executive Officer

Executive Summary

NHS foundation trusts and trusts must self-certify that they can meet the obligations set out in the NHS provider licence. The licence includes requirements to comply with regulations and the NHS constitution, as well as the Trust's own Constitution. As well the Regulators Code of Governance requirements. NHS foundation trusts designated to provide Commissioner Requested Services (CSR) are also required to complete a self-certification on the availability of resources to deliver those services This Trust does not have any CRS.

The draft self declarations are attached as an annex to the report, and the Board are requested to consider and review the attached draft declarations and if appropriate approve the content. In doing so and to provide further reassurance to the Board during the previous financial just ended the Board reminded that it agreed to undertake the NHSI Well Led Review commencing in the Spring of 2019 with a view to completing the Well Led self assessment review prior to the CQC Well Led Review commencing in the early Summer of 2019.

The Board commissioned the Good Governance Institute to carry out the external review of its self assessment. The final report from the Good Governance Institute was submitted for review at the meeting of the Board of Directors in June 2019. The Board agreed after reviewing the report to authorise the Chair to write to the NHSI confirming that the Trust has completed the review, and that no material issues of governance have been found. Immediately following on from the Board's self assessment review, the CQC undertook a Well Led Review and as a result the Trust retained its rating of Outstanding.

The Board therefore have reassurance that that confirming the statements where appropriate that there is evidence to support confirmation.

Related Trust Objectives/ National Standards	Being legally constituted is a fundamental requirement of being a Foundation Trust. The Corporate Governance Statement attached is a requirement of the Licence Conditions.
Risk and Assurance	Compliance with the Regulators request for information is a condition of the licence. In the past the Regulator has required the Trust to submit its self declaration, but now there is requirement for the Board to make a self declaration rather than submission. The Regulator will carry out a random audit of FT Board Minutes to establish compliance and the Trust shall publish its declarations on its website to maintain proper transparency and probity.
Legal implications/regulatory requirements	Legal advice has not been sought in relation to this report. The purpose of the document is to seek Board approval for publishing the appropriate declarations in compliance with the Trust's licence conditions.

Financial Planning	Not directly applicable although the submission requires the Board to be satisfied that the appropriate controls and systems required as part of sound and robust corporate governance are in place. Assurance is provided from a number sources, not least the Annual Governance Statement signed by the Accounting Officer of the Trust (The Chief Executive Officer) and the declaration contained in the Annual Report by the Head of Internal Audit.
Workforce & Training Implications	This forms part of the Corporate Governance statement. The Board are also required to confirm under Regulations that it has offered the Governors the appropriate development and training they need to undertake their role.
Communications Issues	Not directly applicable other than the requirement to publish our declarations.
Diversity & Inclusion Implications	This forms part of the Corporate Governance Statement and other Board declarations such as the Annual WRES Statement and the duties under the Public Sector Equality Duties Regulations. To comply with the Trusts obligations under the Public Sector Equality Duties it must publish its Annual Equality Report subject to Board endorsement.
Quality Impact Assessment Undertaken	Not directly applicable, although the Corporate Governance Statement will make refence to QIAs

Data and Information Sources	The Trust's Conditions of Licence to operate are available from the Trust Secretary.

Action required by the Board of Directors:

Having sought the views of the Council of Governors, the Board of Directors are recommended to confirm the following declarations:

a)   Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution

b)   To confirm that this Trust has not been notified as a designated Commissioner Requested Service, if confirmed the Board do not need to make a self declaration under this condition CoS7

c)   That approval be given to the content of the Corporate Governance Statement attached.

d)   That having sought the views of the Council of Governors, The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM   19   DATE MAY 2020   PAPER NUMBER 16

**West Midlands Ambulance Service University NHS Foundation Trust –
Conditions of Licence**

There are certain obligations placed on the Trust to enable it to comply with and maintain its Licence to operate as an NHS Provider.

The Board is requested to consider each "declaration" and determine whether to confirm or not confirm each declaration. If the Board are minded to not confirm then reasons for this should be given. This is a self declaration and the Regulator will undertake a random audit of FT Board Minutes to monitor compliance.

1.   Condition G6 – Systems for compliance with licence conditions and related obligations

This declaration relates specifically to Licence condition G6 2 (a) and (b) which requires the licensee to take all reasonable precautions against the risk of failure to comply with:

   a) the Conditions of its Licence,
   b) any requirements imposed on it under the NHS Acts, and
   c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

The Board of Directors in confirming or not confirming the declaration relating to this licence condition should consider whether the Trust has established and implemented processes and systems to identify risks and guard against the occurrence of failure and that there are regular reviews of whether those processes and systems have been implemented and of their effectiveness.

The Board as part of the Annual Report to the Governors and the Membership and wider public receives the Annual Governance Statement which includes reference to "processes and systems have been implemented and of their effectiveness". The Annual Governance Statement is signed by the Chief Executive Officer (who is also the Accounting Officer for the Trust) and includes a statement from the Head of Internal Audit as follows:

   Head of Internal Audit Opinion
   My overall opinion is that 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.
   Charles Knight, Head of Internal Audit
   Date: May 2020

On the basis of this Assurance, the Board are requested to confirm the following statement in relation to Licence Condition G6 – Systems for compliance with licence conditions and related obligations:

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

2.   Condition Continuity of Services (CoS7) – Availability of resources (For Commissioner Requested Services Only)

Foundation Trusts authorised before 1 April 2016, which includes this Trust will have been specifically notified by their commissioner if they have been designated Commissioner Requested Service. Those Trusts that have not been notified do not need to complete a declaration under Condition CoS7.

The Trust's Executive Director of Nursing and Clinical Commissioning will be able to confirm to the Board that this Trust has not been notified as a designated Commissioner Requested Service. If confirmed, the Board does not need to make a declaration under this condition relating to Continuity of Services.

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3. WMAS Corporate Governance Statement

The Board are required to consider the statements made and confirm or not confirm as it considers appropriate.

Statement 1	The Board is satisfied that the licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.
Recommendation	**Confirm**
Risks and Mitigating Actions	Risks and Mitigating Actions: The major risk is that the Trust does not apply and use the principles, systems and standards of good corporate governance. The Board has ensured during the year that it has applied the principle, systems and standards of good corporate governance including: •Ensuring there is an internal audit work programme •Ensuring that there are clear lines of accountability across the organisation including reporting lines •Maintaining an assurance framework The Accounting Officer is accountable directly to the Public Accounts Committee of Parliament for the propriety and probity of the Trust in relation to the use of public funds. To enable the Chief Executive Officer (and also the Accounting Officer) to sign the Annual Governance Statement he must be satisfied that appropriate systems and standards of good standards of corporate governance are in place to his satisfaction. The Chief Executive draws on a number of sources for assurance in making this statement but a primary source of assurance is the opinion of the Head of Internal Audit which is contained within the Annual Governance Statement that "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." There is also an Executive Management Board in place with corporate responsibility for maintaining good corporate governance

and compliance, in particular complying with the Trust's licence to operate and also the requirements of its CQC registration. 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 commencing in the early Summer of 2019. The Board commissioned the Good Governance Institute to carry out the external review of its self assessment. The final report from the Good Governance Institute was submitted for review at the meeting of the Board of Directors in June 2019. The Board agreed after reviewing the report to authorise the Chair to write to the NHSI confirming that the Trust has completed the review, and that no material issues of governance have been found.

The external reviews were in addition to external audits and the work of the Internal Auditors. The Trust's Auditors and also Internal Auditors attend every Audit Committee meeting and the members of the Audit Committee meet with the Auditors and the Internal Audit after each meeting without Management present which is the ideal opportunity for the Auditors to raise any concerns in relation to governance of systems and processes in the Trust. The Chair of the Audit Committee reports to each meeting of the Board, as does each of the Chairs of the Pillar committees which includes any perceived risk and also appropriate assurance.

The Audit Committee also reviews the content of the Annual Report which includes the Annual Governance statement and provides assurance to the Board. The Trust's auditors as part of its audit of the accounts review and test systems and procedures for rigour and report any weaknesses to the Audit Committee. The auditors also review the contents of the Annual Report and the Annual Governance Statement and would be obliged to report any concerns.

The Trust has in place Standing Financial Instructions and a Scheme of Delegation that governs decision making within the Trust. The SFI sets out the scheme of delegations and those matters retained for determination by the Board of Directors. It also sets out those matters requiring the approval of the Council of Governors.

The Board receives a quarterly report on the current Risk and Assurance Framework and are requested to approve its content. Any risks and the complementary mitigation to delivery of the Trust's strategic plan are incorporated in this document. The Board Assurance Framework and the management of the Board's Risk Framework and reporting was the subject of audit by the Internal Auditors and the Board during 2019/20 received the report and the revised Board Assurance Framework that arose out of the Audit Report. The BAF now focuses on the Strategic Objectives of the Trust and enables the Board to review the Risks of achieving thos objectives and the mitigation and controls in place. The three strategic risks relating to maintaining performance, sound financial control and quality of care remains the key priority for executive directors and is the basis of the governance structure of the Trust. To provide assurance all Board Committees have a Non Executive Director as Chairman, and Staff Side are represented at meetings of Committees and the Board of Directors to ensure that the Staff "voice is heard" and there is no disconnect between the leadership and workforce. In addition there is both regional and local consultative Groups so that executive Directors of the Trust are engaged with the Workforce.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission and is currently rated as outstanding.

The Trust scored at level 1 for all elements of Use of Resources risk rating by the Regulator underlining the strong financial position and limited requirement for external funding. Under the Regulators Single Oversight Framework the Trust has been placed in segmentation 1. This means the Regulator itself gives providers maximum autonomy with no potential support needs identified and has the lowest level of oversight and there is the expectation that provider will support providers in other segments. This again provides assurance to the Board to be able to confirm this declaration.

The Trust has in place policies and procedures to solicit declarations of interest from directors, governors and senior managers of the Trust. It has adopted by resolution the NHE/I *Guidance on Managing Conflicts of Interest in the NHS*. The Trust's application of the guidance has been subject to audit and this provides further

assurance to the Board of Directors. The Trust also has in place policies and procedures that require any declarations relating to hospitality or external employment by staff of the Trust below Board level. These policies incorporate and raise awareness of Fraud and the content of the Bribery Act. The Board is aware of its obligations under the Bribery Act to have in place and publicise appropriate systems of propriety within the Trust. The directors of the Trust are constantly advised of their statutory duty of avoiding a conflict of interest, and if become aware of any material conflict to declare it immediately either to the Chief Executive, Chairman or Trust Secretary.

Directors and those who carry out the duties of a director are aware of the obligations under the fit and proper person test regulations. The Trust has also undertaken appropriate checks to fulfil its obligations under the regulations. The Directors are also aware of their duty of Candour and encourage staff and patient feedback. The directors triangulate the Board decisions through the "Day in the life of…"scheme which incorporates the "Ward to Board" principles. This brings directors into contact with frontline staff and patients and enables directors to test whether decisions and the systems of control within the Trust are working and being applied.

Each director is also "buddied" with an operational hub and the staff operating from that hub. This enables directors to meet and engage with front line staff. This engagement allows a two way flow of information and facilitates the views of staff direct to the Board.

The Board in consultation with the Council of Governors has appointed a Senior Independent Director and the role is publicised to other members of the Board and the Governors. In addition the Council of Governors have appointed a member to carry out the role of Lead Governor.

The Trust has in place a whistleblowing policy and has appointed Freedom to Speak Up Guardians.

In conclusion the Board has appropriate systems and processes in place to have appropriate oversight of the Trust. The CQC review and the Regulators Single Oversight Framework assessment, in addition to the Auditors

	statements provides valuable assurance to the Board in terms of approving this Corporate Governance Statement. During 2019/20 the Covid 19 Pandemic has meant that the Trust has had to respond in line with national guidance on social distancing. However, the Board has determined that governance will continue during the period of the Pandemic and any decisions taken by electronic means without the public present are publicised as soon as possible after the meeting and that the Trust
Statement 2	The Board has regard to such guidance on good corporate governance as may be issued by the Regulator from time to time.
Recommendation	**Confirm**
Risks and Mitigations	The Trust uses guidance released on a regular basis to ensure that it maintains high standards of corporate governance across the Trust. As part of maintaining its licence as an NHS provider the Board is made aware of any appropriate guidance issued by Regulator on Corporate Governance either through the Chair's report to each meeting of the Board, or through EMB.

As part of the Annual Reportthe Board must report to the Governors and the public that it is compliant with the Regulators Code of Governance. In addition the Trust has in place a document entitled the "Trusts Charter of Expectations" this applies the Code of Governance within the Trust, setting out clearly responsibilities for governance within the Trust.

The Regulators Code of Governance, and any additional guidance is regularly reviewed as part of the decision-making processes. During the previous year the Trust's compliance with the Regulators Code of Governance and good practice in terms of Governance was externally reviewed and reported to the Board in the Summer of 2019.

The Board are therefore asked to confirm the statement. |

Statement 3	The Board is satisfied that the Trust implements: a) Effective board and committee structures; b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and c) Clear reporting lines and accountabilities throughout its organisation.
Recommendation	**Confirm**
Risks and Mitigation	Failure to have appropriate systems in place would prevent appropriate decision making and could lead to unlawful or reckless decision making; thus posing a risk to the stewardship of public money and the reputation of the organisation. The Trust has reviewed its effectiveness and that of the committee structure during the year and the review was externally reviewed as part of the Well Led Review undertaken by both the Good Governance Institute and the CQC. The Trust is clear about the responsibilities the Board, the committees hold, and the responsibilities of the staff reporting to the Board and the committees. The Terms of Reference set out responsibilities with a clear statement of delegation and matters that are reserved to the Board. The Trust is satisfied that there are clear lines of accountabilities across the organization with organisational structures. Each year the Board and the Council of Governors review the governance structure including its governance links between the Board of Directors and the Council of Governors. The Board of Directors asks its committees to review their performance and also their Terms of Reference and make appropriate recommendations to the Board annually. Each committee carries out the same process for all sub groups reporting into the committee.

	Which means the Committee structure is reviewed at least once a year and changes if appropriate are made.to the Terms of Reference of the relevant committee or to the Committee structure. The Board approves any amendments to the Committee structure.

The Trust is compliant with the NHS Act 2006 (Schedule 7) (As amended) which 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 as required by the NHS Act 2006 (Schedule 7) the Board has established a committee consisting of the chair, the Chief Executive and the other non-executive directors to appoint or remove the executive directors, and this is also the committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the executive directors including the Chief Executive Officer.

The Board also has in place a Quality Governance Committee. The Committee has primary responsibility for monitoring and reviewing quality and clinical aspects of performance and development plans together with associated risks and controls, corporate governance and quality/clinical assurance to the Board. Other committees in place include the Resources Committee, 'resources' within the terms of reference for this committee is defined as financial (revenue and capital), workforce, estate, fleet and other capital assets, including information technology. The Board also has in place a Charitable Funds Committee "The Trustee Committee". This Committee supports the Board in the management of West Midlands Ambulance Service NHS Foundation Trust's charitable funds.

Finally the Board receives reports at each meeting from the Executive Management Board (EMB) through the Chief Executive Officers Report. The EMB is responsible for the management of WMAS NHS FT and is the senior executive decision making body of the organisation. |

The above commentary only relates to those committees that report into the Board there are Groups established that report into the above committees as part of the assurance process and the Trust Governance Structure is publicly available upon request.

The Trusts committee structure includes the relevant executive director that has the lead and responsibility for reporting to that Committee as well as the Non Executive Chair of the Board Committees.

The Trust's Standing Financial Instructions includes a scheme of delegations to the Chief Executive and to Committees.

The Trust refers to and is compliant with its Constitution which sets out the roles of the Board and the Council of Governors. In addition the Trust has also published a Charter of Expectations that sets out the roles of the Chair, Chief Executive, Directors and Governors of the Trust.

The Chief Executive has published and presented to the Board the management structure of the Trust and presents the director portfolios when appropriate after any major review.

In addition the Committee system is based on a matrix, with reports flowing to up to and from Board and across the Committee system on matters relating to risk or assurance.

Each Committee has a schedule of Business.

On the basis of the above the Board are requested to confirm the statement.

Statement 4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England and statutory regulators of health care professions; d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and h) To ensure compliance with all applicable legal requirements.
Response	Confirm
Risks and Mitigation	Failure to be compliant with the above statement would mean that the Trust is non compliant with its licence registration with the CQC. Therefore the Board can be reassured by the following in confirming the above statements. The Board receives regular reports through the Committees or directly to the Board that assures the Board that the Trust has implemented systems and processes that: •maintain compliance with the duty to operate efficiently, economically and effectively. •maintain timely, effective scrutiny and oversight •maintain compliance with health care standards as required by the CQC.

•maintain effective financial decision making, management and control
•maintain accurate, timely and comprehensive information for the Board and committees
•maintain risk management processes
•maintain an understanding of risk of compliance with the Conditions of the Licence

The Trust secures the economic, efficient and effective use of resources through a variety of means:

- A well-established policy framework (including Standing Financial Instructions)
- An organisational structure which ensures accountability and challenge through the committee structure
- An established planning process
- Effective corporate directorates responsible for workforce, revenue and capital planning and control
- Detailed monthly financial reporting including progress on achievement of Cost Improvement Programmes and year-end forecasting.

Day to day management of resources is delegated through the Executive Management Board (EMB). EMB takes lead responsibility for the annual planning cycle – formulating the plan, implementing the plan, monitoring delivery against the plan, taking action to bring variances back under control and reporting.

The management cycle includes comprehensive annual and bi-annual reviews of performance against clinical and performance indicators, workforce and financial indicators. Any emerging issues are identified and mitigating action implemented.

The Resources Committee which is Chaired by a Non-Executive Director with other Non-Executive Directors also members, provides assurance to the Board of Directors as to the achievement of the Trust's financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities.

The Board has established an Audit Committee that meets regularly with both internal and external auditors to monitor the Trust's duty to operate, efficiently, economically and effectively. The Committee has primary responsibility for monitoring and reviewing the internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

The Trust's commitment to value for money is strengthened by the effective and focused use of its Internal Audit service. The Trust engages Internal Auditors to provide an independent and objective assurance to the Board that the Trust's risk management, governance and internal control processes are operating effectively.

The Trust has a Local Counter Fraud Specialist supported as required by other qualified Local Counter Fraud Specialist (LCFS).

External Auditors, Internal Auditors and Counter Fraud report to each meeting of the Audit Committee, and also meet the members of the Audit Committee without Management present.

The EMB reviews the Annual Internal Audit Plan and then receives draft audit reports prior to submission to the Audit Committee to enable a management response to be prepared.

The Board's Executive Director for Nursing and the Medical Director submit regular reports to the Quality Governance Committee and through that Committee to the Board of Directors against the Trust's Clinical Strategy and also patient experience; this includes any reports of the CQC.

The Board receives a register of current Serious Incidents at each meeting, and quarterly receives a report of the Learning review Group on the learning that is taking place. Each meeting of the Learning Review Group includes identification and discussion of high risk incidents. The group reviews quarterly themes and trends and receives reports from the leads dealing with:

- Serious Incident update
- Patient Safety Incidents
- Patient Experience Report
- Non-Patient Safety Incidents
- Claims, Coroners, Clinical Audit and Safeguarding

The Board receives a Learning from Deaths report regularly as part of its culture as a Learning Board. Indeed as part of its ongoing strategy of learning from incidents to benefit and improve patient care a Quarterly update to the Board on Claims and Coroners cases is submitted to the Board. It will also be used to demonstrate learning from claims and inquests, in addition it will enable the Board to be aware of the volume of and risks for the Trust of high value claims and is a valuable resource.

The Trust publishes with the agenda for each ordinary meeting of the Board of Directors an Information Pack, this contains and is available to view on the Trust's website:
- Operational Key Performance Indicators
- Corporate & Clinical Quality Indicators
- Financial Performance
- Workforce Indicators

The Board at each meeting receives a report from the Chair of the relevant committees on any matters of risk to the Trust and also receives the minutes of each of its committees. The Board has a forward plan which it reviews at each meeting.

The above enables effective scrutiny and oversight by the Board of the Licensee's operations.

The Board of Directors have resolved that there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a "going concern". The statements on a 'Going Concern' basis means that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case it would be necessary to prepare the statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The Audit Committee recommended to the Board that the there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern. The Going Concern report submitted to the Board of Directors in March 2018 lists the evidence of strong financial stewardship.

The Board has in place a financial plan and enabling strategies which underpin delivery of the longer term overarching strategic plan. The governance structure has been strengthened by asserting these strategies as key documents for appropriate pillar committees of the Board of Directors. The Terms of Reference of committees have been adjusted to ensure that:
- the strategies are regularly reviewed and updated as part of core work plans, and
- the deliverables within the strategies are specific, measurable, accurate, realistic, timely (SMART) and that progress against these deliverables is routinely monitored and reported.

The Trust engages with its Governors and members of the local health economy as well as local authorities in the region on development of strategic and operational plans.

The Board and Committee meetings are scheduled for the year ahead for agenda planning and the preparation of reports. There is a matrix of reporting across from committee to committee as well as upwards to the Board. Each Committee can establish groups to look at detailed aspects and these committees are scheduled and report into the appointing committee. Each director has responsibility for the preparation of reports.

As stated previously the Board receives a quarterly report on the current Risk and Assurance Framework and are requested to approve its content. Any risks and the complementary mitigation to delivery of the Trust's

	strategic plan are incorporated in this document. The Board Assurance Framework and the management of the Board's Risk Framework and reporting was the subject of audit by the Internal Auditors. The foundation trust is fully compliant with the registration requirements of the Care Quality Commission and has been rated as 'Outstanding' following its most recent inspection. On the basis of the above and the fact that the Trust is in segment one of the Single Oversight Framework the Board are asked to confirm the above statements,
Statement 5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.
Response	Confirm

Risks and Mitigation	The Board is satisfied that there is sufficient capability at Board level. This is tested annually through appraisals. The Board does plan and make decisions in a timely and appropriate way taking into account the quality of care. This is demonstrated through the Board minutes and the papers received by the Board. The Board requires the Trust to provide accurate, comprehensive and timely information on quality of care and requires a Board Committee to concentrate on the quality of care delivered across the Trust. Each quarter the Board hears a patient story from a patient or members of staff. Members of the Board regularly visit all sites and talk to patients and staff about the service being delivered. Board members are involved with stakeholder to discuss the service provided by the Trust and to seek ways in which the whole system can be improved to improve the high quality of care already delivered. The Trust believes that the quality of care delivered in the organisation is of paramount importance to the patients, staff, family members, carers and the Trust. The Trust is constantly seeking way of developing and improving the quality of the delivery of the service and has put in place governance systems that ensure the escalation of issues does occur when appropriate. The Remuneration and Nominations Committee of the Board annually reviews the skills matrix of the Board which is triangulated against the capabilities required to provide organisational leadership in the current climate. The Board is compliant with appropriate statutory and good practice guidance in terms membership of the Board and senior management of the organisation. The Chief Executive is the Accounting Officer of the Trust.

There is currently on the Board a Medical Director and there is an Executive Director of Nursing that are both voting members of the Board.

The Board also has a non-Executive Director with clinical background who is also Chair of the Board's Quality Governance Committee.

The Board has in place a schedule of business for both the Board of Directors and the Council of Governors, and each of the Committees and Panels are required to develop a schedule of business which should be clearly set out within their Terms of reference. The Board of Directors and Council of Governors, including their Committees and Panels receive timely and up to date information on quality care that has been reviewed by clinicians prior to submission to the Board. The Quality Governance Committee meets monthly and the Chair of the Committee reports to each meeting of the Board of Directors to provide assurance on matters of patient quality and safety, including the Learning Review Group which analyses any incidents and near misses as part of influencing the Trust's clinical and operational procedures and policies.

The Board of Directors receives the National Health Service Resolution (NHS R) scorecard. The focus of the NHS R is on learning from claims and incentivising Trusts to improve safety. The Claims scorecards provide a useful improvement tool by providing a greater understanding of the value and volume of claims through these scorecards. The Board through a Quarterly report on claims on inquests that is presented to the Trust's Committees and the Board are using the scorecard data alongside data on complaints and incidents, and Coroner requests to help improve safety and drive through quality improvements

The Board and Council also receive a report that is a standing item to enable Board members to receive any communications and correspondence from regulators or statutory bodies that pose a risk to the Board or the Trust, for example:
- Reports and Notices from the Care Quality Commission,
- Any significant complaints of which the Board should be made aware

	• Any serious incidents, • Petitions received prior to submission to the Council of Governors • Any representations from Governors or the Council of Governors • Any major decision of the Coroner that has impact on the Service. The Board at every ordinary meeting receives the Serious Incidents register. The Trust now has an Electronic / Online system for incident reporting. In addition, the Electronic Patient Record System has been completed and rolled out across the Trust area and this assists electronic incident reporting. All Board papers include reference to quality impact and the Trust's Risk and Assurance Framework. The Board has a patient experience presentation to each ordinary meeting of the Board and actively engages with members of the Local Health Economy on matters relating to patient care and quality; this includes Healthwatch and Health Overview and Scrutiny Committees and the Health and Well Being Boards. It has a Governor on its Council of Governors that represents local authorities. The Trust actively encourages its Governors to engage appropriately with the Community and feedback any views and concerns.
Statement 6	The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.
Response	Confirm
Risks and Mitigation	The Board is satisfied that the number of staff and leaders and the capabilities of those staff and leaders are of a sufficiently high level to be able to deliver high quality effective healthcare services to our patients. The

	Board is satisfied that the staff within the organization are appropriately quality to ensure compliance with the Conditions of this Licence are maintained. The risk is that that the Board lacks the appropriate capacity and capability to function and carry out its functions in relation to setting strategy and providing oversight of the trust. The Board receives a report to each meeting on matters relating to workforce and has in place a five year workforce strategy. The Board regularly receives updates on mandatory training for both clinical and non-clinical staff. The Remuneration and Nominations Committee constantly monitors the skills matrix of the Board. The Council of Governors and the Remuneration and Nominations Committee of the Board in carrying out its duty of appointing directors reviews the Skills Matrix and succession planning of the Trust as part of determining appointments to the Board and to senior management positions. In particular the Council of Governors and the Board consider and take into account the Fit and proper Person requirements both in terms of the Trusts licence conditions and also regulations.

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4. Training of Governors

The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role?

Response: Having consulted the Council of Governors the Board are requested Confirm this statement

**Anthony C Marsh
Chief Executive Officer
May 2020**

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 21   MONTH: MAY 2020   PAPER NUMBER: 17

<table>
<tr><td colspan="2" align="center">Board of Directors Schedule of Business
(And Council of Governors schedule of business)</td></tr>
<tr><td>Sponsoring Director</td><td>Prof. Ian Cumming</td></tr>
<tr><td>Author</td><td>Governance Director & Trust Secretary</td></tr>
<tr><td>Purpose</td><td>The Board are requested to review the contents of the attached and approve the schedule of business for the year ahead.</td></tr>
<tr><td>Previously Considered by</td><td>Not Applicable</td></tr>
<tr><td>Report Approved By</td><td>The Chair of the Board of Directors</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td>Related Trust Objectives/ National Standards</td><td>All Trust Objectives</td></tr>
<tr><td>Risk and Assurance</td><td>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.</td></tr>
</table>

	Without a robust schedule of business The Board would function inadequately without appropriate and timely information.
Legal implications/ regulatory requirements	The schedule as aimed at ensuring compliance with all regulatory requirements
Financial Implications	The schedule of business should be influenced by the Trust's financial and strategic planning and also compliance regimes to which the Trust is subject.
Workforce Implications	Workforce matters, such as the Staff Survey are included in the schedule of Business.
Communications Issues	Dates of Board of Directors meetings are advertised on the website and key partners are advised of the dates.
Diversity & Inclusivity Implications	Equality Impact Assessment complies: Equality Impact Assessment is not applicable and will be undertaken in relation to projects and programmes.
Quality Impact Assessment	Not applicable for this report
Data Quality	The schedule is influenced by the reporting and planning requirements of the Trust.

Action required

The Board of Directors are requested to review the contents of the schedules attached and if appropriate approve the schedule of business for the year ahead.

Board Schedule of Business

Item	Sub-item	Note	Lead	25/03/20	29/04/20 Strategy Day	27/05/20	24/06/20	27/07/20 Annual Members Meeting	29/07/20	Aug-20	30/09/20 Strategy Day	28/10/20	25/11/20 Strategy Day	Dec-20	27/01/21	24/02/20 Strategy Day
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						✓							
	Safeguarding Report	Report through QGC	MD						✓							
	Infection, Prevention and Control Report	Report through QGC	MD						✓							
	Patient Safefy, Duty of Candour and Serious Incidents Report	Report through QGC	MD						✓							
	Research and Development Report	Report through QGC	CC						✓							
	Medicinces Management Report	Report through QGC	MD													
	Accountable Officer for Controlled Drugs Report	Report through QGC	MD						✓							
	Annual staff survey report	Report through QGC	KN						✓							
	Physical and Verbal Assaults to Staff Report	Report through QGC	PH						✓							
	Better Births Annual Report	Report through QGC	MD						✓							
	Freedom to Speak Up Report		MD	✓								✓				
Quality Impact Assessment Report (and also any Equality Impact Assessment) Relatin			LJM/AW	✓												
Governance																
Annual Governance Statement as part of the Annual Report		Confidential	LJM			✓										
Annual Budget (including capital programme and CIP programme) - Draft			LJM													✓
Annual Budget (including capital programme and CIP programme) - Final			LJM	✓												
Review Board Assurance Framework and Significant Risks			PH/CK	✓					✓			✓				
Review of Register of Seals			PH			✓						✓				
Review of Standing Orders and SFIs as required		Report through Audit Committee														
Reports from Commitee Chairs	Audit Committee		WFC	✓		✓	✓		✓			✓			✓	
	Annual Report of Audit Committee		WFC						✓							
	Rescources Committee		CW	✓		✓	✓		✓			✓			✓	
	Quality Governance Committee		JI	✓		✓	✓		✓			✓			✓	
	Remuneration and Nominations Committee		GM	✓		✓	✓		✓			✓			✓	
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	KN	✓					✓			✓			✓	
Staff Survey Action Plan Annual Outcome Report		Report through QGC	KN			✓										
NHS Resolution Annual Scorecard		Private Session	MD	✓												
Update on NARU		KP attending Board meeting	KP			✓										
Annual Reports	Annual Report on Health and Safety, including fire safety	Report through QGC	CK/PH			✓										
	Annual Report on procurement	Report through Audit Committee	LJM													
Serious Incidents report		Private Session	MD/ST	✓		✓			✓			✓			✓	
Claims & Coroners Report		Private Session	MD/MK	✓					✓			✓			✓	
Trust Information Pack																
Regular performance KPI based exception reports covering:					✓	✓	✓		✓			✓			✓	
Finance including CIPS and Capital Programme			LJM	✓		✓	✓		✓			✓			✓	
Corporate Indicators			PH	✓		✓	✓		✓			✓			✓	
Clinical Indicators			MD	✓		✓	✓		✓			✓			✓	
Operational Key Perforamnce Indicators			CC	✓		✓	✓		✓			✓			✓	
Workforce Indicators			KN	✓		✓	✓		✓			✓			✓	
Strategy & Engagement																

Item	Lead	Owner	1	2	3	4	5	6	7	8	9	10
People Strategy (review Sept 2019)		KN								✓		
Operational Strategy (review Sept 2019)		CC										
Clinical Strategy (review Sept 2019)		MD										
Quality Strategy (review Sept 2019)		MD										
Stakeholder Engagement Strategy (review Sept 2019)		PW/MM										
Commissioning Strategy (review Sept 2020)		MD										
Commercial Services Stragegy (review Sept 2020)		MB										
Operating Model		CC							✓			
HART, Academy, West Brom Estate Strategy		CC							✓			
FTSU Strategy		MD					✓					
Risk Management Strategy		PH										
Fleet Strategy		CC										
Research Strategy		CC										
Commissioning Intentions		MD								✓		
Operating Plan (NHSI Submission)		PW	✓									✓
Finance Strategy		LJM										
5 Year Strategic Plan		PW	✓									✓
Regulatory, Guidance or Contractural												
Annual Audit Letter ISA 260		Auditors			✓							
Annual report and accounts	Confidential	LJM			✓							
Quality Account Approval		PW/AP			✓							
Review of Register of Interests - Directors		PH			✓							
Data Security and Protection Toolkit		PH/CK	✓		✓							
GDPR/Data Protection Officer Report		PH/CK										
Learning From Deaths Report		MD/ST			✓		✓			✓		✓
Workforce Race Equality Standard data report for publishing		CEO							✓	✓		
Public Sector Equality Duty Report		CEO										
Annual Meeting of Members - Agenda Approval		PH			✓							
Board Developments												
Safeguarding and Prevent	Rob Cole	Chair		✓								
General Data Protection Regulation (GDPR)	Chris Kerr	Chair									✓	
Directors role in Inclusion and Diversity	Pam Brown	Chair										
WRES Updates and Training	Pam Brown	Chair				✓						✓
Patient Safety, Duty of Candour and Serious Incidents	Simon Taylor	Chair										
Research Development	Andy Rosser	Chair				✓					✓	
GGI Board Development Session - Darren Grayson	Chair	Chair										✓
Downside Scenerio Planning	Mark Docherty/Linda Millinchamp								✓			
Miscellaneous Items												
Winter Plan		CC							✓			
Festive Plan		CC									✓	
EDS2 Engagement Outcome		PB	✓									
National Ambulance Service Improvement Faculty/Quality Improvement within the Trust		AP					✓					

Council of Governors Schedule of Business

The proposed schedule of business for the Council of Governors for the year ahead is tabled below. The views of Governors are requested, and we would be grateful if you could note the dates in your diaries.

The Membership and Governor Engagement Officer keeps the schedule up-to-date and any amendments will be reported to each meeting of the Council of Governors. The schedule should complement the business of the Board and its committees.

2020/21	Session Type	Salient Items of Business
14 May 2020	Council of Governors	• *Quality Account* • *License Conditions* • *Non-Executive Director Appraisals* • *Consider the re-appointment of Non-Executive Directors*
27 July 2020	Council of Governors	• *Appointment of Lead Governor and Deputy Lead Governor* • *Consider the re-appointment of Non-Executive Directors*
16 September 2020	Governor Development Day	• *TBC*
18 November 2020	Council of Governors	• *Council of Governors Self-Assessment* • *KPI and Auditors* • *Consider the re-appointment of Non-Executive Directors*
January 2021	NEW Governor Induction	• *Induction*
February 2021	Council of Governors Meeting	• *Budget* • *Operational & Strategic Plan* • *Quality Account*