



West Midlands Ambulance Service

University NHS Foundation Trust



AGENDA

TITLE OF MEETING: Extraordinary Meeting of the Board of Directors

Wednesday 27 September 2023 at 10:00 hours
To be held at the Sandwell Hub, Shidas Lane, Oldbury.

Membership

Prof. I Cumming*	Chair	Non Executive Director (Chairman)
Mr A C Marsh*	CEO	Chief Executive Officer
Ms W Farrington Chadd*	WFC	Non Executive Director (Deputy Chair)
Ms C Beechey	CB	People Director
Mrs C Eyre*	CE	Director of Nursing
Mr M Fessal*	MF	Non Executive Director
Mr N Henry	Nhen	Paramedic Practice & Patient Safety Director
Prof. A. Hopkins*	AH	Non Executive Director
Mr N Hudson*	NHud	Director of Performance & Improvement
Mrs J Jasper*	JJ	Non Executive Director
Mr M Khan*	MK	Non Executive Director
Mr V Khashu	VK	Strategy & Engagement Director
Mrs N Kooner*	NK	Non Executive Director
Mr M MacGregor	MM	Communications Director
Ms K Rutter*	KR	Director of Finance
Dr R. Steyn*	RS	Interim Medical Director
Dr A Walker	AW	Medical Director

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

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

In attendance

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

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

Item No	Description	Lead	Paper No	Timings
01	Welcome, apologies and Chairman's matters	Chairman	Verbal	05 minutes
02	Declarations of Interest			
	To enable declarations to be made, of any conflict of interest members may have in relation to any matters contained within the agenda for this meeting.	Chair	Verbal	
03	Fit and Proper Persons Test Framework Changes Briefing	People Director	Paper 01	15 minutes
04	ICS and WMAS Hub Engagement by WMAS Directors	Engagement & Strategy Director	Paper 02	15 Minutes
05	WMAS Winter Plan	CEO	Paper 03	15 Minutes
06	New or Increased Risks Arising from the Meeting			
07	Any Other Business (previously notified to the Trust Secretary)	Chair		
08	Date and time of the next meeting: The next meeting will be on Wednesday 25 October 2023 from 10:00 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
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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 03

MONTH: September 2023

PAPER NUMBER: 01

Fit and Proper Persons Test Framework Changes Briefing	
Sponsoring Director	Carla Beechey, People Director
Author(s)/Presenter	Carla Beechey, People Director
Purpose	To brief members on the changes to the Fit and Proper Persons Test Framework
Previously Considered by	Executive Management Board - 19 th September 2023
Report Approved By	Carla Beechey, People Director
Summary/Key Issues relevant to this committee	
1. Summary	
1.1	This paper informs the Board of Directors of changes to NHS England’s Fit and Proper Person Test Framework, which were introduced on 2 August 2023. They must be fully implemented by 31 March 2024, with some changes from 30 September 2023.
1.2	The changes support the implementation of the recommendations from the Kark Review and are mandatory for all Trusts.
1.3	The updated framework updates existing arrangements and introduces new processes relating to retention of information, standard competencies, and reference checks.
1.4	The Chair, supported by the People Director, is responsible for the ongoing operation and accountability of the framework with support from the Recruitment Manager.
1.5	The Board of Directors are asked to review the contents with members noting the impact on their own employment.
2. Background	
2.1	Since 27 November 2014, NHS provider organisations have been required to meet regulatory requirements, in particular to ensure that new director level appointments meet the ‘fit and proper persons test’ which were integrated into the CQC registration requirements. These requirements fall within the CQC regulatory and inspection approach and are reviewed under the ‘well-led’ domain. The Trust have reported compliance with this framework since its inception and have an agreed process as documented in the Recruitment and Selection Policy.
2.2	The Kark Review (2019) was commissioned by the government in July 2018 to review the scope, operation, and purpose of the existing Fit and Proper Person Test (FPPT) as it applies under the current Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The review included looking at how effective the FPPT is: “... in preventing unsuitable staff from being redeployed or re-employed in the NHS, clinical commissioning groups, and independent healthcare and adult social care sectors.” The review highlighted areas that required improvement to strengthen the existing regime.

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- 2.3 The definition of a Fit and Proper Person is set out in Appendix 1 of the framework.
- 2.4 This paper sets out the changes to the existing as well as the new arrangements.
- 3 NHS England Fit and Proper Person Test Framework for Board Members**
- 3.1 The key highlights of the changes to the FPPT is set out in Appendix 2 with the full framework available here <https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/>. The changes intend to strengthen / reinforce individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS.
- 3.2 The additions to the existing arrangements are as follows:
- The Electronic Staff Record (ESR) now has functionality to record the testing of relevant information about board members' qualifications and career history. This should be made available to the CQC on request and held in accordance with General Data Protection Regulations.
 - A new standard board member reference template for all new appointments has been introduced. For board members who leave their position, organisations must complete and retain locally the new board member reference, irrespective of whether a reference has been requested by a prospective employer. Along with standard information, the reference template includes the following sections: career history (not just current employment), all learning and development undertaken in employment, DBS information (where relevant), appraisal information i.e., summary of the outcome and actions to be undertaken for the last 3 appraisals, any relevant information regarding any outstanding, upheld, or discontinued complaint(s) i.e., grievances, misconduct including harassment. Where settlement agreements are in place, there are processes to ensure the obligations of the Trust in adhering to the Framework are met.
 - A new NHS Leadership Competency Framework will provide guidance for the competence categories against which a board member should be appointed, developed, and appraised. Due to be released September/October 2023.
 - The annual assessment, as carried out by the Recruitment Manager needs to be in line with the new FPPT checklist.
 - The duty to store information relevant to the annual assessment (as set out in the checklist) will apply to existing directors (as they will have to comply with the assessment each year) and not only new appointees/promotions.
- 3.3 The Framework and changes are effective from 30 September 2023 and should be implemented by all boards going forward from that date. NHS organisations are not expected to collect historic information to populate ESR or local records, the expectation is that the new arrangements will be used for all new board level appointments or promotions post 30 September 2023 and for all board members prior to the annual assessments submission to be completed by March 2024.
- 3.4 This Framework supports transparency and should be the start of an ongoing dialogue between board members about probity and values. It should be seen as a core element of a broader programme of board development, effective appraisals and values-based (as well as competency-based) appointments – all of which are part of the good practice required to build a 'healthy' board. The aim of strengthening the FPPT is to prioritise patient safety and good leadership in NHS organisations. The Framework will help board members build a portfolio to

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support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations.

3.5 The framework applies to:

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

3.6 At WMAS, the Framework is deemed to apply to:

- | | |
|--|---|
| • Chair | • Strategy & Engagement Director |
| • Chief Executive | • Non Emergency Services Operations Delivery Director |
| • Executive Medical Director | • Integrated Emergency & Urgent Care Director |
| • Director of Performance & Improvement | • Interim Organisational Assurance Director |
| • People Director | • Communications Director |
| • Executive Director of Finance | • Operational Support Services Director |
| • Executive Director of Nursing | • Governance Director & Trust Secretary |
| • Paramedic Practice & Patient Safety Director | • Non-Executive Directors x 6 |
| • NARU Director | • Chief of Staff and Head of Enhanced Care |
| • Deputy Director of Finance | • Head of Emergency Preparedness, Resilience and Response |

3.7 Whilst the operation of the Framework is the responsibility of the People Director, supported by the Recruitment Manager, the ultimate accountability for adhering to this framework will reside with the Trust Chair, who will also be subject to the Framework. The accountability for ensuring that Chairs in NHS Trusts, meet the FPPT assessment criteria will reside with NHS England Regional Director. Annually, the Trust will nominate a Senior Independent Director (SID) to review and ensure that the Chair is meeting the requirements of the FPPT. An independent internal audit is required every 3 years.

3.8 The Framework is designed to assess the appropriateness of an individual to effectively discharge their duties in the capacity of a board member. It is recognised that some organisations may want to extend the FPPT assessment to other key roles, for example, to those individuals who may regularly attend board meetings or otherwise have significant influence on board decisions. The annual submission requirement is, however, limited to board members only.

3.9 The Framework, summarised in Appendix 2 sets out:

- When the full FPPT assessment is needed, which includes self-attestations (see sections 3.2 and 3.3).
- New appointment considerations (section 3.4).
- Additional considerations in specific situations such as joint appointments, shared roles, and temporary absences (section 3.5).
- The role of the chair in overseeing the FPPT (section 3.6).
- The FPPT core elements to be considered in evaluating board members (section 3.7).

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- The circumstances in which there will be breaches to the core elements of the FPPT (regulation 5) (section 3.8).
- The requirements for a board member reference check (section 3.9).
- The requirements for accurately maintaining FPPT information on each board member in the ESR record1 (section 3.10).
- The record retention requirements (section 3.11).
- Dispute resolution (section 3.12).
- Quality assurance over the Framework (section 4).

4 Changes to Trust processes

- 4.1 The Recruitment Manager, on behalf of the People Director, will work with the Chair to implement the updated Framework by 31 March 2024. The arrangements required to be in place by 30 September 2023 are compliant.
- 4.2 The annual assessment needs to be in line with the FPPT checklist which is set out at appendix 7 of the framework.
- 4.3 Work is required between now and the end of March 2024 to ensure that all appropriate members are compliant with the new framework. The Recruitment Manager will shortly contact individuals to commence the new checks required and ensure these are updated in ESR.
- 4.4 New appointments to the Trust will be subject to these arrangements.
- 4.5 The reference template for Board Members who leave the Trust will be completed by the Chair and saved on record by the Recruitment Manager.
- 4.6 NHS England is finalising the new NHS Leadership Competency Framework for board level roles, due by September 2023 so that Trusts can implement this alongside the FPPT Framework. A new board appraisal framework will also be published, incorporating the Leadership Competency Framework, by March 2024. NHS England will ask Trusts to use this for all future annual appraisals of board directors from this point.

5 Next Steps/Recommendations

- 5.1 The paper will be presented to Trust Board in September 2023 to ensure board members awareness of the changes to the Framework.
- 5.2 The People Director will work with the Recruitment Manager to ensure they are aware of their responsibilities and actions required for full implementation.
- 5.3 The Trust's Recruitment and Selection Policy will be reviewed and updated with the changes and will proceed through the due consultation and approval process.
- 5.4 Checks already undertaken as part of the previous annual submission will be recorded in the new ESR module over the coming weeks. Directors will be contacted where there are gaps in information that are required to be addressed in preparation for the annual submission prior to March 2024. A regular report will be available to demonstrate compliance with the Framework.
- 5.5 The People Director will meet with the Chair before 31 March 2024 for them to understand their responsibilities and the process for their own assessment.

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5.6 The 3 yearly audit to be built into the Trust's internal audit workplan.

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

6 Supporting Information

[NHS England » NHS England Fit and Proper Person Test Framework for board members](#)
[A summary of NHS England's Fit and Proper Person Test Framework | NHS Employers](#)

Related Trust Objectives	Please tick relevant objective
To meeting which of the Trust's objectives does the proposal contribute:	
SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients)	X
SO2 – A great place to work for all (Creating the best environment for all staff to flourish)	X
SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control)	
SO4 - Innovation and Transformation (Developing the best technology and services to support patient care)	
SO 5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care)	
Relevant Trust Value	Excellence <input checked="" type="checkbox"/> Integrity <input checked="" type="checkbox"/>
	Compassion <input checked="" type="checkbox"/> Inclusivity <input checked="" type="checkbox"/>
	Accountability <input checked="" type="checkbox"/>
Risk and Assurance	<p>Should the Trust fail to comply with the expectations and adherence to the new Framework, they could be subject to sanctions from the Care Quality Commission (CQC), with potential implications to the Trust's operating license.</p> <p>External quality assurance checks will be conducted by the CQC, NHS England and an external/independent review. The CQC's role is to ensure NHS organisations have robust processes in place to adequately perform the FPPT assessments, and to adhere to the requirements of Regulation 5 of the Regulations. NHS England has oversight through receipt and review of the annual FPPT submissions to the relevant NHS England regional director from NHS organisations.</p>
Legal implications/regulatory requirements	All actions are compliant with the Equality Act 2010 and Employment Law.
Financial Implications	There are no financial risks or implications associated directly within this report.

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Workforce & Training Implications	<p>All workforce actions contained in this report comply with employment law and Trust policies and procedures.</p> <p>To ensure local implementation, the Trust's Recruitment and Selection Policy will be updated with the requisite consultation with those affected. The owner of this Policy is the Head of Human Resources, supported by the People Director.</p>
Communications Issues	<p>This paper and appendices will be shared with the Trust Board including the Chair and Non-Executive Directors.</p> <p>The Chair will require a comprehensive briefing for them to understand their responsibilities under the Framework. This should be undertaken by the People Director, supported by the Recruitment Manager. NHS England have published a Guidance for Chairs document.</p>
Diversity & Inclusivity Implications	None noted
Quality Impact Assessment	There is no requirement for a QIA connected with any of the actions taken within this report.
Data Quality	<p>NHS England » NHS England Fit and Proper Person Test Framework for board members</p> <p>A summary of NHS England's Fit and Proper Person Test Framework NHS Employers</p>
<p>Action required</p> <p>Board members are requested to receive and review the content of this report, specifically noting:</p> <ul style="list-style-type: none"> • the areas for assessment • what details will be stored and where, and • who will have access and the purpose 	

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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 04 MONTH: September 2023 PAPER NUMBER: 02

ICS and WMAS Hub Engagement by WMAS Directors	
Sponsoring Director	Vivek Khashu – Strategy and Engagement Director
Author(s)/Presenter	Vivek Khashu – Strategy and Engagement Director
Purpose	To update the status of engagement arrangements with Integrated Care Systems (ICSs), AE Delivery Boards (AEDBs) and our sites / hubs considering changes to the membership of the Board of Directors
Previously Considered by	EMB and Board in 2020/21 EMB May 2022 EMB October 2022 Board of Directors Nov 2022 Board of Directors March 2022 EMB September 2023
Report Approved By	Vivek Khashu – Strategy and Engagement Director
<p>Executive Summary</p> <p>WMAS covers six Integrated Care Systems, a greater number of A&E Delivery Boards and a larger still number of sites, all requiring engagement and input from WMAS senior leadership team.</p> <p>This paper sets the agreed arrangements following changes to our own leadership team.</p> <p>It should be noted there are regional professional forums to, for example the regional HR Directors network and the Regional Directors of Finance Network, these arrangements do not cut across such networks.</p> <p>Health Overview and Scrutiny Committee meetings are also covered by separate arrangements, involving key executives as required depending on agenda items.</p>	
Related Trust Objectives/ National Standards	SO5 – “collaboration and engagement”

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Risk and Assurance	This paper sets out how this Board will engage with our system partners and through the Hub Links with our staff.
Legal implications/ regulatory requirements	No legal advice has been sought as part of the preparing this paper.
Financial Implications	NA
Workforce & Training Implications	N/A
Communications Issues	Updates to internal or external engagement arrangements in terms of the people who are doing it from WMAS perspective will require communicating out to our Hubs and external partners where required.
Diversity & Inclusivity Implications	NA
Quality Impact Assessment	NA
Data Quality	NA
Action required	
<ol style="list-style-type: none"> 1. Board to approve the set of ICS and AE Delivery Board links 2. Board to approve the proposed Hub Buddy links 	

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1.0 Introduction

System level governance and architecture changed considerably from July 2022 onwards, with the go live of Integrated Care Boards (ICB) forming within ICSs, our own senior leadership team within WMAS has changed to, with changes to both the executive and non-executive directors.

2.0 Summary

With the retirement of the Director of Nursing and Clinical Commissioning and its transition to a part time role going forwards, but the new appointment of the new full time Paramedic Practice and Patient Safety Director, the following changes were agreed in March 2023:

ICS	WMAS Link Director	A&E Delivery Boards requiring attendance
Stoke and Staffs	Nick Henry	<ul style="list-style-type: none"> • Staffordshire
Coventry and Warks	Pippa Wall	<ul style="list-style-type: none"> • Cov and Warks
Black Country	Vivek Khashu	<ul style="list-style-type: none"> • Dudley • Walsall • Wolves • Sandwell and West Birmingham
Birmingham and Solihull	Vivek Khashu	<ul style="list-style-type: none"> • Bham and Solihull
Shropshire	Nick Henry	<ul style="list-style-type: none"> • Shropshire
Herefordshire and Worcestershire	Vivek Khashu	<ul style="list-style-type: none"> • Worcestershire • Herefordshire

However, with the appointment of a new Director of Nursing, a Director of Performance and Improvement, and the need to ringfence the FTSU guardian role further, the suggested updates are for discussion:

ICS	WMAS Link Director	A&E Delivery Boards requiring attendance
Stoke and Staffs	Nick Henry	<ul style="list-style-type: none"> • Staffordshire
Coventry and Warks	Richard Steyn	<ul style="list-style-type: none"> • Cov and Warks

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Black Country	Vivek Khashu	<ul style="list-style-type: none"> • Dudley • Walsall • Wolves • Sandwell and West Birmingham
Birmingham and Solihull	Nathan Hudson	<ul style="list-style-type: none"> • Bham and Solihull
Shropshire	Caron Erye	<ul style="list-style-type: none"> • Shropshire
Herefordshire and Worcestershire	Vivek Khashu	<ul style="list-style-type: none"> • Worcestershire • Herefordshire

A degree of matrix support has been required, for example involving the Director of Nursing in changes to clinical pathways, or the IUEC Director with regard to integration with community based teams.

Guiding Principles behind the changes made in 2020 and updates in 2022 and now 2023 are still recommended going forwards:

- The Paramedic Practice and Patient Safety Director alongside the Director of Nursing should be focussed on the higher risk systems re Urgency and Emergency Care, hence the allocation of Shropshire, Telford and Wrekin and Staffordshire ICSs and A&E delivery boards. This will also develop the external profile of our new Director of Nursing post.
- Strategy and Engagement Director has a key role in developing relationships and is also responsible for feeding back to the Board on developments within systems, so taking on two ICSs supports that responsibility.
- The Strategy and Engagement Director has taken the Black Country and Herefordshire and Worcestershire ICSs as they have the greatest number of A&E Delivery Boards, a key forum of engagement which ideally benefits from in-person engagement. The Strategy and Engagement Director is also the lead executive who attends the Black Country Integrated Care Board
- With an expanded executive director team alongside the need to ringfence the FTSU Guardian role further, it is recommended that an Executive Director takes on the Coventry and Warwickshire system as a relationship link.
- An annual review of these arrangements should be undertaken (or more frequently if required), so the right level of engagement, especially around patient safety concerns or risks can be maintained, should the current position change.
- With the new role of Director of Performance and Improvement being established, it is proposed that it works with one of the larger ICSs, this will develop the external profile of this new post within WMAS to. BSOL was also previously supported by the Emergency Services Operational Delivery Director / Deputy Chief Ambulance Officer.

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In addition to our links with ICSs and AEDBs, the Board of Directors has already approved the table set out below, which highlights which Directors and Non-Executives will buddy with which hub sites. However, the Executive Director links in the table have been updated to reflect the relationship leads for ICSs (except for Shropshire Telford and Wren and Hereford and Worcestershire)

The table below is intended to set out the relationship roles for both Non Executive and Executive Directors, internally and externally to the Trust 'on a page'.

Non-Executive Director Designated Roles and Linkages alongside Executive Directors

Name	Committee	Other Roles	Hub/Area link	Executive Buddy / ICS link	Governor Buddies
Professor Ian Cumming	<ul style="list-style-type: none"> Board of Directors (Chairman) Council of Governors (Chairman) Remuneration & Nominations Committee (Chairman) WMAS General Charity Funds (Chairman) 	<ul style="list-style-type: none"> Emergency Officer NED 	EOC CFRs Merit/Hart The Academy	Anthony Marsh	Staff Governors & Lead Governor
Wendy Farrington-Chadd	<ul style="list-style-type: none"> Board of Directors (Deputy Chair) Audit Committee Charitable Funds Committee Remuneration & Nominations Committee 	<ul style="list-style-type: none"> Security Management Senior Independent Director 	Shrewsbury Donnington Cheshire PTS	Murray MacGregor (Caron Eyre for ICS link) Carla Beechey	Appointed Governors
Professor Alexandra Hopkins	<ul style="list-style-type: none"> Quality Governance Committee (Chair) Charitable Funds Committee Remunerations and Nominations Committee People Committee 	<ul style="list-style-type: none"> Safeguarding Lead Learning from Deaths Freedom to Speak Up NED for maternity services (Ockenden Report) 	Black Country PTS Dudley Willenhall Sandwell	Vivek Khashu	Governors representing Black Country
Mohammed Fessal	<ul style="list-style-type: none"> People Committee (Chair) Quality Governance Committee Charitable Funds Committee Remunerations and Nominations Committee 	<ul style="list-style-type: none"> Complaints 	Coventry Warwick	Dr Alison Walker (Dr Richard Steyn) Caron Eyre	Governors representing Coventry & Warwickshire

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Name	Committee	Other Roles	Hub/Area link	Executive Buddy / ICS link	Governor Buddies
Mrs Julie Jasper	<ul style="list-style-type: none"> • Audit Committee (Chair) • Performance Committee • Charitable Funds Trustee Committee • Remuneration and Nominations Committee 		Stoke Stafford Lichfield All Corporate functions	Nick Henry	Governor representing Staffordshire
Ms Narinder Kaur Kooner	<ul style="list-style-type: none"> • People Committee • Charitable Funds Trustee Committee • Remuneration and Nominations Committee 	<ul style="list-style-type: none"> • NHS Workforce Well Being Guardian • Lead NED for D&I 	Erdington Hollymoor Birmingham PTS	Nathan Hudson	Governors representing Birmingham
Mushtaq Ahmad Khan	<ul style="list-style-type: none"> • Performance Committee (Chairman) • Audit Committee • Charitable funds Committee • Remuneration and Nominations Committee 	Sustainability Lead – (NED)	Hereford Bromsgrove Worcester	Karen Rutter (Vivek Khashu for ICS link)	Governors representing West Mercia

What to do with feedback following visits?

Directors may well receive feedback on the visits, concerns and indeed areas of good practice or recognition. Directors picking up feedback should share it with the relevant Executive Director who has responsibility of the given location. Where appropriate, feedback should also be given to the colleague who engaged the Director.

Finally, all visit dates and locations should be recorded and passed to the Head of Organisational Development, Barbara Kozlowska, who will send a templated request out for completion each month.

The Head of Organisational Development reports the visits through to the People Committee.

Frequency of visits

It is recommended that each Board member undertakes a minimum of 4 visits to individual hubs per year.

It is also recommended that each Board member undertakes a minimum of 1 Day in the Life Experience per year. A “day in the life experience” being actual shadowing of a staff member, for example time in EOC, working with a PTS or 999 crew etc.

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Recommendation

- For the Board to note the updates to ICS / AEDB links, with the inclusion of the Director of Performance and Improvement, the Director of Nursing and the proposed arrangement for an Exec Director to link with the Coventry and Warwickshire system.
- For the Board to approve the paper and subject to feedback and requested changes.
- For the board to approve the frequency of visits.
-

Vivek Khashu – Strategy and Engagement Director

September 2023

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REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 05

MONTH: September 2023

PAPER NUMBER: 03

2023/24 Winter Plan	
Sponsoring Director	Chief Executive Officer
Author	James Williams, Head of Emergency Planning
Purpose	The Winter Plan is the Trust document that gives the strategic plan for the coming winter and the arrangements in place
Previously Considered by	EMB
Report Approved By	EMB - 19 September 2023
Executive Summary	
<p>This Winter Plan sets out the Strategic overview of the arrangements for the Trust for the coming Winter Period for 2023/24.</p> <p>The Trust has many years of experience of developing its robust planning arrangements for the Winter period and the latest plan captures learning from last easter/winter, plus the NHS England winter priorities.</p> <p>This paper comes to Trust Board for approval.</p>	
Related Trust Objectives/ National Standards	Achieve Quality and Excellence, accurately assess patient need and direct resources appropriately, Establish market position as an emergency health care provider and work in partnership. Also to achieve National AQI's
Risk and Assurance	This Winter Plan is to enable the Trust to manage the expected risks of increased demand and provide the safest service to the citizens and staff within the region
Legal implications/ regulatory requirements	Winter Plans are requested by NHSE/I for regional and national assurance for all NHS Trusts
Financial Implications	There are financial implications to delivering this plan that have previously been consider by EMB to enable the plan to be completed

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Workforce & Training Implications	The necessary recruitment and training have previously been approved by EMB
Communications Issues	N/A
Diversity & Inclusivity Implications	<p>Given the recruitment of additional staff from within the organisation and externally, these implications are already considered through opportunities within the recruitment process.</p> <p>This plan is inclusive to all citizens, patients and staff within the Trusts regional arrangements</p>
Quality Impact Assessment	N/A
Data Quality	The information required for this plan are provided by the Trust BIU team and the BIU are internally and externally audited to ensure data quality
Action required	
This report comes to the Board of Directors for approval as part of the Trust's formal signoff process for Winter Planning	



Winter Operational Plan 2023 v4.0

Version	4.0 FINAL
Ratified by	Executive Management Board – EMB
Date Ratified	19/09/2023
Responsible Officer	James Williams, Head of Emergency Preparedness, Resilience & Response
Intended Audience	WMAS Committees and Staff Black Country ICB Commissioning Lead NHS England regional team
Related Plans	WMAS Major Incident Plan WMAS Adverse Weather Plan Mutual Aid Plan Resourcing Escalatory Action Plan (REAP) Surge Demand Management Plan (SDMP) Pandemic Plan WMAS process for patient handover and turnaround at Acute Trusts

Version Control

Version	Date	Updated By	Change Log
1.0	30.06.2023	James Williams	Initial Draft
2.0	06.07.2023	James Williams	Updated draft
3.0	18.07.2023	James Williams	Updates following Director feedback
4.0	03.08.2023	James Williams	Updates reference HCRT and OREO
4.0	19.09.2023	James Williams	Ratification at EMB

Due to the nature of the work undertaken, this plan may require dynamic changes during the operational delivery period. The author will inform personnel of any required changes and log all decisions accordingly. This plan and any associated documents must not be circulated beyond the plan's distribution list.

Authorisation

I approve the contents of this plan and its distribution.

Anthony Marsh

Chief Executive Officer

West Midlands Ambulance Service University NHS Foundation Trust

The map below shows the geographical footprint areas of the West Midlands that WMAS serve. The Trust provides emergency Ambulance service provision to all areas and currently provides Patient Transport Services (PTS) in 3 sub areas: Birmingham, Black Country, Coventry and Warwickshire. PTS also hold a contract within the Cheshire area which sits outside of the West Midlands Footprint.



Distribution

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Tony Page	Head of Fleet, Estates & Logistics
Tactical Incident Commanders	Region Wide (incl. Tactical Command Cell Commanders – TCCC)
Emergency Preparedness Managers	Region Wide
Operational Management Teams	Region Wide
IEUC Management Teams	Region Wide
EOC Duty Managers	Region Wide
Incident Command Desk	EOC Millennium Point
On-Call Teams	Teams 1 / 2 / 3 / 4 / 5
Nina Mitchell	Head of Patient Flow
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Background to WMAS

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) is located in the heart of England; it serves a population of over 5.6 million people, who live in the areas of Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire and the Birmingham, Solihull, Coventry, and the Black Country conurbation. This covers a region of 5000 square miles of which 80% is rural landscape and well known for some of the most remote and beautiful countryside in the country that includes the Welsh Marches on the Shropshire / Welsh borders and the Staffordshire Moorlands.

The West Midlands is an area of contrasts and diversity. It includes the second largest urban area in the country, covering Birmingham, Solihull, and the Black Country where in the region of 45% of the population live. Birmingham is England's second largest city and the main population centre in the West Midlands, second only to the capital in terms of its ethnic diversity. It also sees an annual influx of people of all age groups who attend events such as nightlife; Christmas markets; football matches; marches; cricket; live shows at the Birmingham Arena, National Exhibition Centre or travelling to and from Birmingham International airport. The region hosted the hugely successful Birmingham 2022 Commonwealth games last summer.

The Trust has a strong set of underpinning structures to ensure the very best services are provided to the patients and public which it serves, whilst ensuring continuous improvement and efficiency is enabled for long term sustainably.

WMAS has been a high performing urgent and emergency ambulance service that has a significant track record of delivering successful services over many years. The Trust continues to develop on its plans, learning and significant experience in managing significantly sustained incidents such as pandemic flu, continuous high demand periods, in adverse weather events (heatwave and snow) and has successfully led the response to such incidents. The Trust is continually reviewing learning from National incident reviews and public enquires to inform its planning moving forwards. This year has seen numerous challenges arise with financial constraints, ongoing increased demand, continued hospital delays which all have had an effect on service delivery, the Trust continues to work hard in achieving its objectives whilst balancing these risks.



The winter of 2022/2023 remained challenged with severe patient handover delays continuing, managed daily by a Duty Director and the Strategic Capacity Cell (SCC)/Strategic Capacity Manager. The Trust continued to support for all staff by delivering the seasonal flu project to protect staff as much as possible through the winter period. The impact of Covid continued but not at rates seen previously though close monitoring of numbers continued through health colleagues across the whole of the NHS.

Adverse weather remained stable overall with periods of cold and localised flooding at our areas of known risk in the geographical footprint.

The Trust maintained a daily duty director providing senior leadership and command & control with a focused presence in the Emergency Operations Centre (EOC) at Headquarters until 2000 hrs daily. This provided support to colleagues and ensured service delivery was maintained as practicably possible with the unprecedented challenges being faced.

WMAS Firmographics

- Established in July 2006 merging with Staffordshire in October 2007
- 5.6 million population (Circa 10.5% of the English population)
- Over 5,000 square miles, 80% rural
- Circa 4,000 999 calls per day
- Over 570,000 emergency journeys annually
- £402 million budget
- 15 frontline Operational hubs (inc Hazardous Area Response Team – HART)
- 3 control rooms (Millennium Point, Navigation Point, Tollgate)
- Emergency Fleet of over 520 vehicles including:
 - 454 Emergency Ambulances
 - 15 4x4 Wheel Drive Double Crew Emergency Ambulances
 - 22 Rapid Response Ambulance Cars
 - Medical Emergency Response Incident Team (MERIT) 24/7
 - Specialist Vehicles including:
 - Polaris Ranger 6x6 Off Road Ambulance
 - Mass Casualty Vehicles
 - Mobile Command Vehicle
 - Major Incident Vehicles
- Over 7600 Staff and 1,000 Volunteers
- 857 defibrillators per million population
- Access to x5 helicopters via 2 charities (MAA, TAAS)

Infographics

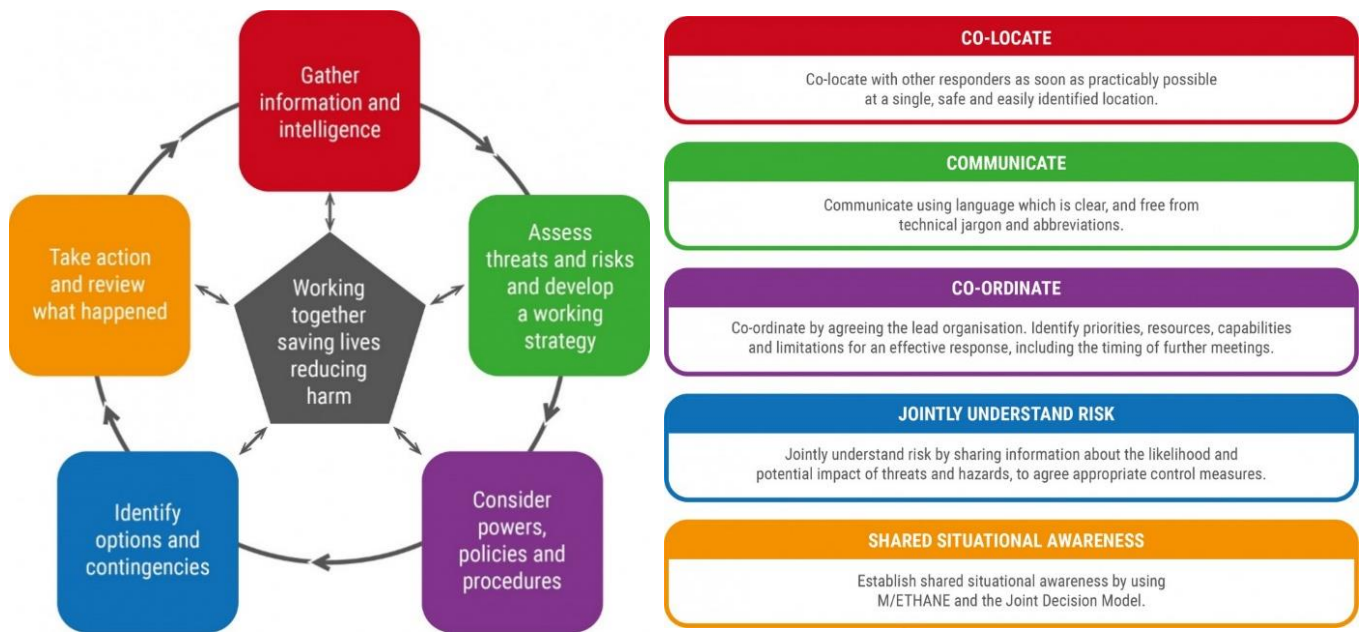
- Only Ambulance Trust with Outstanding CQC rating



- Only ambulance service to have all front-line ambulances that have a Paramedic on board all emergency ambulances (highest skill mix in the country) therefore near a 100% of patients are assessed by a registered healthcare professional.
- Newest fleet in the country, no vehicles more than 5 years old
- Achieved 72% of staff receiving seasonal flu vaccination 2022.
- Lowest level of staff sickness in the country at 4.02% without COVID in Ambulance sector)
- Highest achievement of PDR completion and mandatory refresher training (98% and 96% complete 2022/23)
- Clinical Supervision shifts for clinical staff achieved at 97%
- Highest Hear & Treat figures in the country across English Ambulance Services
- Lowest conveyance rate in the country with our paramedics only conveying patients to ED that require ongoing assessment and treatment with 100% roll-out of the electronic patient record (EPR2) app on personal issue Ipads for all operational staff.
- High level of preparedness for the eventuality of a Marauding Terror Attack (MTA), other terrorist activity or major incident. Enhanced equipment on all vehicles
- Financial Key Metrics (EBITDA, CIPs, Capital, Cash) target achieved and exceeded for 2022/23
- Operational 24/7 Tactical Incident Commander on duty to provide senior experienced management to significant incidents.
- 24/7 Tactical Command Cell, fully embedded to support significant incidents.
- Fully embedded Strategic Capacity Cell available 24/7 to support hospitals and operational resources to improve support to patients.
- Robust 24/7 On Call arrangements at Strategic and Tactical levels
- JESIP, use of the Joint Decision-Making model are fully embedded within the Trust command structures and approach (edition 3)

JESIP

The below infographics are used on a daily basis when managing incidents and are fully recognised nationally with other emergency service partners.



Strategic Objectives

- Protect the welfare and safety of WMAS staff.
- Coordination and Management of all WMAS resources to deal with Trust core activities in a timely, effective and above all safe manner.
- To ensure the events of Winter do not impinge on the routine core activities of the health economy within the West Midlands
- Ensure duty of care to our patients and the saving of lives is a priority.
- To ensure effective command, control and provision of medical services in the event of a major incident occurring at any event. This will be achieved by initiating the West Midlands Ambulance Service UNHSFT Major Incident Plan
- Maintain Trust Critical Infrastructure
- Establish and maintain effective liaison with our partner agencies to ensure a holistic and dynamic approach.
- Maintain public confidence in WMAS and the wider NHS.
- Disseminate public information messages in a timely and coordinated manner.
- Provide a methodology for capturing any lessons identified and incorporate in any future arrangements.
- To attend and / or provide written statements to any subsequent enquiry / inquiry on behalf of the Trust and / or its commissioners.

Emergency Preparedness

Resource Escalation Action Plan (REAP) Level Summary

The Trust's current REAP is at Level 3, given the continued significant risk in hospital handover delays and patients waiting in the community the REAP level is continually reviewed. The current REAP level is displayed on the Trust intranet, ORBIT Gold Dashboard and Proclus National Dashboards. Any changes to the REAP level, staff will be notified via Orbit boards across the Trust.

A review of the REAP level and pressures within the NHS, is completed twice per week as part of the On Call conference calls and the REAP level can easily be moved to a daily review by the Strategic Commanders, as required. The CEO is appraised of any increased pressures or escalation required.

National Security Threat Level

The threat levels below indicate the likelihood of a terrorist attack in the UK.

National threat level - The threat to the UK (England, Wales, Scotland and Northern Ireland) from terrorism

Alert Level	Today	Descriptor
Critical		an attack is highly likely in the near future
Severe		an attack is highly likely
Substantial	✓	an attack is likely
Moderate		an attack is possible, but not likely
Low		an attack is highly unlikely

Northern Ireland-related threat level - The threat to Northern Ireland from Northern Ireland-related terrorism

Alert Level	Today	Descriptor
Critical		an attack is highly likely in the near future
Severe	✓	an attack is highly likely
Substantial		an attack is likely
Moderate		an attack is possible, but not likely
Low		an attack is highly unlikely

Mutual Aid

Mutual Aid arrangements should be considered early in a response and can be utilised for both responses to a large scale incident and in exceptional circumstances the maintenance for core business.

When requesting mutual aid, numbers of routine resources should be communicated in terms of the nationally agreed cells (10 Ambulances and 1 manager, who must be Band 7 or above). Other specialist assets such as National Capability Mass Casualty Equipment Vehicles; HART; SORT or commanders etc should be specified in the request.

National Ambulance Co-ordination Centre

The NACC is hosted by the Trust at Headquarters and as part of the resilience planning for National Ambulance services, NHSE oversight and the National Strategic Advisor.

The NACC is operating from 0600-0200hrs every day, collating information from all English Ambulance Services and circulation accordingly to the National NHS Senior Team. Keith Prior is the responsible Strategic Commander for the NACC. In the event of the NACC requiring to be opened between 0200-0600hrs, to manage a national contingency, the duty Tactical Command Cell Commander (TCCC) in EOC will undertake the initial actions and escalation whilst the NARU On Call team mobilise to Trust HQ

Weather

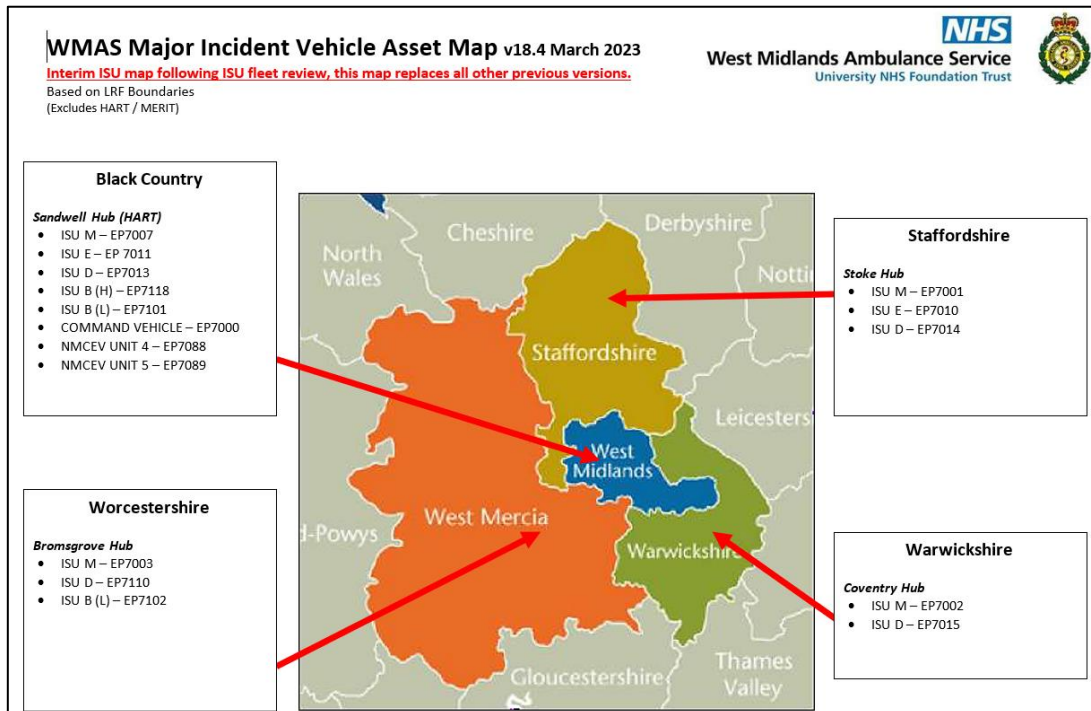
The weather for the period sees a general trend of unsettled conditions, the Trust is prepared to respond as required to meet any known or dynamic changes in weather conditions and holds an Adverse Weather Plan to support these actions.

Met office web link which gives up to 30-day prediction:

http://www.metoffice.gov.uk/weather/uk/wm/wm_forecast_weather.html

Major Incident Vehicles

Major incident vehicles identified as ISU B, D, E and M are strategically located at hubs across the region. These vehicles are checked regularly and are ready to respond if needed to be activated at any time of day or night. They can be moved to key locations for ease of deployment, if required.



Major Incident Declared

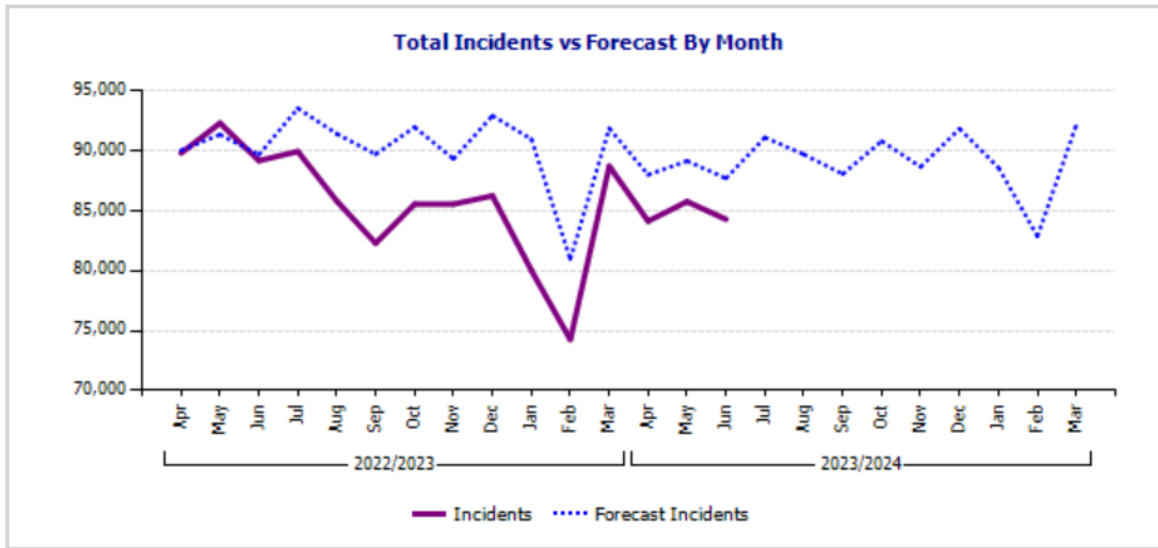
In the event of the Trust declaring a major incident during Winter the Chief Executive Officer in conjunction with the on call Strategic Commander will take command of the Trust's response.

On declaration of a Major Incident from WMAS or partner agency the WMAS Regional Major Incident Plan will be invoked. Any Staff attending will be allocated their major incident roles and action cards appropriately, as described within the Major Incident Plan.

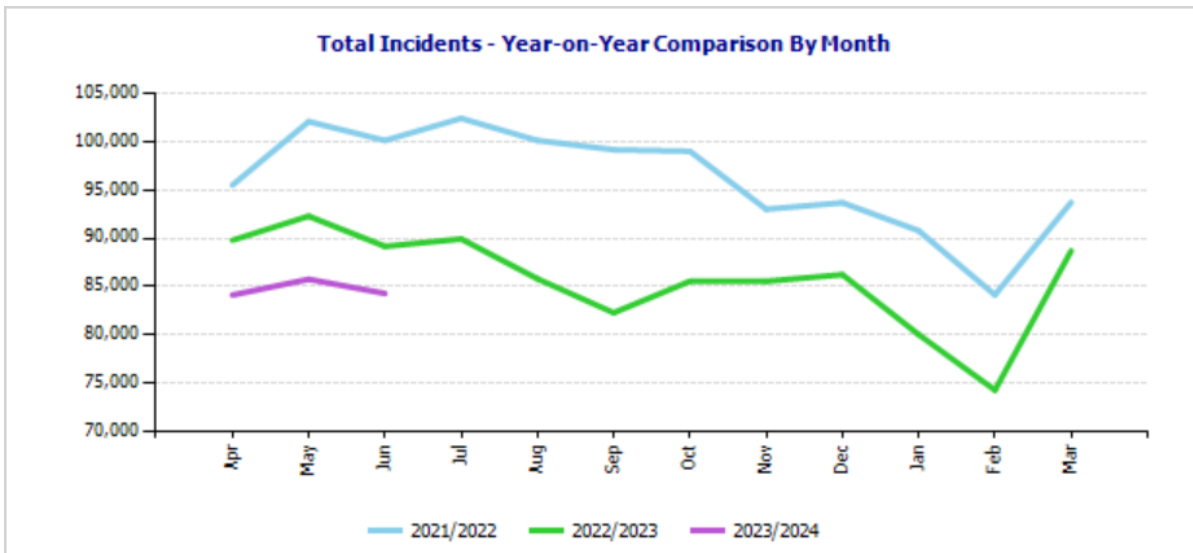
Introduction – 'Preparing for Winter'

The winter/festive period is historically extremely busy time for WMAS and presents significant challenges in terms of increased 999 activity, year on year. In line with the NHSE 'Preparing for Winter' guidelines (Appendix A), and following a review of the 2022/23 winter period, it is appropriate to identify that the Trust has experienced significant and increasing patient hospital handover month on month from August 2022 through to July 2023, so not just winter related delays. Add to this significant impact on hospitals with bed capacity and the needs to flick beds/wards from COVID to non-COVID and balance the increased number of admissions against low discharge numbers with community support being challenged across the region/sector.

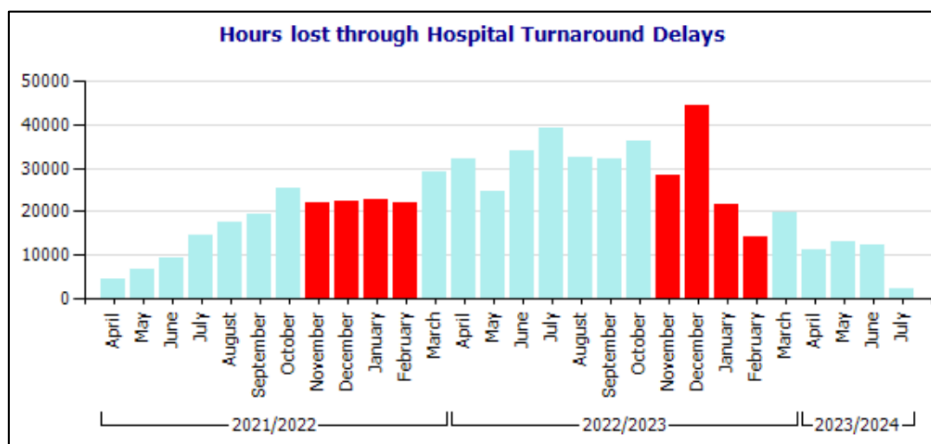
During the winter period there were periods of cold weather with very minimal snow and some localised flooding which saw the Trust review their adverse weather plan for both periods. Demand over the last winter had been reduced against the forecast as displayed below, although there has been a greater impact to attending patients due to hospital handover delays.



As shown above, the winter incident demand was circa 10% under forecast last year, at points of the winter and its currently uncertain as what this coming winter will bring. The Trust has made provisions to expect increased demand, adverse weather, and supporting patients/staff with hospital handover delays. Below shows the number of actual total incidents by month and the variations year on year.



In reviewing the pattern of extended hospital handover delays and cohorts at most of the acute Trust across the region, the chart below highlights the significant increases in these delays:



The graph demonstrates that the Trust has been experiencing continual increases in handover delays from last winter, that has significantly impacted the ability to attend waiting patients in the community. A number of winter

2022/23 actions to increase available provision have had to remain in place due to the increasing handover delays and the Trust mostly remaining in a heightened REAP 4 status, since July 2022. This included a Duty Director every day, additional HALO provision across most hospitals, PTS High Dependency provision supporting referrals and the implementation of the Ambulance Decision Area (ADA) at numerous acute sites across the region.

The primary focus of this Winter Plan is to review and outline the service's plans and preparation in readiness to provide sufficient resources, in all areas of the Trust and deliver the safest service possible to the patients within the region.

During the normal planning for the period, the Trust will experience payday weekends, school holidays, various festive religious events like Hanukah and Christmas celebrations, New Year parties, any adverse weather conditions, several events such as Frankfurt Christmas Market's and increased congestion on the regional road networks.

This Winter Plan has been developed to cover the arrangements for the Trust and so encapsulates all the Integrated Care Systems (ICS's) that operate within the WMAS regional boundaries. It is imperative that the ICS's are working seamlessly to ensure all is being done to provide appropriate services to patients and ensure plans are in place to enable timely ambulance hand patients over within 30mins. Given the significant patient handover delays the Trust has made changes to its workforce planning assumptions to capture the continually increasing long delays of crews at hospitals. Financial constraints have seen the Trust being unable to plan and make use of overtime shifts for all directorates, this is under constant review and appropriate funding would allow further capacity to enhance daily resourcing. As of July 1st 2023, operational crew's overtime has been reinstated, targeted at periods of heightened demand, to support Category 2 performance recovery. Recruitment has been frozen since April 2023 and re-commences in August 2023 for Student Paramedics and Graduates Paramedics where following a period of training new staff will be seen on the frontline in December 2023 and through the festive period.

The Trust does provide a separate operational plan in the form of an IIMARCH will be published to ensure the Festive period (pre-Christmas, Christmas, post-Christmas to New Year and post New Year) is managed as safely and effectively as possible, this will be known as the Festive IIMARCH, and will contain operational resourcing expectations along with command-and-control arrangements for the Trust.

Strategic Planning

The Trust has developed its strategic plan with no dedicated investment, enabling the organisation to mitigate risks during the Winter/Festive period. The focus is to maximise the number of available staff to better manage demand and the ability to respond to patients at the NHS's busiest period of the year. This to include recruitment of 180 Student Paramedic's and 140 graduate Paramedics, to ensure sustainability, with a number planned to be fully operational for the festive period.

Prior to this winter period all the Trusts Commanders will have completed a mandatory Commander training day to ensure they are as prepared as possible for the challenges of the winter. This is planned to be completed through September and October 2023 alongside the implementation of the updated JESIP Joint Operating Procedures (JOPS) to edition 3.

There will be reduced planned abstractions for the festive period. There are plans in place to ensure there are enough experienced emergency call takers in the Trust following the transition of 111 services to the new provider. All planned additional staffing and resource will be available and ready to be deployed into frontline operations ahead of the festive period. There are still a number of strategic levers available, so if there is a further requirement to meet patient need or significant incident, they can be activated. The annual training of operational staff (mandatory training) has been planned around the festive period to reduce the impact of staff abstractions.

The 999-call taking provision in Brierley Hill and Stafford are fully maintained for resilience of these services. The Trust retained the integral service of the Clinical Validation team, led by the duty Clinical Navigator to manage the category 2, 3, 4 and 5 calls with the Trust Clinical Support Desk.

The purpose of this plan is to maximise resourcing to meet expected high demand and hospital handover delays. The 2 Emergency Operations Centres (EOC), each of the 15 Operational hubs, Emergency Preparedness, Fleet, Logistics and Business Continuity support are all reviewed and explicitly addressed in plans. The Trust has undertaken lessons

learnt exercises for last Easter, winter, adverse weather, and living with COVID-19 All documented and presented to the Board of Directors. The Festive IIMARCH will illustrate how those same risks will be mitigated during the period, including those actions that have been taken to address any potential gaps. All backroom function departments will flex to provided staff working hours and support operations and/or the control rooms over the winter period, as required as a further lever to support patients and appropriate functions. Officers with blue light cars will be asked to provide additional operational support.

All Trust Business Continuity Plans (BCP) are up to date and have been tested.

To maximise patient safety over the critical festive period there will be no non-urgent / non-mission critical meetings in Headquarters between Monday 18th December and Thursday 4th January inclusive. All operational effort is to be focused on responding to patients and this includes all union reps, clinical managers, etc.. In addition to the strategic planning for winter and the agreed operational plans for winter, the CEO has delegated authority from the Board of Directors to implement further operational options to increase capability, as the winter demands prevail and to take all necessary action to protect staff and the public. Several contingency options for additional resourcing will be developed prior to the winter to support unforeseen circumstances.

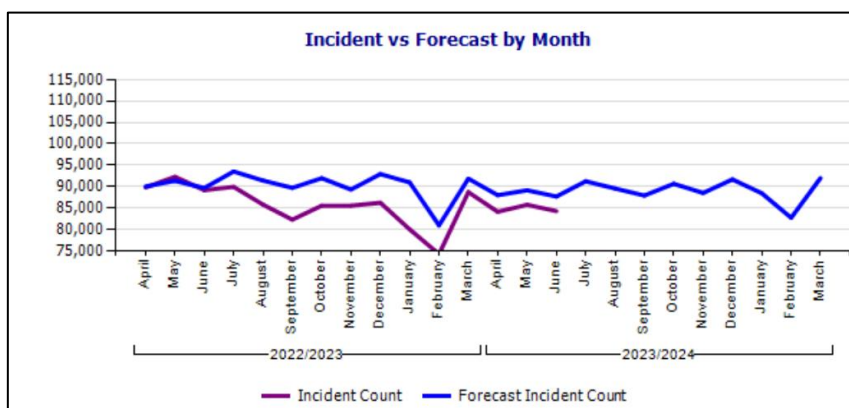
Enhanced support for winter and category 2 recovery

Further support will be provided to the EOC control room with the implementation of an 'Operational Resource Efficiency Officer' (OREO) from September 2023. The role will be for a period of six months initially assisting the organisation maximise available resource through the winter period. The OREO will be based at the Millenium Point (MP) control room and the roster will mimic the current 24/7 cover of the control room staff. The role will be accountable for lost hours and downtime on their shift across the entire regional footprint. Through authorisation/management/monitoring/challenge and liaison with other functions based in EOC, Efficiency Officers will ensure maximum availability of the resources on duty. They will also be able to identify common challenges and barriers and provide intelligence to other departments to help overcome them. The officer will have access to live reporting systems to aid the efficiency process decision making.

Extra funding has been agreed for the Trust to mobilise a Health Care Referral Team (HCRT) from August 2023 through until March 2024. The team will consist of 12 HCR vehicle's completing early and late shifts 7 days a week. (16 hours a day). These assets will be resourced by Patient Transport Service (PTS) High Dependency (HD) staff whose primary focus will be to undertake urgent referral cases easing pressure on A+E crews to respond to 999 calls. Staff associated to this team will have undertaken an uplift in training and support to use the Trusts Electronic Patient record (EPR) systems. The vehicles are based near to areas of known high activity ensuring efficient usage of resource is maintained.

Winter Demand

There is typically a 4% demand increase year on year, although last winter period this was not the case, it is the Trust's expectation to see similar demand for the months November and December as 2022/23. The below graph shows the expected demand over the winter period, which allows for contingency planning due to the ongoing hospital handover delays.



Demand is also affected by the timing of the Bank Holidays during this coming festive period; in relation to the weekends and when NHS services are available. For 2023/24, the Christmas period falls over a weekend with Sunday (Christmas Eve) and Monday (Christmas Day). The 1st January 2024 falls on a Monday (Bank Holiday) that will lead to increased activity levels on the 2nd January.

Resilience and Specialist Operations

The winter months present some specific challenges for the Trust in relation to Resilience and Specialist Operations. The potential for operational challenges encountered through inclement weather often increase throughout the winter period. Such occurrences are covered through the enactment of the Trusts "Adverse Weather Plan" with local / regional forward and real-time forecasting is maintained by the Resilience Department with close links with the "Met Office" and the Environment Agency to allow sufficient time for any actions required.

It is relevant to note that all the Trusts resilience plans have been updated or remain current and so are embedded ready for this winter. Winter normally has the potential for increased cases of seasonal flu outbreak, so the Trust commenced its robust sessional flu campaign planning in June 2023. The Trust Flu Committee continually monitors the seasonal flu updates from the southern hemisphere to gauge the likely impact for the Trust. This to ensure appropriate planning is in place to reduce any potential impact of seasonal flu outbreaks are managed appropriately.

Although more prevalent in the weeks preceding the festive period, many areas across the region would normally have a significant rise in footfall through major towns and cities leading to "crowded place" scenarios. These scenarios are potential subjects/targets for the increased possibility of terrorist attacks, given the change in tactics seen across the globe in recent years. The Trust has a significant capability both in terms of planning, response and links with local agencies and partners in such matters.

All the Trusts Commanders (Strategic, Tactical and Operational) will have completed their annual Commander Mandatory training, have the appropriate training and skill set for their role. Every commander holds a CPD command log aligned to the National Occupational Standards for assurance purposes, these are reviewed on a 6 monthly basis. All commanders remain compliant with JESIP training, and this year has seen a significant amount of refresher training alongside blue light partners and local stakeholders to ensure the Trust is meeting its requirements as a category 1 responder.

Commissioning

WMAS is commissioned by 6 ICSs across the West Midlands for the 999-ambulance contract with The Black Country ICS being the Lead Commissioner.

Lead Commissioners

The Lead ICS Commissioner can be contacted for a variety of reasons such as:

- Act as a communication point between WMAS and ICS
- Highlight specific issues that need Commissioner input
- Keep apprised of issues that are ongoing
- Single point of contact for further financial support

WMAS have a named Commissioning Executive Director who will be the point of contact for all commissioning matters, specifically:

- Additional winter resources
- Attendance the A&E Delivery Boards
- Lead for the ICS's
- Alerting to additional system resilience requirements for 999
- Escalating system pressures relevant to ICS's (e.g. Ambulance Turnaround delays)

Potential Risks

- Commissioners are looking to WMAS to support delivery of the local healthcare system
- High demand on 999 service (significant growth due to sudden severe adverse weather or increased illness in patients)
- High levels of seasonal flu or associated illness abstractions
- Hospital Turnaround delays at Emergency Departments remains the highest risk for WMAS which will impact the operational delivery of the Emergency Service
- System risks are managed via A&E Delivery Boards, Chief Executives of providers, and Local Authority representation
- Substantial incident or disease outbreak
- Increased transfer of 999 calls from 111 providers
- Lack of appropriate funding to maintain effective service delivery

The following should be focused on to assist in managing the identified risks and workload:

- Increased cover on Bank holidays, weekends, and other key dates
- Sustained low level of conveyance to hospital
- Reduced handover times and reducing excessive long delays
- Continued use of the Clinical Support Desk/ Clinical Validation Team
- Increasing use of appropriate Pathways of patient care
- Robust Winter vaccination programme (flu & respiratory)
- Identify appropriate funding to meet the demands of the Trust

Command and Control

The Trust has a strong track record in delivering effective services through a command structure. This consists of:

- Executive Director of On-Call 24/7 (CEO or Deputy Chief Ambulance Officer)
- Strategic Commander team who provide 24/7, 365-day strategic leadership and management through an on-call provision
- Tactical Command Cell (TCC) 24/7 based in EOC providing single point of contact for operational issues, command delivery and escalation into the wider NHS.

At times of extreme demand these arrangements will be expanded further to meet the needs of the organisation. The on-call system provides a Tactical (Silver) level of management for the geographical areas and functional operational departments such as E&U operations, EOC, PTS, Emergency Preparedness, Medical Advisor and Communications. The Trust operates an on duty 24/7, live operational 'Tactical Incident Commander' role that enhances the regional management team for incidents and provides 'subject matter expert' command at large scale or challenging cases. This role is directly linked to the TCC to fully support the daily command structure. This team also provide an On Call function for a significant or Major Incident response.

Operational Strategic Overview

There are On-Call Conference calls every Monday and Friday at 0900hrs which is attended by relevant senior managers and the on-call team, chaired by the On Call Strategic Commander. These meetings can be increased to daily, should there be a requirement to meet the needs of the service.

The operational Tactical level On Call team are collectively managed by one Strategic Commander to improve communications for On Call purposes. All other departments/specialities are managed by their respective Director, all ensuring that lessons learnt are shared to continually improve command and control. There are weekly Senior Manager Team (SMT) meetings that review the control room and operational cover, pressures experienced/ expected and mitigation of risks, also chaired by the Director for each area.

Officers Booking 'On' and 'Off' Duty

All Officers MUST book on duty with EOC via ARP and MUST inform EOC when moving location or returning home. Officers must be prepared to respond to incidents if they are the nearest vehicle to a 999 call.

Duty Director / Strategic Commander

Given the experience of the last few winters and COVID-19 management, the Trust has the opportunity to enhance senior cover at times of extreme demand and will if required arrange for a trained and experienced Duty Director to be based at Trust Headquarters EOC working 7 days to support 999 and PTS and general Trust operations. This position will primarily looking at live operational issues and taking senior decisions to resolve problems within the WMAS operation or escalating matters which other providers need to take urgent and robust action, in-order to ensure WMAS operations are not compromised.

This function would be undertaken by Assistant Chief Ambulance Officer's (ACAO), giving extended weekday shifts and weekend coverage. The function is based at Trust Headquarters EOC and works typically a twilight shift. This can be further enhanced during the Festive 2 week, to include an additional day shift cover if required.

This to ensure that the risks to patients are escalated in periods of high demand or in identified significant high-risk periods where WMAS resource are being affected by other providers (such as Hospital Turnaround delays). The arrangements will be continually reviewed for effectiveness in the winter period and adapted as required.

Tactical Command Cell (TCC)

The Trust operates the Tactical Command Cell with two on duty, live Tactical Commander level roles, one in the EOC and one operational to enhance the management cover that is provided by the 24/7 Operations Managers and the On-Call provision that the Trust must support larger scale incidents. The duty TIC / TCC reports directly to the Duty Strategic Commander.

The Trust has opportunity to further support the TCC with a support officer to ensure that all duties in the cell are completed in the event of the Adverse Weather Cell being required to activate. This cover can be arranged within a short timeframe allowing robust management of any supporting plans being enacted.

Additional Manager Cover

All managers with a blue lighted car will make themselves available throughout the winter period by booking on with the EOC, when on duty at all times.

The Trust has agreed a number of key dates where it requires all operationally qualified managers who are not delivering frontline services or priority training, to make themselves operationally available to EOC, either through booking on with their blue lighted car or arranging to work as part of an additional Ambulance crew. Those dates are as follows:

December 2023:

- Weekend of 22nd, 23rd, 24th
- Christmas Day, Boxing Day
- New Year's Eve 31st

January 2024:

- New Year's Day and following days 2nd, 3rd, 4th
- 5th, 6th, 7th, 8th, 9th, 10th, 11th

There is a requirement for all operationally trained staff to be available to respond to patients through this period. Given that there will be reduced meetings over the dates stated above, this will increase availability of regional staff to patients when required.

Key Operational Requirements

A number of key principles have been agreed as an operational team to ensure focus and consistency is applied in the winter months. This will help all managers to apply a consistent approach and provide some priorities also:

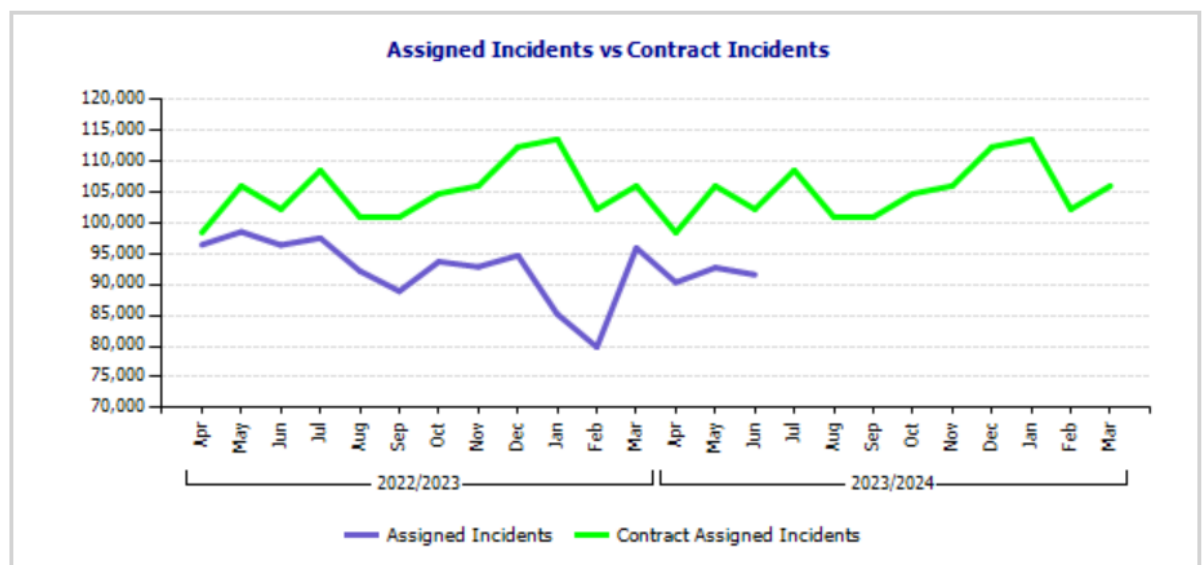
- Ensure all incident types are allocated without delay
- Reduce downtime to the minimum, ensure hospital turnaround is tightly managed and escalated promptly
- Support timely and appropriate on scene times
- Maintain low sickness levels through robust, effective and timely management of all sickness
- Ensure an effective Flu Vaccination plan is being delivered
- Production of Festive Plan period rosters in October to ensure any identified resourcing issues can be addressed early
- Maximise ambulance resource to ensure strong cover is in place for peak periods such as weekends, Mondays, and key dates
- Continued focus on delivering a Paramedic on every ambulance
- Plan ahead for all staff planned to complete training in readiness for the festive period
- VPO cover to be maximized and recruitment plan is a priority
- Operational Manager posts will always be backfilled for maximised resilience
- There is no planned use of external VAS support

Key Contact Centre Requirements

- Answer calls promptly and appropriately to meet the needs of calls/patients
- Ensure all incident types are allocated without delay
- Reduce downtime to the minimum and ensure hospital turnaround is tightly managed and escalated
- Maintain low sickness levels through robust, effective and timely management of all sickness
- Ensure an effective Flu Vaccination plan is being delivered
- Production of Festive Plan period rosters in October to ensure any identified resourcing issues can be addressed early

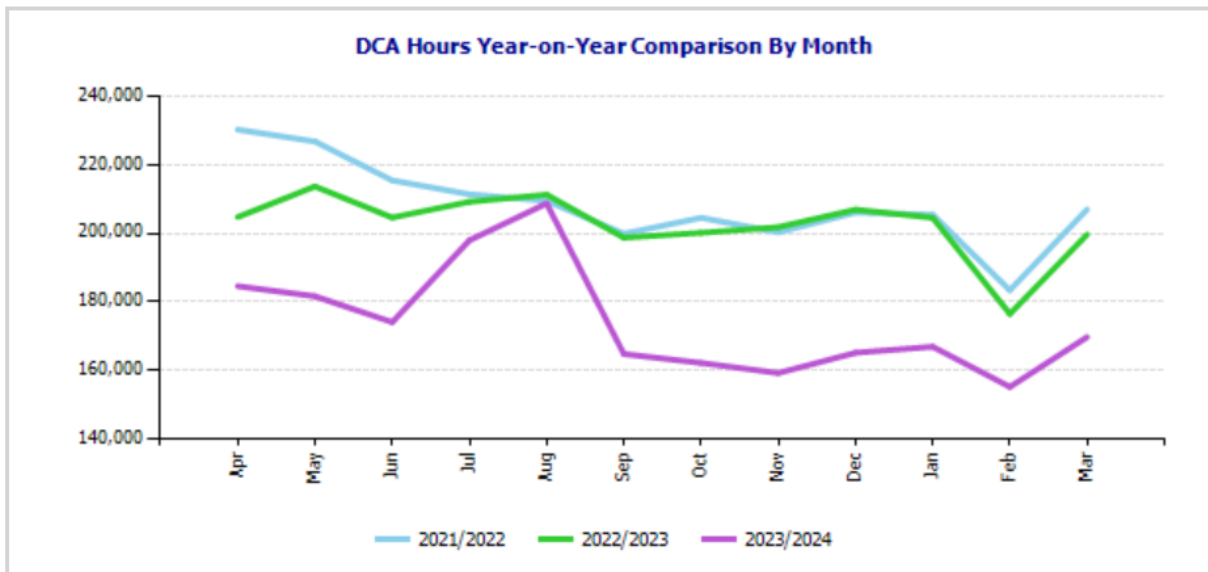
Activity / Resourcing Forecasts

The chart below depicts the assigned incident count against the contracted incident count.



Resource Hours Comparison

The below chart shows the number of ambulance hours for the last 4 financial years compared to these years forecasted requirement, noticeably there has been a sizable increase to in DCAs to manage COVID-19 from April 2020/21 as all workforce were available to operations for the pandemic. From September to March 2022/23 are core rotas currently and Festive cover will not be completed until October



Operational Sector Readiness

The Trust is covered by 15 E&U operational hubs with last autumn seeing the opening of the new Sandwell Hub that incorporates HART, stores, logistics and largest hub training facility.

The 15 hubs are as follows:

Coventry	Hereford	Stafford
Warwick	Worcester	Stoke
Erdington	Donnington	Dudley
Hollymoor	Shrewsbury	Sandwell
Bromsgrove	Lichfield	Willenhall

Hubs are led by a Senior Operations Managers (SOM's) that manage their respective Hub where staff book on and off duty. The SOM leads the Hub and is supported by a team of Operations Managers (OM's) who work 24/7 and are responsible for the day-to-day welfare of staff. In addition, they respond and manage serious incidents supported by the Tactical Incident Commanders when appropriate.

To ensure resilience for the management team there are staff, who are fully trained and signed off, who can act up to appropriate management roles if required, should substantive managers be abstracted for any reason.

A Festive IIMARCH will be published on the second week in December 2023 to support the delivery of services over the Christmas period. The IIMARCH will be submitted to the lead commissioners as required and will evidence a state of readiness to cope with the expected demands.

The Winter, Christmas and New Year period traditionally and historically has presented operational delivery challenges to the Trust, with a sustained period of increased demand and hospital handover delays concentrated in both urban and rural areas.

It is therefore prudent that during anticipated period of increased demand that we harness our available resource capacity to maximum effect:

- Maximised WMAS DCA outputs to forecasted workloads
- Maximise the use of VPO's to focus on deep cleaning on nights and increased cleaning at peak output times appropriately to meet IP&C requirements
- Maximised fleet/workshops availability
- Ensure sites are in a state of winter preparedness stock (shovels, Grit etc)
- Abstraction's rates across all sectors will be kept to a minimum to maximize available ambulances to enable us to respond to the demands placed upon the Trust.

Hazardous Area Response Team (HART) / Special operations Response Team (SORT)

Hazardous Area Response Team (HART) provide the interoperable capabilities and specialist response on behalf of West Midlands Ambulance Service NHS Foundation Trust (WMAS) and the NHS within its area. These capabilities provide the NHS response to several high-risk incidents articulated within the National Risk Register of Civil Emergencies and deliver the key NHS contribution to the UK Government resilience strategies, namely CONTEST and the National Resilience Capabilities Programme. WMAS HART Paramedics are HCPC registered, who have undergone specific selection and training to work in hazardous environments. These include:

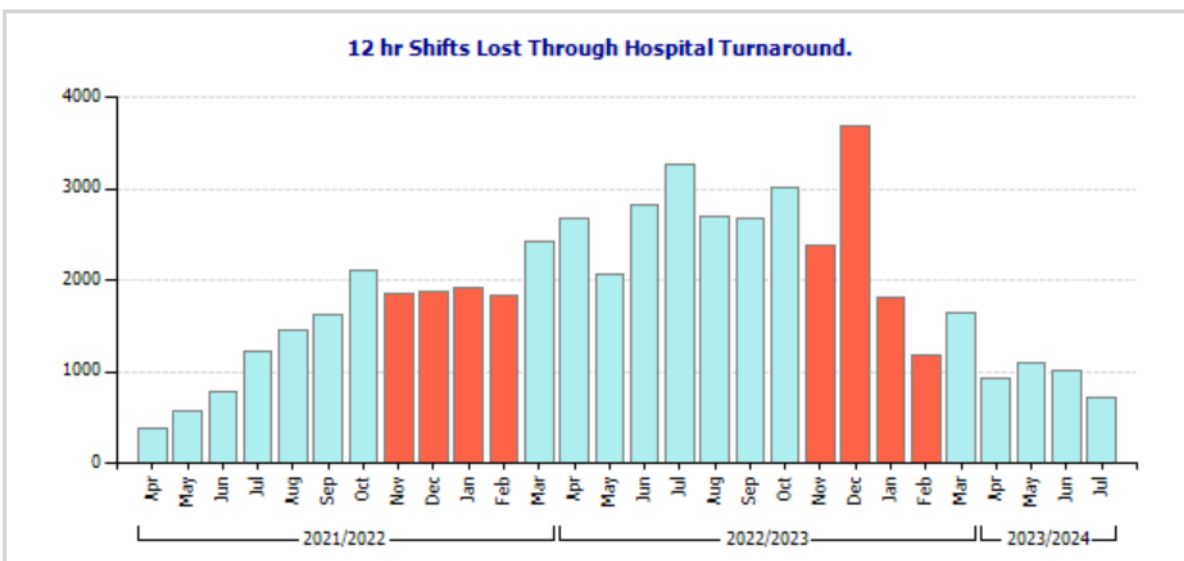
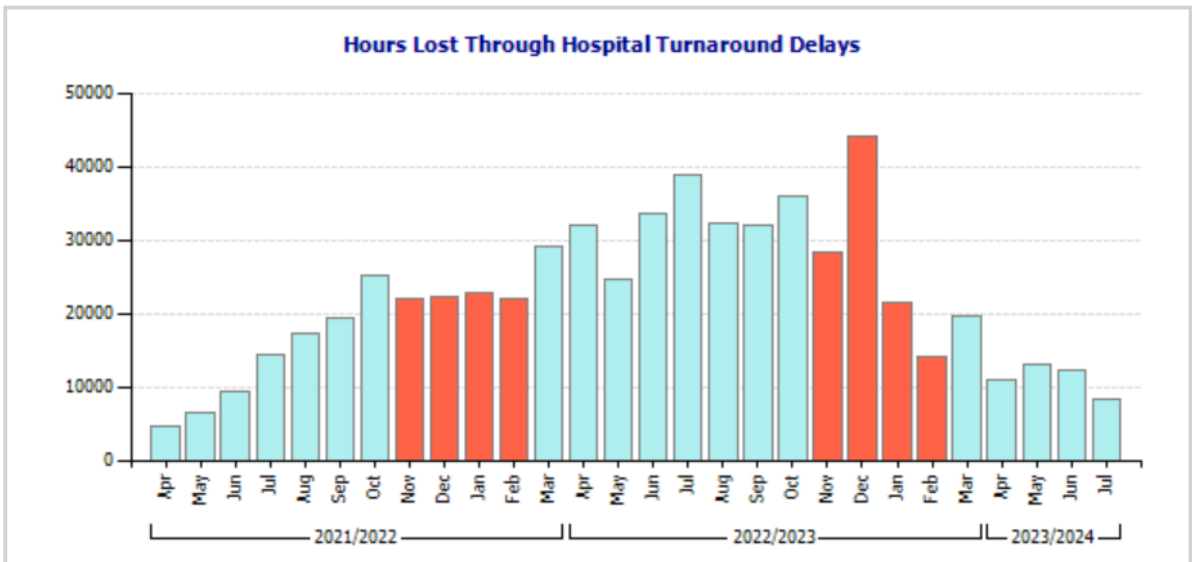
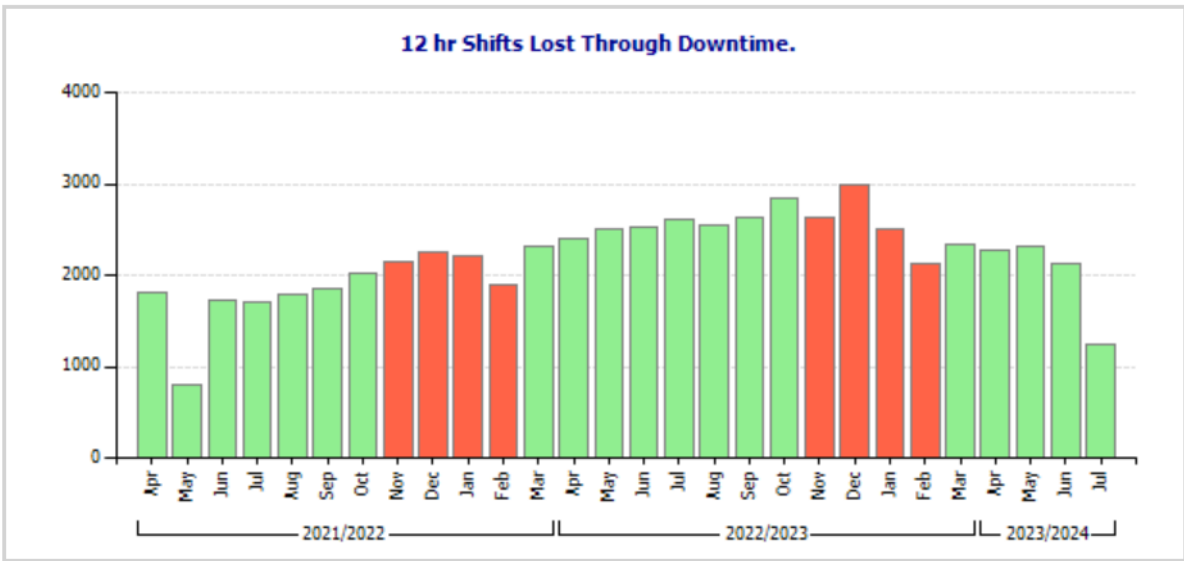
- Hazardous Materials (HazMat)
- Chemical, Biological, Radiological, Nuclear and explosives (CBRNe)
- Marauding Terrorist Attack (MTA)
- Safe Working at Height (SWaH)
- Confined Spaces
- Unstable Terrain including off road and difficult to access locations
- Water Operations
- Support to security operations (SSO)
- Bariatric

At the commencement of each shift a staffing email will be sent by the duty Team Leader to the DG-HartShiftAllocation@wmas.nhs.uk and DG-GoldCommanders@wmas.nhs.uk group, outlining vehicle allocations and capability. There is a national requirement to ensure a minimum of six operatives are always on duty. WMAS HART Staffing levels ensure this is met on every shift and daily shifts are crewed with eight HART staff.

SORT staff are made up of frontline clinicians who have undertaken extra training to support operations in the event of a CBRN/MTA related incident. The Trust currently has a cadre of 300 SORT staff who are trained across frontline operations. The Trust is able to meet the interoperable/national requirements of having 35 staff on duty at all times between 0600-0200 hrs daily. These numbers are reported on the ORBIT report 502 (Gold Dashboard) and Proclus for national oversight twice daily.

Hospital Turnaround

There has been a clear, significant increase in hospital handover delays and this is clear to see in the chart below for the delays in patient handover, which is why this is documented as the highest risk on the Trusts Risk Register at a score of 25.



Since June 2021 there has been a significant impact in ambulance handover delays, that has seen a direct impact to waiting patients in the community for the Trust. The Trust introduced a Head of Patient Flow role to ensure there is a direct focused lead with the ICBs/Acute Trusts, given the identified risk.

NHSE Operational Measurement Guidance for Urgent & Emergency Care Winter Incentive

There has been, at the worst point, a 304% increase in hospital handover delays and it is imperative to patients waiting in the community that the 15-minute clinical handover and 30-minute turnaround be always enforced to ensure crew availability for response. In line with the NHSE Operational Measurement Guidance for Urgent & Emergency Care Winter Incentive (Appendix B), this will be managed through by the HALOs and Tactical on Call out of hours, with support from the 24/7 Strategic Capacity Cell and further support from the on-call Strategic Commander. This NHSE guidance document follows on from the NHS Winter letter published on the 27th July which introduced the incentive scheme for providers to achieve better performance in the second half of the year in return for receiving a share of a £150million capital fund for 24/25. The agreed escalation policy will be followed robustly to maintain the safest service possible to the citizens within the region.

Strategic Capacity Cell

The Strategic Capacity Cell (SCC) provides the strategic overview of the whole system and is focused on reducing hospital turnaround times and providing robust high-level escalation for hospital turnaround delays. Further to this it has a vital functionality to manage ambulance activity into acute hospitals more effectively with Intelligent Conveyance (IC) to create an even spread of activity and contribute to reducing 4 and 12hour breaches in Emergency Departments, ensuring patient safety and wellbeing.

The Strategic Capacity Cell is located at Trust Headquarters EOC, where it has access to a comprehensive range of live information feeds giving a real time region wide overview of:

- Acute Trust bed status information/ capacity informatics
- Emergency and urgent ambulance activity
- Predicted/ forecasted demand for both hospital and ambulance e.g. 999 emergency activities and Health care referrals where a clinician is making a transport request
- Outstanding workload/ conveyancing details real time
- Discharge visibility both booked ready and booked but not ready
- Real time HALO intelligence around visible pressure in ED's
- The SCC is managed by the Head of Patient Flow.

Strategic Capacity Manager

The Strategic Capacity Manager (SCM) role is staffed by a dedicated team of experienced Tactical Commanders, providing 24/7 cover. The Strategic Capacity Managers provide Tactical level leadership to manage the strategic overview position with regards hospital turnaround and escalation between WMAS and the acute hospital management teams.

In conjunction with the Duty WMAS Strategic Commander, the SCM provides escalatory intelligence and support to the WMAS On-Call Tactical teams and EOC Duty Managers across both Emergency Operation Centres. The SCM are the local contact for the Acute Trust's with regards to the management of hospital escalation and mitigation of hospital turnaround delay, in response to operational demand and increased EMS Level(s).

Included in the structure within the SCC is the Ambulance Hospital Liaison Officer (AHLO) who support the SCM in the early stages of escalation and this allows the SCM to maintain the strategic overview. If there is a requirement to increase the capacity of the SCC team when increased pressure is in the system, then this will be managed by the Trust On-Call Strategic Commander.

The Trust has developed an improved logging tool to enable accurate recording of the Hospital Delays, any patients being held outside of ED's, and Escalation actions being undertaken for daily reporting to the whole health system.

The Duty SCM will operate in conjunction with the Ambulance Hospital Liaison Officer (AHLO), Hospital Ambulance Liaison Officers (HALOs) and Hospital Turnaround Desk Supervisors (HTDesk). The HTDesk will coordinate all escalation, intelligent conveying and requests for diversion/deflection of activity across the region and beyond. SCM Commanders will also provide key strategic support and tactical advice within the Strategic Capacity Cell.

During normal operation, the SCM will attend conference calls in regard to escalation of Acute, during peak times local operational management will assist in joining these calls where there is high level escalation or when multiple Acute's are escalating, and call may overlap.

WMAS Trigger for the RCMT Escalation Management System (EMS)

The Regional Capacity Management Team (RCMT) administers the West Midlands region-wide "Escalation Management System" (EMS). EMS is essentially a web-based viewer that displays the levels of pressure being declared by partner agencies against a defined set of triggers for each of the 4 levels.

These levels consist of defined triggers that cover front door information, plus areas such as elective surgery, medical outliers and use of planned additional capacity – effectively focusing on the complete patient pathway. For the Acute's, these levels are based around ambulance waiting times, bed capacity and 4hr breaches. WMAS in reality base our declared EMS levels allied to our current REAP Status.

Each trigger is weighted so Acute's simply input all the relevant data into the reporting matrix and the system calculates the most appropriate EMS Level, which will ensure that the EMS level declared is wholly reflective of the overall pressures being seen within each Acute. The information is only useful and accurate at the time the level is declared – and organisations are only required to update their declared levels before 0930hrs every morning and before 1500hrs in the afternoon.

Officer Deployment to Acute Sites

Hospital Ambulance Liaison Officers (HALO) are commissioned by individual ICB's – which must be clearly defined and financially accounted for in each ICS. HALO's have an assigned acute hospital that they work within.

HALOs are line-managed by the Head of Patient Flow and supported by the local sector SOM. During their hours of duty are required to book on with the Hospital Desk or AHLO, who will provide tasking, guidance and direction based on the overall picture of operational pressures. HALO rosters are held on GRS, collated centrally by the HT Desk and can be viewed by all Tactical Commanders.

The experience of the last 18 months has confirmed hospital turnarounds will remain problematic and significantly worse than experienced in the previous winters, which has seen the extension of the winter arrangements through the Q1, Q2 and Q3 this year. The Trust has worked with commissioners and local A&E delivery Boards to understand what resource is required to reduce the number of patients waiting in handover delays.

The Trust is working with each acute to identify cohorting areas and further working arrangements to best manage handover delays, to reduce the impact on delaying ambulances attending patients waiting in the community.

Emergency Operations Centre (EOC)

Duty Managers

There is a Duty Manager on each of the Control Room sites (EOC). They provide 24 hours, 7 days a week cover taking responsibility of the day to day running of the IEUC and the staff, which includes Supervisors, Call Assessors, Clinicians, Dispatch and Specialist teams.

Additional support and management will be supplied by the EOC Commanders during normal working hours across each of the Sites and there is an EOC Tactical commander on call during the out of hour's periods.

The EOC Commanders and Duty Manager constantly review the live Surge Level internally and of the organisation based on both the 999 demand. They review patients waiting and available ambulance resources, along with demand on the clinical queue escalating the level when required for appropriate additional actions at each level.

EOC Tactical Cover

EOC Tactical (Silver) Commander arrangements are in place for provision support staff and managers taking 999 calls and despatching resources. This is to ensure robust and resilient management support that includes weekend and late cover during periods of high activity and pressure, such as the winter.

Dispatch

Planning is in place to ensure that dispatch team positions are fully staffed to meet the expected demand and the additional requirements for key dates during the winter and festive period.

Incident Command Desk (ICD) Arrangements

Two ICD supervisor are on duty on each and every shift providing 24/7 cover to manage and deploy resources to any large scale or specialist incidents in line with current ICD protocols.

This is a regional desk where specialist incidents are managed by the ICD from any location within the areas covered by WMAS. In addition, each of the dispatch teams have identified, trained and experienced dispatchers that provide additional support should there be a requirement for 3 ICD's or resilience.

Call Taking

During each shift call taking at both sites, Navigation Point and Tollgate are managed by call assessor supervisors. They provide support and line management responsibilities for the call taking function. The recruitment of Call Taking staff has been maintained to ensure that the team are able to meet the high demand period, this has seen the number of 2 min BT delays reduce to very low levels and the Trust having the best call answering performance in the country.

The number of staff on duty at any one time is varied in order to provide the right level of cover to meet call demand. A separate staffing assumption has been made regarding Christmas and NYE and will be contained within the Festive plan. Protocols changes and staff notices will be kept to an absolute minimum during the winter period so that the dispatch and call assessor teams are not distracted by adhoc changes.

At present the Trust have call taking capacity to provide support to other Ambulance Trusts whilst maintaining excellent call answering standards internally. Funding streams have been agreed for WMAS to provide support to both Yorkshire Ambulance Service (10% of calls) and East Midlands Ambulance Service (30% of calls) whilst control room changes undergo review and transformation for these Trusts

Clinical Validation

This is the third winter with Clinical Validation supporting 999 calls (with the exception of a predefined list of exemptions), will go direct to the clinical validation queue where the focus will be to source alternate pathways, where it is clinically safe to do so and reduce the overall volume of patients passed to dispatch for an ambulance response.

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

- Increase Hear & Treat to circa 15% which equates to utilising alternative pathways for circa 500 patients a day, (to date with the current measures in place we move around 200 patients, so we are looking at an additional 300).
- A noticeable reduction for the requirement of an ambulance dispatch.
- A reduction in patients waiting for help thus providing the dispatch function more opportunity to respond ambulances to those patients with the greatest clinical need.
- Increase utilisation of primary care services.
- Reduction in conveyance to ED with a likely reduction in hospital delays.
- Reduction in stress and anxiety created by excess demand within control rooms
- The Clinical Support Desk Teams are located within both IEUC's and provide 24 /7 cover by 33 experienced Clinicians. The staffing of the team varies throughout the hours of operation to match the activity presented.

The key roles of support are as follows:

- Category 2, 3, 4 and 5 Clinical Navigator 24/7 (criteria dependant)
- Dispatcher 24/7
- Clinical Support Desk Paramedics 24/7
- Clinical Validation Paramedics 24/7

Community First Responder Schemes (CFR)

Key to supporting the communities of the West Midlands region are the Community First Responder's (CFR). CFR's contribute towards patient care for Cat1 and Cat2 calls, operating within the vicinity of where they live, (5 miles or 10 minutes). They are contacted if they are booked on duty with EOC. Their utilisation is reliant upon dispatching from both EOC's and are monitored by the local Community Response Managers.

Communicating with CFR's

Community Response Managers inform CFR schemes when there is a predicted increase in demand, such as winter and the weekends leading up to the Christmas & New Year and request the schemes to book on duty. This is with the clear focus that it is in addition to their usual targeted hours per month.

Patient Transport Service (PTS)

WMAS holds 7 Non-Emergency Patient Transport Services (NEPTS) contracts across the West Midlands region and Cheshire.

Accounting for 65% of the regional NEPTS services, the service encompasses routine Patient Transport Services, Renal Dialysis, Mental Health, and High Dependency Services. Patient transport activity is in excess of 1 million journeys per annum and is serviced by a workforce of over 1200 staff, 344 vehicles and 4 control centres providing 24/7/365 service provision.

During winter periods, activity generally remains constant within NEPTS and does not suffer from increased activity or significant variances; notwithstanding this, pressure upon timely discharges do present as winter pressures and exhibit across the wider health economy. However, there is an increased focus on discharges and WMAS will again this year focus on ensuring all discharges are collected and transported quickly for all hospitals we hold the contract. Patients will be ideally collected within an hour and definitely within 2 hours, to achieve this it is essential that the hospitals are planning correctly. The discharges will be completed as a priority to enable the hospital to keep the flow at the front door and assist with capacity.

In forecasting terms, activity is planned for one to two days in advance of the operating day and responds to the actual activity known and presented; the planning takes into account patient mobilities and vehicle variant requirements. Based upon this, staffing and vehicle allocations are flexed from the full and part-time employed staff

pool, as well as bank staff and overtime allocation. Annual leave is managed and controlled during this period to ensure that adequate staff availability is maintained.

To service 'On the Day' activity, such as late notice bookings, discharges and transfers (usually 10-15% of overall activity), additional and unplanned crews are designated in order to service the demand as presented; the unplanned crews are increased during the winter periods in order to meet the growing winter pressure for timely and prompt discharges.

Each contract has a Senior Operations manager who is overall responsible for the operational delivery which is supported by a designated operations manager and supervisors.

The contracts are as follows:

- Pan Birmingham
- Coventry & Warwickshire
- Sandwell & West Birmingham
- Dudley & Wolverhampton
- Walsall
- Black Country Partnership
- Cheshire

There are four control rooms across the region at the following locations:

Frankley – covers Birmingham and Black Country

Coventry – covers Coventry & Warwickshire

Tollgate – covers all contracts and Out of Hours

Warrington – covers Cheshire

As part of plans for managing winter pressures NEPTS will:

- Continue to work with Commissioners and Acute Trusts aim to ensure discharges are arranged earlier in the day. Timely discharges will contribute to patient flow and support “keeping the front door clear”
- Provide additional regional discharge crews between – 0800 and 0200 (Mon- Sun)
- Achieve 95% of discharges within 2 hours of being booked

In order to ensure adequate staffing levels for the winter period and to service the presented activity and maintain a normal service provision, annual leave is managed within control levels; Bank staff are utilised as required, and overtime offered. No vacancies will be planned operationally with additional staffing provided to meet demand. A 24/7/365 NEPTS Tactical on call team operates, to deal with issues on both an in hours and out of hour's basis. This will be enhanced by having a daily late duty Tactical Commander located in Trust HQ EOC to ensure clear focus is maintained across the region on discharges and working directly with each of the contract managers at the sites. 'Snow Socks' are carried on all NEPTS in order to ensure continuity of service during adverse weather conditions. NEPTS will assist the Emergency and Urgent Services with resources as requested and required throughout the winter period, subject to operational availability. In the event of a Major Incident, NEPTS will provide support as outlined in the WMAS Major Incident Plan

Fleet, Estates, Logistics and Regional Make Ready Recruitment

Supplies:

- Snow socks for all vehicles have been checked with orders placed for missing items
- De-icer stocks have been checked for all sites and orders placed as required
- Fuel delivery arrangements have been confirmed with the Fleet Department and all fuel cards are in date
- Where applicable Fuel bunkers have sufficient stocks to manage the festive period Bank Holiday break

Ambulances:

Each Hub has a specialist 4x4 ambulance capability with trained staff, these ambulances will be deployed 24/7 operationally to the appropriate areas when poor weather is forecast, in addition to supporting the overall Ambulance Fleet to meet peak outputs.

Double Crewed Ambulances (DCA) 454 and Rapid Response Vehicle (RRV) 22, this fleet profile includes 1 electric DCA and 2 electric RRV's. All vehicles will be less than 5 years old which will allow the operational teams and fleet teams to focus solely on the daily delivery of frontline operations.

Fleet Replacement Programme

This financial year the trust are receiving 85 vehicles as part of the ongoing fleet replacement programme, these are all expected to be delivered into the trust and be operational by March 2023, with 50% operational prior to the festive period.

Fleet Opening Hours Daily

Vehicle availability and cover during the winter months, Christmas and New Year period is paramount. Opening hours of the workshops, mechanics availability both in and out of hours through on-call will be enhanced. These times may change as the Trust moves closer to the holiday/festive periods and will be reflected in the separate operational holiday/festive plan for this period.

During periods of adverse weather, mechanics availability for evenings and weekends will be scaled up as appropriate, i.e. early starts and late finishes.

There are further cover arrangements with Terrafix through the festive period to provided extended cover from the base contract to ensure that any vehicle downtime due to Terrafix mobile data issues, can be resolved as soon as possible. Vehicle recovery will be available through our vehicle recovery agents, Mansfield recovery, 24/7 (as normal) inclusive of the Christmas / New Year festive period.

Fuel Stocks

During the winter period, all Trust fuel bunkers at each hub will have increased deliveries to ensure better resilience given the increase in demand and reduce the impact should incremental weather impact roads networks/ infrastructure. These arrangements are aligned with the WMAS Fuel Supply Disruption Plan.

Logistics and Estates

The Logistics Manager will remain focused on VPO recruitment, VPO training and process control that has improved by the move to the new Sandwell Hub, giving greater capacity.

In line with normal Trust winter arrangements, the regionally controlled winter ambulance load list will be rolled into the Make Ready process at each hub in October to ensure each Emergency vehicle has an ice scraper, de-icer, a snow shovel and snow socks load on every RRV and Ambulance vehicle, with adequate spares held on each hub. Hubs will ensure that adequate stock of protective windscreen covers, ice scrapers and de-icer is in place on hubs as required.

The Trust has in place a contract to grit the Operational Hubs and EOC sites. This is provided by an external contractor who monitor temperatures daily and set thresholds to grit based upon Met Office information (daily). A report is circulated each day showing which sites will be gritted that night. The contractor then visits the highlighted sites that evening and spreads grit around the carpark and walkway areas. This provision occurs every day when the threshold is met. This service is managed and facilitated by the estates department; any problems are reported through the Estates Help Desk. In addition, the Trust provides a small stock of grit to supplement certain areas (smaller locations) that is supported by the TCC out of hours.

Regional Stores

The move to a more centralised location at the new Sandwell Hub gives the regional stores team greater capacity to hold stock and distribute more efficiently. There still remains on going issues with availability of items through the NHS supply chains and the procurement team continually work to reduce any impact to Trust operations.

To ensure that operational stock levels do not come under pressure additional provisions are made available for:

- a) Ambulance specific drugs
- b) Ambulance specific medical supplies
- c) Additional fleet department stock which includes tyres and key mechanical parts

Uniform

There are sufficient plans in place to ensure that Trust uniform for appropriate staff is in sufficient stock at the Trust Logistics Centre, includes the availability of material religious purposes (i.e. hijab) and arrangements are in place for all new staff joining the Trust for the winter will have their uniform in good time. The Trust has some PPE additional stocks at local hubs to ensure this can be replaced in quick order.

Mass Vaccination Plan (Seasonal Influenza and Respiratory) / NHSE Flu & COVID Vaccine Programme

WMAS has implemented a managed programme for 100% of all eligible staff to participate in the Frontline Staff Seasonal Flu for many years. In 2022/2023 the Trust flu vaccination programme achieved 75% of its workforce being vaccinated. The Trust recognises that the NHS Flu & COVID vaccination programme has been brought forward due to the risk of a new COVID variant (Appendix C), with WMAS continuing to offer the seasonal flu jab only. The COVID vaccine will be available for staff to book as per the published guidance.

Seasonal Flu

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season- a much higher incidence than expected in the general population. Influenza is also a highly transmissible infection. The patient population found in hospital is much more vulnerable to severe effects. Healthcare workers may transmit illness to patients even if they are mildly infected. Influenza is a serious health threat, especially for vulnerable populations like older adults and people living with and caring for frail, disabled and/or aging persons, including those who work in long term care.

Health Care Professionals who are not vaccinated against influenza may:

- become infected with influenza through contact with infected patients
- become infected with influenza through contact with other infected professionals
- spread influenza to patients and other Health Care Professionals.

Potential exists for WMAS frontline staff to carry the virus and unknowingly infect patients and colleagues – causing illness or even death. Without the vaccine, staff are more likely to infect each other as well as patients, families, and their colleagues. The vaccine will prevent increased pressures on the workforce through sickness and absence.

The Trust will train Paramedics to administer the Flu Vaccine to eligible staff at their base Hub locations. There is a significant programme in place to deliver Flu Vaccine to sites and maintain the cold storage chain. All staff will be approached positively to encourage the uptake of Flu Vaccine administration, with an incentive scheme in place to further promote the uptake of vaccine for at least 90% of the eligible workforce before December 31. In locations which aren't served by Paramedic staff the Trust will ensure a clinician will visit these sites on pre-arranged date giving all staff the opportunity to have the vaccine.

The Trust has live monitoring of the global impact of the Flu infection with this a focus on what happens in Australia as they head into their winter period. Any learning that can be factored into WMAS planning will be constantly reviewed by the Trust leads, locally and nationally.

ENDS -----

Appendix List

A – NHSE ‘Preparing for Winter’ Guidance

B – Urgent & Emergency Care Winter Incentive – Operational Measurement Guidance

C – NHSE Flu & COVID Vaccine Programme Information