West Midlands Ambulance Service
University NHS Foundation Trust

AGENDA

TITLE OF MEETING: Meeting of the Board of Directors

Wednesday 25 May 2022 at 10.30 hours
To maintain the Trust's policy on social distancing this meeting will be convened by electronic means through Microsoft Teams software.

Membership

Prof. I Cumming*	Chair	Non Executive Director (Chairman)
Prof. A C Marsh*	CEO	Chief Executive Officer
Ms W Farrington Chadd*	WFC	Non Executive Director (Deputy Chair)
Prof. L Bayliss-Pratt*	LBP	Non Executive Director
Ms C Beechey	CB	People Director
Ms M Brotherton	MB	Non-Emergency Services Operations Delivery & Improvement Director
Mr J Brown	JB	Integrated Emergency & Urgent Care & Performance Director
Mr M Docherty*	MD	Director of Nursing and Clinical Commissioning
Mr M Fessal*	MF	Non Executive Director
Mr N Hudson	NH	Emergency Services Operations Delivery 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	Interim Director of Finance
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	DS	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
Bridgette Hill	BH	CQC
Lisa Spencer	LS	CQC
Richard Davies	RD	
Rhiannon Davies	RD	

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

Item No	Description		Lead	Paper No/ Comments
01	**Welcome, apologies and Chairman's matters**		Chairman	Verbal
02	**Patient Experience – Maternity Care** Richard & Rhiannon Davies will be in attendance			
	a) To receive the Ockenden Report and Action Plan b) To receive the Maternity Annual Report 2021-22		CEO/ Director of Nursing and Clinical Commissioning	Paper 00a Paper 00b
03	**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
	Review of Registers a) To receive the Registers of Directors Interests b) To receive the registers of the Governors Interests		Chair	Paper 01a Paper 01b
04	**Any Questions from the Public relating to matters to be discussed at this Board of Directors meeting.**		Chair	Verbal
05	**Board Minutes**			
05A	To agree the Minutes of the meetings of the Board of Directors held 30 March 2022 and the Extraordinary meeting held on 27 April 2022		Chair	Paper 02a Paper 02b
05B	Board Log and any matters arising from both sets of Minutes not on the Agenda		Organisational Assurance Director	Paper 03
06	**Chief Executive Officers Update Reports**			
06a	To receive the report of the Chief Executive Officer.		CEO	Paper 04a
	Action	To Receive and note the contents of the paper seeking clarification where necessary.		
06b	Executive Scorecard relating to performance for the month of March & April 2022		Integrated Emergency & Urgent Care Performance Director	Paper 04b-1 Paper 04b-2
	Action	To receive the Executive Scorecards		
06d	Covid Update		Strategy & Engagement Director	Paper 04c
	Action	To receive the Covid update report for April 2022 and the Covid monthly trend for the period March 2020 to April 2022		
06e	Licence Conditions			

Item No	Description		Lead	Paper No/ Comments
	Action	To approve the Board Declarations and authorise their publication on the Trust's website.	Governance Director & Trust Secretary	Paper 04d
06f	NARU Contract Update		CEO	Presentation 04e
	Action	To receive the annual update from the NARU Director		
07	**Report of the Director of Finance**			
07a	A financial update from the Interim Director of Finance		Interim Director of Finance	Verbal
	Action	To receive a verbal update on the financial position of the Trust from the Interim Director of Finance.		
07b	Capital Funding Update		Interim Director of Finance	Paper 05a
	Action	To receive and approve the report		
08	**Quality Reports**			
08a	A report of the Director of Nursing and Medical Director including Serious Incidents Update and Learning from Deaths Report.		Director of Nursing and Clinical Commissioning & The Medical Director.	Paper 06a
	Action	To receive the report		
08b	Quality Account		Director of Nursing and Clinical Commissioning & The Medical Director.	Paper 06b
	Action	To receive and endorse the recommendation of the Quality Governance Committee		
08c	Departmental Annual Reports 2021/22		Director of Nursing and Clinical Commissioning	Paper 06c
	Action	To receive and approve the draft annual reports previously circulated to Board members		
08d	Board Assurance Framework & Significant Risks		Director of Nursing and Clinical Commissioning	Paper 06d
	Action	To receive and approve the Board Assurance Framework & Significant Risks		
09	**Operations Update**			
09a	Non-Emergency Services Operations Delivery & Improvement Director Update		Non-Emergency Services Operations Delivery & Improvement Director	Paper 07a
	Action	To receive and note the update		
09b	Integrated Emergency & Urgent Care & Performance Director Update		Integrated Emergency &	Paper 07b

Item No	Description		Lead	Paper No/ Comments
	Action	To receive and note the update	Urgent Care Performance Director	
09c	Emergency Services Operations Delivery Director Update		Emergency Services Operations Delivery Director	Paper 07c
	Action	To receive and note the update		
10	**Report of the People Director**			
10a	Annual Board Assurance Checks (Fit & Proper Persons Checks)		People Director	Paper 08a
	Action	To receive and note the report		
11	**Reports of the Strategy & Engagement Director**			
11a	ICS, AEDBs and Hubs		Strategy & Engagement Director	Paper 09
	Action	To receive and note the report		
12	**Report of the Communications Director**			
	Communications Report & Data Pack Annual Update		Communications Director	Paper 10
	Action	To receive and note the report		
13	**Governance and Terms of Reference - Review**			
	To receive the report of the Chairman setting out the Review of the Governance structure and Terms of Reference.		Chairman (Governance Director & Trust Secretary)	Paper 11
	Action	1. To review the five themes relating to the Governance model approved by the Board in July 2020 2. To approve the Committee Structure attached 3. To review and approve the Board of Directors Terms of Reference in the light of various changes of membership. 4. To review and approve the Board Committees Terms of Reference as attached.		
14	**Board Committee Meeting Minutes**			
	Action	a) Quality Committee – To receive the Minutes of the Meetings held on 21 March 2022 b) Performance Committee – To receive the Minutes of the meeting held on 22 February 2022	Respective Chairs of Committee	Paper 12a Paper 12b
15	**New or Increased Risks Arising from the Meeting**			
16	**Board of Directors Schedule of Business**			

Item No	Description		Lead	Paper No/ Comments
	To receive the Schedule of Business and Development Sessions		Trust Secretary	Paper 13
	Action	To review and note the Board Schedule of Business		
17	**Any Other Business** (previously notified to the Trust Secretary)		Chair	
18	**Review of Guiding Principles**		Trust Secretary	Circulated by email for response
19	**Date and time of the next meeting: The next meeting will be on Wednesday 27 July at 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 UNIVERSITYNHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 02 MONTH: May 2022 PAPER NUMBER 00a

Title	**Maternity Action Plan 2022/23**
Sponsoring Director	Mark Docherty – Executive Director of Nursing and Clinical Commissioning
Author(s)/Presenter	Mark Docherty Stephanie Henry
Purpose	To assess and provide a preview of WMAS maternity action plan against the 4 key pillars and Immediate Essential Actions (IEA) highlighted in the Final Ockenden Report published on the 30th March 2022.
Previously Considered by	None

Executive Summary

This report provides a summary of WMAS proposed Maternity Action Plan for 2022-23 incorporating the publication of the final Ockenden report into the maternity failings at Shrewsbury and Telford NHS Foundation Trust between 2000 and 2019.

West Midland's Ambulance Services (WMAS) have remained dedicated in assessing our service against the immediate essential actions identified in both the interim and the final Ockenden report published on the 10th December 2020 and the 30th March 2022. A considerable amount of work has been completed by our Maternity Lead, to ensure the 4 Immediate Essential Actions applicable to WMAS were actioned immediately. Since then, ongoing progress has been made and continues to be made in a number of these areas, including patient safety, multi-disciplinary working, patient experience, informed consent, training, and development.

WMAS have also been working closely with the Healthcare Investigation Safety Branch (HSIB) to ensure that independent maternity investigations that include the ambulance service, are dealt with in a timely manner, supporting families and trusts to identify learning and actions for improving maternity services.

It is vital WMAS uses this opportunity to provide assurance to the Board that robust actions have been taken to ensure the maternity services provided by the ambulance service are safe and robust. A concerted effort will continue, to ensure the 7 IEA which are applicable to us and the 4 key pillars are the foundation / road map and blueprint of the pre-hospital maternity care we provide.

Related Trust Objectives/ National Standards	All
Risk and Assurance	To provide assurance that the Trust is fully responsive to Ockenden IEAs and continues its focus on reviewing pre-hospital maternity provision. This report details the initiatives in place to support delivery of safe, effective and patient centred pre-hospital maternity care.
Legal implications/ regulatory requirements	Maternity care is a significant risk area for WMAS and improvements in this area have minimised litigation risks.
Financial Planning	None identified

Workforce Implications	Improving workforce skills and knowledge of maternity care is important, as well as consideration for increased specialist maternity support for all maternity cases managed by WMAS.
Communications Issues	None identified
Equality and Diversity Implications	WMAS provide a universal service across the West Midlands Region that is equally accessible to all.
Quality Impact Assessment	All completed actions have provided an overall improvement in the quality of maternity care offered by WMAS.
Data Quality	None identified

Action required. The Board is asked:

- To ratify the Maternity Action Plan 2022/23
- To note and discuss the ongoing content of the Final Ockenden Report.
- Request EMB consider the resources required to support the implementation of the 4 key pillars and IEA identified
- Agree that the maternity action plan will be reported through the Professional Standards Group and the Quality Governance Committee for onward reporting to the Board.

OCKENDEN REVIEW OF MATERNITY SERVICES

Donna Ockenden released the interim report **"Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury & Telford Hospital NHS Trust"** in December 2020 (Ockenden 2020). The report provided Local Actions for Learning and Immediate and Essential Actions (IEAs) to improve safety across all maternity services in England.

This report was published to present the initial findings on an inquiry into the maternity care provided at Shrewsbury and Telford NHS Trust, following a letter received from bereaved families raising concerns about significant harm and deaths of babies and mothers between 2000 and 2019. The initial review was of 23 families, this rapidly increased to 1,862 cases. This review addresses 250 cases, the other case reviews were on-going and the second report was published on the 30th March 2022.

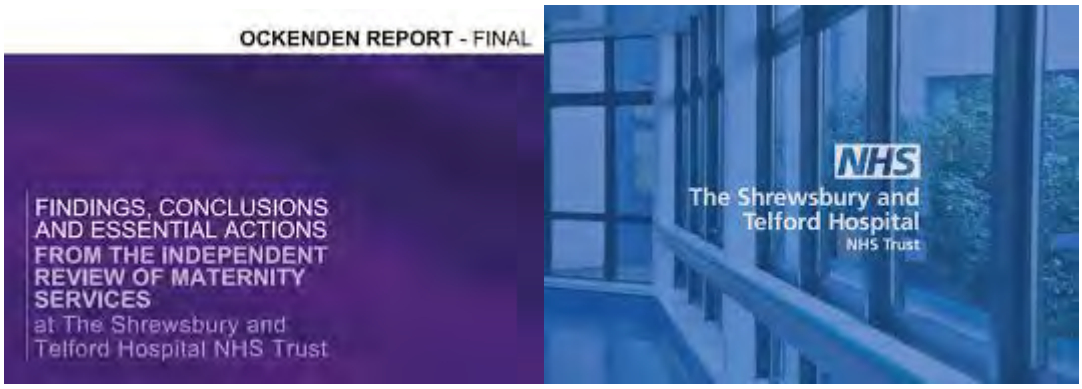
On the 25th January 2022, NHS England published an "Ockenden - One Year On" letter asking all Trusts to provide updated Board assurances against the IEAs.

THE FINAL REPORT OF THE INDEPENDENT REVIEW OF MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST PUBLISHED

Review into almost 1,600 clinical incidents identified failures to listen to families, failure to learn from clinical incidents and failure of multiple external bodies to act in improving maternity services at the Trust over two decades.

The final report examined cases involving 1,486 families between 2000 and 2019, and reviewed 1,592 clinical incidents where medical records and family consent was gained.

The review found repeated failures in the quality of care and governance at the Trust throughout the last two decades, as well as failures from external bodies to effectively monitor the care provided. This final report identifies hundreds of cases where the Trust failed to undertake serious incident investigations, with even cases of death not being examined appropriately. The review found that where investigations did take place they did not meet the expected standards at that time and failed to identify areas for improvement in care. These combined failings led to missed opportunities to learn, with families experiencing repeated serious incidents and harm throughout the period of the review.



INTERIM Ockenden Report - https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf

OCKENDEN REPORT - FINAL (ockendenmaternityreview.org.uk)

PURPOSE OF THIS WMAS REPORT

To provide assurance that the West Midland's Ambulance Services (WMAS) will be responding and addressing the 4 key pillars and IEA which apply to our trust detailed in the Final Ockenden report. It is essential ongoing authority and accountability must be given to the Board, Association of Ambulance Chief Executives (AACE) and the Local Maternity Network Systems (LMNS) to further ensure safety and quality in maternity services. Moving towards system level assurances and reporting across the West Midlands will provide the regional maternity teams with a bi-annual Ockenden Report to evidence dedication to safety, quality, and collaboration with key partners.

BACKGROUND

Anecdotally, West Midland's Ambulance Service does not offer a commissioned maternity service. In cases where pregnancy / labour or birth have deviated from the normal, women choose to seek medical advice and guidance from ambulance services for themselves or their newborn baby, via 111 or 999. At a glance, it may appear that this report is more aimed at tertiary maternity hospitals, but as an emergency ambulance service providing pre-hospital maternity care. WMAS welcomes and acknowledges Donna Ockenden's final report and undoubtedly agree that women and their families using maternity services deserve the best of NHS pre-hospital care and is committed to the prevention of substandard care and practices.

The serious complications and deaths resulting from the substandard maternity care provided at Shrewsbury and Telford Hospital between 2000-2019 has had an everlasting impact on families and their loved ones. WMAS will continue to do all we can to support NHS maternity services across the UK to address issues with systems, governance, culture, resources, training, and staffing, that impact on the safety of maternity care provided. We will actively participant in the ongoing self-assessment required against the 4 key pillars and the immediate essential action's (IEA) highlighted within the Final Ockenden report which apply to our ambulance trust.

IMMEDIATE ESSENTIAL ACTIONS & 4 KEY PILLARS

The Immediate and Essential Actions (IEAs) highlighted in both the interim and the final report remain important and must be progressed by us as a provider of emergency pre-hospital maternity care.

The independent review team identified a number of new themes that must be shared by all maternity services in England as a matter of urgency, to bring about essential change which in turn will improve patient safety for all our women and their babies.

The ***15 Immediate and Essential Actions*** and the ***4 Key Pillars*** identified to drive forward improvements within maternity services in England include the following -

	Immediate Essential Action	Applicable / Not Applicable
1	WORKFORCE PLANNING AND SUSTAINABILITY	×
2	SAFE STAFFING	×
3	ESCALATION AND ACCOUNTABILITY	×
4	**CLINICAL GOVERNANCE-LEADERSHIP**	✓
5	**CLINICAL GOVERNANCE – INCIDENT INVESTIGATION AND COMPLAINTS**	✓
6	**LEARNING FROM MATERNAL DEATHS**	✓
7	**MULTIDISCIPLINARY TRAINING**	✓
8	COMPLEX ANTENATAL CARE	×
9	PRETERM BIRTH	×
10	**LABOUR AND BIRTH**	✓
11	OBSTETRIC ANAESTHESIA	×
12	POSTNATAL CARE	×
13	BEREAVEMENT CARE	×
14	**NEONATAL CARE**	✓
15	**SUPPORTING FAMILIES**	✓

4 KEY PILLARS

- Safe Staffing Level (well-funded) – not applicable to us
- **A Well Trained Workforce**
- **Learning from Incidents**
- **Listening to Families**

Whilst a considerable amount of progress has been made and continues to be made in some of these areas, there must now be a fully funded and concerted effort to ensure the 7 IEA which are applicable to WMAS and the 4 key pillars are the foundation / road map and blueprint of the pre-hospital maternity care we provide.

In addition, there are generic relevant issues that were highlighted in the interim Ockenden report (December 20) and these are highlighted in the enclosed action plans.

MATERNITY ACTION PLAN 2022/23

Following the release of the interim Ockenden Report the West Midland's Ambulance Service Maternity Lead / Trust Midwife formulated a maternity action plan. This has now become the dynamic platform, in which all maternity actions within the trust are logged. To further provide assurance of *effective* implementation of IEA which apply to our trust have been reported to the Professional Standards Group and the Quality Governance Committee for onward reporting to the Board.

NHS England have not yet devised a tool to support providers to objectively review and assess their current position against the 4 fundamental pillars and the 15 Immediate and Essential Actions (IEAs) highlighted in the final report. For this reason, various other ambulance services and Local Maternity Network Systems (LMNS) are delaying submission of their responses with caution, before proceeding with assurance to their board about what they are going to put in place, until more direction is provided by the Maternity Transformation Programme. With this in mind, the National Pre-Hospital Maternity Leads Group which falls directly under NASMED, have proposed that a collective response alongside an official letter signed by all 14 ambulance trusts is submitted to AACE / the Regional Chief Midwives and NHS England. To provide a systematic approach and give our assurance nationally as ambulance services that all the relevant IEA have been fully considered, actions taken, and necessary assurance of implementation is in place to support ongoing delivery of safe, effective and patient centred pre-hospital maternity care. An extraordinary meeting took place on the 19th April to discuss these plans in more detail and the letter for this is currently being drafted. This systematic approach will support UK ambulance services to identify what existing actions and measures have already been put in place and will contribute to achieving the 15 new IEAs outlined in this final report.

INTERIM OCKENDEN REPORT (DECEMBER 2020) WMAS REVIEW OF IMMEDIATE AND ESSENTIAL ACTIONS (IEA)

	Immediate and Essential Actions	WMAS Current position	Any Further WMAS Action	Date	Risk
1. Enhanced Safety	A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly.	N/A	None	N/A	N/A
	All Maternity related Serious Incident's (SI's) are shared with Trust boards at least monthly and the LMNS, in addition to reporting as required to HSIB	All Serious Incidents (SI's) are shared through West Midlands Ambulance Services (WMAS) reporting and Governance Process' up to Trust Board level. Incidents are presented and reviewed at the Learning Review Group (LRG) along with patient safety reports, HM Coroners cases, Learning from Deaths, claims and patient experience complaints investigations. These reviews provide assurance that recommendations are appropriate, and risks are identified. Shared learning then occurs as completed reports are forwarded to the appropriate organisations / external agencies HM Coroner, Police, Safeguarding etc.	All WMAS Maternity SI's and concerns are shared with the relevant Local Maternity Network System.	Immediate	**Completed**
2. Listening to Women and their Families	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	Patient surveys are currently in use within the trust, but these are generic and not specific to maternity services.	A maternity specific survey is now live on our trust website. To help give all women and their families who receive maternity care from WMAS, the opportunity to have their voices heard, about our involvement with their care.	Jan 2022	**Completed**
	In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.	WMAS has an identified lead Director for maternity services and employs a specialist Lead Midwife. There is currently no Non-Executive Director identified with a remit to support the Board level Champion. The Medical Director takes an Executive lead on Obstetric matters.	WMAS now has a Non-Executive Board Level champion.	March 2021	**Completed**

3. Staff Training and working together	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	N/A	None	N/A	N/A
	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented, In the meantime we are seeking assurance that a MDT training schedule is in place.	Our Clinical Manager – Maternity Lead / Trust Midwife provided ad hoc training sessions to all ambulance Hub's within the West Midlands region prior to Covid-19. Direct teaching of AAP students within our in-house training Academy. Inclusion of Obstetric Emergencies / introduction of Misoprostol on a recent mandatory training programme. Following recent social distancing guidance and restrictions, multiple virtual training opportunities for operational staff have been put in place. Including live virtual MD Neonatal Training in conjunction with Consultant Neonatologist from a local trust accessible to all staff. Further development of maternity training videos / webinars that are accessible trust wide. Various ongoing MDT training proposals with Local Maternity Network Systems (LMNS), local trusts and universities within the region.	Collaborative CPD Simulation Videos inclusive of Clinicians from WMAS and Midwives from a local trust were produced in Dec 21. This filming is currently being edited and should be ready for broadcasting alongside a joint Live CPD event with Paramedics and Midwives later on 2022. Ongoing observational shifts are being provided to WMAS clinicians to attend main delivery suite at Birmingham Women's & Children's Hospital. 64 places offered - December 21 and a further 61 shifts are commencing on the 28th March.	N/A	**Completed & Ongoing**
	Confirmation that funding allocated for maternity staff training is ringfenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety	WMAS doesn't get specific funding for maternity staff training	N/A	N/A	N/A
4. Managing Complex Pregnancy	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place	N/A	None	N/A	N/A
	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	N/A	None	N/A	N/A
5. Risk Assessment throughout Pregnancy	A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance.	N/A	None	N/A	N/A

6.Monitoring Fetal Wellbeing	Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.	N/A	None	N/A	N/A
7. Informed Consent	Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.	At present we do not have written information on our website detailing what routine practice and procedures maternity patients are expected to receive from the trust, if and when an ambulance is called to a maternity case.	Information and Testimonials have been written and will shortly be launched on the trust website about: • when it is appropriate to use an emergency ambulance service during Pregnancy, Labour & Birth • A brief overview of what to expect from us as ambulance service (clarifying paramedics scope of practice as per JRCALC guidance which is a very different scope of practice to what women would receive from her named midwife) • Information about the safe conveyance / transportation of Mothers & their Babies consistent with WMAS policy • The need for the patient to provide their electronic pregnancy record to the WMAS staff upon arrival on scene where possible	March 22	**Complete**

WMAS Review of Relevant Issues in the Interim Ockenden Report (2020)

	Other Issues for WMAS Action	WMAS Current position	Any Further WMAS Action	Date	Risk
	There must be an end to investigations, reviews and reports that do not lead to lasting meaningful change. This is our call to action	WMAS has a robust Learning Review Group and a Learning from Deaths process. All actions are captured, and a log is kept of completion of actions.	None	Immediate	**Complete**
	The review team have also found inconsistent multi-professional engagement with the investigations of maternity serious incidents at the Trust	WMAS investigations of serious incidents and deaths are fully investigated utilising relevant professionals	None	Immediate	**Complete**
	We have found clear examples of failure to learn lessons and implement changes in practice	WMAS has a robust Learning Review Group and a Learning from Deaths process. All actions are captured, and a log is kept of completion of actions.	None	Immediate	**Complete**
	One of the most disappointing and deeply worrying themes that has emerged is the reported lack of kindness and compassion from some members of the maternity team at the Trust	WMAS triangulates evidence from complaints, serious incidents and other intelligence to identify any trends and themes and these are scrutinised at various levels in the organisation.	WMAS will actively seek further feedback from service users.	Immediate	**Complete**
	In many cases reviewed there appears to have been little or no discussion and limited evidence of joint decision making and informed consent concerning place of birth. There is evidence from interviews with women and their families, that it was not explained to them in case of a complication during childbirth, what the anticipated transfer time to the obstetric-led unit might be.	WMAS already provide information to SATH and the CCGs to enable them to share this with women.	WMAS will supply additional information to SaTH to enable them to inform women of the impact if an ambulance is required, so that women can give informed consent when opting for a home birth or one in a Midwifery Led Unit.	December 2021	**Complete**
	All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance.	WMAS already provide information to SATH and the CCGs to enable them to share this with women.	WMAS will supply additional information to SATH to enable them to inform women of the impact if an ambulance is required, so that women can give informed consent when opting for a home birth or one in a Midwifery Led Unit.	December 2021	**Complete**
	The clinical governance structure and team must be appropriately resourced so that investigations of all cases with adverse outcomes take place in a timely manner.	The workload associated with serious incidents is kept under review and additional resources are allocated if possible.	To continue to monitor workload associated with serious incident investigations.	Immediate	**Complete**
	Follow up letter sent after discharge which states: 'If you would like to come and have a chat with me about the death of your baby…' There were no words of condolences or sympathy within the body of the letter.	WMAS ensure that all response letters and Duty of Candour are sensitive to recent loss, compassionate and offer condolences.	None	Immediate	**Complete**

Maternity services assessment and assurance tool

We have devised this tool to support providers to assess their current position against the 7 Immediate and Essential Actions (IEAs) in the Ockenden Report and provide assurance of *effective* implementation to their boards, Local Maternity System and NHS England and NHS Improvement regional teams. Rather than a tick box exercise, the tool provides a structured process to enable providers to critically evaluate their current position and identify further actions and any support requirements. We have cross referenced the 7 IEAs in the report with the urgent clinical priorities and the ten Maternity incentive scheme safety actions where appropriate, although it is important that providers consider the full underpinning requirements of each action as set out in the technical guidance.

We want providers to use the publication of the report as an opportunity to objectively review their evidence and outcome measures and consider whether they have *assurance* that the 10 safety actions and 7 IEAs are being met. As part of the assessment process, actions arising out of CQC inspections and any other reviews that have been undertaken of maternity services should also be revisited. This holistic approach should support providers to identify where existing actions and measures that have already been put in place will contribute to meeting the 7 IEAs outlined in the report. We would also like providers to undertake a maternity workforce gap analysis and set out plans to meet Birthrate Plus (BR+) standards and take a refreshed view of the actions set out in the Morecambe Bay report. We strongly recommend that maternity safety champions and Non-Executive and Executive leads for Maternity are involved in the self-assessment process and that input is sought from the Maternity Voices Partnership Chair to reflect the requirements of IEA 2.

Fundamentally, boards are encouraged to ask themselves whether they really know that mothers and babies are safe in their maternity units and how confident they are that the same tragic outcomes could not happen in their organisation. We expect boards to robustly assess and challenge the assurances provided and would ask providers to consider utilising their internal audit function to provide independent assurance that the process of assessment and evidence provided is sufficiently rigorous. If providers choose not to utilise internal audit to support this assessment, then they may wish to consider including maternity audit activity in their plans for 2020/21.

Regional Teams will assess the outputs of the self-assessment and will work with providers to understand where the gaps are and provide additional support where this is needed. This will ensure that the 7 IEAs will be implemented with the pace and rigour commensurate with the findings and ensure that mothers and their babies are safe.

Section 1

Immediate and Essential Action 1: Enhanced Safety

Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.

- Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.
- External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.
- All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months

Link to Maternity Safety actions:

Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
Action 2: Are you submitting data to the Maternity Services Dataset to the required standard?
Action 10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification scheme?

Link to urgent clinical priorities:

(a) A plan to implement the Perinatal Clinical Quality Surveillance Model
(b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB

What do we have in place currently to meet all requirements of IEA 1?	Describe how we are using this measurement and reporting to drive improvement?	How do we know that our improvement actions are effective and that we are learning at system and trust level?	What further action do we need to take?	Who and by when?	What resource or support do we need?	How will mitigate risk in the short term?
All Serious Incidents (SI's) are shared through West Midlands Ambulance Services (WMAS) reporting and Governance Process' up to Trust Board level. Incidents are presented and reviewed at the Learning Review Group (LRG) along with patient safety reports, HM Coroners cases,	Learning Review Group oversee the delivery of agreed actions	Reporting through the Learning Review group	WMAS to share any maternity incidents or concerns with the LMS	Simon Taylor Immediate	None	Immediate Action

Learning from Deaths, claims and patient experience complaints investigations. The reviews provide assurance that recommendations are appropriate, and risks are identified. Shared learning then occurs as completed reports are forwarded to the appropriate organisations / external agencies HM Coroner, Police, Safeguarding etc.						

Immediate and essential action 2: Listening to Women and Families
Maternity services must ensure that women and their families are listened to with their voices heard.

- Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.
- The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.
- Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.

Link to Maternity Safety actions:
Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?
Action 9: Can you demonstrate that the Trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?

Link to urgent clinical priorities:

(a) Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.
(b) In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard.

What do we have in place currently to meet all requirements of IEA 2?	How will we evidence that we are meeting the requirements?	How do we know that these roles are effective?	What further action do we need to take?	Who and by when?	What resource or support do we need?	How will we mitigate risk in the short term?
Patient surveys are currently in use within the trust, but these are generic and or specific to maternity services.	Patient survey results will be reported to Quality Governance Committee	Learning Review Group will oversee actions resulting from the surveys	Going forward we will devise a maternity specific survey / feedback report form. To help give all women and their families who receive maternity care from WMAS, the opportunity to have their voice heard, about our involvement with their care.	Marie Capper Immediate	None	Immediate Action
WMAS has an identified lead Director for maternity services and employs a specialist Lead Midwife. There is currently no Non-	Confirmation of the nominated non-executive director to Trust Board	On-going assessment of effectiveness and annual appraisal	WMAS has identified a Non-Executive Board Level champion.	CEO Immediate	None	Immediate Action

Executive Director identified with a remit to support the Board level Champion. The Medical Director takes an Executive lead on Obstetric matters.						

Immediate and essential action 3: Staff Training and Working Together
Staff who work together must train together

- Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.
- Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.
- Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.

Link to Maternity Safety actions:

Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?
Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Link to urgent clinical priorities:

(a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.
(b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place

What do we have in place currently to meet all requirements of IEA 3?	What are our monitoring mechanisms?	Where will compliance with these requirements be reported?	What further action do we need to take?	Who and by when?	What resource or support do we need?	How will we mitigate risk in the short term?
Our Clinical Manager – Maternity Lead / Trust Midwife provided ad hoc training sessions to all ambulance Hub's within the West Midlands region prior to Covid-19. Direct teaching of AAP students within our in-house training Academy. Inclusion of Obstetric Emergencies / introduction of Misoprostol on a recent mandatory training programme. Following recent social distancing guidance and restrictions, multiple virtual training	Maternity SI's will be reported to Patient Safety Group	Learning Review Group will oversee actions resulting from the CPD / Maternity Placements	To consider an increase of maternity advisor working hours – case to be presented to EMB	Steph Henry Immediate	None	Immediate Action

opportunities for operational staff have been put in place. Including live MDT online Neonatal Training in conjunction with Consultant Paediatrician from a local trust accessible to all staff. Further development of maternity training videos / webinars that are accessible via our online learning portal. Various ongoing MDT training proposals with Local Maternity and Neonatal Systems (LMNS), local trusts and universities within the region.						
WMAS doesn't get specific funding for maternity staff training						

Immediate and essential action 4: Managing Complex Pregnancy
There must be robust pathways in place for managing women with complex pregnancies

Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.

- Women with complex pregnancies must have a named consultant lead
- Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team

Link to Maternity Safety Actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Link to urgent clinical priorities:

a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.
b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres.

What do we have in place currently to meet all requirements of IEA 4?	What are our monitoring mechanisms?	Where is this reported?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
N/A	N/A	N/A	N/A	N/A	N/A	N/A

Immediate and essential action 5: Risk Assessment Throughout Pregnancy
Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.

- All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional
- Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.

Link to Maternity Safety actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Link to urgent clinical priorities:

a) A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance.

What do we have in place currently to meet all requirements of IEA 5?	What are our monitoring mechanisms and where are they reported?	Where is this reported?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
N/A	N/A	N/A	N/A	N/A	N/A	N/A

Immediate and essential action 6: Monitoring Fetal Wellbeing

All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.

The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: -

- Improving the practice of monitoring fetal wellbeing –
- Consolidating existing knowledge of monitoring fetal wellbeing –
- Keeping abreast of developments in the field –
- Raising the profile of fetal wellbeing monitoring –
- Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported –
- Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.
- The Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training.
- They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. •
- The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 and subsequent national guidelines.

Link to Maternity Safety actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?
Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Link to urgent clinical priorities:

a) Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.

What do we have in place currently to meet all requirements of IEA 6?	How will we evidence that our leads are undertaking the role in full?	What outcomes will we use to demonstrate that our processes are effective?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
N/A	N/A	N/A	N/A	N/A	N/A	N/A

Immediate and essential action 7: Informed Consent
All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.

All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care

Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care

Women's choices following a shared and informed decision-making process must be respected

Link to Maternity Safety actions:

Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Link to urgent clinical priorities:

a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.

What do we have in place currently to meet all requirements of IEA 7?	Where and how often do we report this?	How do we know that our processes are effective?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
At present we do not have written information on our website detailing what routine practice and procedures maternity patients are expected to receive from the trust, if and when an ambulance is called to a maternity case.	Action plan to be overseen by the Executive Management Board and reported to Trust Board	WMAS will seek feedback from service users	WMAS to add written information on the trust website about: • when it is appropriate to use an emergency ambulance service during Pregnancy, Labour & Birth • A brief overview of what to expect from us as ambulance service (clarifying paramedics practice as per JRCALC guidance which is a very different scope of practice to what women would receive from her named midwife)	Marie Capper January 2021	None	WMAS will take quick action to mitigate risk

			• Information about the safe conveyance / transportation of Mothers & their Babies consistent with WMAS policy • The need for the patient to provide their electronic pregnancy record to the WMAS staff upon arrival on scene where possible			

Section 2

MATERNITY WORKFORCE PLANNING

Link to Maternity safety standards:

Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard
Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

We are asking providers to undertake a maternity work-force gap analysis, to have a plan in place to meet the Birthrate Plus (BR+) (or equivalent) standard by the 31st January 2020 and to confirm timescales for implementation.

What process have we undertaken?	How have we assured that our plans are robust and realistic?	How will ensure oversight of progress against our plans going forwards?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
N/A	N/A	N/A	N/A	N/A	N/A	N/A

MIDWIFERY LEADERSHIP

Please confirm that your Director/Head of Midwifery is responsible and accountable to an executive director and describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care

Clinical Manager - Maternity Lead and Trust Midwife, Stephanie Henry

Reports professionally to – Executive Director of Nursing and Clinical Commissioning, Mark Docherty

Supported by Executive Medical Director, Dr Alison Walker

Direct Line Management by Lead Paramedic for Emergency Care, Jason Wiles

NICE GUIDANCE RELATED TO MATERNITY

We are asking providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Where non-evidenced based guidelines are utilised, the trust must undertake a robust assessment process before implementation and ensure that the decision is clinically justified.

What process do we have in place currently?	Where and how often do we report this?	What assurance do we have that all of our guidelines are clinically appropriate?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?

Maternity Action Plan 2021/22

Rationale

WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, childbirth and the postnatal period, taking into account changing clinical guidelines, best practice and recommendations.

Target Outcome

To support the Trust's plans to develop innovation and best practice, our Clinical Manager for Maternity Services has developed a detailed work plan which supports skills development for staff, interaction with the wider health community and increasing communication with patients.

Domains	Actions	Progress Year to Date	Status and Planned Delivery
Patient Safety	Response to and embedding lessons learned from reviews of maternity care provision throughout the NHS including the Immediate and Essential Action's (IEA) highlighted in the Ockendon Report.	All Maternity SI's registered on STEIS are shared with the LMNS relevant to the trust in which the patient was conveyed to.	Complete
		Regular liaison with the LMNS	Complete
	Share maternity incidents or concerns with Local Maternity Systems	Red Pre-Alert phone project' successful at BWCH and QHB	Complete
		Ongoing discussions with the Regional Chief Midwife and the other 13 Maternity Trusts within WMAS region to discuss further rollouts.	22-23
	Identification of a Non-Executive Board level champion for maternity services	Lisa Bayliss-Pratt is the Non-Executive Lead	Complete
		Regularly liaise with the Non-Executive Lead to aid the development of future maternity workstreams	Complete
	Introduction of Maternity Advisors into EOC	To scope the feasibility of this and present to the commissioners	22-23
	Ensure all staff are aware of the good and poor practice outcomes of any reaudit	Publish general maternity care and PPH audit results in the weekly briefing to inform staff of good and poor practice	Complete
	Develop a process to enable clinical case reviews for those cases where appropriate management is not undertaken, provide education to the clinicians involved but also get 360 feedback for any barriers to providing the appropriate care.	Work with operational delivery team to develop a process of clinical case reviews on a monthly basis	22-23

Domains	Actions	Progress Year to Date	Status and Planned Delivery
Clinical Effectiveness	Availability of training videos and webinars on e-learning portal	Transwarmer & Cuddle Pocket video launched in April 21	Complete
		Introduction of the new Maternity Clinical Care Procedure - June 21	Complete
		JRCALC Closing the Gap project - Bundle 7 - Maternity Care and FGM section	Complete
		Virtual CPD Born Too Soon Collaborative Training Event - 16th March 21	Complete
		Various ongoing MDT training proposals with Local Maternity and Neonatal Systems (LMNS), local trusts and universities within the region.	Complete
		Develop Collaborative CPD event with Birmingham Women's Hospital	Complete
		WMAS paramedics to attend PROMPT training with SWBH on trial basis – every other month from Sept 21 onwards (postponed until May 22 due SWBH CNST)	22-23
		Develop more Maternity Care videos for access by WMAS clinicians	22-23
		Review all previous educational material	22-23
		Produce educational materials for staff i.e. Clinical Times, Posters, Virtual CPD	22-23
		Maternity Placements for qualified ambulance clinicians within local trusts	Complete
	Create a Maternity VLE on the Trust Intranet to actively share new policies, practices, procedures, learning and lessons learnt across the trust from maternity related SI's / ER54's and HSIB Investigations	WMAS triangulates evidence from complaints, serious incidents and other intelligence to identify any trends and themes and these are scrutinised at various levels in the organisation.	Complete
		Development of a Maternity VLE / ParaPass	22-23
	Develop the role of Link Paramedic in Midwifery on each hub to act as a local resource	Actively pick up on previously agreed Maternity Links	Complete
		To identify a Maternity Champion at each hub	Complete
	Develop a process for maternity case reviews	Process completed to continue attending / reviewing all Rapid 72hr Maternity Case reviews with local trusts	Complete
		To develop a portfolio of maternity case reviews to share learning and lessons learnt on the Maternity VLE	22-23
	Through Power-BI and the Management Dashboard develop a report to identify, monitor and review obstetric emergencies	Work with clinical audit team to develop a Power Business Intelligence dashboard	22-23
	Introduction of an online survey for maternity services to help provide all women and their families a better understanding of maternity care provided from an ambulance service perspective and give those who do receive maternity care from WMAS, the opportunity to have their care voice heard.	Disseminate an online maternity survey on the WMAS website for maternity services	Complete

Patient Experience	WMAS to add written information on the Trust website about: • When it is appropriate to use an emergency ambulance in maternity situations • An overview of what to expect from the Trust • Information about safe conveyance of mothers and their babies • The need for the patient to provide their electronic pregnancy record to WMAS staff on arrival	At present we do not have written information on our website detailing what routine practice and procedures maternity patients are expected to receive from the trust, if and when an ambulance is called to a maternity case. Plans to launch a Maternity Services page on the WMAS website detailing what to expect when you call 999 for pregnancy or childbirth and link this with the online maternity survey once complete – under review	**Complete**

Maternity Action Plan 2022/23

Rationale:
WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, childbirth and the postnatal period, taking into account changing clinical guidelines, best practice and recommendations.

Target Outcome
To support the Trust's plans to develop innovation and best practice, our Clinical Manager for Maternity Services has developed a detailed work plan which supports skills development for staff, interaction with the wider health community and increasing communication with patients.

Domains	Actions	Progress Year to Date	Status and Planned Delivery
Patient Safety	Develop a process to enable Clinical Case Reviews where appropriate and provide 360-degree feedback and education to the clinicians involved.		
	All maternity investigation reports to include definitions and language that is easy for families to understand		
	Maternity Expert for the trust to attend all maternity RCA to provide specialist maternity input		
	To consider increasing the trusts specialist maternity hours to support the implementation of the IEA highlighted in the Final Ockenden Report – paper to be presented to EMB		
Clinical Effectiveness	Introduction of Maternity Advisers into IEUC Control Room		
	Enhance Training & Development opportunities for staff	WMAS paramedics to attend PROMPT training with SWBH on trial basis – every other month from Sept onwards (postponed until May due SWBH CNST)	
		Create Maternity CPD Training Videos for access on Virtual VLE / ParaPass by WMAS clinicians • Obstetric Emergency Simulations • Umbilical Cord Milking • Use of Plastic Food Grade bags for Thermoregulation during NLS • Maternity Grab Bags	
		Review all previous educational material	
		Produce educational materials for staff i.e. Clinical Times, Posters, Virtual CPD	
		Obtain more Maternity Observational shifts for qualified ambulance clinicians within local trusts	
		To develop a portfolio of maternity case reviews to share learning and lessons learnt on the Maternity VLE / ParaPass	
		Work with clinical audit team to develop a Power Business Intelligence dashboard	
		Red Pre-Alert Rollout (NHS/E) to as many maternity units deemed possible	

		To deliver in person CPD to all the Maternity Champions, in hope that these individuals will then disseminate the learning to their peers at their individual hubs	
		Multidisciplinary team training, particularly in emergency skills drills.	
	To consider the recruitment of an Honorary Medical Advisor / Consultant Neonatologist	Formulate an honorary contract and utilise the Neonatology Expert advice wherever possible	
Patient Experience	To continue to develop and expand the new Maternity Services Page on the trust website	Demonstrate WMAS Testimonial's from patient's experiences	
		To provide a summary of WMAS response to the Final Ockenden Report into the public domain	

West Midlands Ambulance Service
University NHS Foundation Trust

MATERNITY

Annual Report 2021/22

Trust us to care.

Contents

Understanding The Challenge

The West Midlands has over 70,000 births per year taking place across 6 Local Maternity Network Systems (LMNS) and 14 maternity care providers. West Midlands Ambulance Service (WMAS) clinicians respond to over 15,000 maternity calls a year and work in close partnership with the neonatal operational delivery networks in the West Midlands to support continuity across the maternity and neonatal pathways.

WEST MIDLANDS

Birmingham
Coventry
Solihull
Sandwell
Dudley
Herefordshire
Shropshire
Staffordshire & Stoke On Trent
Telford & Wrekin
Walsall
Warwickshire
Wolverhampton
Worcestershire

West Midlands Ambulance Service
University NHS Foundation Trust

Key Facts

00,000

Maternity Cases

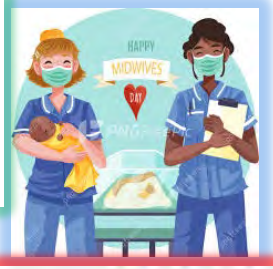
0000

BABIES

Born Before Arrival

or

In Attendance with WMAS



Vaginal Bleeding was the most common pregnancy complaint reported to WMAS in 2021/22

General Overview

West Midlands Ambulance Service has a significant role to play in responding to the maternity needs of an extremely varied population. Every year we respond to a combination of both urgent and emergency obstetric care needs.

From April 2021 to March 2022 WMAS clinicians responded to ??? maternity Calls ??? more than the previous year. These calls are then further broken down into sub-categories.

Complaint	Number of Calls
Childbirth / Labour	
Vaginal Bleeding	
Miscarriage	
Eclampsia	
Ectopic	
Hyperemesis	

Progress & Development

Whilst most births in the UK end with a healthy mother and baby; when something does go wrong it can be devastating for both families and healthcare professionals, as well as impacting on the economy of the NHS.

From April 2021 to March 2022 the trust received 10 complaints from parents and 16 NHS to NHS concerns regarding maternity or pregnancy related calls (+4). This may not seem like a large number, historically maternity litigation claims have represented the highest cost to the NHS, in terms of the total value of claims. Of the clinical negligence claims notified to NHS resolution in 2020/21, obstetrics claims represented 11% (1,190) of clinical claims by number, but accounted for 59% of the total value of new claims; almost £4.2 billion.

For this reason the Secretary of State for Health and Social Care's ambition is to reduce the number of stillbirths, neonatal deaths, maternal deaths, and birth injuries by 50% by 2025.

West Midlands Ambulance Service
University NHS Foundation Trust

13
Compliments
(Since Jan 22)

4
Serious Incidents

10
Complaints

16
NHS-to-NHS Concerns

HSIB
HEALTHCARE SAFETY INVESTIGATION BRANCH

16
HSIB Investigation Cases

No HSIB Recommendations

Department Staff & Responsibilities

The Chief Executive Officer: Anthony Marsh is the Executive member of the Trust Board.

Medical Director: Dr Alison Walker is overall responsible for all clinical care provided by the trust.
Alison has been an Immediate Care doctor since 2002, an air ambulance/HEMS doctor 2002-2015 and a regional NHS Ambulance Service Medical Director since 2006. Consultant in Emergency Medicine and is also the Clinical Lead for Emergency Planning for her Acute and Community Trust. JRCALC lead for over 15 years and led the development of several Clinical Practice guidelines.

Department Staff & Responsibilities

Director of Clinical Commissioning and Strategic Development / Executive Nurse: Mark Docherty Mark graduated with a First Class BSc honours Nursing degree in 1983, was a finalist in the Nurse of the Year Awards in 1997, since then has held a variety of senior clinical posts and joined West Midlands Ambulance Service University NHS Foundation Trust in 2012 when Mark was elected Chair of the National Ambulance Commissioners Group and also successful in being appointed to Director of Ambulance Commissioning role in London. Mark is an active clinician who regularly spends time working with ambulance staff in the clinical environment.

Clinical Manager - Maternity Lead & Trust Midwife: Steph Henry joined West Midlands Ambulance Service University NHS Foundation Trust in June 2019. Steph holds a First Class BSc Midwifery Degree and still practices as a Midwife at Birmingham Women's Hospital, caring for women with very high-risk and complex medical and mental health needs. Steph is extremely passionate about sharing her, knowledge and expertise with the wider WMAS cohort, thus keeping the clinicians up to date with current emergency maternity practice relating to emergency pre-hospital maternity care.

National Maternity Workstreams

WMAS work focuses on the local ownership and implementation of national priorities, tailored to meet local needs and priorities. These include:

- ✓ **Better Births - Maternity Transformation Programme**
- ✓ **Saving Babies' Lives Care Bundle v2**
- ✓ **The Final Ockenden Report – (30th March 22)**
- ✓ **Pre-hospital management of the baby born at extreme preterm gestation – (Feb 22)**
- ✓ **MBRACE (2018 & 2019) – Five X More**
- ✓ **Safer Maternity Care – Healthcare Safety Investigation Branch (HSIB) – (Nov 17)**
- ✓ **The maternity and newborn safety collaborative.**

This is prudent for us to share best practice across the region, so that good ideas can be translated into best practice.

Locally we work with 6x Local Maternity Systems to support the implementation of the Better Births recommendations, tailored to meet local needs and priorities. All of our work is targeted around key national drivers.

NATIONAL MATERNITY REVIEW

BETTER BIRTHS

Improving outcomes of maternity services in England

A Five Year Forward View for maternity care

Maternal, Newborn and Infant Clinical Outcome Review Programme

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

Saving Lives, Improving Mothers' Care

Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-18

December 2020

OCKENDEN REPORT - FINAL

FINDINGS, CONCLUSIONS AND ESSENTIAL ACTIONS FROM THE INDEPENDENT REVIEW OF MATERNITY SERVICES at The Shrewsbury and Telford Hospital NHS Trust

NEW FRAMEWORK

Pre-hospital management of the baby born at extreme preterm gestation

BAPM

NHS

Saving Babies' Lives Version Two

A care bundle for reducing perinatal mortality

Trust us to care.

Background: The National View

In February 2016, NHS England (NHSE) published a national review of maternity services called **Better Births**. This set out a clear vision: for maternity services across England to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred on their individual needs and circumstances. It also calls for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.

The review called for improvements in the following areas:

Personalised Care – make improvements in choice and personalisation through Local Maternity Systems (LMS) so that all women have a personalised care plan.

Continuity of Carer – every woman should have a midwife who follows her through her pregnancy and each team of midwives should have an identified obstetrician.

Safer Care – services progress towards the 2020 national ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025.

Better Postnatal and Perinatal Mental Health Care – significant investment in perinatal and postnatal mental health services.

Multi-Professional Working – multi-professional learning should be a core part of all pre-registration training for midwives and obstetricians and electronic maternity records should be rolled out.

Working across Boundaries – community hubs should be established, creating a one-stop shop for women. They also call for clinical networks where professionals, providers and commissioners can come together on a larger geographical scale.

Since the publication of ***Better Births in 2016*** and reports of the ***Morecambe Bay Investigation*** in 2015, the NHS and its partners have come together through the National Maternity Transformation Programme to implement its vision for safer and more personalised care across England and deliver the national ambition to halve the rates of stillbirths, neonatal mortality, maternal mortality and brain injury by 2025.

In order to drive improvement in outcomes, the **Maternity Transformation Programme** has put a number of initiatives in place, by seeking to identify best practice and promoting universal implementation. The first group of initiatives involves action targeted at changes to clinical practice and service models:

The Saving Babies' Lives Care Bundle Version 2 (SBLCBV2) helps to reduce stillbirths and neonatal deaths by improving management of four issues where there is a link to these outcomes:

- ✓ smoking in pregnancy;
- ✓ detecting fetal growth restriction;
- ✓ raising awareness of reduced fetal movement; and
- ✓ improving effective fetal monitoring in labour.

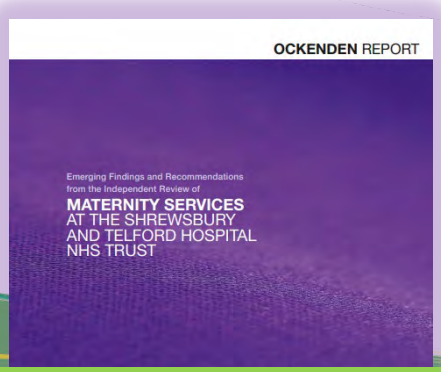
A fifth element on reducing pre-term birth will directly impact on the number of pre-term births, but, given that preterm birth carries a higher risk of perinatal mortality and intrapartum brain injury, it will also help reduce these types of outcome.

INTERIM OCKENDEN REVIEW OF MATERNITY SERVICES

Background

In the summer of 2017, a letter was received from bereaved families, raising concerns about significant harm and deaths of babies and mothers between 2000 and 2019 at The Shrewsbury and Telford Hospital NHS Trust, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of these investigations.

Donna Ockenden released the interim report **"Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury & Telford Hospital NHS Trust"** in December 2020 (Ockenden 2020). The initial review was of 23 families, this rapidly increased to 1,862 cases. The report provided Local Actions for Learning and Immediate and Essential Actions (IEAs) to improve safety across all maternity services in England.



INTERIM Ockenden Report - https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf

INTERIM OCKENDEN REPORT (DECEMBER 2020) WMAS REVIEW OF IMMEDIATE AND ESSENTIAL ACTIONS (IEA)

	Immediate and Essential Actions	WMAS Current position	Any Further WMAS Action	Date	Risk
1. Enhanced Safety	A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly.	N/A	None	N/A	N/A
	All Maternity related Serious Incident's (SI's) are shared with Trust boards at least monthly and the LMNS, in addition to reporting as required to HSIB	All Serious Incidents (SI's) are shared through West Midlands Ambulance Services (WMAS) reporting and Governance Process' up to Trust Board level. Incidents are presented and reviewed at the Learning Review Group (LRG) along with patient safety reports, HM Coroners cases, Learning from Deaths, claims and patient experience complaints investigations. These reviews provide assurance that recommendations are appropriate, and risks are identified. Shared learning then occurs as completed reports are forwarded to the appropriate organisations / external agencies HM Coroner, Police, Safeguarding etc.	All WMAS Maternity SI's and concerns are shared with the relevant Local Maternity Network System.	Immediate	**Completed**
2. Listening to Women and their Families	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	Patient surveys are currently in use within the trust, but these are generic and not specific to maternity services.	A maternity specific survey is now live on our trust website. To help give all women and their families who receive maternity care from WMAS, the opportunity to have their voices heard, about our involvement with their care.	Jan 2022	**Completed**
	In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.	WMAS has an identified lead Director for maternity services and employs a specialist Lead Midwife. There is currently no Non-Executive Director identified with a remit to support the Board level Champion. The Medical Director takes an Executive lead on Obstetric matters.	WMAS now has a Non-Executive Board Level champion.	March 2021	**Completed**

	Immediate and Essential Actions	WMAS Current position	Any Further WMAS Action		
3. Staff Training and working together	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented, In the meantime we are seeking assurance that a MDT training schedule is in place.	Our Clinical Manager – Maternity Lead / Trust Midwife provided ad hoc training sessions to all ambulance Hub's within the West Midlands region prior to Covid-19. Direct teaching of AAP students within our in-house training Academy. Inclusion of Obstetric Emergencies / introduction of Misoprostol on a recent mandatory training programme. Following recent social distancing guidance and restrictions, multiple virtual training opportunities for operational staff have been put in place. Including live virtual MD Neonatal Training in conjunction with Consultant Neonatologist from a local trust accessible to all staff. Further development of maternity training videos / webinars that are accessible trust wide. Various ongoing MDT training proposals with Local Maternity Network Systems (LMNS), local trusts and universities within the region.	Collaborative CPD Simulation Videos inclusive of Clinicians from WMAS and Midwives from a local trust were produced in Dec 21. This filming is currently being edited and should be ready for broadcasting alongside a joint Live CPD event with Paramedics and Midwives later on 2022. Ongoing observational shifts are being provided to WMAS clinicians to attend main delivery suite at Birmingham Women's & Children's Hospital. 64 places offered - December 21 and a further 61 shifts are commencing on the 28th March.	N/A	**Completed & Ongoing**
7. Informed Consent	Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.	At present we do not have written information on our website detailing what routine practice and procedures maternity patients are expected to receive from the trust, if and when an ambulance is called to a maternity case.	Information and Testimonials have been written and will shortly be launched on the trust website about: • when it is appropriate to use an emergency ambulance service during Pregnancy, Labour & Birth • A brief overview of what to expect from us as ambulance service (clarifying paramedics scope of practice as per JRCALC guidance which is a very different scope of practice to what women would receive from her named midwife) • Information about the safe conveyance / transportation of Mothers & their Babies consistent with WMAS policy • The need for the patient to provide their electronic pregnancy record to the WMAS staff upon arrival on scene where possible	March 22	**Complete**

West Midlands Ambulance Service
University NHS Foundation Trust

THE FINAL REPORT OF THE INDEPENDENT REVIEW OF MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST PUBLISHED

Review into almost 1,600 clinical incidents identified failures to listen to families, failure to learn from clinical incidents and failure of multiple external bodies to act in improving maternity services at the Trust over two decades.

The final report examined cases involving 1,486 families between 2000 and 2019, and reviewed 1,592 clinical incidents where medical records and family consent was gained.

The review found repeated failures in the quality of care and governance at the Trust throughout the last two decades, as well as failures from external bodies to effectively monitor the care provided. This final report identifies hundreds of cases where the Trust failed to undertake serious incident investigations, with even cases of death not being examined appropriately. The review found that where investigations did take place they did not meet the expected standards at that time and failed to identify areas for improvement in care. These combined failings led to missed opportunities to learn, with families experiencing repeated serious incidents and harm throughout the period of the review.

OCKENDEN REPORT - FINAL (ockendenmaternityreview.org.uk)

Purpose of this WMAS Report

Anecdotally, West Midland's Ambulance Service does not offer a commissioned maternity service. In cases where pregnancy / labour or birth have deviated from the normal, women choose to seek medical advice and guidance from ambulance services for themselves or their newborn baby, via 111 or 999. At a glance, it may appear that this report is more aimed at tertiary maternity hospitals, but as an emergency ambulance service providing pre-hospital maternity care. WMAS welcomes and acknowledges Donna Ockenden's final report and undoubtedly agree that women and their families using maternity services deserve the best of NHS pre-hospital care and is committed to the prevention of substandard care and practices.

The serious complications and deaths resulting from the substandard maternity care provided at Shrewsbury and Telford Hospital between 2000-2019 has had an everlasting impact on families and their loved ones. WMAS will continue to do all we can to support NHS maternity services across the UK to address issues with systems, governance, culture, resources, training, and staffing, that impact on the safety of maternity care provided. We will actively participant in the ongoing self-assessment required against the 4 key pillars and the immediate essential action's (IEA) highlighted within the Final Ockenden report which apply to our ambulance trust.

Action Plan

Following the release of the interim Ockenden Report the West Midland's Ambulance Service Maternity Lead / Trust Midwife formulated a maternity action plan. This has now become the dynamic platform, in which all maternity actions within the trust are logged. To further provide assurance of *effective* implementation of IEA which apply to our trust have been reported to the Professional Standards Group and the Quality Governance Committee for onward reporting to the Board.

IMMEDIATE ESSENTIAL ACTIONS (IEA)

The Immediate and Essential Actions (IEAs) highlighted in both the interim and the final report remain important and must be progressed by us as a provider of emergency pre-hospital maternity care.

The independent review team identified a number of new themes that must be shared by all maternity services in England as a matter of urgency, to bring about essential change which in turn will improve patient safety for all our women and their babies.

The ***15 Immediate and Essential Actions*** and the ***4 Key Pillars*** identified to drive forward improvements within maternity services in England include the following -

	Immediate Essential Action	Applicable / Not Applicable
1	WORKFORCE PLANNING AND SUSTAINABILITY	×
2	SAFE STAFFING	×
3	ESCALATION AND ACCOUNTABILITY	×
4	**CLINICAL GOVERNANCE-LEADERSHIP**	✓
5	**CLINICAL GOVERNANCE – INCIDENT INVESTIGATION AND COMPLAINTS**	✓
6	**LEARNING FROM MATERNAL DEATHS**	✓
7	**MULTIDISCIPLINARY TRAINING**	✓
8	COMPLEX ANTENATAL CARE	×
9	PRETERM BIRTH	×
10	**LABOUR AND BIRTH**	✓
11	OBSTETRIC ANAESTHESIA	×
12	POSTNATAL CARE	×
13	BEREAVEMENT CARE	×
14	**NEONATAL CARE**	✓
15	**SUPPORTING FAMILIES**	✓

4 KEY PILLARS

- Safe Staffing Level (well-funded) – not applicable to us
- **A Well Trained Workforce**
- **Learning from Incidents**
- **Listening to Families**

Whilst a considerable amount of progress has been made and continues to be made in some of these areas, there must now be a fully funded and concerted effort to ensure the 7 IEA which are applicable to WMAS and the 4 key pillars are the foundation / road map and blueprint of the pre-hospital maternity care we provide.

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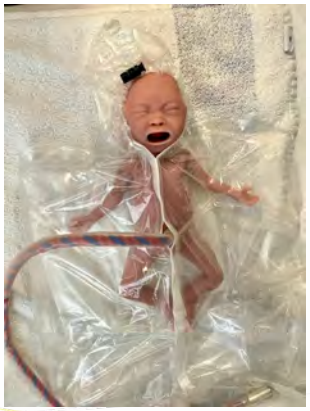
University NHS Foundation Trust

British Association of Perinatal Medicine

Pre-Hospital Management of the baby born at extreme gestation

BAPM has launched the Framework for Practice 'Pre-hospital management of the baby born at extreme preterm gestation'. This consensus document offers a pragmatic approach to the management of unexpected extreme preterm birth in an out of hospital setting.

WMAS are reconsidering the content and location of equipment in the Maternity bag to include a Transwarmer Mattress / Neobags / more sized baby hats etc, and the feasibility of having a maternity grab bag to include all the essential items in one bag.



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EMBRACE – Black Asian Minority Ethnic (BAME) 5x More

The MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquires Across the UK) 2015-17 report (published in 2019) found that black women are 5x more likely to die in pregnancy or up to six weeks postpartum than white women. Women of mixed ethnicity are 3x more likely and women from an Asian decent are two times more likely to die during childbirth than white women.

Similar concerning trends are evident in infant birth outcomes. Black, Asian, and minority ethnic women are at an increased risk of having a pre-term birth, stillbirth, neonatal death or a baby born with low birth weight. 2 Black women, for instance, are up to twice as likely to suffer a stillbirth at all gestational ages than white women.

The Royal College of Obstetricians and Gynaecologists (RCOG) and the ***FIVEXMORE*** campaign are working together to eradicate maternal health disparities in the UK. Currently, Black, Asian and minority ethnic pregnant women are more likely to have worse experiences in the maternity care setting, or even die during pregnancy and childbirth, when compared to white women. Whilst it is not known what causes the increased risk of mortality, as pre-hospital clinicians it is important we adapt and help drive change, by changing attitudes and putting an end to these devastating inequalities. Their advice includes:

1. **Listen –** Take time to listen to concerns and anxieties with making assumptions or presumptions. Some women may express their anxiety or pain with silence, agitation or a raised voice. Focus on what is being said, not how it is said.

2. **Remove Barriers to communication –** Take time to listen and explain in non-clinical terms. Use translation services if you are unable to communicate effectively.

3. **Check you are providing clear information –** Recap your clinical advice to check understanding and allow for questions.

4. **Provide Access to detailed documentation –** Completing your clinical records and documenting your advice is essential to provide continuity of care across all areas of health care.

5. **Be a champion -** Support research and innovation in your trust to help to end the disparity in maternity outcomes. You can be a champion by valuing each and every woman in your care, equally. This will help to improve outcomes for all pregnant women.

WMAS Response - Closing the Gap – JRCALC

The Joint Royal Colleges Ambulance Liaison Committee - Closing the GAP

The National Pre-Hospital Maternity Leads group have been working collaboratively with the editorial team at Class Professional Publishing, (responsible for publishing the Joint Royal Colleges Ambulance Liaison Committee clinical guidelines) on the JRCALC 'Closing the Gap' project. This involves reviewing current JRCALC guidance in relation to the clinical assessment and management of Black and Asian patients, and patients from other marginalised ethnic groups.

Up to date, we have identified the following as key topics of interest:

- Pregnancy and Obstetrics & Gynaecology:
  - Pain in relation to pregnant women during labour/birth.
  - Prevalence of tilted pelvis in BAME women and specific childbirth complications related to different groups of BAME women.
  - Recognition and reporting of FGM and complications with childbirth, review of existing guidance.
  - o

HSIB – Healthcare Safety Investigation Branch

In November 2017, the Secretary of State for Health, Jeremy Hunt, announced a new maternity safety strategy, *Safer Maternity Care*: announcing plans for HSIB to undertake around 1000 independent safety investigations. HSIB undertake maternity investigations which meet the each baby counts criteria.

The Each Baby Counts programme was the Royal College of Obstetricians & Gynaecologists' national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour. This programme is now closed and HSIB have retained their criteria for investigation.
During their investigations they look into all clinical and medical aspects of the incident, as well as aspects of the workplace environment and culture surrounding the incident.

HSIB
HEALTHCARE SAFETY INVESTIGATION BRANCH
West Midlands Ambulance Service NHS Foundation Trust

with external partners, as required.

HSIB – Criteria

Babies
Eligible babies include all term babies (at least 37 completed weeks of gestation) born following labour, who have one of the below outcomes.

Intrapartum stillbirth
Where the baby was thought to be alive at the start of labour but was born with no signs of life.

Early neonatal death
When the baby died within the first week of life (0-6 days) of any cause.

Potential severe brain injury
Potential severe brain injury diagnosed in the first 7 days of life, including certain grades of hypoxic ischaemic encephalopathy (HIE) - brain injury caused by the baby's brain not getting enough oxygen.
•Was therapeutically cooled (active cooling only) - when the baby's body temperature was lowered using a cooling mattress or cap, with the aim of reducing the impact of HIE.
•Had decreased central tone (was floppy) and was comatose and had seizures of any kind.

Definition of labour
The definition of labour used by HSIB includes:
•Any labour diagnosed by a HCP, including the latent phase of labour at less than 4 cm cervical dilatation.
•When the woman called the unit to report any concerns of being in labour, for example (but not limited to) abdominal pains, contractions or suspected ruptured membranes (waters breaking).
•Induction of labour (when labour is started artificially).
•When the baby was thought to be alive following suspected or confirmed pre-labour rupture of membranes.

Maternal deaths
We investigate direct or indirect maternal deaths of women while pregnant or within 42 days of the end of pregnancy.

Maternity investigations

HSIB
HEALTHCARE SAFETY INVESTIGATION BRANCH

2,585
investigations commenced

2,192 *
reports completed

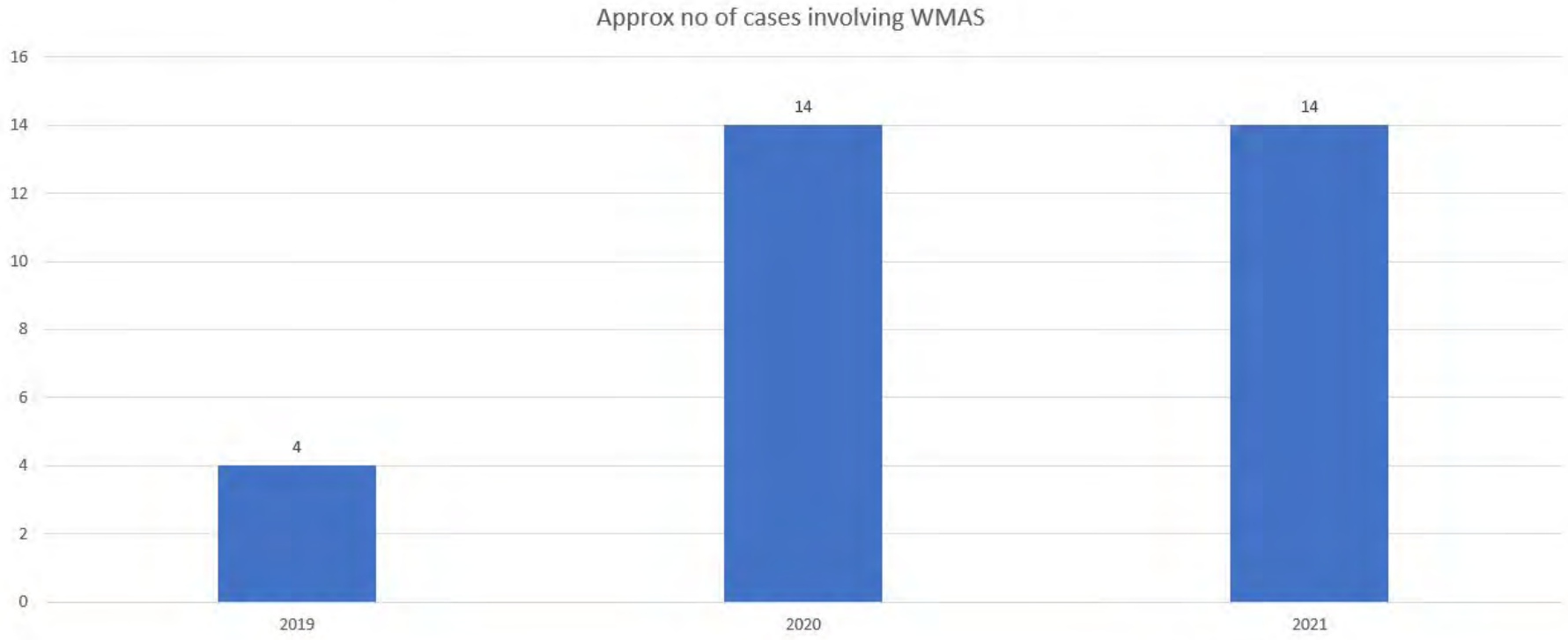
*As of 28 February 2022

Working with all
125
Acute Trusts
in **14** regions

11
NHS Ambulance Trusts

Recent publications:

Approximate no of cases involving WMAS 2019-2021



Learning from Maternal Deaths

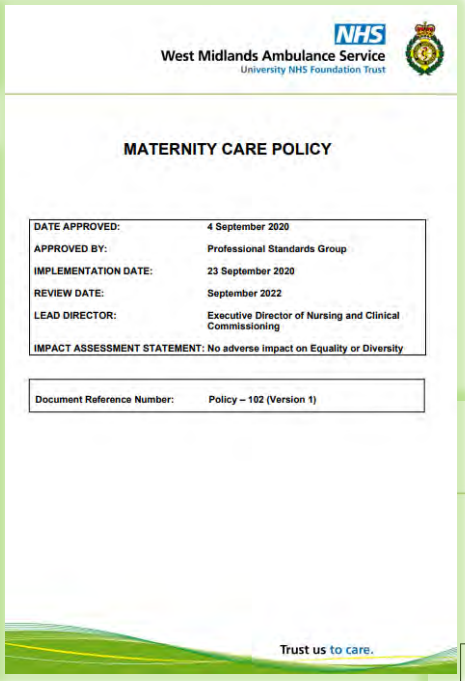
Independent report by the ***Healthcare Safety Investigation Branch -*** Learning from maternal death investigations during the first wave of the COVID-19 pandemic.

This report reviewed 19 of 20 maternal deaths women, or mothers, who died during pregnancy or within 42 days of the end of a pregnancy between **1 March 2020 and 31 May 2020**, during the first peak of the COVID-19 pandemic in England.

Maternity Clinical Care Procedure / Policy

Maternity / Obstetrics remains a high priority for WMAS, our Clinical Manager - Maternity has increased the focus on the need for improvements to the maternity department. To further ensure the Trust (from frontline to Board) is kept up-to-date with national guidance, ensuring compliance against the statutory requirements, whilst taking care not to 'information-overload'. The Maternity Care Policy was reviewed and updated in September 2020 and a brand-new Maternity Clinical Care Procedure document was launched in May 2021.

The purpose of these policies / procedures is to support staff to provide a caring, high quality and efficient emergency skill set when attending to our maternity patients, and ensure staff are adequately trained to deliver appropriate care to newborn's and women who are 20 weeks pregnant and above. The procedure document will be used as a guide for all Staff employed by WMAS, in accordance with national guidelines.



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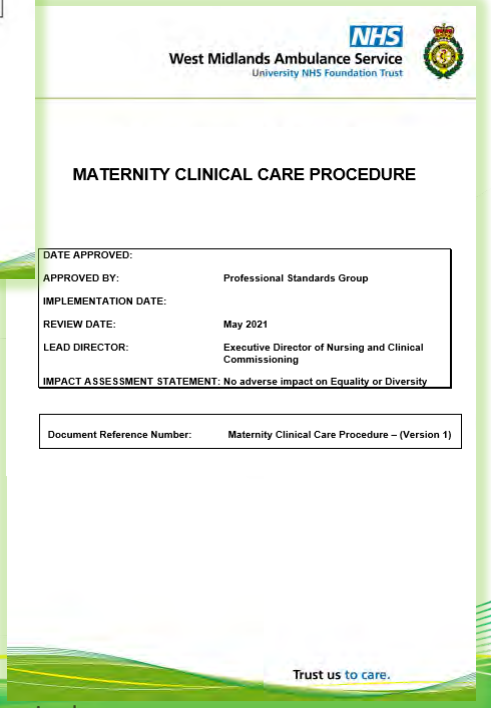
MATERNITY CARE POLICY

DATE APPROVED:	4 September 2020
APPROVED BY:	Professional Standards Group
IMPLEMENTATION DATE:	23 September 2020
REVIEW DATE:	September 2022
LEAD DIRECTOR:	Executive Director of Nursing and Clinical Commissioning
IMPACT ASSESSMENT STATEMENT:	No adverse impact on Equality or Diversity

Document Reference Number:	Policy – 102 (Version 1)

Trust us to care.



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MATERNITY CLINICAL CARE PROCEDURE

DATE APPROVED:	
APPROVED BY:	Professional Standards Group
IMPLEMENTATION DATE:	
REVIEW DATE:	May 2021
LEAD DIRECTOR:	Executive Director of Nursing and Clinical Commissioning
IMPACT ASSESSMENT STATEMENT:	No adverse impact on Equality or Diversity

Document Reference Number:	Maternity Clinical Care Procedure – (Version 1)

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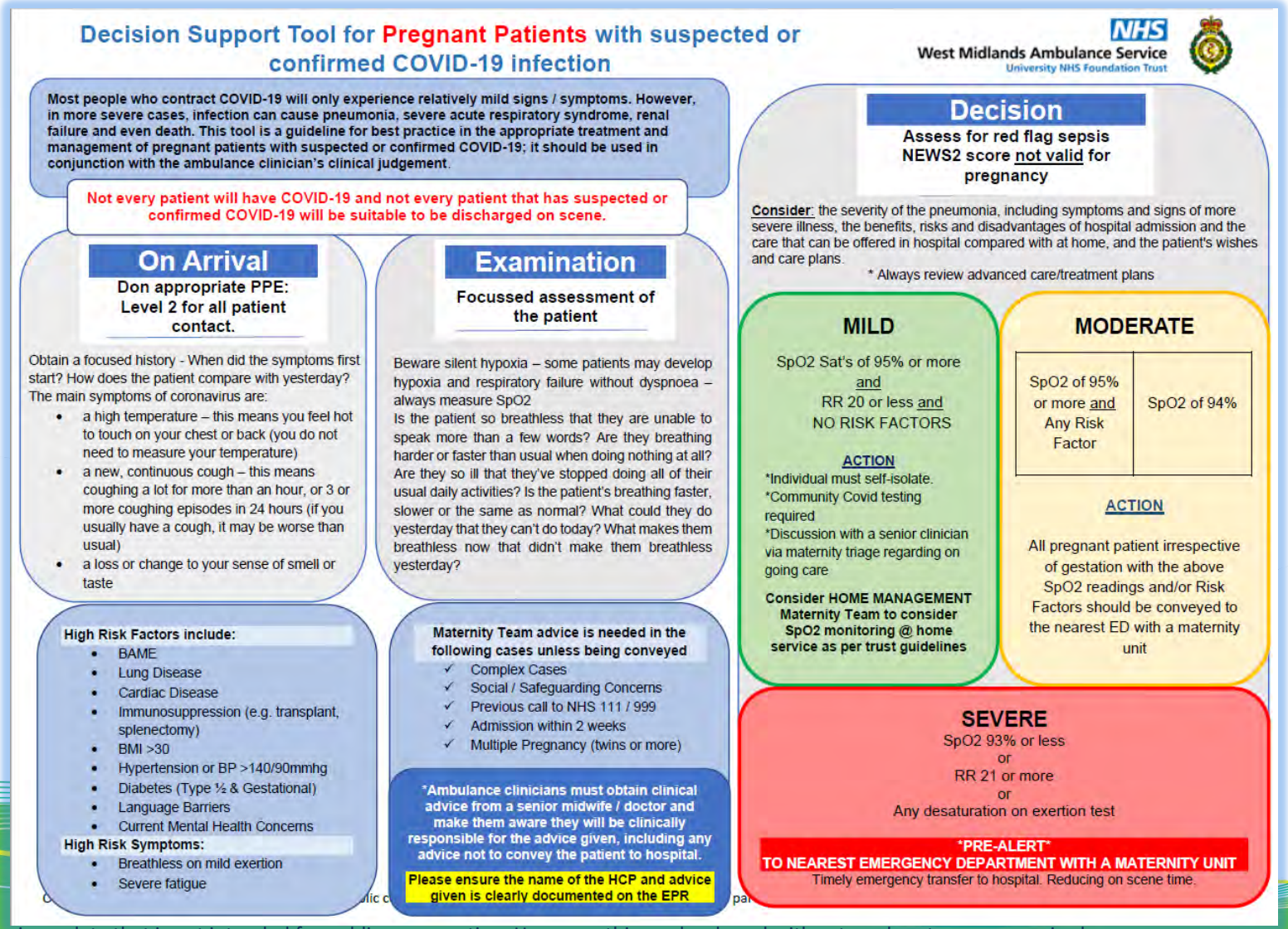
PREGNANCY & COVID-19

2020 should have been a wonderful year for health care professionals. It was the International Year of the Nurse and the Midwife and there were so many things to celebrate. Instead, it turned into a year we will never forget, when the COVID-19 pandemic hit the United Kingdom resulting in a national emergency and complete 'lockdown' with 1,000's of people losing their lives on a daily basis. As a result, all non-essential travel and contact with other individuals outside a person's home address was banned. Infection rates spiralled and this resulted in staff shortages in the NHS and service pressures in maternity and other healthcare settings, including the ambulance service.

After the initial outbreak, there was so much information to process, and guidance felt limited. The situation was changing so rapidly and we just had to deal with things in the best way we could. Midwives, maternity support workers and ambulance clinicians providing emergency pre-hospital maternity care have continued to work tirelessly through this pandemic, putting their own safety on the line to help others. In turn Multi-Disciplinary Team working has progressed and brought us closer than ever before, which is something we will never forget. Colleagues can't be thanked enough for everything they've done and continue to do.

Diagnosis and management of covid-19 in pregnancy is, for the most part, is the same as in non-pregnant patients. Most people who contract COVID-19 will only experience relatively mild signs / symptoms. However, in more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, renal failure and even death. A pre-hospital maternity tool was devised to provide guidelines for best practice in the appropriate treatment and management of pregnant patients with suspected or confirmed COVID-19; and should be used in conjunction with the ambulance clinician's clinical judgement.



Decision Support Tool for Pregnant Patients with suspected or confirmed COVID-19 infection

NHS West Midlands Ambulance Service University NHS Foundation Trust

Most people who contract COVID-19 will only experience relatively mild signs / symptoms. However, in more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, renal failure and even death. This tool is a guideline for best practice in the appropriate treatment and management of pregnant patients with suspected or confirmed COVID-19; it should be used in conjunction with the ambulance clinician's clinical judgement.

Not every patient will have COVID-19 and not every patient that has suspected or confirmed COVID-19 will be suitable to be discharged on scene.

On Arrival

Don appropriate PPE: Level 2 for all patient contact.

Obtain a focused history - When did the symptoms first start? How does the patient compare with yesterday? The main symptoms of coronavirus are:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- a loss or change to your sense of smell or taste

Examination

Focussed assessment of the patient

Beware silent hypoxia – some patients may develop hypoxia and respiratory failure without dyspnoea – always measure SpO2

Is the patient so breathless that they are unable to speak more than a few words? Are they breathing harder or faster than usual when doing nothing at all? Are they so ill that they've stopped doing all of their usual daily activities? Is the patient's breathing faster, slower or the same as normal? What could they do yesterday that they can't do today? What makes them breathless now that didn't make them breathless yesterday?

High Risk Factors include:

- BAME
- Lung Disease
- Cardiac Disease
- Immunosuppression (e.g. transplant, splenectomy)
- BMI >30
- Hypertension or BP >140/90mmhg
- Diabetes (Type ½ & Gestational)
- Language Barriers
- Current Mental Health Concerns

High Risk Symptoms:

- Breathless on mild exertion
- Severe fatigue

Maternity Team advice is needed in the following cases unless being conveyed

- ✓ Complex Cases
- ✓ Social / Safeguarding Concerns
- ✓ Previous call to NHS 111 / 999
- ✓ Admission within 2 weeks
- ✓ Multiple Pregnancy (twins or more)

***Ambulance clinicians must obtain clinical advice from a senior midwife / doctor and make them aware they will be clinically responsible for the advice given, including any advice not to convey the patient to hospital.**

Please ensure the name of the HCP and advice given is clearly documented on the EPR

Decision

Assess for red flag sepsis
NEWS2 score not valid for pregnancy

Consider: the severity of the pneumonia, including symptoms and signs of more severe illness, the benefits, risks and disadvantages of hospital admission and the care that can be offered in hospital compared with at home, and the patient's wishes and care plans.

* Always review advanced care/treatment plans

MILD

SpO2 Sat's of 95% or more
and
RR 20 or less and
NO RISK FACTORS

ACTION

*Individual must self-isolate.
*Community Covid testing required
*Discussion with a senior clinician via maternity triage regarding on going care

Consider HOME MANAGEMENT Maternity Team to consider SpO2 monitoring @ home service as per trust guidelines

MODERATE

SpO2 of 95% or more and Any Risk Factor	SpO2 of 94%

ACTION

All pregnant patient irrespective of gestation with the above SpO2 readings and/or Risk Factors should be conveyed to the nearest ED with a maternity unit

SEVERE

SpO2 93% or less
or
RR 21 or more
or
Any desaturation on exertion test

PRE-ALERT
TO NEAREST EMERGENCY DEPARTMENT WITH A MATERNITY UNIT
Timely emergency transfer to hospital. Reducing on scene time.

Maternity Action Plan 2021/22

Rationale

WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, childbirth and the postnatal period, taking into account changing clinical guidelines, best practice and recommendations.

Target Outcome

To support the Trust's plans to develop innovation and best practice, our Clinical Manager for Maternity Services has developed a detailed work plan which supports skills development for staff, interaction with the wider health community and increasing communication with patients.

Domains	Actions	Progress Year to Date	Status and Planned Delivery
Patient Safety	Response to and embedding lessons learned from reviews of maternity care provision throughout the NHS including the Immediate and Essential Action's (IEA) highlighted in the Ockendon Report.	All Maternity SI's registered on STEIS are shared with the LMNS relevant to the trust in which the patient was conveyed to.	Complete
		Regular liaison with the LMNS	Complete
	Share maternity incidents or concerns with Local Maternity Systems	Red Pre-Alert phone project' successful at BWCH and QHB	Complete
		Ongoing discussions with the Regional Chief Midwife and the other 13 Maternity Trusts within WMAS region to discuss further rollouts.	22-23
	Identification of a Non-Executive Board level champion for maternity services	Lisa Bayliss-Pratt is the Non-Executive Lead	Complete
		Regularly liaise with the Non-Executive Lead to aid the development of future maternity workstreams	Complete
	Introduction of Maternity Advisors into EOC	To scope the feasibility of this and present to the commissioners	22-23
	Ensure all staff are aware of the good and poor practice outcomes of any reaudit	Publish general maternity care and PPH audit results in the weekly briefing to inform staff of good and poor practice	Complete
	Develop a process to enable clinical case reviews for those cases where appropriate management is not undertaken, provide education to the clinicians involved but also get 360 feedback for any barriers to providing the appropriate care.	Work with operational delivery team to develop a process of clinical case reviews on a monthly basis	22-23

Domains	Actions	Progress Year to Date	Status and Planned Delivery
Clinical Effectiveness	Availability of training videos and webinars on e-learning portal	Transwarmer & Cuddle Pocket video launched in April 21	Complete
		Introduction of the new Maternity Clinical Care Procedure - June 21	Complete
		JRCALC Closing the Gap project - Bundle 7 - Maternity Care and FGM section	Complete
		Virtual CPD Born Too Soon Collaborative Training Event - 16th March 21	Complete
		Various ongoing MDT training proposals with Local Maternity and Neonatal Systems (LMNS), local trusts and universities within the region.	Complete
		Develop Collaborative CPD event with Birmingham Women's Hospital	Complete
		WMAS paramedics to attend PROMPT training with SWBH on trial basis – every other month from Sept 21 onwards (postponed until May 22 due SWBH CNST)	22-23
		Develop more Maternity Care videos for access by WMAS clinicians	22-23
		Review all previous educational material	22-23
		Produce educational materials for staff i.e. Clinical Times, Posters, Virtual CPD	22-23
		Maternity Placements for qualified ambulance clinicians within local trusts	Complete
	Create a Maternity VLE on the Trust Intranet to actively share new policies, practices, procedures, learning and lessons learnt across the trust from maternity related SI's / ER54's and HSIB Investigations	WMAS triangulates evidence from complaints, serious incidents and other intelligence to identify any trends and themes and these are scrutinised at various levels in the organisation.	Complete
		Development of a Maternity VLE / ParaPass	22-23
	Develop the role of Link Paramedic in Midwifery on each hub to act as a local resource	Actively pick up on previously agreed Maternity Links	Complete
		To identify a Maternity Champion at each hub	Complete
	Develop a process for maternity case reviews	Process completed to continue attending / reviewing all Rapid 72hr Maternity Case reviews with local trusts	Complete
		To develop a portfolio of maternity case reviews to share learning and lessons learnt on the Maternity VLE	22-23
	Through Power-BI and the Management Dashboard develop a report to identify, monitor and review obstetric emergencies	Work with clinical audit team to develop a Power Business Intelligence dashboard	22-23
	Introduction of an online survey for maternity services to help provide all women and their families a better understanding of maternity care provided from an ambulance service perspective and give those who do receive maternity care from WMAS, the opportunity to have their care voice heard.	Disseminate an online maternity survey on the WMAS website for maternity services	Complete

Domains	Actions	Progress Year to Date	Status and Planned Delivery
Patient Experience	WMAS to add written information on the Trust website about: • When it is appropriate to use an emergency ambulance in maternity situations • An overview of what to expect from the Trust • Information about safe conveyance of mothers and their babies • The need for the patient to provide their electronic pregnancy record to WMAS staff on arrival	At present we do not have written information on our website detailing what routine practice and procedures maternity patients are expected to receive from the trust, if and when an ambulance is called to a maternity case. Plans to launch a Maternity Services page on the WMAS website detailing what to expect when you call 999 for pregnancy or childbirth and link this with the online maternity survey once complete – under review	**Complete**

Virtual Maternity Training Event

In December 2021, WMAS and Birmingham Women's Hospital spent time filming some very exciting obstetric skills drills within a house previously featured on Grand Designs. To demonstrate the importance of working relationships between pre-hospital clinicians and midwives working together to manage obstetric emergencies / labour and birth in a home setting. Once edited and approved these videos will be added to ParaPass and used to support a collaborative virtual training event which will take place later this year.

Maternity Observational Shifts

For the first time in the history of WMAS our Clinical Manager - Maternity Lead successfully secured 98 observational shifts for WMAS clinicians to attend main delivery suite at Birmingham Women's & Children's Hospital inclusive of Earlies, Lates, Long Days & Nights.

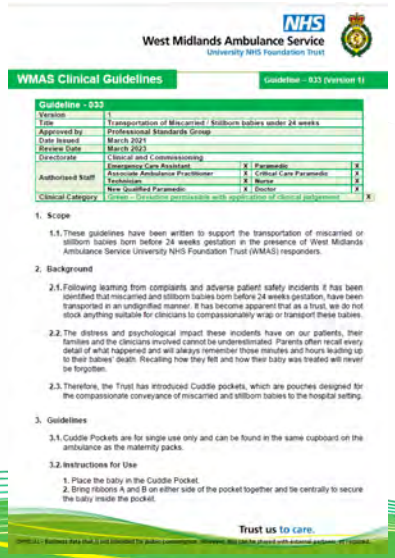
The support and commitment shown by our staff who chose to attend these shifts in their own time has been overwhelmingly positive.

Following these shifts, staff were asked to complete a short survey to identify what benefit this experience may have had on their ability to manage maternity cases in the pre-hospital environment. It was great to hear that our staff were welcomed and treated nicely by BWH so I'd like to encourage all that participated to complete the short survey so we can present BWH with this wonderful feedback. It's a trust I also value dearly and look forward to many more collaborations in the near future.

The vast amount of normal births, cs, instrumental deliveries and obstetric emergencies witnessed by our staff during this time was second to none. It is hoped the development of our working relationships with various members of the maternity MDT will help improve the overall standard of care we provide to all our women & their babies at one of the most vulnerable times of their lives.

Maternity / Obstetric Communications

To communicate any changes in practice, recommendations following Root Cause Analysis / Serious Incidents, a variety of methods are used. These include internal study days, Weekly Briefing Articles, Clinical Times, the internal Learning Review Group (LRG), the National Pre-Hospital Maternity Leads Group and WMAS Clinical Notices / Guidelines.



Professional Networks / External Stakeholders

Our Clinical Manager Maternity Lead attends forums and groups to benchmark and share best practice and lessons learned, such as:

Perinatal Mental Health

NHS England

NICE
National Institute for Health and Care Excellence

CareQuality Commission

Public Health England

HSIB
HEALTHCARE SAFETY INVESTIGATION BRANCH

NHS West Midlands Clinical Networks

NHS Improvement

COLLEGE OF paramedics
leading the development of the paramedic profession

World Health Organization

NMC Nursing & Midwifery Council

DH Department of Health

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

Trust us to care.

Key Achievements in 2020/21

- ✓ Continuous Development of the National Pre-Hospital Maternity Leads Group
- ✓ Local Networking & Development of working relationships
- ✓ Introduction of Red Pre-Alert phone at Queens Hospital Burton (May 21)
- ✓ Virtual Continuous Practice Development (CPD) Training - (Filmed Dec 21)
- ✓ Serious Case Reviews (SCR)
- ✓ Root Cause Analysis (RCA)
- ✓ Updated NHS England Response Times (Jan 22)
- ✓ Launch of HSIB Weekly Information Requests (Jan 22)
- ✓ JRCALC – Closing the GAP Care Bundle 6 - Black Asian Minority Ethnic (BAME) / Female Genital Mutilation / Postpartum Haemorrhage
- ✓ Maternity Voice Partnerships (MVP)
- ✓ Identification of Maternity Champions at all 15 WMAS hubs

Priorities for 2021/22

- Disseminate wider learning – Neonatal Care Pathways
- Joint Simulation Maternity / Neonatal Study Days
- Develop a process to enable Clinical Case Reviews where appropriate and provide 360-degree feedback and education to the clinicians involved.
- All maternity investigation reports to include definitions and language that is easy for families to understand
- Maternity Expert for the trust to attend all maternity RCA to provide specialist maternity input
- To consider increasing the trusts specialist maternity hours to support the implementation of the IEA highlighted in the Final Ockenden Report
- Introduction of Maternity Advisers into IEUC Control Room
- Enhance Training & Development opportunities for staff
- WMAS paramedics to attend PROMPT training
- Create Maternity CPD Training Videos for access on the Virtual Learning Environment / ParaPass
- Obstetric Emergency Simulations
- Umbilical Cord Milking Video to coincide with latest Newborn Life Support Guidance

Priorities for 2021/22

- Use of Plastic Food Grade bags for Thermoregulation during NLS
- Maternity Grab Bags
- Review all previous educational material
- Produce educational materials for staff i.e. Clinical Times, Posters, Virtual CPD
- Obtain more Maternity Observational shifts for qualified ambulance clinicians within local trusts
- To develop a portfolio of maternity case reviews to share learning and lessons learnt on the Maternity VLE / ParaPass
- Work with clinical audit team to develop a Power Business Intelligence dashboard
- Red Pre-Alert Rollout (NHS/E) to as many maternity units deemed possible
- To deliver in person CPD to all the Maternity Safety Champions, in hope that these individuals will then disseminate the learning to their peers at their individual hubs
- Multidisciplinary team training, particularly in emergency skills drills.
- Formulate an honorary contract and utilise the Neonatology Consultant Neonatologist expert advice wherever possible
- To continue to develop and expand the new Maternity Services Page on the trust website
- Demonstrate WMAS Testimonial's from patient's experiences
- To provide a summary of WMAS response to the Final Ockenden Report into the public domain

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The King's Fund (2015) The NHS five year forward view London

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WEST MIDLANDS AMBULANCE SERVICE NHS UNIVERSITY FOUNDATION TRUST
CODE OF CONDUCT AND CODE OF ACCOUNTABILITY REGISTER OF BOARD OF DIRECTORS' INTERESTS 2022-23

Section 35 of the Constitution sets out the Registers that the Foundation Trust must hold. Section 35.1.5 requires the Trust to hold a Register of Interests of the Directors. Section 37 and 38 requires the Trust to make the Register available for inspection by members of the public.

Non-Executive Directors					
Title	**Name**	**Role**	**Notifiable Interest**	**Indirect/ Direct**	**Signed to agree to Code of Conduct and the Nolan Principles**
Prof.	Cumming, Ian	Chairman	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	03.05.2022
			Chair of Global Healthcare Workforce and Strategy - Keele University -	Direct	
			Visiting Professor – University of Pavia	Indirect	
			Health Ambassador to the UKOTs	Indirect	
			Board member & Audit Committee chair – Avonreach Multi-academy Trust	Indirect	
			Vice Chairman of Gibraltar Health Authority	Indirect	
			Daughter is a Student Paramedic with the Trust	Indirect	
Mrs	Farrington-Chadd, Wendy	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	11.05.2022
			CEO (Interim) for Community Health Partnerships (from 28.06.21)	Indirect	
Ms	Kooner, Narinder Kaur	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust Charity	Indirect	11.05.2022
			GBH Lakes/Land Ltd	Direct	
			Sikh Women's Action Network	Direct	
			Positive Living and Wellbeing Group	Direct	
			Birmingham City Council	Indirect	

Non-Executive Directors					
Title	**Name**	**Role**	**Notifiable Interest**	**Indirect/ Direct**	**Signed to agree to Code of Conduct and the Nolan Principles**
Mr	Ahmed-Khan, Mushtaq,	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	03.05.2022
			Lead Lawyer– Wolverhampton City Council	Indirect	
			Non Executive Director – Incommunities Group - Yorkshire	Indirect	
Mr	Fessal, Mohammed	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	03.05.2022
			Chief Pharmacist of Change Grow Live	Indirect	
			Member of the Advisory Council of the Misuse of Drugs	Indirect	
			Member of the Governance Group for Approved Premises	Indirect	
			Specialist Advisor for the CQC	Indirect	
Prof.	Bayliss – Pratt, Lisa	Non-Executive Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	03.05.2022
			Pro-Vice Chancellor for Health & Life Sciences, Coventry University	Indirect	
			Non-Executive Director, Coventry & Warwickshire NHS Partnership Trust	Indirect	
			Programme Director, Nursing Now Challenge	Indirect	
			Chair of the Council of Deans for Global Health	Indirect	
			Member of Nourish Medical Advisory Board with effect from December 2020	Indirect	

Executive Directors					
Title	**Name**	**Role**	**Notifiable Interest**	**Indirect/ Direct**	**Signed to agree to Code of Conduct and the Nolan Principles**
Mr	Marsh, Anthony	Chief Executive Officer	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	03.05.2022
			IMAS Partner	Indirect	
			NHS IMAS Strategic Advisory Board Member	Indirect	
			Association of Ambulance Chief Executives Board of Directors	Indirect	
			CQC Specialist Advisor	Indirect	
			CQC Executive Reviewer	Indirect	
			Vice President of the Ambulance Staff Charity	Indirect	
			Pro-Chancellor – University of Wolverhampton	Indirect	
			Patron of the “Help if we can” charity	Indirect	
			CQC Well Led Reviewer	Indirect	
			Honorary Professorship – Wolverhampton University	Indirect	
			Vice Chair St John County Priory Group in Staffordshire also Hospitallier for the Group	Indirect	
			National Strategic Adviser of Ambulance Services (NHS Improvement/ NHS England)	Direct	
Mrs	Brotherton, Michelle	Non-Emergency Services Operations Delivery & Improvement Director (Non Voting)	Husband - Chief Operating Officer – University Hospitals Birmingham	Indirect	03.05.2022
			Sister - Paramedic – Evesham	Indirect	
			Nephew - Paramedic – Worcester	Indirect	
			Sister - EOC Controller – Millennium Point HQ	Indirect	
			Niece - NEPT Controller/Planner	Indirect	
			Daughter - Bank PTS call Taker	Indirect	

Executive Directors					
Title	**Name**	**Role**	**Notifiable Interest**	**Indirect/ Direct**	**Signed to agree to Code of Conduct and the Nolan Principles**
Mr	Brown, Jeremy	Integrated Emergency & Urgent Care & Director (Non Voting)	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	04.05.2022
Mrs	Rutter, Karen	Interim Director of Finance	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	26.04.2022
			Substantive employment held with Health Education England (seconded to WMAS 0.60 wte)	Direct	
Mr	Docherty, Mark	Director of Nursing and Clinical Commissioning	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	03.05.2022
Mr	Hudson, Nathan	Emergency Services Operations Delivery Director (Non Voting)	Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity	Indirect	17.05.22
Dr.	Walker, Alison	Medical Director	Trustee of West Midlands Ambulance Service University NHS Foundation Trust	Indirect	11.05.22
			Chair NHSE Frontline Clinical Cell which reports to the National NHSE EPRR Clinical Advisory Group.	Indirect	
			A member of the NHSE EPRR Clinical Advisory Group.	Indirect	
			Harrogate and District NHS FT (HDFT) Emergency Medicine/A&E Consultant	Indirect	
			Clinical Lead for Emergency Planning and Resilience for HDFT.	Indirect	
			Yorkshire Ambulance Service Immediate Care Doctor (YAS BASICS) – voluntary responder role.	Indirect	

Executive Directors					
Title	**Name**	**Role**	**Notifiable Interest**	**Indirect/ Direct**	**Signed to agree to Code of Conduct and the Nolan Principles**
			JRCALC Chair and Committee Member	Indirect	
			Trauma and Emergency Care Lead, Yorkshire and Humber Clinical Research Network	Indirect	
			National Trauma and Emergency Care Research Group Member	Indirect	
			Member of the UK Trauma and Research Network Board	Indirect	
			Independent medicolegal reports on prehospital care/ambulance service clinical care and systems on an ad hoc basis	Indirect	
Mr	Khashu, Vivek	Strategy & Engagement Director (Non Voting)	Shares Held in BT	Indirect	03.05.2022
			Wife and Father in Law are GP partners at Highgate Medical Centre, Highgate, Birmingham.	Indirect	
			Brother is the Regional Director of Finance for the North West Region, NHS England	Indirect	
			IMAS talent pool member	Indirect	
Ms	Beechey, Carla	People Director (Non Votng)	Partner is an employee of the Trust Stepson is Student Paramedic with WMAS	Indirect	03.05.2022
Mr	MacGregor, Murray	Communications Director (Non Voting)	None		03.05.2022

Persons that hold the title of Director but are not members of the Board of Directors					
Title	**Name**	**Role**	**Notifiable Interest**	**Indirect/ Direct**	**Signed to agree to Code of Conduct and the Nolan Principles**
Mr	Prior, Keith	Director of NARU	None		03.05.2022

CORPORATE GOVERNANCE
GOVERNORS DECLARATION OF INTEREST 2022-23

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

Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation	Notifiable Interest	Indirect/ Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
Public Governors						
Mr	Peter Brookes	Public – Birmingham	Wyre Forest Ambulance Service Charity No 515390 Ambulance Service Institute Membership No L7980 College of Paramedics – Membership No CP004720 Volunteer at the Royal Orthopedic Hospital Birmingham (Patient Services) in the Teaching and Development Department	Direct Indirect Indirect Indirect	24/10/12	
Mrs	Jeanette Mortimer	Public – Birmingham	Daughter is a Technician at WMAS Employed at University Hospital Birmingham NHS FT	Direct Direct	13/12/19	
Mrs	Julie Winpenny	Public – Black Country	Works for West Midlands Fire Service	Direct	10/01/20	
Mr	Samuel Penn	Public – Black Country	Clinician for sports medical company called "Ultramedix". Quality Dept Head at Moldwel products ltd (supplier for some St John Ambulance products)	Indirect Direct	10/01/20	
Mr	John Davies	Public – Coventry and	Avon Valley Community Responders (Non responder) Trustee	Direct	14/09/16	

Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation	Notifiable Interest	Indirect/ Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
		Warwickshire	Chaplain, Stratford Sea Cadets, TS Ghurka Cllr. Chair Gaydon Parish Council	Indirect Indirect		
Dr	Brian Murray	Public – Coventry and Warwickshire	None		10/01/20	
Mrs	Eileen Cox	Public – Staffordshire	Company Director of Woodhouse Academy, Biddulph, Staffordshire Member of North Staffordshire CCG Patient Congress	direct	24/10/12	
Mr	David Hardy	Public – Staffordshire	Chairman of the Audley PPG Secretary of Newcastle North PCN PPG		09/01/19	
Ms	Judy D'Albertson	Public – West Mercia	None		2/2/2020	
Mrs	Helen Higginbotham	Public – West Mercia	Husband is employed as a paramedic by the Trust	Direct	06/01/19	
Staff Governors						
Mrs	Sarah Bessant	Staff – Emergency and Urgent Operational Staff	None		06/01/14	
Mr	Adam Aston	Staff _ Emergency and Urgent Operational Staff	Elected Councillor – Dudley Metropolitan Borough Council Member – Labour Party Member and area president - St John Ambulance Member – College of Paramedics Member – Unison	Direct Indirect Direct Indirect Direct	28/01/19	Labour Party

Title	Name	Public/Staff or Appointed Governor (to include constituency or organisation	Notifiable Interest	Indirect/ Direct	Signed to agree to Contract of Values and Behaviour	Political Affiliation, if any (normally completed by publicly elected governors)
Mr	Duncan Spencer	Staff – Emergency Operations Centre Staff	None			
Mr	Matt Brown	Staff – Support Staff	None			
Appointed Governors						
Mr	Dave Fitton	Appointed – Community First Responder	I work NHS England as Urgent and Emergency Care Operations and Improvement Lead for the Central Midlands Region		15/05/19	
Cllr	Ed Lawrence	Appointed – Local Authority	Elected Councillor – Dudley Metropolitan Borough Council Member of the conversative party	Direct Indirect	12/05/	Conservative Party

Paper 02a

Minutes of the Meeting of the Board of Directors held on 30 March 2022, at 1030 hours, via Microsoft Teams

Present:		
Prof I Cumming*	Chairman	Non-Executive Director (Chairman)
Prof A C Marsh*	CEO	Chief Executive Officer
Ms Lisa Bayliss -Pratt*	LBP	Non-Executive Director
Ms Carla Beechey	CB	People Director
Mrs M Brotherton	MB	Non-Emergency Services Operations Delivery & Improvement Director
Mr J. Brown	JB	Integrated Emergency & Urgent Care and Performance Director
Mr M Docherty*	MD	Director of Nursing & Clinical Commissioning
Mr N. Hudson	NH	Emergency Services Operations Delivery Director
Mr M Khan*	MK	Non-Executive Director
Mr V Khashu	VK	Strategy & Engagement Director
Mr M. MacGregor	MM	Communications Director
Ms K Rutter	KR	Director of Finance
* Denotes a voting member appointed pursuant to the Constitution of the West Midlands Ambulance Service NHS Foundation Trust In attendance by means of Microsoft Teams:		
Ms D Scott	DS	Organisational Assurance Director
Ms K Freeman	KF	Private Secretary – Office of the Chief Executive
Mr P. Higgins	PH	Governance Director & Trust Secretary
Pete Green (for part of the Meeting) & Ms R Farrington (For part of the meeting)	PG/RF	Staff Side Representatives
Ms L Baird MBE	LB	Daniel Baird Foundation
Mr I. Syme	IS	Member of the Public
Ms J. Haynes	JH	Birmingham Live
Mr T. Parkes	TP	Shropshire Star

03/22/01	**Chairman's Introductions, Apologies and Announcements**	
	Apologies were received on behalf of Mrs W Farrington Chadd, Mr M Fessal, Ms N. Kooner and Dr Alison Walker. It was indicated that Mr P Green would be attending as the Staff Side Representative until Ms R Farrington was able to attend.	

	The Chairman welcomed everyone to the meeting and in particular thanked Lynne Baird for attending to update the Board on the deployment of Bleed Control Kits. The Chairman then asked the Chief Executive to introduce the patient experience item.	
03/22/02	**Patient Experience – Update on the deployment of the Bleed Control Kits**	
	A briefing note to provide background for the Board members and those in attendance was submitted as part of the papers for the meeting. The Board was reminded by the Chief Executive of the Trust's involvement with the roll out of Bleed Control Kits across the Midlands. They came about after the tragic death of Daniel Baird who was fatally injured following a stabbing in Birmingham in 2017. His mother Lynne, who received an MBE for her work in the New Year's Honours, has been leading the work in getting the kits placed in areas of high footfall, particularly in locations associated with the night-time economy through the Daniel Baird Foundation. The Trust have been working in partnership with the Daniel Baird Foundation for several years and have developed a network of 274 available Bleed Control Kits across the region to date. Using the funding support from NHS Charities Together, it will enable a further 559 Bleed Control Kits to be available within the region: • 425 are being placed on the Trusts PTS fleet, which will be complete within the next 2 weeks, this is only due to the manufacturer running out of stock. PTS staff are being given access to training materials to support them in their use of the equipment appropriately. • A cabinet containing an AED and Bleed Control Kit is being placed at each of the Trusts 35 sites to ensure there is 24/7 access to an AED and Bleed Control Kit. • The remaining 99 will be allocated to known penetrating trauma hotspots across the region and there is work ongoing to secure the correct sites for these kits, ideally to be co-located with a new or existing AED. The static Bleed Control Kits will all be made available on the Trust E&U CAD as they are placed on sites and are available to patients. Now via the work of the Chairman, in his capacity as UK Overseas Territories Senior Responsible Officer for Health the kits has briefed the relevant governments on the bleed kits. The Governor of the Turks and Caicos Islands, His Excellency Nigel Dakin is keen to expand the provision of pre-hospital care in the islands. As part of this initiative, the Chairman has been demonstrating the use of the bleed kits to senior representatives from the Ministry of Health, Emergency Medical Service,	

	hospital, Police, Fire, GPs, and the TCI regiment. All agreed the provision of bleed kits in TCI will be a major step forward in helping save lives. Potential sponsors are now being approached.	
	Resolved:	
	The Chairman thanked Lynne Baird for her attendance and presentation to the Board. Lynne Baird thanked the Chairman, Chief Executive, and the members of Board of Directors for their continued support for the work of the foundation established in remembrance of her son, before leaving the meeting.	
03/22/03	**Declarations of Interest**	
	There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda. Karen Rutter reminded the Board of Directors that her role as Director of Finance was interim and that her substantive employer was Health Education England and therefore asked the Board to note her declaration.	
03/22/04	**Questions from the Public**	
	The Chairman stated that the Board had received a lengthy question from Mr Ian Syme, a member of the Public who was in attendance. The question was as follows: "1. Ambulance handover delays especially 60minutes or greater Ambulance handover Delays. The above indicator is a key indicator of significant problems at an NHS Acute Provider Organisation and is most certainly also a key indicator that 'whole care systems' are severely pressurised with some extreme bottle necks restricting flows both into and out (discharge) of Acute Care Provision. In my patch of Northern Staffordshire Ambulance Handover Delays 60 mins/+ at UHNM have been spiralling out of control growing by approximately 60% monthly since May 2022. In fact the situation of massive increases in 60mins/+ Handover Delays is replicated throughout WMAS area and throughout England. WMAS along with Ambulance Trusts throughout England have been warning of this situation for a considerable time including explicitly	

identifying the risk of harm and tragedy to individuals stuck in ambulances outside Hospitals and also harm in the community as delays severely reduce the capacity of Ambulance Trusts to respond to need in the Community.

I have repeatedly publicly questioned both UHNM at their Public Board Meetings and the Staffordshire CCGs at their Governing Body Meeting as to what mitigations are being swiftly implemented to alleviate the alarming exponential increase of Ambulance Handover delays (accepting it would not be zero but could be significantly reduced).

Realistically even given the impact of Covid in reducing Acute Capacity increasing work force absence pre and post-acute Care Services the response of the CCGs UHNM and the 'fledgling ICS' (not just in my patch) has been sclerotic.

a. The systems at present e.g. Urgent Care Boards being key to activating swift coherent collaborative Care System mitigations to address alarmingly increasing harmful delays in Ambulance Handovers are slothful at best and as an outsider looking in that system does not seem fit for purpose.

Is WMAS confident that lessons have been learned by Whole care Systems that there is a need for swift collaborative un-fragmented action when this key indicator is triggered?

If so, what modifications are Care Systems rapidly implementing to ensure that when WMAS indicates this key indicator is being breached Care Systems do not just politely listen then ignore but actions are swiftly implemented to ensure control is re-established?

b. The above does not auger well for the new ICSs within England nor in WMAS patch. WMAS do in fact have first-hand knowledge of what is happening in communities especially 'place'.

How without having to attend a plethora of meetings can WMAS ensure its knowledge and ability to comprehend the 'coal face' is given real regard by ICS s and that these ICSs do fully realise that efficient responsive Ambulance Services are in fact an essential component of any Integrated Care System?

2. Shropshire

The call by some local authority elected members in Shropshire for a UDI (Unilateral Declaration of Independence) re Ambulance Services ie a 'break away Shropshire Ambulance Trust' is baffling.

	How is WMAS addressing this situation as it would seem that the elected members do not at this moment understand the complexities of their own Care System that has its own significant problems nor how Ambulance Services fit with Care Systems in Shropshire?" The Chairman asked the Director of Nursing and Clinical Commissioning to respond to the previously circulated question. The Director of Nursing and Clinical Commissioning did respond in full at the meeting given the relevance of the question to the current pressures faced by the Trust. **The response was also forwarded to Mr Syme by email and is attached in full as an appendix to these Minutes**. The Chairman said that this is a serious patient safety risk, but the Trust is doing all we can to improve this situation. The Chief Executive Officer pointed out that as well as the impact on patients there is also an impact on our staff. The Chairman thanked Mr Syme for the question and Mr Syme reciprocated and thanked the Chairman and Board of Directors for the response to his question.	
03/22/05	**Board Minutes**	
	To agree the Minutes of the meetings of the Board of Directors held on 26 January 2022 and the Extraordinary Meeting on 23 February 2022.	
	Resolved:	
	That the Minutes of the meeting of the Board of Directors held 26 January 2022 and the Extraordinary Meeting on 23 February 2022 be approved as a correct record.	
03/22/06	**Board Minute Log**	
	The Board Log that contains the schedule of matters upon which the Board have asked for further action or information to be submitted. Matters on this log can only be deleted through resolution of the Board. (For the avoidance of doubt unless specified below all matters contained on the Board log will remain on the log until the Board resolves that the matter can be discharged). **07/21/01 - Chairman's Introductions, Apologies and Announcements**	

	The Chairman had informed the Board that the new Secretary of State is one of the Trust's local MPs and had written to him and invited him to visit the Trust as a local MP. The Chairman stated that he had not yet heard from the Secretary of State and would update members if he received any communication from the office of the Secretary of State. The other two matters held on the Board Log related to the WRES and Workforce Disability Standard. Both are action plans that the People Committee are reviewing, and the outcome of the review will be submitted to a future meeting of the Board. Both the WRES and WDES action plans are regularly reviewed and monitored at the Diversity, Inclusion and Steering Advisory Group (DIASG) and the People Committee as standard agenda items. In the next couple of months, the 2022 WRES and WDES data will be gathered, and the associated action plans will begin to be developed in conjunction with relevant stakeholders and through the relevant committees and provided to board for oversight and assurance. **02/22/04 - 2022/23 Fleet Capital Plan** That approval be given to the purchase of 60 vehicles as detailed within the report, and recognising that 94 vehicles are required, approval in principle be given to delay the purchase of the remaining 34 vehicles as a commitment against the capital funds in 2022/23 and that the purchase of the additional 34 vehicles be progressed after 1 April 2022 when the capital funds are confirmed. **07/21/31 The Trust's Five-Year Strategy** The Board had reviewed several enabling Strategies that support the overarching five-year strategy. It was felt that given the current position relating to the changing NHS landscape and also funding priorities the Strategy should be reviewed sooner. The Board was of the opinion that the Strategy should be revisited at a Board meeting during 2022 when the landscape and funding priorities were clear and then subject to Annual Review thereafter.	
03/22/07	**Chief Executive Officer (CEO) Update**	
	A report of the Chief Executive Officer was submitted. The Chief Executive outlined the salient matters contained in the report. The CEO informed the Board that 999 call handling remains the best in the Country despite the Trust answering hundreds of calls for other Ambulance Services. The CEO explained that there had been a particular problem in another Ambulance Service regarding safeguarding. West Midlands Ambulance Service (WMAS) has considered the findings within the CQC report and self-assessed itself against these to produce an assurance	

	report and identify any remedial action necessary for WMAS. The formal report is attached as an appendix to the CEO report. The CEO said that WMAS is likely to be the only Ambulance Service to have completed all the Level 3 Safeguarding Training by the end of March 2022. Performance remains under immense pressure due to handover delays. The Chairman said that it is remarkable that the Trust has managed to keep on top of its mandatory training and safeguarding training despite the pressures its facing.	
	Resolved:	
	That the contents of the report be received and noted.	
03/22/08	**Executive Scorecard relating to performance for the month of February 2022**	
	The revised Executive Scorecard of KPIs for the month of February 2022 was submitted. The key indicators and trends were set out for review by the Board. The indicators covered operational performance, finance, workforce, and high-level clinical indicators. The scorecard was submitted in addition to the Trust Information Pack which contains Trust wide performance data and information and is circulated separately to the Agenda.	
	Resolved:	
	That the contents of the scorecard be received and noted.	
03/22/09	**Review of the Executive Scorecard**	
	A report of the Strategy and Engagement Director was submitted. Attached to the report were the recommendations from EMB on how the executive scorecard should be updated to reflect current and emergency quality, safety, performance, and finance deliverables. The Board was requested to receive the report previously considered by EMB after reviewing the Scorecard and to give its views on how the Scorecard could be updated. The Director of Strategy and Engagement indicated that it is proposed that the Scorecard will be reviewed Annually to fit in with the annual planning criteria. The Chairman asked Board Members if they have any comments to forward these to the Strategy and Engagement Director.	
	Resolved	
	That any comments on the revised scorecard be sent to the Strategy & Engagement Director.	
03/22/10	**Covid Update**	

	The WMAS Covid updates previously circulated to the members of the Board for the period February 2022 and the Covid monthly trend for the period March 2020 to February 2022 was submitted for the purposes of transparency. The information contained in the reports had been condensed and summarised from the main activities of the Senior Incident Response Management Team and key information feeds for the Operational Delivery units of the Trust. The CEO gave an update and reported that abstractions have reduced substantially. The Trust has no staff in hospital, and we have not lost any staff to Covid. We continue to do everything we can to protect our staff. 10% of patients that call 999 refer to Covid but this is still relatively flat.	
	Resolved:	
	That the Covid reports be received and noted.	
03/22/11	**Report of the Director of Finance** **(NB: the workforce planning report was contained within the Director of People items later on the agenda)**	
	A report of the Director of Finance was submitted. The Director of Finance presented: a) The budget for 2022/23 b) Cost Improvement Plan c) The Capital Plan Programme The Director of Finance gave an update and informed the Board that due to changes in contract payment mechanisms from activity based to block in 2020/21, the ongoing impact of Covid19 on the operating environment, and a reduction in the Trust's host ICS Covid funding allocation of 57%, the Trust faces significant financial challenges in 2022/23. The paper submitted today, underpinned by a detailed and comprehensive budget setting process, presents a balanced revenue budget for the year, but one which by necessity incorporates material inherent risks that must be carefully managed, and mitigated, during the year. This is however a situation being faced by ambulance services throughout the Country. Financial pressures are also very great in other sectors within the local system and beyond, especially within the Acute sector. The Trust's revenue budget has been submitted to our host ICS and this does include some risks. The deficit is mitigated by various efficiencies. The final submission is due at the end of April although this may be extended. Efficiencies in 2022/23 comprise 1.1% tariff efficiency plus 0.63% 'convergence' efficiency adjustment, applicable to Black Country ICS income only. These total £4.4m. In addition, efficiencies applied in 2021/22 H2 but delivered non-recurrently in year, increase the savings target by a further £4.3m. The combined total to be	

	identified/delivered in 2022/23 is £8.7m. Operational capital available to the Black Country system for 2022/23 is £84.9m. This compares to £89.9m for 2021/22. This reduction has put pressure on an already tight system capital resource. In addition, the ICS has prioritised two large capital schemes in 2022/23. These are the Black Country Community Hospital's Dorothy Pattison Hospital Scheme and Walsall Hospital's Emergency Department scheme. The Trust asked the ICS to include the Sandwell Ambulance Hub scheme within the ICS priority programmes but this proposal was rejected. No reasons have been given. The ICS were advised that the Trust's contractual capital commitments (for Fleet, Sandwell Hub etc.) exceed the funding resource allocated by the ICS. The Trust have been asked to identify mitigations to close the gap. The Board are asked to note that the decision to prioritise capital in this way was made very late in the day (March 22) by the ICS, and the Trust was not involved in the final decision-making process. Prior to this decision being taken, the Trust had been advised (as previously reported at EMB) that its allocation was expected to be £14.759m. The Director of Finance informed the Board that there is further work to be done on capital and she would keep the Board updated.	
	Resolved:	
	That the report of the Director of Finance be received and noted. In respect of revenue income and expenditure budgets, the Board are asked to: - a) Note that changes in contract funding mechanism in 2020/21 (from activity based to block), together with the with significant impact of Covid19 on operating conditions, have resulted in a challenging financial position in 2022/23, exacerbated by national reductions to ICS/CCG Covid funding allocations; note that the Trust's draft financial plan delivers a deficit of £1.1m but that additional measures will be identified during the year, so that a balanced budget can be set for 2022/23 and included in the final NHS planning submission due in April 22. b) Note that the Trust carried out a robust and thorough budget setting process for 2022/23 and that this has been an inclusive process in respect of finance / operational colleague collaboration and input. Budgets have been set that are challenging but realistic. c) Note that in respect of the revenue position, a number of significant financial risks are inherent within the plan, but that mitigations are available and deliverable if pursued with vigour. d) Approve the budgets as set out for 2022/23 **In respect of financial improvement / efficiencies:**	

	Note the level of FIP for the Trust in 2022/23 is £8.7m of which £5.1m has been identified (subject to QIA review/approval) of which £3m is recurrent. **In respect of capital resource and expenditure**: a) Note that the ICS operational capital prioritisation process has led to a reduction in capital resource from £15.6m in 2021/22 to £13m in 2022/23 b) Note that the value of the 2022/23 capital programme as set out, which includes the additional pressure of the Sandwell Hub Fit out, currently exceeds the available resource by £2.1m c) Note and support the measures identified thus far to mitigate/reduce capital spend next year, including the treatment of certain costs as revenue that were previously capitalised and the transfer of c£0.9m (value to be confirmed) of Sandwell fit-out/infrastructure cost into the lease agreement. d) In respect of the residual risk of £2.1m the Board are asked to support the additional measures identified but note that in the absence of additional funding, the Trust carries a risk that it will breach its capital resource limit in 2022/23.	
03/22/12	**2022/2023 FIPs (formerly CIPs) / QIAs / EIAs - To receive 2022/2023 Financial Improvement Plan, Quality Impact Assessments and Equality Impact Assessments**	
	The report of the Director of Finance was submitted setting out each Financial Improvement Plan (FIP), when developed a Quality and Equality Impact assessments will be undertaken. The current FIP schemes for 22/23 were listed for noting only pending assessments being undertaken.	
	Resolved	
	To note and approve the Financial Improvement Programme subject to completing the necessary QIA and EIA. The QIA and EIA are being progressed and will need to come to Board**.**	
03/22/13	**Assessment of the 'Going Concern' status of the Trust Financial Year 2021/22 ending 31 March 2022**	
	To receive the recommendation of the Audit Committee and confirm the Going Concern status of the Trust. The Directors of the Trust have a responsibility to assess the Going Concern status of the organisation as this is an underpinning assumption when preparing the annual financial statements. This report provides the Directors with an overview of their responsibilities together with an understanding of the responsibilities of	

	the Trust's External Auditors with respect to the Going Concern assumption when expressing their opinion on the financial statements.	
	Resolved	
	There are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a Going Concern.	
03/22/14	**Quality Reports**	
	A report of the Director of Nursing & Clinical Commissioning and Medical Director including Serious Incidents Update and Learning from Deaths Report was submitted. The Director of Nursing & Clinical Commissioning gave an update and informed the Board that the report submitted is a joint report from him and the Medical Director. Patient handover delays continue to result in significant patient harm and the impact of these delays resulting in long patient waiting times also causes harm, including death. March is already the worst month ever for hospital handover delays. The figures which will rise still further show the Trust has already lost over 30,000 hours this month, around 2,000 more than were lost in October, the previous worst month. Earlier this week, several patients waited over 19 hours to be handed over at one hospital. The rise in the number of Serious Incidents (SI's) is probably all related to delays. To some extent it was surprising there are not more SI's.	
	Resolved	
	That the contents of the report be received and noted.	
03/22/15	**Board Assurance Framework (BAF)**	
	A report of the Director of Nursing & Clinical Commissioning was submitted that presented the Board Assurance Framework for review and approval. The Director of Nursing & Clinical Commissioning informed the Board that the report should only include risks rated 12 and above. The Trust's main risk remains the hospital handover delays. There are also an increasing number of serious incidents but many of these relate to the delays. That the Board was requested to review the two risks currently rated as 25.	
	Resolved	
	That the Board Assurance Framework as presented be approved. That the Board agreed that the 2 risks should remain as 25.	

03/22/16	**Ockenden Report**	
	A report of the Director of Nursing and Clinical Commissioning was submitted. The report provided a summary of the actions completed by the Trust following the publication of the interim Ockenden Review into maternity failings at Shrewsbury and Telford NHS Foundation Trust on 10 December 2020. Although most of the seven immediate essential actions were aimed at Acute Trust maternity services, this Trust has used this opportunity to assure the Board of Directors that we have taken robust actions to ensure the emergency maternity care we provide in the pre-hospital environment is safe and robust. WMAS will continue to do all we can to support NHS maternity services across our region and more widely, to address any issues with systems, governance, culture, resources, training, or staffing, that impact on the safety of maternity care provided. Our progress and ongoing developments will help prepare us for the publication of further reports into maternity services during 2022/23. The Director of Nursing & Clinical Commissioning informed the Board that ongoing observational shifts are being provided to WMAS clinicians to attend the main delivery suite at Birmingham Women's & Children's Hospital. 30 members of staff have completed the update. One member of staff observed four births in one day. The Trust is expanding these maternity days. Now we have access to the second and final Ockenden Report. The Director of Nursing & Clinical Commissioning will go through the report and an update will be presented to the next EMB Meeting and the Board in May. The CEO said as colleagues will remember WMAS have been with one family following the tragic death of their daughter, Kate. The family have helped us considerably with the Family Liaison Officers (FLOs). The CEO informed the Board that the Trust will continue to do everything necessary to save lives and support the families.	
	Resolved:	
	a) That the content of the report be noted. b) That the content of the action plan be approved. c) For the purposes of assurance the progress against the action plan be reported through the Professional Standards Group (PSG) to Quality Governance Committee and then the Board of Directors.	
03/22/17	**Mental Health Plan**	
	A report of the Director of Nursing and Clinical Commissioning was submitted. The NHS Long Term plan identifies £7.4 million of funding in West Midlands CCG baseline uplifts per annum to support improvements in the ambulance response to mental health by 2023/2024. Following engagement with local systems and commissioners across the region, a business case has been developed	

	to inform operational planning submissions by systems and allocation of funds from commissioners to deliver against the Long-Term Plan ambitions in this area. These proposals include: • Increased mental health capacity to support 111, 999 and clinical advice within IEUC • Supporting IUC and LTP guidance for the implementation of a mental health bypass to local system 24/7 mental health crisis lines from 111 • The provision of 12 24/7 regional specialist mental health resources • Delivery of a mental health education transformation programme to upskill all patient facing staff alongside ongoing support for iterative knowledge and skill development in mental health. This paper is amended from that submitted previously to reflect comments made at EMB on the 22/02/2022 in respect of workforce requirements and variations from proposals submitted to EMB in September 2021 prior to the commencement of the Head of Clinical Practice (Mental Health) and subsequent discussions with both systems and NHS England's Midlands mental health network.	
	Resolved:	
	To note the information and ratify the proposed approach to commissioning these service improvements from one of three options presented. **Option 1** - 1 WTE Band 8a Head of Clinical Practice (Mental Health) - 12 WTE Band 6 IEUC Mental Health Clinicians - 7 WTE Band 7 IEUC Mental Health Supervisors / Mental Health Educators - 12 Mental Health Response Vehicles (16 hours per day) o 51.5 WTE Band 6 Specialist Mental Health Paramedic o 51.5 WTE Band 4 Student Paramedic/Technician - Funding to support year 1 mental health education upskilling (£1.3m) and ongoing education support in year 2 onwards **Option 2 – Preferred Option** - 1 WTE Band 8a Head of Clinical Practice (Mental Health) - 30 WTE Band 6 IEUC Mental Health Clinicians - 10 WTE Band 7 IEUC Mental Health Supervisors / Mental Health Educators - 12 Mental Health Response Vehicles (12 hours per day) o 38.5 WTE Band 6 Specialist Mental Health Paramedic	

	o 38.5 WTE Band 4 Student Paramedic/Technician - Funding to support year 1 mental health education upskilling (£1.9m) and ongoing education support in year 2 onwards **Option 3** - 1 WTE Band 8a Head of Clinical Practice (Mental Health) - 65 WTE Band 6 IEUC Mental Health Clinicians - 10 WTE Band 7 IEUC Mental Health Supervisors / Mental Health Educators - 6 Mental Health Response Vehicles (12 hours per day) o 19.5 WTE Band 6 Specialist Mental Health Paramedic o 19.5 WTE Band 4 Student Paramedic/Technician - Funding to support year 1 mental health education upskilling (£1.9m) and ongoing education support in year 2 onwards	
03/22/18	**Data Security & Protection Toolkit (DSPT)**	
	The report of the Director of Nursing & Clinical Commissioning was submitted. The report informed the Board regarding the Data Security Protection Toolkit (DSPT), specifically: • The process for assurance given that the DSPT is a self-assessment. • Details of the baseline assessment of the DSPT • Details of the extension to the baseline assessment of the DSPT • Action plan for delivery of the DSPT by the 30 June 2022 deadline • To provide assurance regarding the process for DSPT submission. • Optimal rating for process for assurance for DSPT received at Audit Committee The Director of Nursing & Clinical Commissioning informed the Board that an 'optimal' rating was received for the report which was well received by the Audit Committee. The action plan is a fluid plan which will be continually reviewed.	
	Resolved:	
	That the DSPT report submitted regarding the process for submission of version 4 of the Data Security Protection Toolkit be received and noted, and that the Director of Nursing and Clinical Commissioning be authorised to submit the DSPT by the deadline of 30 June	
	Operational Performance Update	
03/22/19	**Non-Emergency Services Operations Delivery & Improvement Director Update – Michelle Brotherton**	

	The inaugural report of the Non-Emergency Services Operations Delivery & Improvement Director was submitted. PTS has continued to achieve operational targets across all contracts with few exceptions. In February one KPI was missed on the Coventry and Warwickshire contract. All KPI's have been achieved year to date. Demand for PTS services has increased, and the operational team have done well given the Covid-19 social distancing rules on vehicles continues to constrain resource efficiencies at this time and the Service is utilising a higher level of Taxi resource to maintain stability. The PTS Team continue to be focused on resourcing all Hospital Discharges as a priority and ensuring these patients are collected in a timely manner – to assist with hospital in-patient flow. The Non-Emergency Services Operations Delivery & Improvement Director pointed out that activity is now back at pre-covid levels which included social distancing measures. Hospital handover delays are getting worse. This month over 35,000 hours have been lost so far. Work continues with Executive Directors and NHSE/I colleagues. The Chairman asked what impact the social distancing has on PTS. The Non-Emergency Services Operations Delivery & Improvement Director explained that over 30% capacity has been lost. There has been an increase in discharges and having the capacity increased will significantly improve this. Mr Khan congratulated the Non-Emergency Services Operations Delivery & Improvement Director on excellent performance. Mr Khan said during a recent presentation it had referred to a rising infection rate due to covid and asked if the Trust is seeing an increase in staff. The Non-Emergency Services Operations Delivery & Improvement Director confirmed the Trust is seeing an increase across E&U, PTS and 111. Sickness has gone up.	
	Resolved:	
	That the contents of the report be received and noted.	
03/22/20	**Integrated Emergency & Urgent Care & Performance Director**	
	The inaugural report of the Integrated Emergency & Urgent Care & Performance Director was submitted providing an update. The Integrated Emergency & Urgent Care & Performance Director gave an update and informed the Board that call answering performance is the strongest in the Country. We continue to see low 2 minute call answering delays. We have seen some improvement on 111 but it is still not where it needs to be. We are advertising for staff and 30 clinicians are due to start over the next two months. Sickness has been high over the last few months. The Chairman asked where we were with the networking of 999 calls and if there will be any form of remuneration for this. The Integrated Emergency & Urgent Care & Performance Director explained that there are measures in place to mitigate lengthy delays with the buddy system in place. The trust will see more calls and	

	our performance will start to slip whilst others start to improve. It was not known if the new system would have any compensatory reward in place. The Integrated Emergency & Urgent Care & Performance Director would keep colleagues updated in this regard.	
	Resolved:	
	That the report be received and noted	
03/22/21	**Emergency Services Operations Delivery Director Update**	
	The inaugural report of the Emergency Services Operations Delivery Director was submitted. Firstly the Emergency Services Operations Delivery Director thanked all the staff for everything they have done over the last two years to ensure we have been able to keep the service running and apologised to patients and their families for the delays in getting to patients. Performance is challenged and this continues with the hospital handover delays. This is the single most significant risk to our patients. The Trust is experiencing delays reaching Cat 2, 3 and 4 patients. This is putting our staff in difficult positions as when they arrive the patient has deteriorated. Sickness management with COVID for February 2022 saw a reduction from the 8.15% we saw in January 2022 to 6.97% in February which gives a YTD position of 4.77%. Sickness management excluding Covid shows a continued trend as in previous years with January 2022 sitting at 3.55% and February 2022 sitting at 3.72%. The YTD position 3.46% excluding COVID. Skill mix has remained strong with 98% of patients receiving a paramedic. All PDRs will be complete by the year end. The Trust continues to invest in front line staff. In relation to hospital handover delays Mr Khan informed the Board that what worries him most is the clinical outcomes for patients and the impact on our staff. In the environment we must operate in we have tried lots of things. There is an ingrained chronic problem. Whatever we do is a temporary sticking plaster measure. This should be an area we look at as a Board to see if there are any other radical measures we can do. Mr Khan said it is not good enough we are playing a part in poor outcomes for patients. This is not due to our staff but ultimately other outside influences. The CEO shared colleague's deep frustrations and stress. The CEO said there are two specific actions at national level as follows: • Review of IPC and social distancing. • All systems and regions instructed to review local plans to eradicate long delays. They must report to the National Team this week. The Board will be kept updated in this regard.	

	Resolved:	
	That the report be received and noted	
	Reports of the People Director	
03/22/21	**Annual Staff Survey Report**	
	The report of the People Director was submitted which provided the Board of Directors with an overview of the 2021 staff survey results and provides assurance that action plans are in place and being progressed. The National NHS Staff Survey 2021 was carried out in Quarter 3 from 20th September until 26th November 2021 over 10 weeks. The final response rate achieved by the Trust was 44%. The previous year's (2020) final response rate was 56%. Due to the impact of the pandemic over service delivery, there was no target set by the Trust for a completion rate and staff were not allocated protected paid time to complete the survey. The results have been shared with the Staff Survey Response Action Group and Sector Leads for discussion within their teams and analysis.	
	Resolved:	
	That the report be received and noted.	
03/22/22	**Gender Pay Gap Report**	
	A report of the People Director was submitted presenting the Gender Pay Gap Report seeking the Board's approval to publish the report. Since 2017 there has been a statutory requirement for all organisations with 250 or more employees to report annually on their gender pay gap. West Midlands Ambulance Service NHS University Foundation Trust is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. These regulations underpin the Public-Sector Equality Duty and require the relevant organisations to publish their gender pay gap data annually, including: • mean and median gender pay gaps. • the mean and median gender bonus gaps. • the proportion of men and women who received bonuses; and • the proportions of male and female employees in each pay quartile.	

	The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings, while equal pay is about men and women being paid the same for the same work. There is a requirement to publish the data on the Trust's public-facing website by 31 March 2022.	
	Resolved:	
	a) That the report be received and noted b) That approval be given to the publication of the Gender Pay Gap Report on the Trusts Website by 31st March 2022. c) That the People Director be authorised to submit the Gender Pay Gap Report to the relevant regulator and commissioner as set out in the Government Guidance.	
03/22/23	**E&U Workforce Planning 2022 / 2023**	
	A report of the People Director was submitted. The report, which had previously been considered and approved by the EMB provided the Board with an overview of the E&U workforce planning and recruitment requirements for 2022/2023. The requirements have been developed under a new modelling formulae which considers the E&U establishment at the beginning of the year, less abstractions and forecast attrition. The abstractions considered include training, annual leave, sickness absence and hospital handover delays all at current averaged rates. It was pointed out that the E&U baseline establishment figure will not be fully available to operations for deployment and response to patients for the whole year and therefore this has been factored into the abstraction calculations. There is continued uncertainty over the loss of Qualified Paramedics to Primary Care Networks, having seen an increase in Paramedics leaving the Trust to join GP practices over the last 6 months of 21/22. This will be reviewed and monitored throughout the year. 484 Student Paramedics and 103 Graduate Paramedics are planned to be recruited as part of the 2022/23 E&U workforce and recruitment plan to mitigate the above factors. This increase in establishment has been reflected and been built into the financial plan for 2022/23. The Director of Finance confirmed the figures have been reflected in the Financial Plan and it is a good way forward which she supported. The Strategy & Engagement Director noted the risk around attrition and pointed out that every meeting he attends there is discussion about recruiting paramedics. The Emergency Services Operations Delivery Director confirmed that we are seeing this play at now. Hospital handover delays are escalating this. Higher attrition rates are being seen around the Dudley area.	

	Resolved:	
	That approval be given to the E&U Workforce and Recruitment Plans for 2022 / 2023 as set out in the report submitted.	
03/22/24	**Training Days Analysis (TDA) and Training Needs Analysis (TNA) 2022/23**	
	The report of the People Director was submitted which had previously been to EMB. The report provided the Board with an overview of the operational workforce training requirements for 2022 / 2023.	
	Resolved:	
	That approval be given to the Training Needs Analysis and Training Days Analysis for 2022 / 2023.	
	Reports of the Strategy & Engagement Director	
03/22/25	**Operational Planning Update.**	
	A report of the Strategy and Engagement Director was submitted. The purpose of the report was to update the Board of Directors on the position regarding operational planning for 2022/23. Due to the declaration of a level 4 national incident within the NHS, planning submissions have been extended, so draft ICS level plans were required by mid-March and final plans by the end of April. The WMAS plan will be incorporated into the submission made by the Black Country and West Birmingham ICS, as our 'host'. WMAS will be required to submit a second cut of its planning numbers to BCWB ICS for the 12 April, in advance of a final plan submission at the end of April. There was a continued focus on service "restoration and recovery", specifically for cancer, electives, and urgent and emergency care. With primary care, including the increase in access to and availability of appointments, expanding mental health services and supporting those with a learning disability and / or autism, also being key areas – these focus areas have a direct bearing on certain sectors. For WMAS, the plan requires it to recover achievement of Categories 1 and 2 mean and 90th centile response times, in addition to improving upon cat 3 and 4 performance. It also requires continued expansion of 111, with improved responsiveness and greater levels of clinical input (a minimum of 50% of the calls). How that recovery will triangulate with our workforce and financial position as part of a collective position within BCWB ICS (on behalf of all six ICSs) will be of paramount importance.	

	NHS England have issued indicative revenue and capital allocations for 2022/23, a one-year revenue allocation and a three-year capital allocation to 2024/25. The ICS have provided indicative values for each provider, with an active negotiation underway.	
	Resolved:	
	a) That the update on operational planning for 2022/23 contained within the report submitted be noted. b) That the deadline of plan submissions to the BCWB ICS and final submission for the end of April 2022.	
03/22/26	**Freedom to Speak Up Bi-annual Report**	
	A report of the Strategy and Engagement Director was submitted. The report was submitted for the purposes of providing assurance to the Board of Directors that the Freedom To Speak Up concept and principles are being progressed appropriately and effectively within the Trust through the work and activities of the Guardian supported by the Executive Director (ED) and Non-Executive Director (NED) FTSU Leads, and advocates. The report also provided on new appointments to the Guardian and Executive Lead roles at the Trust and also details of the recent West Suffolk Case Review are also provided for information. The report of the Guardian included the concerns raised between April 2021 to March 2022 inclusive. The Chairman on behalf of the Board asked the Chief Executive to convey the thanks of the Board to Barbara Kozlowska for establishing the role of FTSU Guardian and her commitment to the role. The Chairman thanked Mark Docherty who had led at Board meetings on FTSU reporting.	
	Resolved:	
	a. That the report be received and noted b. That the new Guardian is Pippa Wall, and the Executive lead is Vivek Khashu, be noted c. That the NED lead remains Lisa Bayliss Pratt be noted. d. That the thanks of the Board be conveyed to Barbara Kozlowska for establishing and then her commitment to the role of FTSU Guardian, and to Mark Docherty whilst being the executive lead on the Board of Directors.	
03/22/27	**Board Committee Meeting Minutes**	

	a) Quality Governance Committee – To receive the Minutes of the Meetings held on 17.01.2022 b) Performance Committee – To receive the Minutes of the meeting held on 26.10.2021 c) Audit Committee – To receive the Minutes of the meeting held on 19.01.2022 and to also receive a report from the Chair of the Audit Committee following the meeting on 14.03.2022	
	Resolved:	
	a) That the Minutes of the Quality Governance Committee held on 17.01.2022 be received. b) That the Minutes of the Performance Committee held on the 26.10.2021 be received. c) That the Minutes of the Audit Committee held on the 19.01.2022 be received and that the report of the Chair of Audit Committee on the salient matters discussed at the meeting of the Committee held on 14.03.2022 be received and noted.	
03/22/28	**New or Increased Risks**	
	• Ambulance Handover Delays and risks associated with increased patients waiting for an ambulance response (respectively) remained the highest Risk rating despite mitigation. • Financial risks - 2022/23 Capital shortfall of £2.1m and Revenue risks, which can be mitigated 'if pursued with vigour'. • Staffing risks – Clinicians attracted to other Providers. • NHS 111 performance and funding, it is a risk that will increase unless we address	
03/22/29	**Board of Directors Schedule of Business**	
	The Schedule of Business was submitted.	
	Resolved:	
	That the Board Schedule of Business be received and noted.	
03/22/30	**The Date of the next meeting**	
	Wednesday 25 May 2022 at 10:00 hours	
	There being no other business for this meeting the Chairman brought proceedings to a close and thanked members for their attendance.	

West Midlands Ambulance Service
University NHS Foundation Trust

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31 March 2022

Mr. Ian Syme via e-mail ian.syme@hotmail.co.uk

Dear Mr. Syme

Questions to WMAS Board Wednesday 30th March 2022

Further to the questions raised to the WMAS Board at their meeting on 30 March 2022, that was answered by myself verbally, I enclose the written response that reflects my verbal report.

I hope my response adequately addresses your questions, but please do not hesitate to contact me if you need further information.

Yours sincerely

Mark Docherty
Director of Nursing and Clinical Commissioning

1. Ambulance handover delays especially 60minutes or greater Ambulance handover Delays.

   The above indicator is a key indicator of significant problems at a NHS Acute Provider Organisation and is most certainly also a key indicator that 'whole care systems' are severely pressurised with some extreme bottle necks restricting flows both into and out (discharge) of Acute Care Provision.

   In my patch of Northern Staffordshire Ambulance Handover Delays 60 mins/+ at UHNM have been spiralling out of control growing by approximately 60% monthly since May 2022. In fact, the situation of massive increases in 60mins/+ Handover Delays is replicated throughout WMAS area and throughout England.

   WMAS along with Ambulance Trusts throughout England have been warning of this situation for a considerable time including explicitly identifying the risk of harm and tragedy to individuals stuck in ambulances outside Hospitals and also harm in the community as delays severely reduce the capacity of Ambulance Trusts to respond to need in the Community.

   I have repeatedly publicly questioned both UHNM at their Public Board Meetings and the Staffordshire CCGs at their Governing Body Meeting as to what mitigations are being swiftly implemented to alleviate the alarming exponential increase of Ambulance Handover delays (accepting it wouldn't be zero but could be significantly reduced).

   Realistically even given the impact of Covid in reducing Acute Capacity increasing work force absence pre and post-acute Care Services the response of the CCGs UHNM and the 'fledgling ICS' (not just in my patch) has been sclerotic!.

   a. The systems at present e.g., Urgent Care Boards being key to activating swift coherent collaborative Care System mitigations to address alarmingly increasing harmful delays in Ambulance Handovers are slothful at best and as an outsider looking in that system does not seem fit for purpose.

   Is WMAS confident that lessons have been learned by Whole care Systems that there's a need for swift collaborative un-fragmented action when this key indicator is triggered?

   If so what modifications are Care Systems rapidly implementing to ensure that when WMAS indicates this key indicator is being breached Care Systems don't just politely listen then ignore but actions are swiftly implemented to ensure control is re-established?

   WMAS are experiencing difficulties as a direct result of delays in patient handovers at acute hospitals. We have been highlighting our concerns for over six years as the situation has become progressively worse every year. Earlier this financial year the Trust Board agreed with the Executive Team to raise the organisation's risk rating to the maximum of a 25 score, this being the first time WMAS had recorded such a high risk, and the first time an ambulance service in England had raised such a high risk related to patient handover delays at hospitals.

The delays at the Royal Stoke Hospital site at UHNM present particularly high risks to patient care. In the Staffordshire health economy, the 999 activity has been rising on average by 3% every year over the last 6 years; the first year of COVID showed a slight reduction in growth, but averaged over the last 6 years the growth has been about 3%.

Despite the activity growth, the number of patients taken to the ED at Royal Stoke Hospital has dropped 11.5% when compared to the period immediately pre-COVID, in fact the number of patients taken to the ED is lower now than it has been for over seven years.

Despite this, the number of ambulance hours lost due to handover delays exceeding 15 minutes (the nationally mandated standard for a patient handover) continues to rise month on month, with the highest rate of rise occurring since April 2021.

The hours lost for March 2022 are likely to be the highest level ever lost in a single month, exceeding over 3,000 hours lost in a single month. So, despite some of the lowest numbers of patients conveyed in the last seven years, we have the highest level of ambulance hours lost due to handover delays. The situation is very serious and represents a significant risk to patient safety.

We don't currently see actions being taken that are reducing this risk.

b. The above does not auger well for the new ICSs within England nor in WMAS patch. WMAS do in fact have first-hand knowledge of what is happening in communities especially 'place'.

How without having to attend a plethora of meetings can WMAS ensure its knowledge and ability to comprehend the 'coal face' is given real regard by ICS s and that these ICSs do fully realise that efficient responsive Ambulance Services are in fact an essential component of any Integrated Care System?

We are keen to work with the emerging ICS organisations. These represent significant footprints and will be a more manageable number when compared to the 22 A&E Delivery Boards that WMAS was expected to attend every month prior to COVID.

We absolutely agree that a high performing and responsive ambulance service is the bedrock of an effective ICS, and we are keen to ensure that WMAS is in a position to deliver such a service. Eliminating excessive patient handover delays is the one single thing that will have the biggest influence in this respect.

2. Shropshire

The call by some local authority elected members in Shropshire for a UDI

(Unilateral Declaration of Independence) re Ambulance Services ie a 'break away Shropshire Ambulance Trust' is baffling.

How is WMAS addressing this situation as it would seem that the elected members don't at this moment understand the complexities of their own Care System that has its own significant problems nor how Ambulance Services fit with Care Systems in Shropshire?

We are holding regular briefings with the elected MPs in Shropshire. We are supporting an adjournment debate in the House of Commons current scheduled for 31st March 2022 at 4.30pm; Helen Morgan MP for North Shropshire will make a speech on the current challenges for ambulance response times in Shropshire.

Colleagues will be aware of the complexities of providing a robust ambulance service across a small footprint particularly in a rural health economy. Modern ambulance services need to be robust and resilient and recent pressures on the service demonstrate that a stand-alone ambulance service in Shropshire would not deliver such a service.

Patient handover delays at the two hospitals in Shropshire mean that on occasions we have had instances where all ambulances rostered in Shropshire are stuck at a hospital. There is a greater level of movement of ambulances into Shropshire than movement out. A stand-alone service would not have this resilience. In addition, major incidents such as the recent floods, or some years ago a gas explosion in Shrewsbury, would not have the significant infrastructure that was able to be put in place rapidly to respond to such major emergencies. Emergency resilience and response can only be achieved across a large footprint.

The major issues we have in Shropshire is the lost ambulance hours due to patient handover delays at the two hospitals. In 2018 we were losing around 400 hours a month and we were raising concerns that this was excessive. In 2022, we have lost nearly 2,600 hours in March alone up to the 29th day. This is the highest level of lost hours of all time in Shropshire and this is the single biggest factor affecting our ability to provide a more responsive service to the people of Shropshire.

Paper 02b

Minutes of the Meeting of the Board of Directors held on 27 April 2022, at 0900 hours, via Microsoft Teams

Present:		
Prof I Cumming*	Chairman	Non-Executive Director (Chairman)
Prof A C Marsh*	CEO	Chief Executive Officer
Mrs W Farrington Chadd*	WFC	Non-Executive Director (Deputy Chair)
Ms Lisa Bayliss -Pratt*	LBP	Non-Executive Director
Ms Carla Beechey	CB	People Director
Mrs M Brotherton	MB	Non-Emergency Services Operations Delivery & Improvement Director
Mr J. Brown	JB	Integrated Emergency & Urgent Care and Performance Director
Mr M Docherty*	MD	Director of Nursing & Clinical Commissioning
Mr M Fessal*	MF	Non-Executive Director
Mr N. Hudson	NH	Emergency Services Operations Delivery 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 A Walker*	AW	Medical Director
* Denotes a voting member appointed pursuant to the Constitution of the West Midlands Ambulance Service NHS Foundation Trust In attendance by means of Microsoft Teams:		
Ms D Scott	DS	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 Representatives
Mr C Cooke	CC	Operational Support Services Director
Mr A Brown	AB	Senior Support Commander & Head of Enhanced Care (part of meeting)

04/22/01	**Chairman's Introductions, Apologies and Announcements**	
	There were no apologies for absence. The Chairman welcomed everyone to the extraordinary meeting.	
04/22/02	**Declarations of Interest**	

	There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda.	
04/22/03	**Board Assurance Framework (BAF)**	
	A report of the Director of Nursing & Clinical Commissioning was submitted that presented the Board Assurance Framework for review and approval. The Director of Nursing & Clinical Commissioning informed the Board that the report should only include risks rated 12 and above. The Director of Nursing & Clinical Commissioning informed the Board that there is a piece of work underway to simplify the appearance and functionality of the BAF, which will be via a PowerPoint document which will provide a link to the latest changes, rather than having to scroll through several pages. This will be shared prior to the next EMB for comment and agreement for suitability. The Chairman asked how often the risk register is discussed at the Executive Management Board (EMB) meetings. The Director of Nursing & Clinical Commissioning explained that the risk register is a very large live document which gets discussed at committees across the organisation – QGC, LRG and EMB as appropriate. The risk register is discussed at part of the BAF. The BAF is reviewed and discussed at EMB monthly. The CEO informed the Board that individual risks are picked up with the Head of Risk. The BAF and significant risks are reviewed at EMB once a month. The Strategy & Engagement Director pointed out that the two significant risks are also lodged with our Host ICS.	
	Resolved	
	a) That the Board Assurance Framework as presented be approved. b) That the content of the risk framework as presented be approved. c) That the mitigating actions being undertaken by the Trust to address the impact of the risks in the interests of its patients as presented be approved.	
04/22/04	**Continued Risks to Patients, Performance, Staff, and Achievement of Strategic Objectives due to Increasing Hospital Delays and Patients Waiting – as Reflected in the Trust 25 Rated Risks**	
	A report of the Director of Nursing and Clinical Commissioning was submitted. The Director of Nursing & Clinical Commissioning explained that with the papers today there are some appendices that highlight the links between performance and hospital handover delays. This supports the argument that the risks we are carrying are due to the hospital handover delays. If these were eliminated it does not mean, we would not have problems, but it would be significantly less. As a Trust we must demonstrate that we are doing everything we can. The Director of	

	Nursing & Clinical Commissioning said that lost hours due to handover delays continue to rise. The number of lost hours in April so far exceeds any other month. If this continues by 17 August, it may become impossible to respond to patients at all. The Director of Nursing & Clinical Commissioning explained that the Trust has put in place significant mitigating actions to reduce the risk but sadly the challenge and risk remains. This is the highest level risk the Trust has ever had. The CEO pointed out within the papers today is the CQC slide pack which was used for a recent meeting with the Regional Team. The ICS data on performance verses lost hours is also included. The Trust is sharing these documents with MPs, complainants etc. The CEO explained that he and Mrs Farrington-Chadd had met with Sajid Javid MP and Secretary of State for Health. The meeting was in his capacity as MP for Bromsgrove. At the meeting, the data pack for Herefordshire and Worcestershire was discussed. The CEO informed the Board that the number of Serious Incidents (SI's) continue to increase a lot of these are due to handover delays. The CEO explained that yesterday we were still looking after patients outside Telford Hospital from the day before. Today its Worcester Hospital. There are ambulances outside Worcester Hospital now that arrived before we went to bed last night. The CEO said that every month we promised to review the risk rating of 25 and we have done that. Mrs Kooner asked if there were any comments made or actions agreed at the meting with Mr Javid. Mrs Farrington-Chadd said that the overriding point that was made was that it was no surprise at all. Mrs Farrington-Chadd said Mr Javid gave feedback but there were no magic answers as this was a system issue. There were also issues due to covid and the impact on social distancing. Mr Javid did say that it would get better, but this would not be soon. Mrs Farrington-Chadd said that Mr Javid did refer to guidance on the Health System working with less restrictions and he talked about workforce issues as well. Mrs Farrington-Chadd said Mr Javid did understand the issues and it was clear that he is briefed frequently, and he did ask for the CEO to keep him briefed. The CEO said that Mr Javid also asked us to pass on his thanks to all our staff. The CEO informed the Board that he had attended a CFR recruitment drive last weekend with an MP, CFRs, and various other colleagues. During the event he had gone through the Shropshire data with people at the event. The Trust is also doing what it can to engage with the Commissioners. Mr Khan said that the meeting with Mr Javid is very welcome. Mr Khan had an observation the March presentation the consensus was that the effect on performance was due to hospital handover delays. This had a huge impact. Mr Khan said it would be remiss however to say that this is all down to Covid. The issue of capacity at hospitals pre-dates covid. The handover delays will not go away when covid has gone. We have	

	gone through various initiatives that we think would have a significant impact on our performance. We need assurance that what we are putting forward will help our patients and staff. Mr Khan pointed out that this is now beginning to reflect on the Trust as an organisation. If someone phones for an ambulance and it does not arrive for some time the blame is on this Trust. The CEO agreed that we cannot keep blaming covid. That is why we are now sharing the ICS packs so they can understand the correlation. The CEO explained that he was also briefing the Secretary of State for Health later today on the position nationally. It was agreed an update paper would be submitted to the next Performance Committee. Mr Khan agreed and said that a report can then be submitted back to the Board. Mr Khan noted the need to be mindful that we do not come up with initiative that do not deal with the chronic problem but only delas with the short term. The CEO asked the Non-Emergency Services Operations Delivery & Improvement Director and the Strategy & Engagement Director to draft a report and undertake a deep dive for the next Performance Committee Meeting. Mr Fessal asked in relation to the changes put forward regarding IPC that lots of hospitals have taken this on board. Is this all hospitals or is there a variation? Mr Fessal said it would be good to hear from the CQC presentation what came out of this and what is the CQC's role in this. Mrs Farrington-Chadd said during the meeting with Mr Javid it was stressed there was no reference of blame to any one sector as this is a whole sector issue. The covid graphs really illustrate the peak and scale. The CEO suggested sending a letter out to all MPs with the data packs included. It was agreed the Communications Director will pick this up next week. Mrs Kooner informed the Board that the next Performance Committee meeting is not until July and noted that every day that passes is critical. In response to Mr Fessal's questions the Strategy and Engagement Director advised the Board that we asked the CQC if there was anything else we could do but at that stage they did not have anything to offer. In relation to what can the CQC do to help the CQC are beginning to regulate ICS's. The CQC also asked who was doing well and we discussed the well performing Trusts such as Walsall and the George Eliot with them. The Medical Director informed the Board that the position the Trust is in now is not due to covid that has minimal impact compared to everything else. All Trusts apart from WMAS are struggling to recruit healthcare professionals. The Medical Director had attended a meeting recently where they discussed the Easter Bank Holiday weekend. It has been evidenced time and time again that this is not about any part of the system. This is not an emergency department issue. No-one has a worse experience than our patients and staff. The Medical Director	

	pointed out that this is not being shared with Boards across all Trusts. They are not seeing the information on hospital handover delays and deaths. The main issue is about the flow through hospitals. The Director of Nursing & Clinical Commissioning agreed with the points made by Mr Khan around normalisation. The EPR would normally shut down after 20 hours and we have had to extend this now to 26 hours. The Director of Nursing & Clinical Commissioning explained that he is spending all afternoon today meeting with complainants and apologising for the delays. Families are not interested with whose fault it is, but it is the badge of the NHS. The Director of Nursing & Clinical Commissioning said that we should try to avoid not tackling issues because they are too difficult. There are patients stuck in hospitals that should not be there and we need to try and help. The Director of Nursing & Clinical Commissioning agreed on the need to get an earlier date for the next Performance Committee due to this urgent matter. The Integrated Emergency & Urgent Care and Performance Director informed the Board that he has also had to amend the CAD due to the lengthy delays. This now must show patients waiting for over a day. Stacking of Cat 2 calls the impact on the staff we cannot avoid, and it is not just the staff at hospital but the despatch team as well. We are doing everything we can but some patients ae coming to harm and staff are suffering. The situation is becoming intolerable. The Chairman agreed that the date of the next Performance Committee must be brought forward. The Chairman asked Mr Khan and the Governance Director & Trust Secretary to look at moving the date forward. The CEO informed the Board that the draft proposal on the Patient Safety On Call Director would go to the next EMB Meeting and then reported back to the Board. The Chairman said that this issue is by far the most challenged subject in this Trust. It is now having a huge impact on the quality of care by brand NHS. This is not about one part of the system but the whole system. Mrs Farrington-Chadd commented on the Medical Directors observation about the lack of consideration of this item in some Trusts and noted the need to make sure this does happen as widely as we can. The Chairman noted that this issue is clearly picked up at Medical Director meetings and asked if it is picked up at CEO Meetings. The CEO confirmed this is discussed at CEO meetings and the Cat 1 and Cat 2 delays. The CEO said that this should feature on the BAF and reporting to the Boards in Public across Provider Organisations and the ICS. The Chairman noted the need to keep the pressure on to ensure they monitor this. The CEO advised the Board that he raises the issue on the twice weekly national meetings that he attends.	
	Resolved:	
	a) That the content of the report be noted	

	b) That the Non-Emergency Services Operations Delivery & Improvement Director and the Strategy & Engagement Director would draft a report and undertake a deep dive for the next Performance Committee Meeting. c) That the Communications Director would send letters to all MPs with the data packs. d) That Mr Khan and the Governance Director & Trust Secretary would look at moving the date forward for the next Performance Committee Meeting.	**MB/VK** **MM** **MK/PH**
04/22/05	**Maternity Action Plan 2022/23 (Ockenden Report)**	
	A report of the Director of Nursing and Clinical Commissioning was submitted. The CEO said that the Trust has taken this seriously and substantial progress has been made. Richard Stanton and Rhiannon Davies have been invited to attend the Board Meeting in May so we can update them on the progress the Trust has made. The Director of Nursing & Clinical Commissioning explained that as the CEO has said the Trust had already identified maternity as a key area and has had a midwife in place now for several years. When the first Ockenden Report was issued a lot of Ambulance Services took the view that it was not relevant as this related to maternity services, but we do deliver babies etc. The Director of Nursing & Clinical Commissioning explained that when the final Ockenden Report was received we reviewed the actions. The report submitted provides a summary of the proposed maternity action plan for 2022-23 for WMAS. Although the four key pillars and the 15 immediate essential actions are aimed at tertiary maternity services, it is vital WMAS uses this opportunity to provide assurance to the Board that robust actions have been taken and will continue to ensure the maternity services we provide in the pre-hospital environment are safe and robust. The report is an assurance report and shows that we are far ahead with the implementing of the actions. The Director of Nursing & Clinical Commissioning informed the Board that maternity updates are ongoing every month. Feedback received is that the placements are first class. The Trust has been using Birmingham Maternity Hospital but is now going out to other units. Mrs Bayliss-Pratt was pleased with the progress to date but noted the need to be cautious that the training is relevant and appropriate. It is great that the paramedics are getting exposure to this training but there is a lot going on in this area. The Director of Nursing & Clinical Commissioning took these points on board. The Medical Director pointed out that we have been talking about maternity services for 10-15 years. Paramedics are the only healthcare professional expected to deliver a baby on their own. Sine then we have moved onto a degree course and some universities provide placements for their students. The Medical Director had met four students one had been given a placement at a delivery unit. The student had been given	

	a number to arrange the placement but after phoning 57 times and no one answering the number they did not attend the placement. There are a lot of paramedics who will never see a live delivery. The Medical Director noted the need to be clear that paramedics are not expected to be midwives. There is a lot more work to be done and assurance from the units that the students attend.	
	Resolved:	
	• That the Board approved the Maternity Action Plan 2022/23. • That the Board noted the ongoing content of the Final Ockenden Report and approved an increase of substantive specialist maternity hours to support the implementation of the 4 key pillars and IEA identified. • That the Board agreed that the maternity action plan will be reported through the Professional Standards Group and the Quality Governance Committee for onward reporting to the Board	
04/22/06	**Operational Strategy 2022-2024 (Emergency Services)**	
	The CEO remined the board that the first draft of the strategy was presented to a previous meeting. Aidan Brown informed the Board that the Strategy has been updated and reviewed by the Departmental Heads and Senior Commanders. Updates have been included recognising the significant challenges faced with hospital handover delays. The Strategy & Engagement Director advised the Board that a refresh of the Organisational Strategy is due in June so this may need to be reviewed at that time.	
	Resolved:	
	a) That the Board reviewed and approved the content of the Operational Strategy for 2022 to 2024.	
04/22/07	**Commonwealth Games (CWG) Planning Update**	
	The Operational Support Services Director gave a presentation and advised the Board that it is 92 days before the CWG starts. There is a huge amount of work going into this. The CEO explained that the NARU review will comeback to a future meeting. AACE will also be undertaking a review of our assurance. The Medical Director explained that discussion took place at EMB last week around our clinical governance of the CWG. The CWG Organising Committee have been asked to provide their view on this. The Medical Director has written to the Medical Director of the OC and a meeting has been arranged for 9 May to discuss this issue. The Chairman noted the need to be clear in the event of an	

	incident who is in command of the situation. The Medical Director said she had been clear yesterday today WMAS would be the first statutory ambulance service and will deal with the patient. In the event of a major incident that is clear. All resources would fall under our command which is why we would need to know who is on scene and if they are registered. We also need to be clear about the indemnity arrangements. The Operational Support Services Director said regarding a response to a major incident we will be the lead agency. The issue is getting written documentation from the OC. The Chairman asked if we are going to be in the new Hub on time. The Operational Support Services Director confirmed we would be in it was due to be abound 20 May, but this has now moved to 29 June. We will access the site six weeks before 29 June so that the shorelines etc can be fitted.	
	Resolved:	
	a) That the update be received and noted	
04/22/08	**Equality Delivery System 2 (EDS2) – Assessment and Grading 2021/22**	
	The People Director gave an update and informed the Board that in 2020/21, WMAS undertook assessment of goal 3, moving away from previous years where all the goals were assessed. A similar path has been followed for 2021/22. Due to organisational and system pressures because of Covid 19, it was appropriate that all resources were concentrated on dealing with the pandemic. For 2021/22 it was agreed by the Executive Management Board (EMB) that the organisation would concentrate on one goal, that being goal 1: Better Health Outcomes for All. There are several benefits with this approach as follow: 1) Assessments are not rushed, and a more qualitative and in-depth analysis takes place which results in actions to improve the service. 2) Assessors are not over-burdened with information and assessments are not rushed. 3) Setting realistic goals and action plans which lead to transformational change 4) Making EDS2 work as a tool to effect organisational change, as it was originally intended, as opposed to a tick box exercise. After assessing and analysing the evidence, the panel decided collectively that the service was at a developing stage as more work was needed to be done to assure the procurement and contracts team that equality and inclusion considerations were embedded within the processes of the service. The evidence also found that certain elements of the service were on the border of achieving with one area classed as	

	under-developed. It was therefore decided, after much deliberation and discussion that the service would be graded as 'Developing'. It was also acknowledged that with an effective action plan and through further advice, support and guidance from the Diversity and Inclusion lead, the service could move from 'Developing' to 'Achieving' within 12 months, provided the elements within the action plan were delivered. It should also be noted that the EDS3, a revised and much leaner framework is due to replace EDS2 in 2023. WMAS will adopt this as per instructions from NHSEI. For now, not all outcomes within EDS2 are relevant to the Ambulance Service so a more practical approach was undertaken in the application of the framework for this assessment.	
	Resolved:	
	a) That the Board endorsed the recommendation of the EMB and approved, for publication on the Trust's website and Annual Report, the Trust's EDS 2 Assessment and Grading for 2021/22.	
04/22/09	**New or Increased Risks**	
	Continued Risks to Patients, Performance, Staff, and Achievement of Strategic Objectives due to Increasing Hospital Delays and Patients Waiting remains the principle risks facing the Trust. Work is ongoing to mitigate the risks and these are reported to each meeting of the Board. The Infection prevention Control (IPC) Guidance Changes – Step-down Guidance that has been issued has been received by the Trust and as reported to the Board the Trust is adopting a hybrid approach which will mitigate risks to patients and staff.	
04/22/10	**Board of Directors Schedule of Business**	
	The Schedule of Business was submitted.	
	Resolved:	
	That the Board Schedule of Business be received and noted.	
04/22/11	**Any Urgent Business**	
	Infection prevention Control (IPC) Guidance Changes – Step-down Guidance	
	The CEO informed the Board that the IPC guidance has been reviewed and relaxed. The Trust has reviewed the new guidance. The CEO explained that the Trust will maintain the arrangements that have served	

	us well in all corporate functions, HQ and EOC as we believe this is the right thing to do. The Trust will comply fully with all clinical guidance. Social distancing on POTS ambulances will be removed. This will be kept under review. The Director of Nursing & Clinical Commissioning pointed out that the guidance issued is the national minimum and there is nothing to stop the Trust doing more. The Director of Nursing & Clinical Commissioning pointed out that we are still in a global pandemic and complacency is our greatest risk. A lot of these precautions we were doing long before covid. We are looking for Board support for Option 2. • Retain IPC measures in higher risk non-clinical areas (HQ/NP/EOC/NEOC/Academy/Support Sites). • Maintain surgical mask use in all clinical/non-clinical settings. • Remove physical distancing in all settings. • Return to pre-covid (No restrictions) on PTS WAV/Sitter/Stretcher vehicles. • Remove the mandatory requirement for level 2/3 PPE *(return to risk assessed approach).* • Where required, convey family/relatives to hospital/receiving unit. Mr Fessal supported option 2 and agreed that the risk is around complacency. Mr Fessal said it would be good to get some indication of staffs' view. Ms Bayliss-Pratt pointed out that there has been a lot of noise about relatives not being able to get into hospital due to covid. WMAS needs to be clear on our arrangements for carers or loved ones if they need to use our service and was keen to know how we are managing this. The Emergency Services Operations Delivery Director advised the Board that this paper had been presented at the Regional Partnership Forum (RPF) yesterday and overall, this was supported by Staff Side. The CEO said Ms Bayliss-Pratt was right where escorts can be transported with patients, we will do that. Restrictions should now be lifted.	
	Resolved:	
	That the contents for the report be received and noted. That the Board approved Option 2 – to apply a hybrid approach of the guidance: • Retain IPC measures in higher risk non-clinical areas (HQ/NP/EOC/NEOC/Academy/Support Sites). • Maintain surgical mask use in all clinical/non-clinical settings. • Remove physical distancing in all settings. • Return to pre-covid (No restrictions) on PTS WAV/Sitter/Stretcher vehicles. • Remove the mandatory requirement for level 2/3 PPE *(return to risk assessed approach).* • Where required, convey family/relatives to hospital/receiving unit.	
04/22/12	**The Date of the next meeting**	

	Wednesday 25 May 2022 from 09:00 hours	
	There being no other business for this meeting the Chairman brought proceedings to a close and thanked members for their attendance.	

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Paper 03

Board Action Log

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
07/21/01	**Chairman's Introductions, Apologies and Announcements** The Chairman had informed the Board that the new Secretary of State is one of the Trust's local MPs. The Chairman had written to him in his capacity as a local MP and invited him to visit the Trust. The Board would be updated at a future meeting.	**The Chairman**	**April 2022**	The visit has taken place and the CEO will update the Board at the meeting. This action is now complete and can be discharged.
07/21/31	**The Trust's Five-Year Strategy** The Board reviewed a number of enabling Strategies that support the overarching five-year strategy. It was felt that given the current position relating to the changing NHS landscape and also funding priorities the Strategy should be reviewed sooner. The Board was of the opinion that the Strategy should be revisited at a Board meeting during 2022 when the landscape and funding priorities were clear and then subject to Annual Review thereafter.	**Vivek Khashu**	**June 2022**	On the Agenda for the Board meeting in June.
04/22/04	**Continued Risks to Patients, Performance, Staff, and Achievement of Strategic Objectives due to Increasing Hospital Delays and Patients Waiting – as Reflected in the Trust 25 Rated Risks** The Non-Emergency Services Operations Delivery & Improvement Director and the Strategy & Engagement Director would draft a report and undertake a deep dive for the next Performance Committee Meeting. The Communications Director would send letters to all MPs with the data packs.	**Michelle Brotherton/ Vivek Khashu** **Murray MacGregor**	**June 2022**	Performance committee will meet on 14 June 2022 brought forward from July. The Strategy and Engagement Director and the Non-Emergency Services Operations Delivery & Improvement Director have been engaging with EMB colleagues on this matter to set

Minute Reference	Notes and Any Actions Required	Action by	Timescale	Progress/Evidence
	Mr Khan and the Governance Director & Trust Secretary would look at moving the date forward for the next Performance Committee Meeting.	**Mushtaq Khan/ Phil Higgins**		out a range of additional measures that the Trust can progress to help mitigate the risk further. The Communications Director has drafted the letter to the Regions MPs, and will attach the relevant data pack for area.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06a MONTH: May 2022 PAPER NUMBER: 04a

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

Executive Summary

This report includes:

1. Over 2-minute 999 Call Answering Update
2. 999 Call Taking Solution
3. Cat 2 Validation Process
4. Ambulance Arrivals – a Yearly Comparison
5. CEO Meetings – 21 March to 20 May 2022

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

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

	Information has also collected from national ambulance performance data.

Action required

The Board of Directors is asked to:

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

1. Over 2-minute 999 Call Answering Update

Call answering performance has been very strong, but it deteriorated in July after call numbers rose to record levels. The position improved during October and November, increased again during December, and has now reduced. The Trust continues to report the lowest 2-minute call answering delays in the country.

Trust	April	May	June	July	August	September	October	November	December	January	February	March	Year To date
WMAS	13	3	18	737	211	252	195	49	355	166	17	28	2044
[redacted]	26	190	654	1701	2180	2839	6572	9057	6876	3850	7855	9110	50910
	99	290	1016	1245	1006	1769	1555	1383	807	181	318	449	10118
	14	693	1856	5894	3209	4451	3228	2301	6038	3916	1884	3989	37473
	39	86	612	868	448	681	1650	1249	1125	516	239	984	8497
	92	238	1014	3837	2530	2586	2632	1435	2198	739	399	1143	18843
	360	286	693	2512	2424	5541	8293	4025	5486	3201	4660	10211	47692
	158	374	1159	2114	1769	4660	6905	4458	3405	1928	2580	5613	35123
	49	220	359	2150	2435	4528	8698	6039	6865	3201	4933	8875	48352
	678	3023	5070	6263	1275	3958	5988	3685	4606	2571	530	3012	40659
Total	1528	5403	12451	27321	17487	31265	45716	33681	37761	20269	23415	43414	299711

2. 999 Call Taking Solution

The Executive Management Board (EMB) were informed that due to the poor patient experience and long call answering delays seen across the Country in many Trusts, AACE, in conjunction with the National Central Ambulance Team are implementing a solution that will see calls rerouted across the country where there are delays of more than 5 minutes to answer calls. This replaces the current 'Buddy' system that is in operation that relies upon nominated services to take calls without due care and attention to their current call answering performance and potential delays. This will mean that WMAS could potentially see more calls coming our way since our own call answering is the best in the Country. This will be implemented but it is not known when.

3. Cat 2 Validation Process

As all members are aware the volume of patients that are waiting for help unallocated is not reducing, in fact there is evidence that the volume and frequency of patients waiting excessively for help to arrive is on the increase. Unfortunately, there are a growing number of occasions where Category 2 incidents are outstanding which poses an even greater risk to those patients who need a fast response and onward conveyance to hospital. Additionally, there have always been occasions where some incidents are triaged as a higher category of call than is required because they have exaggerated their symptoms. During the frequent occasions where we are stacking incidents the Dispatch Team can be left in a very difficult position trying to do the right thing by patients with the biggest risk when in theory, they should allocate calls in accordance with the dispatch protocols by highest priority and longest waiting. The EMB was asked to support a pilot to be undertaken that will see an experienced clinician from the Clinical Validation Team sitting with dispatch who will identify patients who may benefit from further clinical triage to find a suitable alternative pathway and remove the requirement to deploy an ambulance. This was not about reclassifying patients this is just about finding the patient that could make their own way to hospital or could use an alternative pathway. The caveat here is that this is under the current circumstances. If the situation improved, then this would be stood down sooner. The EMB approved the pilot subject to checking compliance with the Pathways procedure.

4. Ambulance Arrivals – a Yearly Comparison

The paper at Appendix 1 shows the yearly comparisons from 2017 for ambulance arrivals. Previously the reports have finished in February as that was when winter reporting used to end.

5. Chief Executive Officer Meetings – 21 March to 20 May 2022

Staff

- Quality Governance Committee Meeting
- TIC Selection Process Meeting
- Tollgate Hub
- MERIT Meeting
- NEDs Meeting
- Senior Staff Side Representatives
- Family Liaison Officer Course
- Visit to Bromsgrove Hub
- Visit to Warwick Hub
- HART Team Leaders Meeting

- Council of Governors

National Meetings

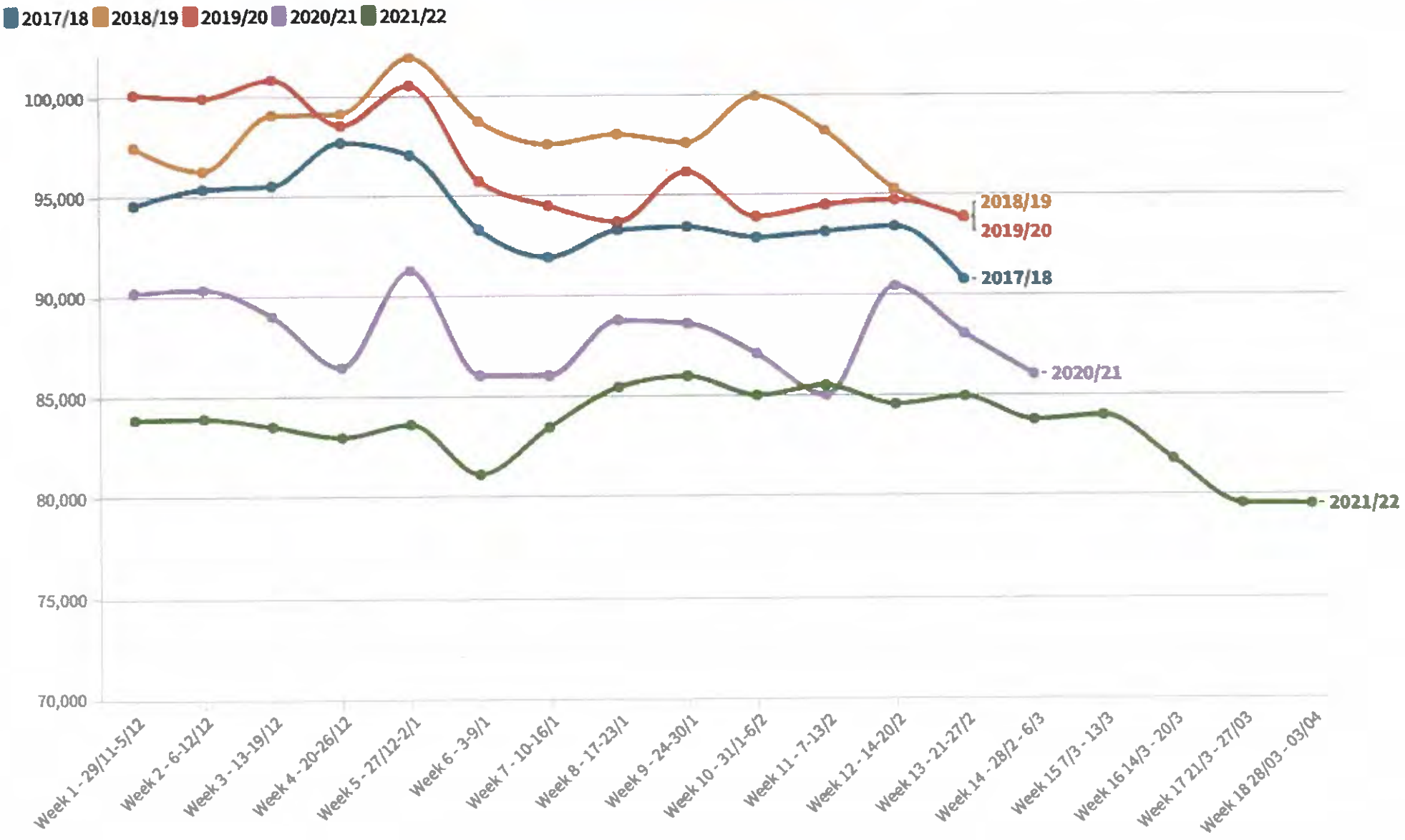
- Stephen Groves, NHS England
- NHS England / NHS Improvement - 999 Ambulance Cell Check In
- Marc Thomas, NHS England / NHS Improvement
- Craig Harman, St John Ambulance
- NHS England / NHS Improvement - UEC Programme Board
- NHS England / NHS Improvement – National Thursday Meeting
- Will Warrender, CEO, South Western Ambulance Service
- Regional UEC Chairs & CEOs Meeting with Sir David Sloman
- Richard Henderson, CEO, East Midlands Ambulance Service
- Nick Hardwick, NHS England / MHS Improvement
- NHS England / NHS Improvement – National Sunday Meeting
- Darren Mochrie, Chairman, AACE
- NHS Charities Together & The Ambulance Service Charity Meeting
- NHS England / NHS Improvement – Ambulance Auxiliary Progress Update
- Governor Nigel Dakin,
- NHS England / NHS Improvement – Ambulance Funding Follow Up Meeting
- Elizabeth Lodge & Jacqueline Sarakbi, NHS England / NHS Improvement
- NARU Steering Group
- Martin Flaherty, Association of Ambulance Chief Executives
- Pauline Philip, IPC Meeting
- Ciaran Sundstrem, NHS England
- NHS England / NHS Improvement – ADS Programme Board
- Association of Ambulance Chief Executives – Ambulance Chief Executives Group
- NHS England / NHS Improvement - UEC Check In
- NHS England / NHS Improvement – HARMS Review Meeting
- Chris Morrow-Frost, NHS England
- NHS England / NHS Improvement - Hospital Handover Delays Review Meeting
- NHS England / NHS Improvement – Review Legal Guidance
- Fiona Allinson, CQC Briefing Session
- Association of Ambulance Chief Executives – Council Meeting
- Marc Thomas, NHS England / NHS Improvement – Visit to WMAS
- Ruth Edwards MP MS (H) (TR)
- NHS IMAS Strategic Board meeting
- Barry Thurston, Association of Ambulance Chief Executives
- NHS England / NHS Improvement – Fortnightly UEC SMT
- NHS England / NHS Improvement – UEC Board Meeting

Regional Meetings

- Matthew Hopkins, CEO, Worcester Acute Hospital
- The Ambulance Service Charity
- NHS Midlands Leaders Update with Dale Bywater
- Andy Williamson & Professor Bob Allison, TAAS
- Rt Hon Sajid Javid MP
- Damien Page, Dean, Wolverhampton University
- Jason Evans, NHS Black Country & West Birmingham CCG
- Harriett Baldwin MP
- Shropshire MPs Roundtable & Minister of State for Health
- NHS England / NHS Improvement WMAS Review Meeting

Professor Anthony C. Marsh
Chief Executive Officer
May 2022

Ambulance Arrivals: A Yearly Comparison



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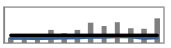
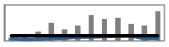
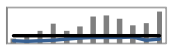
Executive Performance Dashboard
March 2022

Activity and Performance

Measure	Month	YTD	Monthly Trend
Category 1 - Mean Target 7 mins	08:31	07:50	
Category 1 - 90th Target 15 mins	14:47	13:46	
Category 1 T - Mean Target 19 mins	09:54	09:05	
Category 1 T - 90th Target 30 mins	17:26	16:14	
Category 2 - Mean Target 18 mins	57:36	32:53	
Category 2 - 90th Target 40 mins	133:09	72:52	
Category 3 - Mean Target 60 mins	248:51	128:48	

Activity and Performance

Measure	Month	YTD	Monthly Trend
Category 3 - 90th Target 120 mins	682:03	331:33	
Category 4 - Mean Target 180 mins	302:13	151:01	
Category 4 - 90th	744:10	384:38	
HCP 2hr - 90th	670:09	299:08	
HCP 4hr - 90th	912:48	467:00	
Call Answer (999 only) 95%	00:25	00:28	
Number of 2 min call delays	28	2044	

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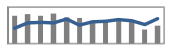
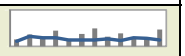
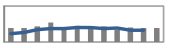
Measure	Month	YTD	Monthly Trend
% Calls Answered in 60 seconds	53.3%	37.7%	
Average Call Answer (mm:ss)	03:55	10:50	
% of Calls Abandoned after 30 seconds	9.8%	24.5%	

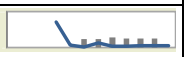
PTS

Measure	Month	YTD	Monthly Trend
Achieved KPIs	68	68	
Failed KPIs	1	1	

Clinical Quality & Safety

Measure	Month	YTD	Monthly Trend
Total Incident Forms	784	10149	
No. of RIDDORS	5	94	
No. of Verbal Assaults	86	1186	
No. of Physical Assaults	44	608	
Patient Safety (Total)	244	4002	
Patient Safety Harm	91	745	
Being Open (low harm only)	27	280	
Duty of Candour (moderate harm and above)	17	175	
Serious Incidents	36	204	
Complaints	75	513	
PALS	198	2518	
Compliments	209	2092	
Claims	7	49	

Financial

Measure	Month	YTD	Monthly Trend
EBITDA £million (Plan £13.4m)	2.6	19.1	
Delivery of CIP Programme £million (Target £3.6M)	0.51	3.54	
Capital Expenditure £million (2021/22 £16.6m)	5.3	18.5	
Better Payment Practice Code	91.30%	91.30%	

Financial - Use of Resources

Measure	Month	YTD	Monthly Trend
Capital Service Capacity	21.2	21.2	
Liquidity	0.2	0.2	
I&E Margin	0.84	0.84	
Distance from YTD plan	0.90%	0.90%	
Agency Spend £million	0.00	0.04	

Workforce

Measure	Month	YTD	Monthly Trend
Sickness (Target - top quartile of all Amb Services)	6.2%	6.2%	
Appraisals (YTD)	91.8%	91.8%	
Mandatory Training E&U (YTD)	90.4%	90.4%	
Mandatory Training PTS (YTD)	90.0%	90.0%	

Clinical Quality & Safety

Measure	Month	YTD	Monthly Trend
Return of Spontaneous Circulation At Hospital (Comp)	31.82%	43.32%	
Cardiac Arrest Survival to discharge (Comp)	5.41%	24.39%	
Post ROSC Care Bundle	Not required in month	66.82%	
STEMI Care Bundle	82.14%	86.43%	
Stroke Diagnostic Bundle	94.44%	97.16%	
Sepsis Care Bundle	92.27%	89.40%	

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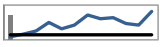
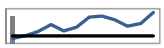
Executive Performance Dashboard
April 2022

Activity and Performance

Measure	Month	YTD	Monthly Trend
Category 1 - Mean Target 7 mins	08:16	08:16	
Category 1 - 90th Target 15 mins	14:45	14:45	
Category 1 T - Mean Target 19 mins	09:42	09:42	
Category 1 T - 90th Target 30 mins	17:34	17:34	
Category 2 - Mean Target 18 mins	55:59	55:59	
Category 2 - 90th Target 40 mins	130:22	130:22	
Category 3 - Mean Target 60 mins	211:55	211:55	

Activity and Performance

Measure	Month	YTD	Monthly Trend
Category 3 - 90th Target 120 mins	597:09	597:09	
Category 4 - Mean Target 180 mins	250:11	250:11	
Category 4 - 90th	657:19	657:19	
HCP 2hr - 90th	622:33	622:33	
HCP 4hr - 90th	875:32	875:32	
Call Answer (999 only) 95%	00:13	00:13	
Number of 2 min call delays	8	8	

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Measure	Month	YTD	Monthly Trend
% Calls Answered in 60 seconds	65.2%	65.2%	
Average Call Answer (mm:ss)	02:29	02:29	
% of Calls Abandoned after 30 seconds	5.6%	5.6%	

PTS

Measure	Month	YTD	Monthly Trend
Achieved KPIs	Not yet available		
Failed KPIs	Not yet available		

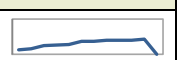
Clinical Quality & Safety

Measure	Month	YTD	Monthly Trend
Total Incident Forms	738	738	
No. of RIDDORS	6	6	
No. of Verbal Assaults	105	105	
No. of Physical Assaults	61	61	
Patient Safety (Total)	279	279	
Patient Safety Harm	83	83	
Being Open (low harm only)	27	27	
Duty of Candour (moderate harm and above)	10	10	
Serious Incidents	23	23	
Complaints	54	54	
PALS	186	186	
Compliments	169	169	
Claims	1	1	

Financial

Measure	Month	YTD	Monthly Trend
EBITDA £million	No formal reporting required in month		
Delivery of CIP Programme £million			
Capital Expenditure £million			
Better Payment Practice Code			

Financial - Use of Resources

Measure	Month	YTD	Monthly Trend
Capital Service Capacity	No formal reporting required in month		
Liquidity			
I&E Margin			
Distance from YTD plan			
Agency Spend £million			

Workforce

Measure	Month	YTD	Monthly Trend
Sickness (Target - top quartile of all Amb Services)	6.8%	6.8%	
Appraisals (YTD)	14.7%	14.7%	
Mandatory Training E&U (YTD)	12.7%	12.7%	
Mandatory Training PTS (YTD)	8.9%	8.9%	

Clinical Quality & Safety

Measure	Month	YTD	Monthly Trend
Return of Spontaneous Circulation At Hospital (Comp)	Not yet available		
Cardiac Arrest Survival to discharge (Comp)	Not yet available		
Post ROSC Care Bundle	Not yet available		
STEMI Care Bundle	Not yet available		
Stroke Diagnostic Bundle	Not yet available		
Sepsis Care Bundle	Not yet available		

West Midlands Ambulance Service
University NHS Foundation Trust

Monthly COVID-19 Sitrep

01/04/2022 – 30/04/2022

Report Created 03/05/2022

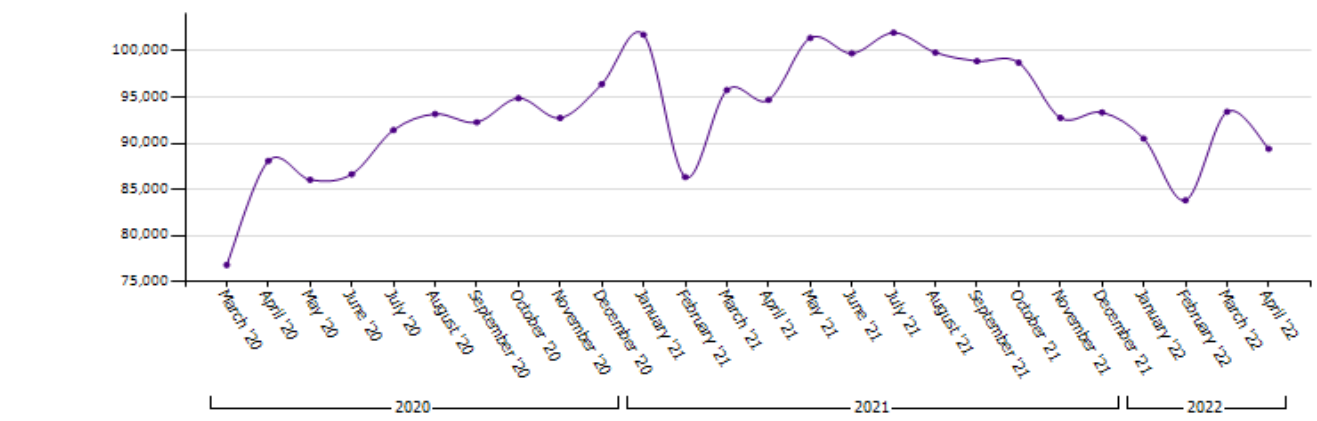
Welcome to the COVID-19 Monthly Report, produced by the Tactical Incident Command Team.

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

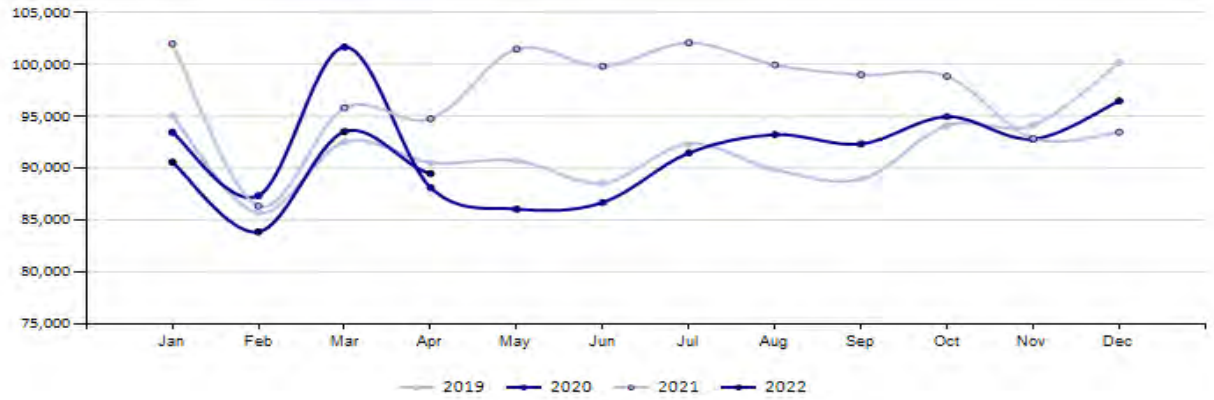
Data captured in this report has been taken from ORBIT report 1120 (unless otherwise stated), which provides information on a monthly basis.

Trust us to care.

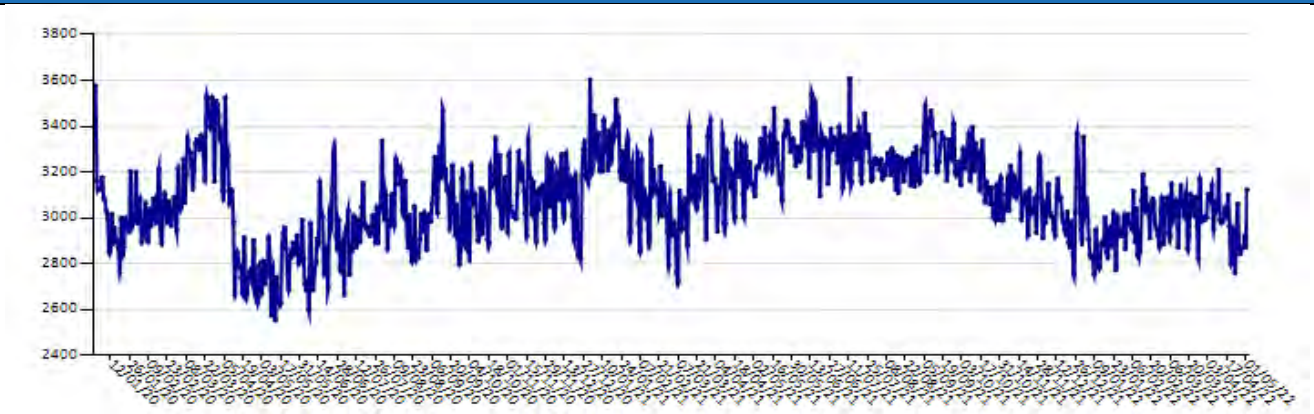
Monthly 999 Incident Activity



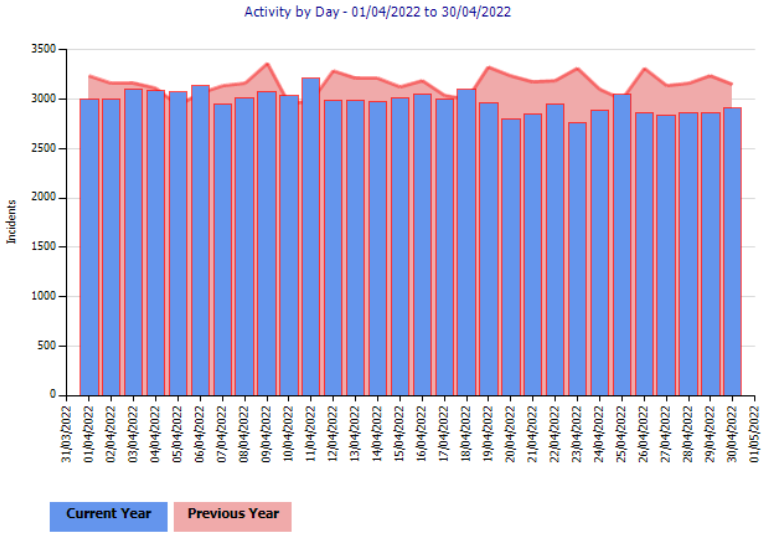
Monthly Emergency & Urgent Incidents Compared to Previous Years



Daily Incident Volumes



E&U Incidents Compared to Previous Year (01/04/2022 to 30/04/2022, ORBIT 29 / 71 / 144)



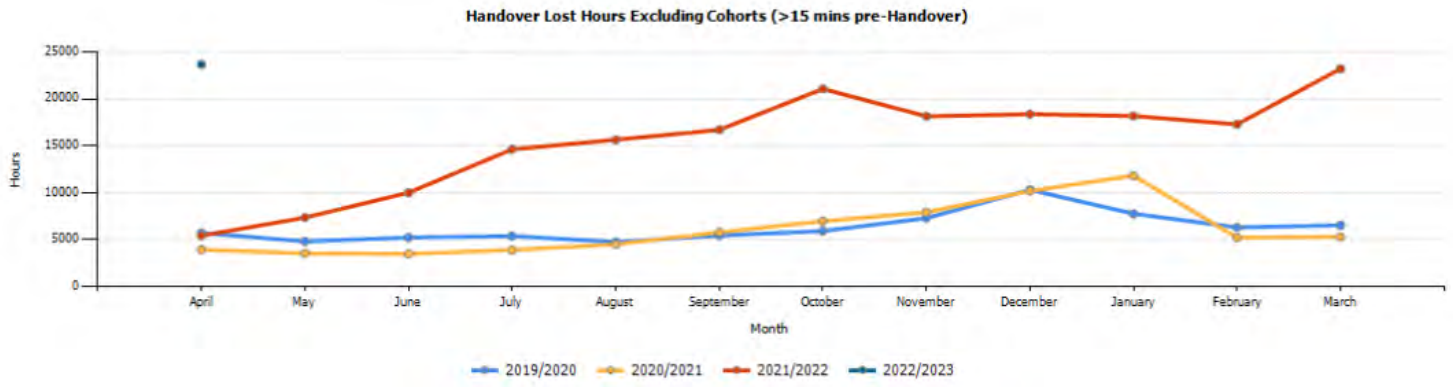
For clarity, an 'Incident' encompasses all 'See & Treat', 'See & Convey' and 'Hear & Treat' figures, it is classed as a call being opened and then closed following the appropriate disposition.

Daily E&U activity during April totalled 89,498, compared to March's total of 93,549 (4.52% decrease). This is also a 5.90% decrease compared to April 2021, which saw a total of 94,784 incidents. The 4th April 2022 now sits 19th in the top 20 busiest days in the last 10 years, seeing a total of 5484 calls. The busiest day remains the 19th of July 2021, which saw a total of 6420 calls. The 11h April saw the biggest variance in comparison to the same day last year (7.9% increase in incidents)

Hospital Handover Lost Hours - >15mins Pre-Handover (01/04/2020 to 30/04/2022, ORBIT 17 / 1214)

	2020/2021												2021/2022												2022/2023
Destination	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Alexandra	55:50:45	17:36:09	15:22:03	17:33:58	19:47:58	32:04:26	46:05:36	18:12:52	57:03:36	99:59:37	36:13:03	29:50:44	31:38:18	64:46:51	99:21:10	242:27:30	320:08:34	259:00:20	348:59:38	400:33:34	232:59:20	295:35:14	149:43:30	458:28:04	478:19:45
Birmingham Childrens	40:23:10	46:32:15	33:15:31	44:05:34	40:26:51	55:25:57	43:19:11	64:49:34	51:41:49	45:11:46	47:38:15	68:07:35	40:16:26	59:53:52	74:52:49	71:38:36	59:32:19	83:27:19	102:52:10	85:01:19	86:41:16	123:38:03	81:36:40	92:34:59	76:26:44
Burton	89:40:14	68:25:50	58:29:17	77:01:06	115:39:54	175:22:52	167:23:54	162:50:48	332:55:27	115:24:00	83:45:15	140:58:47	88:03:42	131:33:49	94:59:03	157:21:15	137:36:04	184:05:38	285:38:42	300:13:58	331:27:53	306:48:53	270:20:19	427:01:05	674:40:59
City (Birmingham)	90:23:41	61:27:59	63:56:19	66:16:21	71:06:52	89:04:30	154:06:58	132:58:10	136:04:20	409:12:08	95:39:35	73:41:30	85:10:55	84:02:12	158:43:37	258:28:31	196:16:04	252:16:13	301:16:32	349:00:27	283:26:29	251:51:38	197:45:12	291:21:11	260:14:21
County Hospital (Stafford)	23:46:32	16:47:35	16:26:46	23:36:59	17:13:48	17:44:52	51:17:15	40:57:42	46:37:28	34:19:09	36:37:41	24:09:20	33:00:13	48:16:37	58:59:18	56:38:33	61:17:27	96:21:35	78:14:55	100:40:58	146:13:46	174:14:09	83:57:44	172:43:17	122:43:58
George Elliot	113:56:08	123:27:36	103:13:35	91:39:15	128:26:16	121:05:18	138:27:53	155:50:14	190:24:12	199:10:35	131:09:42	97:43:04	93:11:34	87:56:29	92:34:13	104:51:44	99:54:10	98:39:28	147:17:21	156:51:20	228:46:06	215:28:36	154:36:27	285:55:54	261:14:39
Good Hope	339:38:57	353:13:27	318:41:06	322:28:59	395:02:52	473:39:49	743:20:42	622:58:07	655:34:42	723:04:09	203:51:28	267:37:16	299:18:25	626:25:26	859:41:11	972:42:18	1132:06:10	1186:43:22	1772:00:36	1454:16:03	1234:49:33	1116:36:32	1274:50:13	1702:41:18	1689:38:17
Heartlands	313:53:31	386:50:03	236:16:36	352:01:39	592:55:49	763:28:39	977:36:35	1128:31:47	1327:36:05	1217:47:17	556:11:27	641:52:18	567:52:16	824:33:38	1373:03:41	2069:34:43	2293:27:31	1951:29:11	2873:37:16	2352:50:33	2163:41:22	2102:52:29	1979:41:42	2391:46:00	2141:37:29
Hereford County	130:22:48	156:14:50	173:49:21	153:50:49	179:56:47	180:22:18	156:23:33	153:14:11	211:35:11	144:09:41	86:08:28	110:53:00	127:32:11	142:57:40	198:34:26	240:54:56	330:49:51	293:07:26	562:24:57	226:07:33	413:04:17	371:48:56	345:19:13	673:28:45	349:23:20
New Cross	155:35:10	118:14:26	106:12:47	133:02:26	117:33:52	149:08:31	250:46:25	548:31:28	1083:20:09	1295:33:56	203:32:17	250:50:53	226:54:52	371:00:10	589:05:53	882:36:34	1176:51:02	1383:44:36	1671:09:55	1072:38:37	1294:19:53	872:02:06	893:35:51	1319:15:29	1040:21:05
New Queen Elizabeth Hosp	488:28:41	436:49:39	451:38:37	438:59:55	461:10:32	533:16:49	635:42:32	848:15:30	1109:33:59	1347:04:10	545:59:31	590:21:30	624:02:54	726:39:07	963:38:03	1576:57:49	1819:47:08	1630:28:15	1839:35:13	1451:15:26	1221:08:53	1460:59:00	1430:11:58	1872:57:56	1995:10:18
Princess Royal	124:04:20	97:25:37	106:10:57	120:09:04	109:02:50	229:45:35	236:27:15	237:49:33	377:57:46	679:51:43	348:53:56	245:24:44	232:08:12	327:47:01	440:41:03	851:18:03	515:16:35	768:16:25	1290:11:28	1241:22:42	1165:19:07	1098:58:01	1191:13:10	1437:45:31	1646:04:41
Royal Shrewsbury	88:01:30	78:41:51	150:45:32	216:51:49	278:47:34	384:14:18	450:59:45	465:46:33	567:21:00	465:18:51	402:27:10	360:45:49	456:44:54	539:27:58	880:17:44	1202:39:40	1249:27:06	1375:21:10	1281:12:55	1310:56:43	1162:58:30	1213:17:24	957:12:26	1391:05:02	1415:39:25
Royal Stoke Univ Hosp	484:03:01	418:12:39	544:57:06	657:47:35	656:17:49	786:44:46	909:05:27	1344:39:04	1160:53:00	803:54:39	452:45:08	605:43:12	659:38:48	859:18:43	986:33:39	1559:44:21	1954:31:45	1810:53:10	2805:30:13	2514:26:44	2948:48:04	3036:43:10	2921:06:29	3925:28:25	4119:26:30
Russells Hall	297:09:17	155:59:53	134:24:37	184:54:35	250:59:19	351:52:24	425:46:01	503:44:38	498:53:59	1409:00:39	286:09:00	276:45:49	277:49:29	559:17:21	646:03:25	795:14:02	620:11:55	1314:02:02	1429:59:39	930:20:47	1124:40:52	899:13:51	976:19:56	1186:04:00	1292:38:50
Sandwell	184:01:50	173:14:27	139:15:21	183:09:04	189:19:59	187:11:50	211:38:05	187:59:40	235:09:08	760:37:53	290:32:45	319:43:26	273:14:26	224:35:15	257:53:17	434:38:46	351:35:22	635:03:04	689:08:44	553:33:22	671:43:13	534:12:39	574:56:33	831:53:22	673:38:02
Solihull	18:50:45	03:12:52	00:18:27	01:01:46	00:12:35	00:36:29	00:09:41		00:03:07	03:48:44	01:42:07	01:10:01	00:24:54		00:09:56	01:17:48	01:14:49	00:09:48		00:41:40	00:25:49	00:46:15		00:17:01	00:27:00
St Cross	24:30:50	39:17:46	21:34:29	08:47:20	07:52:58	02:53:27	02:08:03	02:28:08	02:28:36	03:23:05	03:09:59	02:11:50	01:23:59	00:20:52	00:15:16	01:44:39	01:08:36	00:14:16	00:28:04	01:53:56	01:01:15	01:32:23	00:01:51	01:53:26	04:41:00
Uni Hospital Cov & War	494:47:09	448:25:37	419:22:18	408:19:53	397:28:36	591:17:15	626:34:50	652:01:42	761:12:06	1093:51:57	651:23:51	537:40:22	577:03:45	636:35:28	799:25:41	806:26:54	668:44:05	1112:14:01	776:16:40	912:14:28	805:30:02	990:09:19	919:18:18	1066:49:06	1444:57:40
Walsall Manor	102:00:09	77:31:33	68:19:41	71:03:21	84:23:18	207:34:42	284:20:21	200:37:12	193:01:51	245:21:40	120:21:20	110:35:29	124:26:35	121:55:19	154:38:45	190:15:37	201:03:12	272:14:10	253:43:41	195:53:43	200:27:22	194:26:42	189:04:04	226:35:08	254:58:15
Warwick	98:47:41	86:50:40	99:17:56	143:22:07	143:50:34	155:50:42	181:58:18	164:47:03	248:58:21	228:13:06	170:32:45	174:40:37	237:54:47	244:51:18	287:01:42	340:24:37	455:52:42	442:34:14	718:00:33	547:08:06	364:50:02	350:57:43	351:22:32	463:36:34	492:39:53
Worcestershire Royal	164:57:17	163:51:13	220:26:49	174:01:45	229:22:27	292:33:44	267:59:33	279:35:58	938:34:54	497:54:20	449:58:35	360:27:07	359:48:35	664:25:44	992:20:28	1818:06:06	2010:00:05	1562:27:16	1859:28:05	2006:26:05	2305:10:35	2585:39:01	2358:02:11	3015:45:49	3267:59:18
Overall	3923:13:26	3528:23:57	3482:15:11	3890:05:20	4486:59:30	5781:19:13	6961:37:53	7916:39:54	10187:00:46	11822:13:05	5204:43:18	5291:14:23	5417:40:10	7346:40:50	10008:54:20	14636:03:02	15656:52:32	16712:52:59	21087:07:17	18164:28:04	18387:33:39	18197:52:04	17300:16:19	23235:27:22	23703:01:29

The above table highlights the significant increase in hospital handover delays currently experienced by WMAS conveying patients to hospitals in the West Midlands. When comparing the month of April 2022 (23703:01:29) to April 2021 (5417:40:10), there has been a significant increase in hours lost. The graph below provides a visual representation when comparing the current delays experienced to those from April 2019 onwards. The table at the bottom of the page outlines the Hospital activity during April 2022 (ORBIT 17), highlighting that 73.5% of Arrival to Handover times were out of target (15min target)



		Conveyed To ED			All Departments		Handover Time Recorded		*Arrival To Handover (15min target)					**Handover To Clear (15min target)			Arrival To Clear (turnaround) (30min target)						
		Grand	Handover Time Recorded						in target		out of target		avg: time	out of target		avg: time	in target		out of target		avg: time	max: time	Total Over 1hr
Acute Trust Name	Hospital Conveyed To	Total	Total	%	Total	Forecast	Total	%	Total	%	Total	%	h:m:s	Total	%	h:m:s	Total	%	Total	%	h:m:s	h:m:s	Total
Birmingham Childrens	Birmingham Childrens	632	546	86.4%	731	903	602	82.4%	448	61.3%	283	38.7%	0:18:09	354	48.4%	0:19:46	438	59.9%	293	40.1%	0:30:50	1:49:23	30
Dudley Group Of Hospitals	Russells Hall	3,101	2,917	94.1%	3261	3881	3024	92.7%	624	19.1%	2637	80.9%	1:00:49	1418	43.5%	0:21:07	753	23.1%	2508	76.9%	1:16:41	8:33:40	690
Heartlands Foundation	Good Hope	2,010	1,733	86.2%	2210	3010	1891	85.6%	431	19.5%	1779	80.5%	1:24:24	992	44.9%	0:27:16	497	22.5%	1713	77.5%	1:38:05	11:10:46	711
	Heartlands	2,803	2,515	89.7%	3282	4271	2900	88.4%	520	15.8%	2762	84.2%	1:21:34	1402	42.7%	0:24:46	720	21.9%	2562	78.1%	1:35:32	11:19:46	895
	Solihull	n/a	n/a	n/a	2	360	0	0.0%	1	50.0%	1	50.0%	0:21:01	1	50.0%	0:21:01	1	50.0%	1	50.0%	0:21:01	0:42:00	0
The Royal Wolverhampton	New Cross	3,440	3,218	93.5%	3756	4534	3391	90.3%	1351	36.0%	2405	64.0%	0:44:18	1595	42.5%	0:20:17	1395	37.1%	2361	62.9%	0:58:42	7:42:56	589
Sandwell & West Birmingham	City (Birmingham)	2,117	2,036	96.2%	2294	2548	2148	93.6%	1295	56.5%	999	43.5%	0:19:30	874	38.1%	0:16:28	1285	56.0%	1009	44.0%	0:33:42	3:47:23	127
	Sandwell	2,189	2,100	95.9%	2331	2763	2191	94.0%	684	29.3%	1647	70.7%	0:37:40	943	40.5%	0:18:18	793	34.0%	1538	66.0%	0:52:29	7:53:18	334
University Hospital Birmingham	New Queen Elizabeth Hosp	3,138	2,785	88.8%	3405	4562	2850	83.7%	596	17.5%	2809	82.5%	0:59:09	1406	41.3%	0:25:18	856	25.1%	2549	74.9%	1:11:46	11:52:11	764
Walsall Hospital	Walsall Manor	2,818	2,763	98.0%	2914	3281	2815	96.6%	1402	48.1%	1512	51.9%	0:18:36	1071	36.8%	0:15:57	1436	49.3%	1478	50.7%	0:33:09	2:49:00	95
Hereford	Hereford County	1,487	1,352	90.9%	1605	1844	1432	89.2%	655	40.8%	950	59.2%	0:26:37	635	39.6%	0:16:48	741	46.2%	864	53.8%	0:38:59	4:57:00	179
Shrewsbury & Telford	Princess Royal	1,456	1,035	71.1%	1586	2031	1072	67.6%	231	14.6%	1355	85.4%	2:03:28	979	61.7%	0:53:13	313	19.7%	1273	80.3%	2:15:03	11:53:00	674
	Royal Shrewsbury	1,248	928	74.4%	1364	1748	977	71.6%	121	8.9%	1243	91.1%	1:50:55	767	56.2%	0:45:19	206	15.1%	1158	84.9%	2:03:27	11:46:24	589
Worcester Hospitals	Alexandra	1,783	1,707	95.7%	1826	2085	1720	94.2%	1023	56.0%	803	44.0%	0:30:11	687	37.6%	0:16:29	977	53.5%	849	46.5%	0:43:54	7:24:29	277
	Worcestershire Royal	2,069	1,543	74.6%	2299	3153	1592	69.2%	479	20.8%	1820	79.2%	2:11:12	1249	54.3%	0:56:57	584	25.4%	1715	74.6%	2:21:59	11:56:50	1040
George Eliot	George Elliot	1,241	1,191	96.0%	1273	1473	1210	95.1%	254	20.0%	1019	80.0%	0:27:35	443	34.8%	0:15:00	385	30.2%	888	69.8%	0:40:40	3:50:12	127
University Coventry & Warwick	St Cross	n/a	n/a	n/a	6	38	0	0.0%	1	16.7%	5	83.3%	0:59:20	5	83.3%	0:59:20	3	50.0%	3	50.0%	0:59:20	2:32:18	2
	Uni Hospital Cov & War	3,424	3,104	90.7%	3752	4879	3303	88.0%	566	15.1%	3186	84.9%	0:39:50	1429	38.1%	0:17:33	933	24.9%	2819	75.1%	0:51:59	5:26:16	759
South Warwickshire	Warwick	1,651	1,577	95.5%	1712	1999	1620	94.6%	274	16.0%	1438	84.0%	0:33:24	705	41.2%	0:16:46	388	22.7%	1324	77.3%	0:47:30	4:18:29	278
Burton Foundation	Burton	1,002	850	84.8%	1164	1356	975	83.8%	140	12.0%	1023	87.9%	0:53:15	486	41.8%	0:21:44	258	22.2%	906	77.8%	1:05:15	5:57:28	339
Univ Hosp North Mids	County Hospital (Stafford)	801	766	95.6%	849	1084	810	95.4%	430	50.6%	419	49.4%	0:22:37	270	31.8%	0:15:30	464	54.7%	385	45.3%	0:36:04	3:34:36	76
	Royal Stoke Univ Hosp	2,768	1,823	65.9%	3935	5416	2489	63.3%	624	15.9%	3310	84.1%	1:51:51	2473	62.8%	0:54:06	722	18.3%	3213	81.7%	2:02:53	11:53:20	1588
	WMAS Hospital Summary	41178	36,489	88.6%	45557	57218	39012	85.6%	12150	12150	33405	73.3%		20184	44.3%		14148	31.1%	31409	68.9%			10163

WMAS Response Status (30/04/2022)

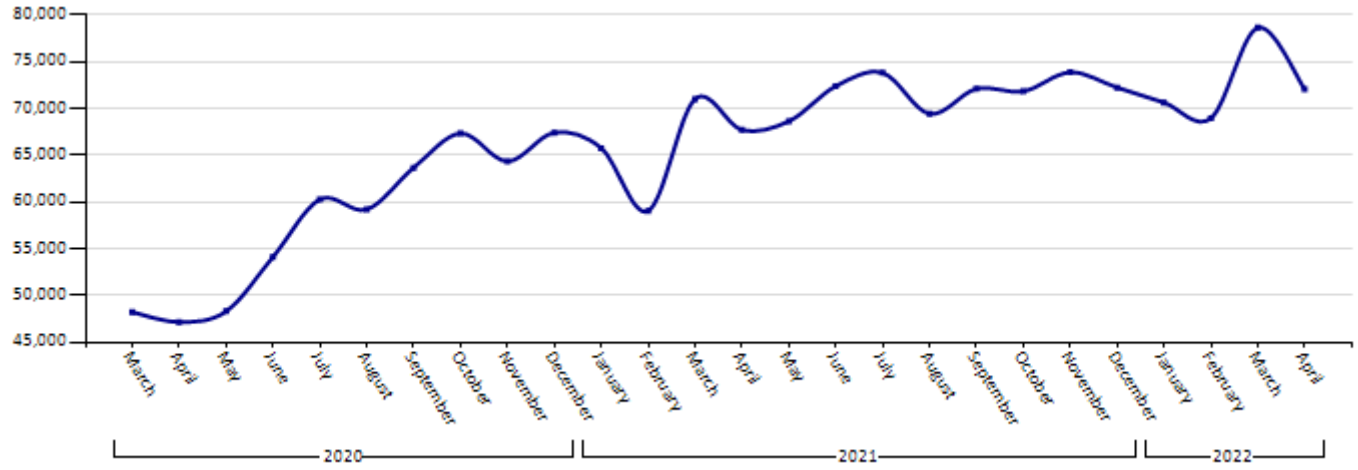
WMAS REAP Level	WMAS COVID-19 Level
Level 3	Currently Not Reported

The month of April remained a significant challenge nationally, as extreme pressures linked to demand and hospital delays continued. However, a number of Ambulance Services revised their REAP levels. There have been prolonged periods of Surge 2, 3 & 4 which were managed effectively in line with the Trusts Surge Demand Management Plan. Below is a snapshot of the National REAP summary, taken from the Proclus on the 30th April, highlighting the continued pressures across the country.

Trust Status

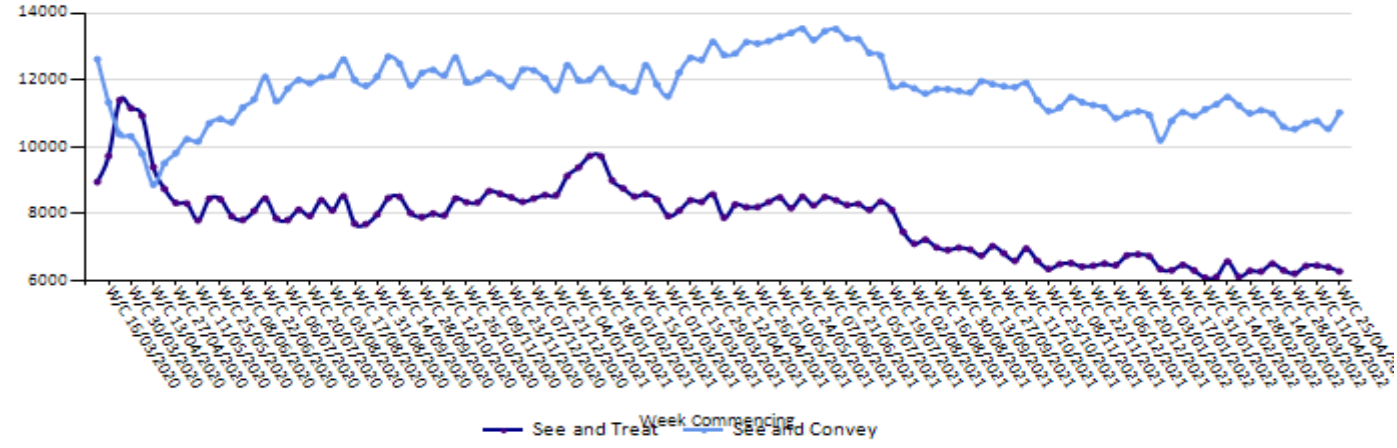
	EE	EM	LA	NE	NW	SC	SE	SW	WM	YA	IW	WA	SAS
REAP	4	4	3	4	4	3	4	4	4	4	3	4	4

PTS Activity (30/04/2020 – 30/04/2022)



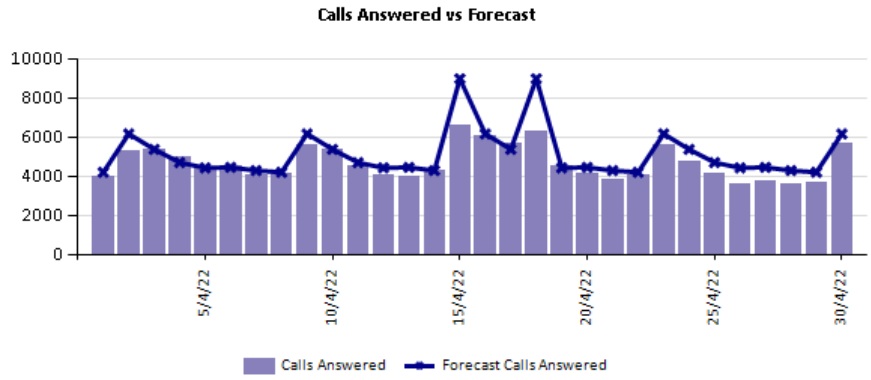
Patient Transport Service saw a decrease from March, with Acute Hospitals remaining under significant pressure to maintain elective activity, especially as we move into 2022/23. Following the release of national IPC guidance, following a risk assessment, PTS colleagues have relaxed social distancing whilst implementing other mitigations around mask wearing and ventilation.

Conveyances & Non-Conveyances (16/03/2020 – 30/04/2022 ORBIT 58)



See and Treat and See and Convey cases both remained fairly stable throughout April. When detailing Emergency Incident Dispositions for April across the CCGs, See & Treat totalled 26,690 (31.5%), compared to March which totalled 27,267 (30.8%). Hear & Treat totalled 14,663 (17.3%), compared to March which totalled 15,727 (17.8%). See & Convey totalled 43,466 (51.2%) compared to March which totalled 45,475 (51.4%). The fall in See & Treat coincides with the introduction of the Clinical Validation team and a rise in Hear & Treat figures.

Daily 111 Calls Answered vs Forecast (01/04/2022 – 30/04/2022, ORBIT 1014)

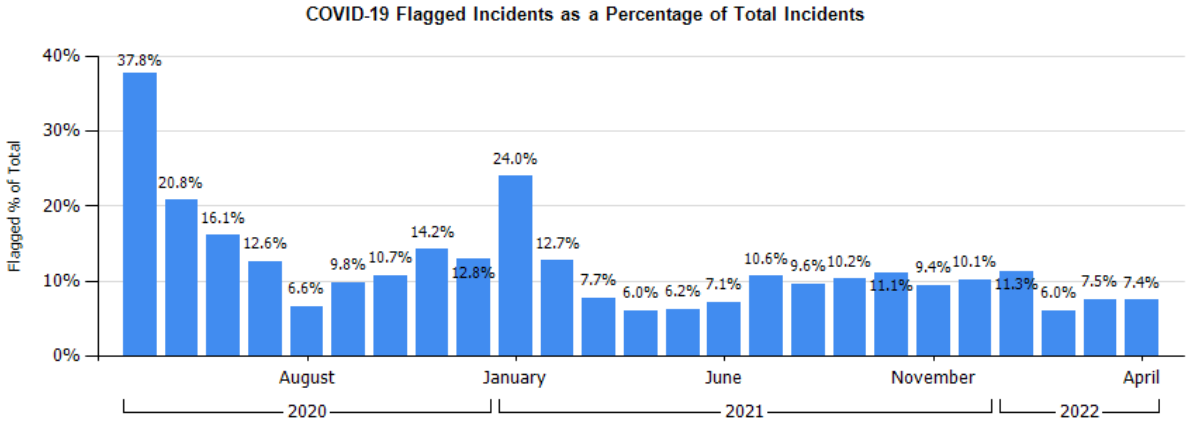


The graph above shows the Daily 111 Calls Answered for the month of April, with call answering remaining fairly consistent with forecasted patterns. The 30th April saw the most calls answered, totalling 5712. Whilst WMAS is forecasting a level of demand it is important to note the forecast and actuals continue to be signifcantly in excess of what was planned for with our commisioners when taking the service on, by as much as 40%.

COVID-19 Incidents 01/04/2020 to 30/04/2022 (ORBIT 1090)

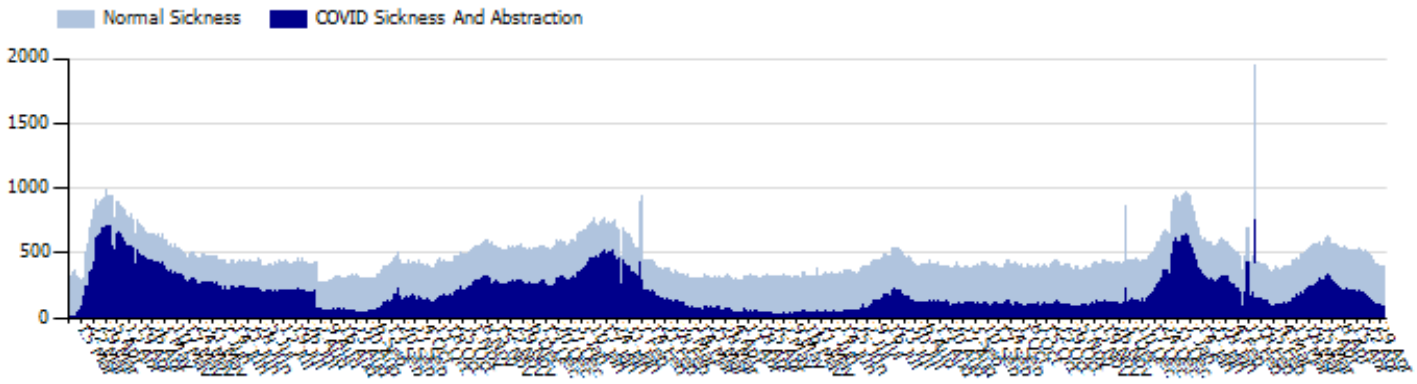
The information below is taken from ORBIT 1090 and includes all cases flagged in the CAD as 'Coronavirus'

Incidents	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	Total
All Incidents	89719	102105	100144	93129	100146	93531	96032	93019	97419	90790	87351	96823	89719	102105	100144	93129	100146	93531	96032	93019	97419	90790	87351	96823	89719	2370135
Cases flagged in CAD	33880	21229	16083	11726	6619	9173	10255	13227	12513	21770	11067	7443	5393	6288	7114	9899	9642	9580	10635	8712	9882	10214	5283	7284	6623	281534
Flagged % of Total	37.8%	20.8%	16.1%	12.6%	6.6%	9.8%	10.7%	14.2%	12.8%	24.0%	12.7%	7.7%	6.0%	6.2%	7.1%	10.6%	9.6%	10.2%	11.1%	9.4%	10.1%	11.3%	6.0%	7.5%	7.4%	11.9%



Over the last 12 months, the number of COVID related cases that the Trust repsonded to matches the trend seen throughout the UK with regards to the number of positive COVID cases reported. April saw a slight decrease in the percentage (0.1%) of calls flagged as 'Coronavirus' within the CAD (6623 from 89,719 cases). The numbers of COVID like presentations continune to decrease in comparison to previous months, which is following the trend observed in the numbers of inpatients as well, some being actively treated for COVID, others diagnosed incidently whilst being treated for other conditions.

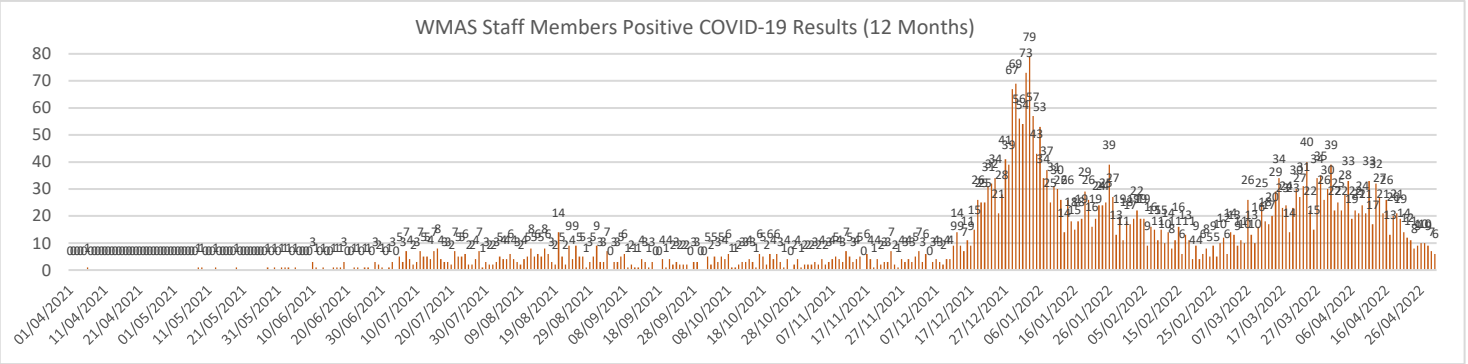
Staff Sickness (as of 30/04/2022)



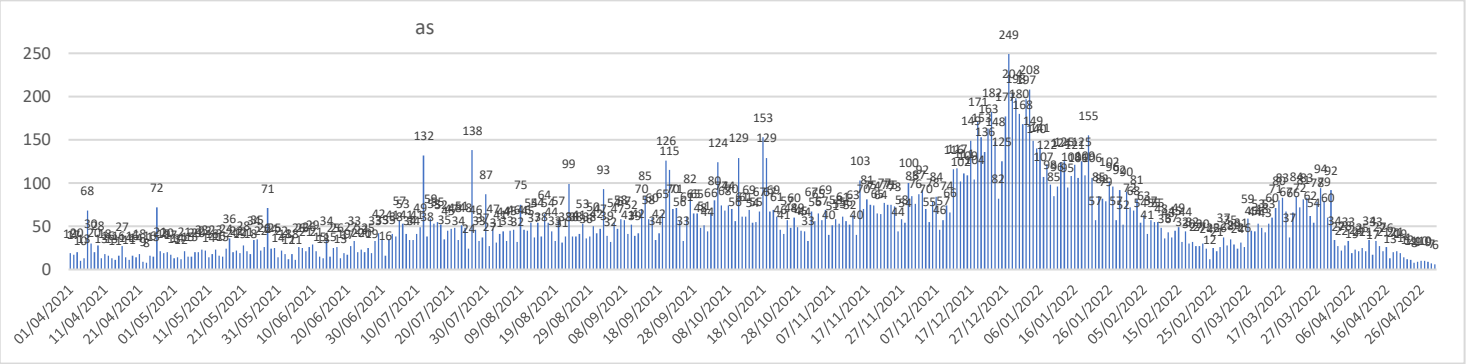
Staff Sickness Breakdown (Strategic Daily Sitrep 30/04/2022)

	EOC & Perf	111	A&E	PTS	Other	WMAS Staff Total	WMAS in Hospital	WMAS in ICU / HDU
COVID Abstraction	0	0	1	1	0	2	0	0
COVID Shielding	0	0	0	0	0	0		
COVID Test & Trace	0	0	0	0	0	0		
COVID Sickness	11	16	49	10	5	91		
Normal Sickness	55	50	128	61	12	306		
TOTAL	66	66	178	72	17	399		

Staff Swabbing (PCR) Summary (01/04/2021 – 30/04/2022)



Staff Positive COVID-19 Cases (01/04/2021 – 30/04/2022)



Staff Swabbing Summary (April 2022)

Changes to UKSHA guidance has had a largely positive effect on staff sickness due to the fact that staff are no longer required to complete PCRs and will rely on LFDs and also due to a clear reduction of prevalence. Althought cases continue to decrease at the moment there are concerns regarding two new identified subvariants of Omicron (BA4 and BA5) which have been indentified. There is early evidence to suggest that these subvariants are more transmittable and less deterred by vaccination, however as soon as more information is available this will be shares. Regular meetings are taking place with UKHSA to monitor cases and share information. COVID-19 is now being categorised with other respiratory illnesses such as RSV and Flu and guidance is the future will discuss COVD-19 with these other group of illneses. Additional changes in National guidance has seen all requirements for staff and patients to socially distance removed.

	Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Nov	Dec
Staff Positive 2020	0	0	0	357	80	12	7	4	63	146	219	303
Staff Positive 2021	537	97	13	1	6	25	120	156	72	96	103	609
Staff Positive 2022	942	323	684	562								

Summary of Testing by Provider (01/03/2020 to 28/02/2022)

	Total Offered	Total	Positive	Negative	Awaiting	Invalid	DNA
Wolverhampton Drive-In	1,606	1,282	300	938	0	10	34
Better2Know Home Test	190	190	65	125	0	0	0
Edgbaston	240	188	75	108	0	1	4
WMAS Community Test	16,402	16,402	2,738	12,822	0	271	157
WMAS Test to Release	4,960	4,960	287	3,938	0	115	121
WMAS LFT PCR	2,284	2,284	1,838	405	0	0	1
Asymptomatic Test	2,757	2,757	36	2,695	0	13	12
Self-arranged Test	5,271	5,271	1,838	3,204	0	133	55
City & Sandwell	180	106	25	81	0	0	0
Unconfirmed + LFT	0	681	680	1	0	0	0
WMAS LAMP Test	0	552	35	516	0	0	1

Summary of Testing Results (01/03/2020 to 28/02/2022)

(YTD)	Swabs Offered	Swabs Sent	Positive	Negative	Awaiting	Invalid	DNA
Count	32,890	33,440	7,202	25,310	0	543	384
% of Swabs Sent		100%	21.5%	75.7%	0.0%	1.6%	1.1%

Test Results by NHS Ethnic Categories (01/03/2020 to 28/02/2022)

* Exclude DNA, Invalid and Wait	Total	Positive	% Positive	Negative	% Negative
Total of all Tests*	33,889	7,670	23.2%	25,334	76.8%
Non BAME Total*	22,904	5,116	22.9%	17,218	77.1%
BAME Total*	2,804	651	24.0%	2,063	76.0%
Unknown and Not Stated	8,181	1,903	23.9%	6,053	76.1%

Fleet Availability (correct as of 30/04/2022)

	% Available	VOR	Due Back	Predicted	Target %	Total Fleet
A&E DCA	93.80	30	23	7	98.44	484
A&E RRV	100.00	0	0	0	100.00	22
PTS	95.25	19	11	8	97.68	400

The fleet assets and the workshops continue to serve the Trust by maintaining low VOR (Vehicles off the Road) rate on the figures submitted by the fleet team on the 31st March 2022. All new vehicles are arriving at the Trust as per the plan.

PPE Stock Levels – Ops / PTS / Anchor Brook (IPC PPE Audit 31/03/22)

	Item	Anchor Brook 1600 Yesterday	A/E Hubs Fleet Tracker	PTS IPC PPE Stock Levels	Quarantined (Ops)	HART Base (extra)	Total Stock Today
NHS FOUNDRY	Body Bags	267	148				415
	Eye Protection (Goggles)	3,140	491	446			4,077
	Eye Protection (Visors)	3,100	514	602			4,216
	Face Mask IIR (Ear Loops) (Excl. Sensitive Alternatives)	98,000	148300	143,570			389,870
	Face Mask IIR (Ties)	4,000	0				4,000
	Gloves (L) - Non-Sterile Nitrile (6N) Standard Cuff	103,200	59100	28,500			190,800
	Gloves (M) - Non-Sterile Nitrile (6N) Standard Cuff	210,200	47500	27,200			284,900
	Gloves (S) - Non-Sterile Nitrile (6N) Standard Cuff	62,400	38700	33,000			134,100
	Gloves (XL) - Non-Sterile Nitrile (6N) Standard Cuff	32,200	49300	30,700			112,200
	Gloves (XS) - Non-Sterile Nitrile (6N) Standard Cuff	26,300	29800	25,200			81,300
	Gowns - Coveralls (L)	275	1166				1,441
	Gowns - Coveralls (M)	250	849				1,099
	Gowns - Coveralls (S)	125	1062				1,187
	Gowns - Coveralls (XL)	225	996				1,221
	Gowns - Coveralls (XXL)	241	888				1,129
	Gowns - Coveralls (XXXL)	296	271				567
	Hand Hygiene Alcohol Gel - 151-500ml DESK PUMP	385	159	832			1,376
	Hand Hygiene Alcohol Gel - 50-150ml TOTTLES	1,230	2153	1,651			5,034
	Hand Hygiene Alcohol Gel - 501-1250ml WALL SANITISER	37	181	118			336
WMAS	Hand Hygiene Hand Wash 501-1250ml HAND WASH	37	87	82			206
	Aprons - Blue thick		0	3,100			3,100
	Aprons - Blue tint	106,750	35250	17190			159,190
	Clinical Waste bags (Yellow) (Roll x25)	24,425	15950	7,375			47,750
	Hand Hygiene - Moisturiser	294	117	101			512
	Clinical Wipes	1,680	624	674			2,978
	Swabs		516	100			616

PPE Mutual Aid Summary

Below is the summary for the Mutual Aid provided to Trusts from 1st July-30th April. A detailed list of items allocated to other Trusts through Mutual Aid is held in the Tactical Command Cell and is updated on a weekly basis.

Date	Product Code	Product Description	Quantity	Order number	Trust Allocated to	Date
Oct-21	n/a	Safew ay 2ml Syringe (Vaccinations)	14995	n/a	Combined - Shrew sbury, Aston, Stoke, Bedworth and Bromsgrove	06.10.21
Oct-21	n/a	PROSUM Hypodermic Needle 21g (vaccinations)	2995	n/a	Combined - Shrew sbury, Aston, Stoke, Bedworth and Bromsgrove	06.10.21
Oct-21	n/a	PROSUM Syringe with Needle 1ml luer slip 23g	1995	n/a	Combined - Shrew sbury, Aston, Stoke, Bedworth and Bromsgrove	06.10.21
Oct-21	n/a	Safew ay 2ml Syringe (Vaccinations)	1	n/a	Shrew sbury SY3 8XQ	06.10.21
Oct-21	n/a	PROSUM Hypodermic Needle 21g (vaccinations)	1	n/a	Shrew sbury SY3 8XQ	06.10.21
Oct-21	n/a	PROSUM Syringe with Needle 1ml luer slip 23g	1	n/a	Shrew sbury SY3 8XQ	06.10.21
Oct-21	n/a	PROSUM Hypodermic Needle 21g (vaccinations)	1	n/a	Aston B7 5TE	06.10.21
Oct-21	n/a	PROSUM Syringe with Needle 1ml luer slip 23g	1	n/a	Aston B7 5TE	06.10.21
Oct-21	n/a	Safew ay 2ml Syringe (Vaccinations)	1	n/a	Aston B7 5TE	06.10.21
Oct-21	n/a	PROSUM Hypodermic Needle 21g (vaccinations)	1	n/a	Stoke ST6 4JH	06.10.21
Oct-21	n/a	PROSUM Syringe with Needle 1ml luer slip 23g	1	n/a	Stoke ST6 4JH	06.10.21
Oct-21	n/a	Safew ay 2ml Syringe (Vaccinations)	1	n/a	Stoke ST6 4JH	06.10.21
Oct-21	n/a	PROSUM Hypodermic Needle 21g (vaccinations)	1	n/a	Bedworth CV12 8NF	06.10.21
Oct-21	n/a	PROSUM Syringe with Needle 1ml luer slip 23g	1	n/a	Bedworth CV12 8NF	06.10.21
Oct-21	n/a	Safew ay 2ml Syringe (Vaccinations)	1	n/a	Bedworth CV12 8NF	06.10.21
Oct-21	n/a	PROSUM Hypodermic Needle 21g (vaccinations)	1	n/a	Bromsgrove	06.10.21
Oct-21	n/a	PROSUM Syringe with Needle 1ml luer slip 23g	1	n/a	Bromsgrove	06.10.21
Oct-21	n/a	Safew ay 2ml Syringe (Vaccinations)	1	n/a	Bromsgrove	06.10.21
Aug-21	n/a	Lateral Flow Test Kit	135	n/a	University Hospitals Birmingham NHS Foundation Trust- QE	31.08.21
Jul-21	n/a	Tympanic covers	21120	Various	Black Country Partnership NHS Foundation Trust	06.07.21
Jul-21	n/a	Tympanic Genius	2	Various	Black Country Partnership NHS Foundation Trust	06.07.21
Jul-21	n/a	Moisturiser	348	Various	Walsall Healthcare NHS Trust	06.07.21
Jul-21	n/a	Moisturiser	192	Various	Birmingaham & Solihull Mental	06.07.21
Jul-21	n/a	PRPH Centurion Filter	382	Various	Auction	09.07.21
Jul-21	n/a	Gentlew ash 1ltr	450	Various	Kettering Hospital	12.07.21
Jul-21	n/a	Hand Sanitiser	450	Various	Kettering Hospital	12.07.21
Jul-21	n/a	Moisturiser	60	Various	Kettering Hospital	12.07.21
Jul-21	n/a	Hand Sanitiser	450	Various	Stoke Hospital (University Hospitals of North Midlands NHS	14.07.21
Jul-21	n/a	Tympanic cover 303030 for Genius Inf a Red Cardinal	1	Various	Stoke Hospital (University Hospitals of North Midlands NHS Trust)	14.07.21
Jul-21	n/a	Generic Coverall Type 3B	20	Various	Stoke Hospital (University Hospitals of North Midlands NHS	14.07.21
Jul-21	n/a	Special Wear Coverall M	25	Various	Stoke Hospital (University Hospitals of North Midlands NHS	14.07.21
Jul-21	n/a	Generic Supertouch Coverall XXL	20	Various	Stoke Hospital (University Hospitals of North Midlands NHS Trust)	14.07.21
Jul-21	n/a	Disposable Aprons	100	Various	Stoke Hospital (University Hospitals of North Midlands NHS	14.07.21
Jul-21	n/a	Chlorclean Tablets	1box of 200	Various	Stoke Hospital (University Hospitals of North Midlands NHS	14.07.21

General Notes & Commentary (April 2022)

- To date, over 140 million vaccinations have been given throughout the UK. 53,184,869 have received the first dose of the vaccine, with 49,727,305 receiving the second dose. The Booster / 3rd Vaccine programme has seen 39,248,005 people receive the jab
- Daily COVID Secure monitoring and social distance arrangements in all Trust locations continue
- To date, over 93% of staff have been vaccinated, with deliveries of a 4th dose now being administered to clinically vulnerable patient groups
- Hospital bed occupancy remains a significant concern, as COVID inpatients reduce, they are being replaced with long waiting elective care patients, hence no reduction in bed occuapncy.
- There is ongoing focus to ensure that the level of PPE being provided to the Trust remains adequate, with regular monitoring of staff compliance with PPE
- There are no longer requirements for those fully vaccinated to self isolate following close contact with someone who has COVID-19, however a PCR swab will be required and normal isolation rules applies if this shows a positive result
- Clinical validation triaged 18,108 calls throughout April (March = 18,623). Hear & Treat = 11,276 (62.3%) compared to March = 12,314 (66.1%). See & Treat = 2673 (14.8%), compared to March = 2186 (11.7%). See & Convey = 3419 (18.9%) compared to March = 3221 (17.3%) – ORBIT 1211
- Clinical Notice CN-403 was issued to all staff updating them on PPE use in line with the national guidance recevied in April 2022
- Approximately 13000 type IIR masks are being quaranteed due to the IPC review aroudn constuction faults (pleets facing the wrong direction) discussion underway with NHSE on their return back to NHS Supply Chain.
- The total cost of covid for 2021/22 was £10.5m. Planning guidance for 2022/23 reduces the financial support to covid related costs by 57%, the cost pressure from this has been considered as part of our 2022/23 financial plan
- NHSE regional team have also shared IPC principles with Hospitals, in line with the naitonal guidance, this has helped reduce the IPC impact upon patient flow and reduce risk on the urgent care pathway as a result, however, local risk assesment by trusts remains in place, which means considerable variation in application.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06d DATE MAY 2022 PAPER NUMBER 04d

Title	Annual declarations required under the Licence Conditions
Sponsoring Director	Chief Executive Officer
Author(s)/Presenter	Trust Secretary
Purpose	To advise the Board of Directors of its obligations under its licence conditions and to make the required annual self declarations and then publish them on the Trust's website to to demonstrate compliance with the terms and conditions of holding a licence as an NHS provider.
Previously Considered by	Council of Governors in relation to being able to confirm that the Trust has provided the necessary training to its Governors, as required under s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role
Approved by:	The Chairman and The Chief Executive Officer

Executive Summary

NHS foundation trusts and trusts must self-certify that they can meet the obligations set out in the NHS provider licence. The licence includes requirements to comply with regulations and the NHS constitution, as well as the Trust's own Constitution, and the Regulators Code of Governance requirements.

The draft self declarations are attached as an annex to the report, and the Board are requested to consider and review the attached draft declarations and if appropriate approve the content.

Related Trust Objectives/ National Standards	Being legally constituted is a fundamental requirement of being a Foundation Trust. The Corporate Governance Statement attached is a requirement of the Licence Conditions.

Risk and Assurance	Compliance with the Regulators request for information is a condition of the licence. In the past the Regulator has required the Trust to submit its self declaration, but now there is requirement for the Board to make a self declaration rather than submission. The Head of Risk and the internal auditors have been consulted on the content of the statement.
Legal implications/regulatory requirements	Legal advice has not been sought in relation to this report. The purpose of the document is to seek Board approval for publishing the appropriate declarations in compliance with the Trust's licence conditions.
Financial Planning	Not directly applicable although the submission requires the Board to be satisfied that the appropriate controls and systems required as part of sound and robust corporate governance are in place. Assurance is provided from a number sources, not least the Annual Governance Statement signed by the Accounting Officer of the Trust (The Chief Executive Officer) and the declaration contained in the Annual Report by the Head of Internal Audit. The Internal Audit and also Counter Fraud were consulted on the content of the report.
Workforce & Training Implications	This forms part of the Corporate Governance statement. The Board are also required to confirm under Regulations that it has offered

	the Governors the appropriate development and training they need to undertake their role.
Communications Issues	Not directly applicable other than the requirement to publish our declarations.
Diversity & Inclusion Implications	This forms part of the Corporate Governance Statement and other Board declarations such as the Annual WRES Statement and the duties under the Public Sector Equality Duties Regulations. To comply with the Trusts obligations under the Public Sector Equality Duties it must publish its Annual Equality Report subject to Board endorsement.
Quality Impact Assessment Undertaken	Not directly applicable, although the Corporate Governance Statement will make refence to QIAs
Data and Information Sources	The Trust's Conditions of Licence to operate are available from the Trust Secretary.

Action required by the Board of Directors:

That the Board of Directors are recommended to confirm the following declarations:

a) Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution

b) To confirm that this Trust has not been notified as a designated Commissioner Requested Service, if confirmed the Board do not need to make a self declaration under this condition CoS7

c) That approval be given to the content of the Corporate Governance Statement attached.

d) That having sought the views of the Council of Governors, The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

West Midlands Ambulance Service University NHS Foundation Trust – Conditions of Licence

There are certain obligations placed on the Trust to enable it to comply with and maintain its Licence to operate as an NHS Provider.

The Board is requested to consider each "declaration" and determine whether to confirm or not confirm each declaration. If the Board are minded to not confirm then reasons for this should be given.

1. Condition G6 – Systems for compliance with licence conditions and related obligations

This declaration relates specifically to Licence condition G6 2 (a) and (b) which requires the licensee to take all reasonable precautions against the risk of failure to comply with:

a) the Conditions of its Licence,
b) any requirements imposed on it under the NHS Acts, and
c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

The Board of Directors in confirming or not confirming the declaration relating to this licence condition should consider whether the Trust has established and implemented processes and systems to identify risks and guard against the occurrence of failure and that there are regular reviews of whether those processes and systems have been implemented and of their effectiveness.

The Board as part of the Annual Report to the Governors and the Membership and wider public receives the Annual Governance Statement which includes reference to "processes and systems have been implemented and of their effectiveness". The Annual Governance Statement is signed by the Chief Executive Officer (who is also the Accounting Officer for the Trust) and includes a statement from the Head of Internal Audit as follows:

> ***Head of Internal Audit Opinion***
> ***My opinion is that significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.***
> ***Date: May 2022***

On the basis of this Assurance, the Board are requested to confirm the following statement in relation to Licence Condition G6 – Systems for compliance with licence conditions and related obligations:

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

2. Condition Continuity of Services (CoS7) – Availability of resources (For Commissioner Requested Services Only)

Foundation Trusts authorised before 1 April 2016, which includes this Trust will have been specifically notified by their commissioner if they have been designated Commissioner Requested Service. Those Trusts that have not been notified do not need to complete a declaration under Condition CoS7.

The Trust's Executive Director of Nursing and Clinical Commissioning will be able to confirm to the Board that this Trust has not been notified as a designated Commissioner Requested Service. If confirmed, the Board does not need to make a declaration under this condition relating to Continuity of Services.

3. WMAS Corporate Governance Statement

The Board is required to consider the statements made and confirm or not confirm as it considers appropriate.

Statement 1	The Board is satisfied that the licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.
Recommendation	**Confirm**
Risks and Mitigating Actions	Risks and Mitigating Actions: The major risk is that the Trust does not apply and use the principles, systems and standards of good corporate governance. The Board has ensured during the year that it has applied the principle, systems and standards of good corporate governance including: •Ensuring there is an internal audit work programme •Ensuring that there are clear lines of accountability across the organisation including reporting lines •Maintaining an assurance framework The Accounting Officer is accountable directly to the Public Accounts Committee of Parliament for the propriety and probity of the Trust in relation to the use of public funds. To enable the Chief Executive Officer (and also the Accounting Officer) to sign the Annual Governance Statement he must be satisfied that appropriate systems and standards of good corporate governance are in place to his satisfaction. The Chief Executive draws on a number of sources for assurance in making this statement but a primary source of assurance is the opinion of the Head of Internal Audit which is contained within the Annual Governance Statement that “significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently.” There is also an Executive Management Board in place with corporate responsibility for maintaining good corporate governance and

	compliance, in particular complying with the Trust's licence to operate and also the requirements of its CQC registration.. The Trust's Auditors and also Internal Auditors attend every Audit Committee meeting and the members of the Audit Committee meet with the Auditors and the Internal Audit after each meeting without Management present which is the ideal opportunity for the Auditors to raise any concerns in relation to governance of systems and processes in the Trust. The Chair of the Audit Committee reports if necessary to the Board and each year submits an annual report on the work of the Audit Committee. The "approved" Minutes of each Audit Committee is presented to the subsequent Board meeting for review by directors. The Audit Committee also reviews the content of the Annual Report which includes the Annual Governance Statement and provides assurance to the Board. The Trust's auditors as part of its audit of the accounts review and test systems and procedures for rigour and report any weaknesses to the Audit Committee. The auditors also review the contents of the Annual Report and the Annual Governance Statement and would be obliged to report any concerns. The Trust has in place Standing Financial Instructions and a Scheme of Delegation that governs decision making within the Trust. The SFI sets out the scheme of delegations and those matters retained for determination by the Board of Directors. It also sets out those matters requiring the approval of the Council of Governors. The Board receives a report on the current Risk and Assurance Framework at least four times a year, and are requested to approve its content. Any risks and the complementary mitigation to delivery of the Trust's strategic plan are incorporated in this document. The Board Assurance Framework and the management of the Board's Risk Framework and reporting is the subject of an annual review by Internal Audit and use the recommendations from the audit to review the BAF and Risk Strategy.

	To provide assurance all Board Committees have a Non Executive Director as Chairman, and Staff Side are represented at meetings of Quality Governance Committee and the Board of Directors to ensure that the Staff "voice is heard" and there is no disconnect between the leadership and workforce. In addition there is both regional and local consultative Groups so that executive Directors of the Trust are engaged with the Workforce. This engagement has been progressed despite the limitations of the Covid Pandemic and the consequential regulations. In addition the CEO and The Chairman report to the Council of Governors which is constituted to represent the interests of staff and the public through their elected governors. The CEO and the Chairman report to each meeting the Council of Governors and at least once a year there is an Annual Meeting of the Membership. The Annual Meeting allows the Trust to present the Annual Report of the Board of Directors and the Audited Accounts to the membership and the public, and the other key stakeholders. The foundation trust is fully compliant with the registration requirements of the Care Quality Commission and is currently rated as outstanding. The Trust has in place policies and procedures to solicit declarations of interest from directors, governors and senior managers of the Trust. It has adopted by resolution the NHE/I ***Guidance on Managing Conflicts of Interest in the NHS***. The Trust's application of the guidance has been subject to audit and this provides further assurance to the Board of Directors. The Trust also has in place policies and procedures that require any declarations relating to hospitality or external employment by staff of the Trust below Board level. These policies incorporate and raise awareness of Fraud and the content of the Bribery Act. The Board is aware of its obligations under the Bribery Act to have in place and publicise appropriate systems of propriety within the Trust. The directors of the Trust are constantly advised of their statutory duty of avoiding a conflict of interest, and if become aware of any material conflict to declare it immediately either to the Chief Executive, Chairman or Trust Secretary.

	Directors and those who carry out the duties of a director are aware of the obligations under the fit and proper person test regulations. The Trust has also undertaken appropriate checks to fulfil its obligations under the regulations. The Directors are also aware of their duty of candour and encourage staff and patient feedback. The directors triangulate the Board decisions through the "Day in the life of…"scheme which incorporates the "Ward to Board" principles. This brings directors into contact with frontline staff and patients and enables directors to test whether decisions and the systems of control within the Trust are working and being applied. Again in the last year, the Covid Pandemic regulations have restricted application, but as the Trust returns to normal subject to any restrictions, "Day in the Life of…" and "Ward to Board" (Hub links) will continue with named directors linked to specific Hubs. Normally each director is also "buddied" with an operational hub and the staff operating from that hub. This enables directors to meet and engage with front line staff. This engagement allows a two way flow of information and facilitates the views of staff direct to the Board. During the current year the Trust is engaging with the Integrated Care Systems within our region and also with A&E Delivery Boards. The Board in consultation with the Council of Governors has appointed a Senior Independent Director and the role is publicised to other members of the Board and the Governors. In addition the Council of Governors have appointed a member to carry out the role of Lead Governor. The Trust has in place a whistleblowing policy and has appointed Freedom to Speak Up Guardians. In conclusion the Board has appropriate systems and processes in place to have appropriate oversight of the Trust. The CQC review and the Regulators Single Oversight Framework assessment, in addition to the Auditors statements provides valuable assurance to the Board in terms of approving this Corporate Governance Statement. During the Covid 19 Pandemic the Trust has had to respond in line with national guidance on social distancing. However, the Board determined that good governance will be maintained during the period of the pandemic and any decisions taken by electronic means without the public present are publicised as soon as possible after the meeting and that the Trust the Trust maintains propriety and probity.

Statement 2	The Board has regard to such guidance on good corporate governance as may be issued by the Regulator from time to time.
Recommendation	**Confirm**
Risks and Mitigations	The Trust uses guidance released on a regular basis to ensure that it maintains high standards of corporate governance across the Trust. As part of maintaining its licence as an NHS provider the Board is made aware of any appropriate guidance issued by Regulator on Corporate Governance either through the Chief Executive reporting to the meeting of the Board if it is of a strategic nature, or if management or administrative through EMB. As part of the Annual Report the Board must report to the Governors and the public that it is compliant with the Regulators Code of Governance. In addition the Trust has in place a document entitled the "Trusts Charter of Expectations" this applies the Code of Governance within the Trust, setting out clearly responsibilities for governance within the Trust. The Regulators Code of Governance, and any additional guidance is regularly reviewed as part of the decision-making processes. During the previous year the Trust's compliance with the Regulators Code of Governance and good practice in terms of Governance this was externally reviewed and reported to the Board in the Summer of 2019. The Trust is compliant with the CQC Regulations. The intention of the fit and proper persons regulation (FPPR) is make sure that people who have director-level responsibility for the quality and safety of care, treatment and support are fit and proper to carry out their role. This is reported to the Board annually. The Board are therefore asked to confirm the statement.

Statement 3	The Board is satisfied that the Trust implements: a) Effective board and committee structures; b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and c) Clear reporting lines and accountabilities throughout its organisation.
Recommendation	**Confirm**
Risks and Mitigation	Failure to have appropriate systems in place would prevent appropriate decision making and could lead to unlawful or reckless decision making; thus posing a risk to the stewardship of public money and the reputation of the organisation. The Trust has reviewed its effectiveness and that of the committee structure during the year following the appointment of a new Chairman in April 2020. The report on the review of Governance was approved at the meeting of the Board in July 2020. This set out clearly the committee structures and reasons for each Committee with clear Terms of Reference, clear responsibilities for its Board with a Terms of Reference and responsibilities drawn up which complement the Scheme of Delegation and Matters Reserved to the Board contained in Standing Financial Instructions, and the Constitution of the Foundation Trust. The Trust is satisfied that there are clear lines of accountabilities across the organization with organisational structures, an organisational chart with every member of staff accountable to a manager and each manager accountable to an Executive Director who sits at the Board is available. This means there is a clear line from the Board down a clear line of management to all staff. Each year the Board and the Council of Governors review the governance structure including its governance links between the Board of Directors and the Council of Governors. The Board of Directors asks its committees

	to review their performance and also their Terms of Reference and make appropriate recommendations to the Board annually. Each committee carries out the same process for all sub groups reporting into the committee. Which means the Committee structure is reviewed at least once a year and changes if appropriate are made.to the Terms of Reference of the relevant committee or to the Committee structure. The Board approves any amendments to the Committee structure. The Trust is compliant with the NHS Act 2006 (Schedule 7) (As amended) which requires the Board of Directors to have in place a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate. In addition as required by the NHS Act 2006 (Schedule 7) the Board has established a committee consisting of the chair, the Chief Executive and the other non-executive directors to appoint or remove the executive directors, and this is also the committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the executive directors including the Chief Executive Officer. The Board also has in place a Quality Governance Committee. The Committee has primary responsibility for monitoring and reviewing quality and clinical aspects of performance and development plans together with associated risks and controls, corporate governance and quality/clinical assurance to the Board. Other committees in place include the Performance Committee to look at tangible resources and a People Committee to review the application of a People Strategy. The Board also has in place a Charitable Funds Committee “The Trustee Committee”. This Committee supports the Board in the management of West Midlands Ambulance Service NHS Foundation Trust’s charitable funds. Finally the Board receives reports at each meeting from the Executive Management Board (EMB) through the Chief Executive Officers Report. The EMB is responsible for the management of WMAS NHS FT and is the senior executive decision making body of the organisation.

	The above commentary only relates to those committees that report into the Board there are Groups established that report into the above committees as part of the assurance process and the Trust Governance Structure is publicly available upon request. The Trusts committee structure includes the relevant executive director that has the lead and responsibility for reporting to that Committee as well as the Non Executive Chair of the Board Committees. The Trust's Standing Financial Instructions includes a scheme of delegations to the Chief Executive and to Committees. The Trust refers to and is compliant with its Constitution which sets out the roles of the Board and the Council of Governors. In addition the Trust has also published a Charter of Expectations that sets out the roles of the Chair, Chief Executive, Directors and Governors of the Trust. The Chief Executive has published and presented to the Board the management structure of the Trust and presents the director portfolios when appropriate after any major review. In addition the Committee system is based on a matrix, with reports flowing to up to and from Board and across the Committee system on matters relating to risk or assurance. Each Committee has a schedule of Business. On the basis of the above the Board are requested to confirm the statement.
Statement 4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;

	c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England and statutory regulators of health care professions; d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and h) To ensure compliance with all applicable legal requirements.
Response	**Confirm**
Risks and Mitigation	Failure to be compliant with the above statement would mean that the Trust is non compliant with its licence registration with the CQC. Therefore the Board can be reassured by the following in confirming the above statements. The Board receives regular reports through the Committees or directly to the Board that assures the Board that the Trust has implemented systems and processes that: •maintain compliance with the duty to operate efficiently, economically and effectively. •maintain timely, effective scrutiny and oversight •maintain compliance with health care standards as required by the CQC. •maintain effective financial decision making, management and control •maintain accurate, timely and comprehensive information for the Board and committees •maintain risk management processes •maintain an understanding of risk of compliance with the Conditions of the Licence

Since maintaining its overall rating of Segmentation 1, since the SOF was introduced, WMAS has recently been rated within segmentation 2, in recognition of the pressures and support required to address ambulance handover delays and response times. The Trust is working closely with our six integrated care systems and NHS England to jointly address the factors that are affecting patient care throughout the West Midlands

The Trust secures the economic, efficient and effective use of resources through a variety of means:

- A well-established policy framework (including Standing Financial Instructions)
- An organisational structure which ensures accountability and challenge through the committee structure
- An established planning process
- Effective corporate directorates responsible for workforce, revenue and capital planning and control
- Detailed monthly financial reporting including progress on achievement of Cost Improvement Programmes and year-end forecasting.

Day to day management of resources is delegated through the Executive Management Board (EMB). EMB takes lead responsibility for the annual planning cycle – formulating the plan, implementing the plan, monitoring delivery against the plan, taking action to bring variances back under control and reporting.

The management cycle includes comprehensive annual and bi-annual reviews of performance against clinical and performance indicators, workforce and financial indicators. Any emerging issues are identified and mitigating action implemented.

The Performance Committee which is Chaired by a Non-Executive Director with other Non-Executive Directors and executive directors, provides assurance to the Board of Directors as to the achievement of the Trust's

	financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities. The Board has established an Audit Committee that meets regularly with both internal and external auditors to monitor the Trust's duty to operate, efficiently, economically and effectively. The Committee has primary responsibility for monitoring and reviewing the internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives. The Trust's commitment to value for money is strengthened by the effective and focused use of its Internal Audit service. The Trust engages Internal Auditors to provide an independent and objective assurance to the Board that the Trust's risk management, governance and internal control processes are operating effectively. The Trust has a Local Counter Fraud Specialist supported as required by other qualified Local Counter Fraud Specialist (LCFS). External Auditors, Internal Auditors and Counter Fraud report to each meeting of the Audit Committee, and also meet the members of the Audit Committee without Management present. EMB receive all final internal audit reports (once approved by lead director) prior to Audit Committee submission. The Board's Executive Director for Nursing and the Medical Director submit regular reports to the Quality Governance Committee and through that Committee to the Board of Directors against the Trust's Clinical Strategy and also patient experience; this includes any reports of the CQC. The Board receives a Quality Report to each meeting which is presented in the format of an integrated quality report. The report provides a high level of assurance by way of the systems and processes in place to measure

	and monitor our quality assurance and provides a robust framework to support our clinical quality governance. It is currently a developing report that will be improved over time to reflect all aspects of quality into one report. It includes Serious Incidents, and any learning arising from the Learning review Group. Each meeting of the Learning Review Group includes identification and discussion of high risk incidents. The group reviews quarterly themes and trends and receives reports from the leads dealing with: • Serious Incident update • Patient Safety Incidents • Patient Experience Report • Non-Patient Safety Incidents • Claims, Coroners, Clinical Audit and Safeguarding The Quality Report to each Board meeting also includes a Learning from Deaths report regularly as part of its culture as a Learning Board. Indeed as part of its ongoing strategy of learning from incidents to benefit and improve patient care a Quarterly update to the Board on Claims and Coroners cases is submitted to the Board. It will also be used to demonstrate learning from claims and inquests, in addition it will enable the Board to be aware of the volume of and risks for the Trust of high value claims and is a valuable resource. The Trust publishes with the agenda for each ordinary meeting of the Board of Directors an Information Pack, this contains and is available to view on the Trust's website: • Operational Key Performance Indicators • Corporate & Clinical Quality Indicators • Financial Performance • Workforce Indicators The Board at each meeting receives the approved minutes of each of its committees. The Board has a forward plan which it reviews at each meeting.

	The above enables effective scrutiny and oversight by the Board of the Licensee's operations and each agenda of the Board has a report from each of its executive directors on the salient matters and risks facing each directorate.. The Board of Directors have resolved that there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a "going concern". The statements on a 'Going Concern' basis means that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case it would be necessary to prepare the statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The Audit Committee recommended to the Board that the there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern. The Going Concern report submitted to the Board of Directors in March 2022 lists the evidence of strong financial stewardship. The Board has in place a financial and a strategic plan and enabling strategies which underpin delivery of the longer term overarching strategic plan. The Trust engages with its Governors and members of the local health economy as well as local authorities in the region on development of strategic and operational plans. The Board and Committee meetings are scheduled for the year ahead for agenda planning and the preparation of reports. There is a matrix of reporting across from committee to committee as well as upwards to the Board. Each Committee can establish groups to look at detailed aspects and these committees are scheduled and report into the appointing committee. Each director has responsibility for the preparation of reports.

	As stated previously the Board receives a quarterly report on the current Risk and Assurance Framework and are requested to approve its content. Any risks and the complementary mitigation to delivery of the Trust's strategic plan are incorporated in this document. The Board Assurance Framework and the management of the Board's Risk Framework and reporting was the subject of audit by the Internal Auditors. The foundation trust is fully compliant with the registration requirements of the Care Quality Commission and has been rated as 'Outstanding' following its most recent inspection. On the basis of the above the Board is asked to confirm the above statements,
Statement 5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.
Response	**Confirm**

Risks and Mitigation	The Board is satisfied that there is sufficient capability at Board level. This is tested annually through appraisals. The Board does plan and make decisions in a timely and appropriate way taking into account the quality of care. This is demonstrated through the Board minutes and the papers received by the Board. The Board requires the Trust to provide accurate, comprehensive and timely information on quality of care and requires a Board Committee to concentrate on the quality of care delivered across the Trust. The Board hears a patient story from a patient or members of staff. Subject to the restrictions imposed by the pandemic and to protect front line staff Members of the Board have been unable to visit all sites and talk to patients and staff about the service being delivered. However, in normal circumstances, pre pandemic this was a regular occurrence. Each Board member was buddied with an operational Hub. The Chairman and Chief Executive have continued to join staff on operational shifts to hear their views and thoughts. Board members have continued are involved with stakeholder to discuss the service provided by the Trust especially in the light of the patient handover delays. The skills matrix of the Board which is reviewed annually and published in our Annual Report. The matrix is triangulated against the capabilities required to provide organisational leadership in the current climate. The Board is compliant with appropriate statutory and good practice guidance in terms membership of the Board and senior management of the organisation. The Chief Executive is the Accounting Officer of the Trust. There is currently on the Board a Medical Director and there is an Executive Director of Nursing that are both voting members of the Board.

	The Board also has a non-Executive Director with clinical background who is also Chair of the Board's Quality Governance Committee. The Board has in place a schedule of business for both the Board of Directors and the Council of Governors, and each of the Committees and Panels are required to develop a schedule of business which should be clearly set out within their Terms of reference. The Board of Directors and Council of Governors, including their Committees and Panels receive timely and up to date information on quality care that has been reviewed by clinicians prior to submission to the Board. The Quality Governance Committee meets regularly and the Chair of the Committee reports to each meeting of the Board of Directors to provide assurance on matters of patient quality and safety, including the Learning Review Group which analyses any incidents and near misses as part of influencing the Trust's clinical and operational procedures and policies. The Board of Directors receives the National Health Service Resolution (NHS R) scorecard. The focus of the NHS R is on learning from claims and incentivising Trusts to improve safety. The Claims scorecards provide a useful improvement tool by providing a greater understanding of the value and volume of claims through these scorecards. The Board through a Quarterly report on claims on inquests that is presented to the Trust's Committees and the Board are using the scorecard data alongside data on complaints and incidents, and Coroner requests to help improve safety and drive through quality improvements The Board and Council also receive a report that is a standing item to enable Board members to receive any communications and correspondence from regulators or statutory bodies that pose a risk to the Board or the Trust, for example: • Reports and Notices from the Care Quality Commission, • Any significant complaints of which the Board should be made aware • Any serious incidents, • Petitions received prior to submission to the Council of Governors

	• Any representations from Governors or the Council of Governors • Any major decision of the Coroner that has impact on the Service. The Trust now has an Electronic / Online system for incident reporting. In addition, the Electronic Patient Record System has been completed and rolled out across the Trust area and this assists electronic incident reporting. All Board papers include reference to quality impact and the Trust's Risk and Assurance Framework. The Board has a patient experience presentation to each ordinary meeting of the Board and actively engages with members of the Local Health Economy on matters relating to patient care and quality; this includes Healthwatch and Health Overview and Scrutiny Committees and the Health and Well Being Boards. It has a Governor on its Council of Governors that represents local authorities. The Trust actively encourages its Governors to engage appropriately with the Community and feedback any views and concerns.
Statement 6	The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.
Response	Confirm
Risks and Mitigation	The Board is satisfied that the number of staff and leaders and the capabilities of those staff and leaders are of a sufficiently high level to be able to deliver high quality effective healthcare services to our patients. The Board is satisfied that the staff within the organization are appropriately quality to ensure compliance with the Conditions of this Licence are maintained. The risk is that that the Board lacks the appropriate capacity and

	capability to function and carry out its functions in relation to setting strategy and providing oversight of the trust. The Board receives a report to each meeting on matters relating to workforce and has in place a five year workforce strategy. The Board regularly receives updates on mandatory training for both clinical and non-clinical staff. The skills matrix of the Board is contained within the Annual Report of the Board to the Council of Governors, the Membership and the public. The Council of Governors and the Remuneration and Nominations Committee of the Board in carrying out its duty of appointing directors reviews the Skills Matrix and succession planning of the Trust as part of determining appointments to the Board and to senior management positions. In particular the Council of Governors and the Board consider and take into account the Fit and proper Person requirements both in terms of the Trusts licence conditions and also regulations.

4. Training of Governors

The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role?

Response: Having consulted the Council of Governors the Board are requested Confirm this statement

Anthony C Marsh
Chief Executive Officer
May 2022

National Ambulance Resilience Unit
NARU

NHS

National Ambulance Resilience Unit (NARU)

Report for WMAS Trust Board

25/05/2022

Keith Prior

Assistant Chief Officer, WMAS

Director, National Ambulance Resilience Unit (NARU)

National Ambulance Resilience Unit
NARU

NHS

What is NARU?

- Part of NHS
- Commissioned by NHSE&I
- Hosted by WMAS
- Responsible for the ‘Ambulance Service Interoperable Capabilities’

National Ambulance Resilience Unit
NARU

NHS

Interoperable Capabilities

- Hazardous Area Response Teams (HART)
- Marauding Terrorist Attack (MTA)
- Chemical, Biological, Radiological, Nuclear, Explosives (CBRNE)
- Mass Casualties
- Command and Control (C2)
- High Consequence Infectious Disease (HCID)

National Ambulance Resilience Unit
NARU

NHS

Maintaining Interoperability

National -

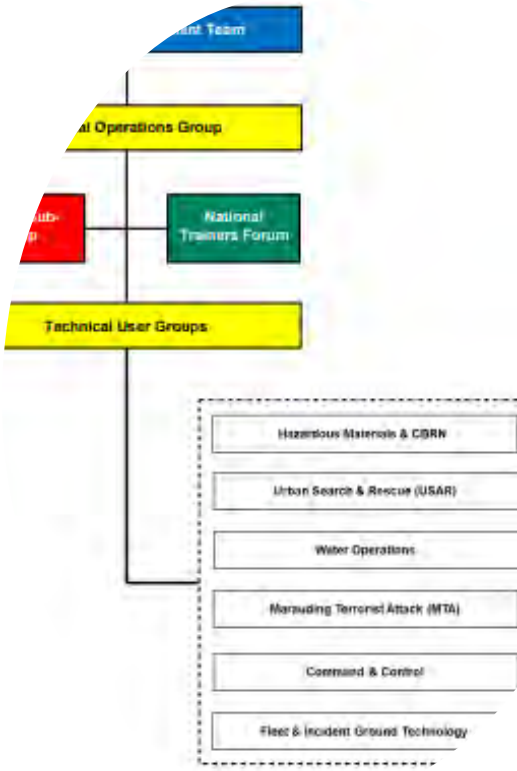
- Education and Training
- Equipment Evaluation and Procurement
- Safe Systems of Work
- Clinical Competencies
- Compliance and Quality Assurance

National Ambulance Resilience Unit
NARU

NHS

Other Responsibilities

- National Ambulance Coordination Centre
- Mutual Aid
- Support to NHSE&I and wider NHS
- Provision of SME to support National Policy Groups
- Multi-Agency Interoperability



National Ambulance Resilience Unit
NARU

NHS

Governance

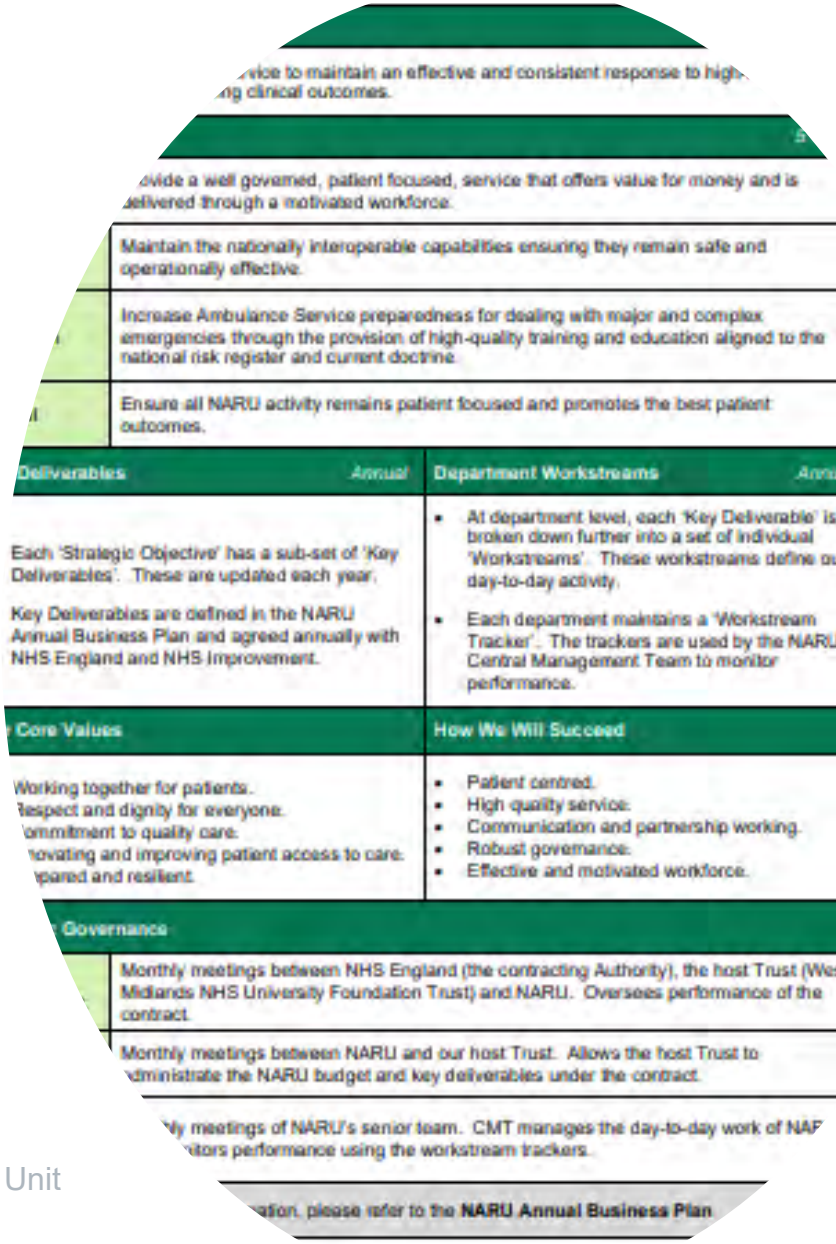
- 3y Contract 2020 can be extended to 2025
- NHSE&I Steering Board
- NHSE&I Contract Management Board
- WMAS Delivery Board

National Ambulance Resilience Unit
NARU

NHS

Strategic Direction

- Set by NHSE&I Steering Board
- 5 year Strategic Aim and Objectives
- Key Deliverables and Work Stream Outputs
- Annual Business Plan and Annual Report



National Ambulance Resilience Unit
NARU

NHS

21/22 Challenges and Successes

- Support to NSAAS & NHSE&I (C19)
- Audit of Each Ambulance Trust
- Full Delivery of Work Plan
- SORT/MTA Implementation
- Support to Man Arena Inquiry

National Ambulance Resilience Unit
NARU

NHS

22/23 Priorities

- SORT/MTA Implementation
- Implementing Lessons from MAI
- Lessons from C19
- Strategic Review of HART
- Maritime MTA
- Support for CWG - cut 1CUT 1 MIX DOWN on Vimeo

National Ambulance Resilience Unit
NARU

NHS

Any Questions?

Thank You

www.naru.org.uk

Produced by: Keith Prior, Director, NARU
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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE MEETING OF THE BOARD OF DIRECTORS

AGENDA ITEM: 07b MONTH: MAY 2022 PAPER NUMBER: 05a

Capital update	
Sponsoring Director	Interim Director of Finance
Author(s)/Presenter	Paul Jarvis – Interim Deputy Director of Finance Karen Rutter – Interim Director of Finance
Purpose	To provide an update on Capital funding
Previously Considered by	EMB – May 2022
Report Approved By	Karen Rutter – Interim Director of Finance

Executive Summary

This report provides an update on the 22-23 capital programme, the discussions underway with BC ICS, the current position on the implementation of IFRS16 and the next two financial years indicative capital allocations.

Related Trust Objectives/ National Standards	Ensure the Trust's finances are effectively managed and reported.
Risk and Assurance	That the Trust is able to deliver capital spend within the required limits
Legal implications/ regulatory requirements	Capital limits as allocated by the Trust's host ICS are not breached.
Financial Implications	Restrictions on available capital and uses of leases within IFRS16 application need to be managed
Workforce & Training Implications	None to date
Communications Issues	None
Diversity & Inclusivity Implications	Not directly applicable within the context of the report.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE MEETING OF THE BOARD OF DIRECTORS

AGENDA ITEM: 07b MONTH: MAY 2022 PAPER NUMBER: 05a

Quality Impact Assessment	None
Data Quality	All data held in Finance Systems

Action required

To note:
- the 22-23 capital updated position;
- the IFRS16 implications and outstanding confirmation of impact; and
- the 23-24 and 24-25 capital allocations as currently advised.

Trust's Capital Programme – Update at May 2022

2022/23 Programme

Recap on plan previously reported to Board

Operational capital funding for 2022/23 is currently set at £13,026k.
The Trust's mitigated capital programme reported to the March Board was £15,123k.
The Trust thus needed to identify additional mitigating measures of £2,097k to align programme spend with the funding allocation.

May Update

Since the March report, the following additional mitigations have been identified.

- Increase the value of Sandwell fit-out costs to be paid for via the lease **£702k**
- Reduced fleet spend commitments in 22/23 by taking early delivery of **£937k** of vehicles in 21/22.

Total additional mitigations = **£1,639k**
Applying the additional mitigations and after adjusting for minor changes to a small number of capital programme values, brings the net excess cost over funding to **£489k.**

Summary of 2022/23 programme at May 22

	£000s
Plan value per March 22 report	15,123
Small adjustments to programme	31
Additional mitigations	
Further Sandwell lease transfers	-702
Fleet spend reprofiling	-937
Plan value in May 22	13,515
Further mitigations to be identified	-489
Total	13,026

Appendix A provides details of the capital programme for 2022/23 as it currently stands.

Addressing the remaining shortfall

Financial plans, including capital plans, have been submitted to NHSE for 2022/23 however, discussions have commenced with the ICS Chief Finance Officer designate, in respect of the allocation methodology applied to derive the WMAS funding value of £13,026 for the year contained within the plan.
Our understanding is that this methodology used WMAS total capital spend, rather than the proportion relating to the Black Country ICS only to allocate capital

On this basis, we are seeking to agree with ICS partners a reallocation of funding to enable the Trust to meet its capital expenditure commitments fully in 2022/23.

In addition to the above, additional capital has recently been set aside nationally for Ambulance Trust Fleet replacement. The Trust is expected to receive £2.5m in total of which £724k is expected in 2022/23.
If confirmed, this allocation would close the remaining gap on capital resource in 2022/23, regardless of any ICS discussions.

2022/23 IFRS16

The Trusts financial plans for 2022/23 submitted to NHSE include the estimated impact of IFRS16 and comprise: -

a) Financials re pre-existing leases at 31.3.22 and
b) New lease additions expected to occur during 2022/23

For pre-existing leases NHS transition arrangements are in place and as such there are no impacts on reported capital expenditure and thus no charges against capital resource limits (CDEL).

For new leases, a capital value is calculated for each lease, which is included within the Trust's asset base and charged against the CDEL
No provision had been made nationally for the increase in CDEL requirements arising from the implementation of IFRS16 and while organisations are awaiting updated guidance, it is understood that a solution for this financial year will be addressed by NHS England.

Organisations within the ICS were advised by the capital lead to ensure that they include the full expected impact of such leases in their plans. As such, the Trust's 2022/23 plan includes the following for anticipated impact of in-year lease additions.

Capitalised value of new leases	£000
Sandwell Hub	22,958
PTS vehicles	3,979
DCAs residual contracted	3,760
Officer lease cars	961
Total	31,685

2023/24 and 2024/25

Provisional capital resource limits for the next two years are as follows: -
2023/24 £13.447m

2024/25 £13.705m

Both of these values fall someway short of the Trust's current phased replacement programmes which for 2021/22 required £15.6m for Fleet and other asset

acquisitions. However, closer working with the Black Country ICS and wider system partners on the current year allocation will inform future years.

Appendix A – 2022/23 Capital Programme (May 22 update)

Capital Programme 2022/23	Draft reported to EMB Feb 22			Post EMB Adjustments			2022/23 Plan
	Gross	Mitigations	Net	Revisions	Additions	Mitigations	
	£000	£000	£000	£000	£000	£000	£000
Information Technology							
ECS/EPRF Hardware	400	(400)	0				0
General Computer Hardware	50		50				50
Back office server			0	105			105
Critical Server Hardware	150		150				150
Perimeter Fire Wall	200		200			(100)	100
Remote Site Router	200	(60)	140				140
Cad Clients	310		310				310
Paper free	100		100				100
Pts New Contracts IT	150	(150)	0				0
Subtotal	1,560	(610)	950	105	0	(100)	955
Clinical Equipment							
Clinical Equipment	100		100				100
Medical Equipment - PTS	30		30				30
Subtotal	130	0	130				130
Estates General							
Sustainability Items	100		100				100
Other Hub Expenditure	500		500				500
Building Infrastructure	30		30			(30)	0
New contracts (PTS)	100	(100)	0				0
Shrewsbury Hub	6,000	(6,000)	0				0
Bromsgrove Hub	3,500	(3,500)	0				0
Subtotal	10,230	(9,600)	630	0	0	(30)	600
Fleet - Specialist			0				0
DCAs	12,448	(1,277)	11,171	455		(2,387)	9,239
Support Fleet	369		369	121			490
Support Fleet from 21/22	446		446				446
Training Vehicles	900		900	278			1,178
							0
Subtotal	14,163	(1,277)	12,886	854	0	(2,387)	11,353
							0
Contingency	250	(250)	0				0
Subtotal	250	(250)	0				0
Projects							0
Sandwell Hub fit-out	2,169		2,169			(2,151)	18
Pathfinder			0	9	300	(150)	159
Driving simulator			0		300		300
Subtotal	2,169	0	2,169	9	600	(2,301)	477
Mitigations to identify						(489)	(489)
TOTAL	28,502	(11,737)	16,765	968	600	(5,307)	13,026

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08a **MONTH: May 2022** **PAPER NUMBER: 06a**

Quality Report	
Sponsoring Director	Mark Docherty, Executive Director of Nursing and Clinical Commissioning.
Author(s)/ Presenter	Mark Docherty, Executive Director of Nursing and Clinical Commissioning. Dr Alison Walker Executive Medical Director
Purpose	The report is presented to the Board as a joint report by the WMAS Clinical Directors to give the Committee assurance on the clinical quality agenda. It is an integrated report that has been developed to provide a single reporting mechanism to the Committee on all clinical quality issues.
Previously Considered by	QGC – 18 May 2022
Report Approved By	Mark Docherty, Director of Nursing and Clinical Commissioning.

Executive Summary

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

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

- Patient handover delays continue to result in significant patient harm and the impact of these delays resulting in long patient waiting times also causes harm, including death.
- As a result of long delays, the number of serious incidents is increasing every month

Related Trust Objectives/ National Standards	Supports the monitoring against our strategic objective to achieve quality and excellence.
Risk and Assurance	The report is presented as a document that gives Board assurance and highlights areas of clinical risk.
Legal implications/ regulatory requirements	The report highlights the areas where we have a statutory duty to report.
Financial Implications	There are no direct financial implications raised in this report. Patient handover delays are creating a financial pressure for WMAS, estimated at around £29.1m.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08a **MONTH: May 2022** **PAPER NUMBER: 06a**

Workforce Implications	None in the context of this report.
Communications Issues	The contents of this report are not confidential and have been provided to multiple people inside and outside the organisation. Much of the information is in the public domain.
Diversity & Inclusivity Implications	The report will highlight any diversity and inclusion issues as or if they arise.
Quality Impact Assessment	The report will highlight any quality impact assessments as they arise.
Data Quality	The data used in the report has been provided and quality assured ahead of publication in Board papers. Data has been sourced from the WMAS portal ORBIT and from the WMAS contract monitoring report and monthly AIF report

Action required

The Board is asked to:

1. Note the integrated quality report to the Board of Directors.
2. Receive the report.
3. Gain assurance on the quality agenda and the robustness of our quality governance processes.
4. Note the significant harm being caused as the result of long patient handover delays and resultant actions.

Introduction – Quality Report from Medical Director and Nurse Director

Since the Board Meeting in April 2022, in addition to regular Trust meetings alongside patient care and patient safety, our main focus has continued to be the patient and staff safety and staff wellbeing issues related to Hospital Handover Delays which result in long waiting times for patients wating for an ambulance response.

Patient Handover Delays

The issue of patient handover delays shows no sign of improvement and the impact of this means we are keeping patients waiting for very long periods for an ambulance response.

The lost hours for the year to date peaked in April 2022 when there were in excess of 17,795 lost hours due to handover delays over 30 minutes; this is the highest number of lost hours ever experienced by WMAS. The impact of the lost hours due to handover delays continues to worsen, and as a result of this the Board the risk identified in the Board Assurance Framework (BAF) continues to be rated as a 25.

The impact of handover delays is patients waiting longer than necessary for an emergency ambulance response and patients waiting in Category 1 (rarely) or Category 2 (sometimes) stacks where there is no ambulance immediately available to respond. This means that patients who are immediately time critical medical emergencies do not get the response they need and may suffer significant harm or death. The risk rating of 'incident stacking' also remains at a 25.

Support and Communication with Staff

We continue to support staff who are working remotely. Regular staff briefings are held to ensure that staff physical and mental health and wellbeing is considered.

Ockenden Report

the second report of the Independent Maternity Review of The Shrewsbury and Telford Hospital NHS Trust was published on 30 March 2022.

The second report built upon the work of the first report to ensure the Local Actions for Learning and Immediate and Essential Actions are strengthened and implemented across the wider maternity system in England.

The maternity Action Plan and a review of the Ockenden Report forms a separate report for the Quality Governance Committee.

Patient Handover Times

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Additional Incident Fee Activity By Destination Hospital - Eligible Conveyances (this also includes Pre AIF's under 45mins)

Year to date from 01/04/2021 to 31/03/2022

Lead CCG & Destination Hospital		total (pre AIF + AIF)	Pre AIF			AIF			AIF - Over 60:00 mins breakdown									
			0-30:00 mins	30:01-45:00 mins	total	45:01-60:00 mins	Over 60:00 mins	total	1-2 hrs	2-3 hrs	3-4 hrs	4-5 hrs	5-6 hrs	6-7 hrs	7-8 hrs	8-9 hrs	9-10 hrs	over 10 hrs
Birmingham and Solihull CCG	Birmingham Childrens	7,747	7,521	184	7,705	32	10	42	10									
	Good Hope	28,539	19,340	2,054	21,394	1,340	5,805	7,145	2,534	1,489	840	450	280	124	51	20	9	3
	Heartlands	41,278	25,772	3,869	29,641	2,108	9,529	11,637	3,897	2,075	1,344	912	582	277	223	104	48	50
	New Queen Elizabeth Hosp	40,467	29,800	3,530	33,330	1,223	5,914	7,137	2,684	1,315	817	493	294	149	66	45	20	26
	Solihull																	
Black Country and West Birmingham CCG	City (Birmingham)	24,737	23,058	661	23,719	291	727	1,018	480	169	61	11	3	2	1			
	New Cross	43,444	34,765	2,206	36,971	1,251	5,222	6,473	2,641	1,229	652	364	165	81	55	23	5	6
	Russells Hall	38,675	29,333	3,402	32,735	1,385	4,555	5,940	2,524	1,142	533	206	97	27	20	4	2	
	Sandwell	26,434	21,647	2,158	23,805	674	1,955	2,629	1,151	484	192	77	34	9	6	1	1	
	Walsall Manor	33,446	31,754	1,225	32,979	269	198	467	176	17	4	1						
Herefordshire and Worcestershire CCG	Alexandra	21,997	19,526	729	20,255	493	1,249	1,742	853	294	79	17	4	2				
	Hereford County	16,800	13,985	1,244	15,229	551	1,020	1,571	664	216	86	31	13	3	4	1	2	
	Worcestershire Royal	27,438	18,068	1,697	19,765	1,151	6,522	7,673	2,618	1,379	865	625	395	237	154	103	60	56
Shropshire CCG	Princess Royal	18,939	13,164	1,517	14,681	762	3,496	4,258	1,593	737	399	255	178	106	68	50	30	31
	Royal Shrewsbury	14,071	6,821	1,647	8,468	906	4,697	5,603	1,880	929	556	392	289	194	130	98	59	80
Staffordshire CCG	Burton	11,102	9,357	666	10,023	314	765	1,079	521	169	62	11	2					
	County Hospital (Stafford)	10,508	9,464	467	9,931	231	346	577	259	59	24	4						
	Royal Stoke Univ Hosp	33,402	23,042	3,651	26,693	1,426	5,283	6,709	2,360	1,228	762	487	232	106	56	36	8	6
Warwickshire CCG	George Elliot	14,153	12,435	1,203	13,638	352	163	515	140	19	1	3						
	St Cross																	
	Uni Hospital Cov & War	42,302	33,961	4,839	38,800	1,446	2,056	3,502	1,609	314	94	26	8	3	1			1
	Warwick	19,601	14,794	2,592	17,386	819	1,396	2,215	1,131	211	41	12		1				
Hospital Total		515,080	397,607	39,541	437,148	17,024	60,908	77,932	29,725	13,475	7,412	4,377	2,576	1,321	835	485	244	259

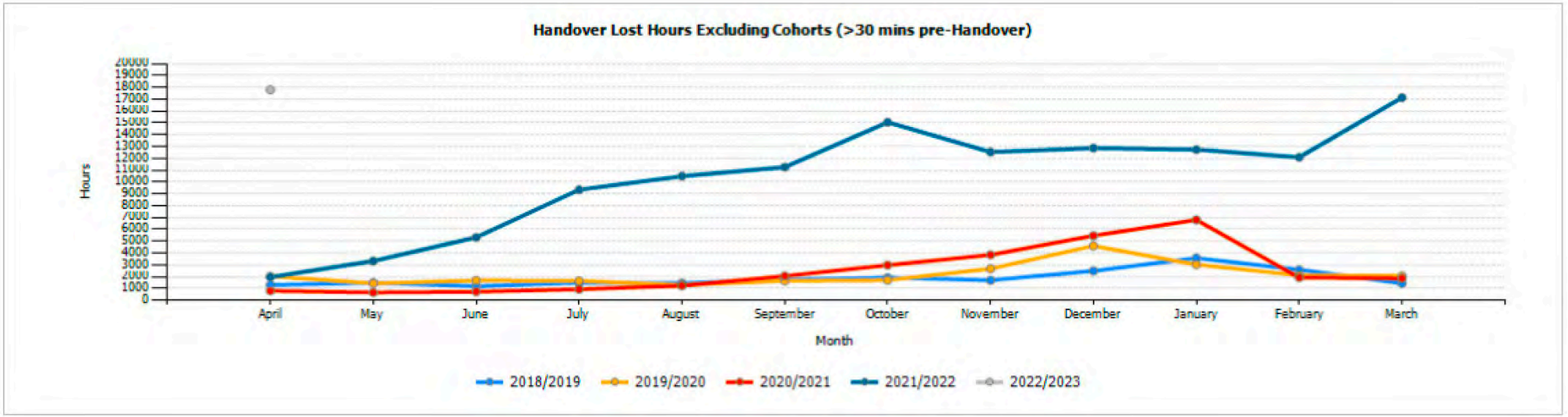
April 2022

Lead CCG & Destination Hospital		total (pre AIF + AIF)	Pre AIF			AIF			AIF - Over 60:00 mins breakdown									
			0-30:00 mins	30:01-45:00 mins	total	45:01-60:00 mins	Over 60:00 mins	total	1-2 hrs	2-3 hrs	3-4 hrs	4-5 hrs	5-6 hrs	6-7 hrs	7-8 hrs	8-9 hrs	9-10 hrs	over 10 hrs
Birmingham and Solihull CCG	Birmingham Childrens	546	524	16	540	5	1	6	1									
	Good Hope	1,858	936	158	1,094	82	682	764	258	142	96	82	44	17	16	11	6	9
	Heartlands	2,656	1,352	337	1,689	150	817	967	316	135	82	56	66	49	45	33	14	14
	New Queen Elizabeth Hosp	2,908	1,864	351	2,215	112	581	693	211	114	85	54	41	29	19	12	10	5
	Solihull																	
Black Country and West Birmingham CCG	City (Birmingham)	2,040	1,883	66	1,949	25	66	91	41	17	8							
	New Cross	3,327	2,459	232	2,691	124	512	636	237	90	58	46	41	27	10	3		
	Russells Hall	3,021	1,737	338	2,075	145	801	946	329	192	121	86	38	19	10	4		2
	Sandwell	2,135	1,553	246	1,799	78	258	336	122	59	41	20	9	5	1			1
	Walsall Manor	2,768	2,553	146	2,699	36	33	69	27	6								
Herefordshire and Worcestershire CCG	Alexandra	1,750	1,355	98	1,453	82	215	297	140	39	19	8	3	5	1			
	Hereford County	1,359	1,115	106	1,221	41	97	138	72	15	8	2						
	Worcestershire Royal	1,812	809	104	913	91	808	899	201	126	97	83	69	42	44	29	27	56
Shropshire CCG	Princess Royal	1,268	564	123	687	71	510	581	145	74	56	50	31	41	28	16	14	20
	Royal Shrewsbury	1,088	419	144	563	88	437	525	152	70	52	38	31	21	17	10	18	20
Staffordshire CCG	Burton	881	514	87	601	51	229	280	110	75	26	14	1	3				
	County Hospital (Stafford)	774	653	51	704	26	44	70	35	6	3							
	Royal Stoke Univ Hosp	2,154	1,017	232	1,249	101	804	905	220	127	121	70	82	43	36	24	25	21
Warwickshire CCG	George Elliot	1,199	887	178	1,065	82	52	134	38	12		2						
	St Cross																	
	Uni Hospital Cov & War	3,182	1,953	536	2,489	202	491	693	294	127	53	11	2	2	1	1		
	Warwick	1,610	1,095	222	1,317	102	191	293	143	34	13	1						
Hospital Total		38,336	25,242	3,771	29,013	1,694	7,629	9,323	3,092	1,460	939	623	458	303	228	143	114	148

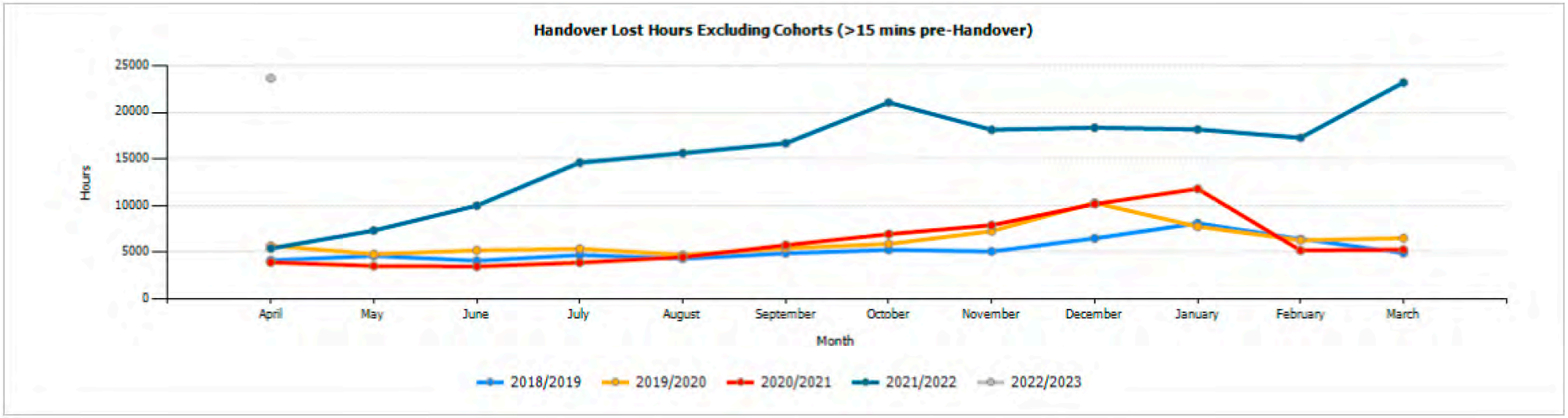
Table – Time lost due to handover delays exceeding 30 minutes

	2020/2021			2021/2022												2022/2023
Destination	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Alexandra	51:19:02	08:57:48	05:58:01	09:06:50	27:16:29	51:09:34	163:06:18	220:45:55	174:35:13	233:15:20	280:37:38	144:32:21	184:36:10	78:07:26	332:14:27	342:27:40
Birmingham Childrens	12:08:42	08:02:44	16:29:49	09:37:48	14:30:40	23:52:12	23:11:51	23:46:26	30:35:04	41:48:22	33:29:26	36:05:58	50:43:54	36:08:23	40:04:55	32:30:14
Burton	26:49:39	10:11:53	54:06:38	22:45:22	61:09:49	26:14:34	77:32:05	59:27:59	91:53:00	176:26:11	166:53:29	194:04:17	186:26:38	156:23:54	279:28:01	490:30:01
City (Birmingham)	256:47:34	24:10:34	14:55:32	21:17:01	15:41:41	62:57:05	123:36:19	85:20:13	136:06:51	156:03:46	194:27:47	149:36:43	118:26:10	83:47:22	145:01:58	136:41:42
County Hospital (Stafford)	07:13:35	06:12:12	02:53:35	07:35:48	15:34:25	26:20:39	21:01:50	25:12:13	47:48:04	32:50:06	50:47:56	89:02:42	115:21:34	41:05:24	103:51:43	67:07:07
George Elliot	31:35:11	15:04:45	08:25:05	11:40:00	07:37:23	09:46:22	17:39:33	14:21:20	13:35:11	39:42:09	40:46:05	76:19:46	67:26:56	45:31:37	127:09:34	104:09:06
Good Hope	400:14:01	52:30:36	130:12:48	140:12:28	401:32:48	555:43:39	680:04:11	814:41:10	862:27:14	1394:41:15	1117:04:08	918:49:45	811:59:13	940:54:39	1329:35:53	1352:54:43
Heartlands	768:34:16	285:08:47	344:13:08	265:06:04	440:18:57	859:04:29	1514:16:49	1733:24:31	1412:45:39	2273:53:25	1810:41:59	1606:52:02	1594:43:43	1461:03:48	1842:54:41	1617:19:41
Hereford County	40:03:19	11:10:34	21:22:41	22:57:47	29:37:52	60:06:15	91:32:45	162:00:35	120:49:44	369:38:46	104:22:52	274:35:06	215:42:43	218:03:15	494:27:43	204:24:38
New Cross	914:39:54	66:56:39	93:36:48	87:02:10	177:30:39	357:30:18	583:17:02	856:47:41	1002:32:29	1229:37:47	698:15:20	911:15:45	577:04:42	582:36:06	895:26:46	657:50:11
New Queen Elizabeth Hosp	748:38:28	168:05:27	178:43:14	250:44:55	343:48:06	544:48:22	1068:19:13	1321:03:22	1146:17:54	1323:13:24	975:44:39	777:46:20	982:57:33	980:16:47	1368:26:50	1501:38:01
Princess Royal	483:24:48	192:42:56	103:30:18	105:08:36	170:45:54	243:50:24	603:26:26	310:46:33	532:09:38	996:55:34	952:58:45	935:49:07	853:20:20	929:09:47	1140:21:53	1368:22:05
Royal Shrewsbury	278:41:12	222:17:50	185:39:34	265:29:53	332:37:42	624:53:54	927:58:18	990:03:46	1121:15:02	1022:14:57	1050:24:38	927:03:15	945:17:39	723:59:41	1145:58:06	1156:08:11
Royal Stoke Univ Hosp	332:51:39	101:08:39	159:27:17	155:32:25	304:21:41	404:00:19	860:25:04	1261:53:09	1152:41:02	2079:02:14	1801:20:54	2270:45:10	2340:21:27	2269:22:52	3171:16:12	3416:50:51
Russells Hall	968:47:51	90:23:37	84:40:05	82:55:59	259:34:59	309:18:40	461:37:19	321:14:30	886:58:45	960:39:32	529:42:29	682:09:12	518:58:34	598:50:44	762:04:02	836:22:56
Sandwell	495:02:56	116:12:30	123:28:54	94:02:33	58:29:51	86:06:44	229:58:08	169:55:51	411:04:12	441:26:31	322:12:30	421:27:53	307:23:50	330:19:17	541:01:17	415:41:19
Solihull	01:02:34	00:01:06	00:25:01				00:10:18	00:29:49			00:08:25	00:10:49	00:16:15			00:12:00
St Cross	00:47:18	00:15:00	00:10:26	00:17:04			00:23:43	00:38:36		00:13:04	00:53:56	00:17:31	01:02:23		01:11:02	03:38:31
Uni Hospital Cov & War	567:02:26	216:37:29	91:16:37	131:28:11	171:16:13	284:19:24	294:47:43	210:06:38	595:09:20	291:58:58	427:59:39	306:47:13	479:45:31	418:19:08	496:55:10	865:15:52
Walsall Manor	59:56:16	13:44:11	13:27:53	27:54:15	17:19:43	26:45:30	42:56:23	58:38:34	90:54:50	84:47:01	43:29:45	41:32:05	42:00:38	48:13:36	53:44:41	78:27:19
Warwick	58:44:34	30:32:42	26:12:16	63:36:35	61:32:02	84:12:32	121:43:03	225:40:42	208:51:02	402:35:45	287:22:46	146:34:48	134:14:12	161:10:21	238:18:35	266:13:59
Worcestershire Royal	292:10:22	271:13:26	194:28:31	184:56:14	405:15:23	678:29:14	1437:19:38	1627:16:18	1222:35:27	1503:56:47	1641:00:29	1955:33:30	2211:35:53	1987:58:43	2628:09:09	2881:11:14
WMAS Total	6796:35:37	1911:41:25	1853:44:11	1959:27:58	3315:52:17	5319:30:10	9344:23:59	10493:35:51	11261:05:41	15055:00:54	12530:45:35	12867:11:18	12739:45:58	12091:22:50	17137:42:38	17795:57:21

Graph – Time lost due to handover delays exceeding 30 minutes for the last 4 financial yea



Graph – Time lost due to handover delays exceeding 15 minutes for the last 4 financial years



Patient Conveyance

WMAS continues to undertake significant work with the Clinical Navigator service in the Emergency Operations Centre; this involves the assessment of Category 3 and Category 4 incidents to see if they can receive care through alternative pathways that are more suitable to the patient.

The non-conveyance is at the highest level ever within WMAS with some areas (Staffordshire) achieving a level of non-conveyance to ED of 60.7% year to date.

Year 2021/22

Year To Date			Hear & Treat		See & Treat		See & Convey		Conveyed To ED		Conveyed To Non ED	
CCG	Call Volume	AQI Incident Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
NHS Black Country and West Birmingham CCG	346,615	262,246	35,606	13.6%	87,873	33.5%	138,767	52.9%	132,120	50.4%	6647	2.5%
NHS Birmingham and Solihull CCG	306,699	212,890	31,141	14.6%	70,762	33.2%	110,987	52.1%	103,070	48.4%	7917	3.7%
NHS Staffordshire CCG	272,896	193,161	25,694	13.3%	68,580	35.5%	98,887	51.2%	77,982	40.4%	20905	10.8%
NHS Shropshire, Telford and Wrekin CCG	103,713	70,874	8,172	11.5%	24,486	34.5%	38,216	53.9%	35,377	49.9%	2839	4.0%
NHS Coventry and Warwickshire CCG	205,456	142,443	18,752	13.2%	47,317	33.2%	76,374	53.6%	72,681	51.0%	3693	2.6%
NHS Herefordshire and Worcestershire CCG	161,822	116,583	13,129	11.3%	36,973	31.7%	66,481	57.0%	62,340	53.5%	4141	3.6%
CCG Total	1,397,201	998,197	132,494	13.3%	335,991	33.7%	529,712	53.1%	483,570	48.4%	46,142	4.6%

April 2022

April 2022			Hear & Treat		See & Treat		See & Convey		Conveyed To ED		Conveyed To Non ED	
CCG	Call Volume	AQI Incident Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
NHS Black Country and West Birmingham CCG	31,701	22,770	3,616	15.9%	7,178	31.5%	11,976	52.6%	11,313	49.7%	663	2.9%
NHS Birmingham and Solihull CCG	27,894	17,738	3,392	19.1%	5,688	32.1%	8,658	48.8%	7,897	44.5%	761	4.3%
NHS Staffordshire CCG	26,563	15,750	3,372	21.4%	4,578	29.1%	7,800	49.5%	6,341	40.3%	1459	9.3%
NHS Shropshire, Telford and Wrekin CCG	9,444	6,063	1,024	16.9%	1,911	31.5%	3,128	51.6%	2,867	47.3%	261	4.3%
NHS Coventry and Warwickshire CCG	18,570	12,288	2,050	16.7%	3,873	31.5%	6,365	51.8%	6,060	49.3%	305	2.5%
NHS Herefordshire and Worcestershire CCG	15,130	10,092	1,531	15.2%	3,022	29.9%	5,539	54.9%	5,178	51.3%	361	3.6%
CCG Total	129,302	84,701	14,985	17.7%	26,250	31.0%	43,466	51.3%	39,656	46.8%	3,810	4.5%

Patient Experience

Formal Complaints	Year to date	
	Last reported month (Apr 2022)	2021-22 Total	2022-23 YTD
WMAS	54	26	54

Year to Date the Patient Experience Team has acknowledged 98.3% of its complaints within 3 working days. The Trust has responded to 100% of cases within 25 working days

For the month of April, we saw 54 complaints received compared to 26 in April 2021 an increase of 28.

The main reason for a complaint was Response = 29

Of the cases closed to date:

2 Justified, 1 Part Justified, 1 Not Justified. Remaining are still under investigation and will require to be closed by 8 June 2022.

Month of April 2022: In April 2022, the Trust undertook:

139,415 Emergency Calls, which equates to 1 Complaint for every 3,872 calls received.

87,954 Emergency Incidents, which equates to 1 Complaint for every 7,330 Incidents.

72,069 Non-Emergency Patient Journeys, which equates to 1 complaint every 14,413 journeys

141,846 IUC Calls answered, which equates to 1 complaint every 141,846 calls

Informal (PALS)	Year to date	
	Last reported month (Apr 2022)	2021-22 Total	2022-23 YTD
WMAS	186	188	186

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

Response – 43
Attitude and Conduct – 31
Lost/Damage -31

Of the Cases closed to date (month) –

13= *Justified,*
10 = *Part Justified,*
26= *Not justified*

Compliments	Year to date	
	Last reported month (Apr 2022)	2021-22 Total	2022-23 YTD
WMAS	169	144	169

Compliments: 169 compliments were received compared to 144 the previous year, a difference of 25

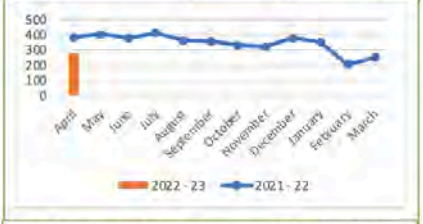
Friends and Family Test (Apr)
The FFT question is available on the Trust website: '**Thinking about the service provided by the patient transport service, overall how was your experience of our service?':**

Response April	FFT Survey	PTS Survey
Very Good	3	18
Good	10	16
Neither Good or Poor	0	1
Poor	0	0
Very Poor	0	0
Don't Know	0	0
Total	**13**	**35**

Discharge on Scene Results: 1 response received in April.

Patient Safety

Total Patient Safety incidents	Year to date	
	Last reported month (Apr 22)	2021-22	2022-23
WMAS	279	212	279



For the month of April, there were 279 patient safety incidents reported. This is a 27% (104) decrease on the same month for last year.

Service Delivery (E&U & EOC) had 203 patient safety incidents which accounts for 73% of the total. The main themes are:

- Incidents relating to delayed ambulance responses.
- Injuries caused during manual handling.
- Inappropriate discharges on scene.

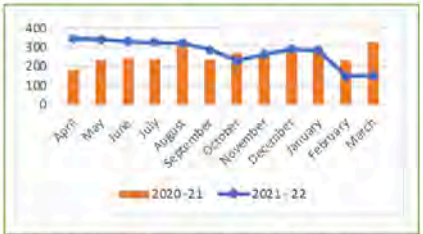
PTS had 55 patient safety incidents which accounts for 20% of the total reported. The main themes are:

- Avoidable injuries and skin tears.
- Patients falling.

IUC/111 had 21 patient safety incidents which accounts for 8% of the total reported. The main themes are:

- Incidents relating to delayed ambulance responses.

No Harm incidents	Year to date	
	Last reported month (Apr 22)	2021-22	2022-23
WMAS	196	344	196



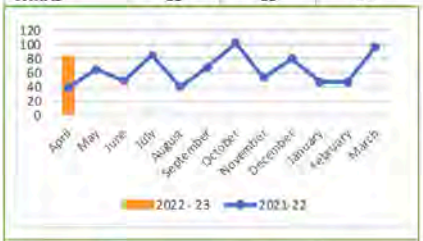
For the month of April, there were 196 no harm incidents.

Service Delivery accounts for 69% (136) of the total of no harm patient safety incidents.

PTS accounts for 21% (42) of the total of no harm patient safety incidents.

IUC/111 accounts for 9% (18) of the total of no harm patient safety incidents.

Harm Incidents	Year to date	
	Last reported month (Apr 22)	2021-22	2022-23
WMAS	83	39	83



Harm	April 2022	%
Service Delivery	67	81%
PTS	13	16%
IUC / 111	3	4%
Total	83	100%

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

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

Service Delivery accounts for 81%, PTS 16% & IUC/111 4% of the total of patient harm incidents.

Incident Reports

Total Incidents Reported	Last reported month (April 23)	Year to date 2021-2022 April –Mar	Year to date 2022-2022 April
WMAS	786	10,080	786

Over 60,000 ER54's received since implementation

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

Safety Culture Pulse Survey released

Organisational Learning Paper reviewed at HSREG, QGC and EMB and further paper on its implementation sent to Directors to review.

RIDDOR	Last reported month (April 23)	Year to date 2021-2022 April - Mar	Year to date 2022-2022 Apr –Mar
WMAS	5	95	5

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

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

Top 5 Incidents for Non-Patient Safety (April)

WMAS Top 5 Types	Total
Violence / Aggression	145
Equipment	79
RTC	78
Complaint	47
Injury	46

WMAS Top 5 Categories	Total
V&A - Verbal - Intentional	44
Near Miss	34
V&A - Physical - Intentional	31
Equipment - Not Available or Suitable	28
Equipment - Failure	28

The Trust Top 5 incident categories for March.

1. V&A – Verbal - Intentional – Reviewed via Security.
2. Near Miss – Mainly V&A,
3. V&A – Physical – Intentional – Reviewed via Security.
4. Equipment – Not Available or Suitable - various pieces of equipment and issues identified by Crews following Make Ready.
5. Equipment – Failure - various pieces of equipment reported Mangar, Ferno Carry Chair, EPR, Zoll etc

Serious Incidents and Duty of Candour

Total number of serious incidents reported	Last reported month (Apr 22)	Year to date 2021-2022	Year to date 2022-2023
WMAS	23	2	23

- There are currently 189 serious incidents open on StEIS, with 131 investigations sitting with WMAS.
- 53 SI's are currently over the time frame. 1 is due to an ongoing police investigation with the others being due to work volume.
- 21 requests for SI closure were made since the last report. 1 of which was a stand down request.
- 6 SI's were closed on StEIS by the CCG following their review, 1 of which was stood down as an SI, as requested.
- 23 SI's were raised during April.
- The EOC delayed response SI's have been registered on StEIS and have been allocated an Investigation Officer to undertake DoC. There are ongoing thematic reviews of this group of SI's, with a single RCA encompassing all incidents. There will be a single Investigation report, which will include evidence of all the SI cases DoC, and a list of each SI will be listed as appendices and evidence. This approach was agreed with and continues to have the support of the CCG.
- Discussions are taking place with the CCG to attempt to streamline the process of the thematic reviews further. This is with the aim to obtain maximum efficiency whilst still adhering to the Serious Incident Framework 2015.
- A request has been made to the CCG for them to provide any suitably qualified staff to assist with the investigations.
- A business case has been submitted to EMB for an additional 10 Investigating Officers. Further work is being undertaken on this business case, which will be submitted to Board this month.

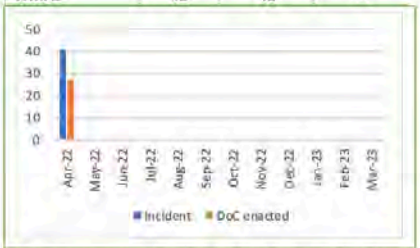
Moderate harm and above	Last reported month (Apr 22)	Year to date 2022-2023
WMAS	42	42

Duty of Candour has been enacted in 23.8% of cases where moderate harm or above has been caused during February. Delays in completion of DoC are because at the time of reporting, NoK (Next of Kin) details are not always known.

Multiple reporting of the same incident also reduces the compliance.

The year-to-date figure is 23.8%

Low harm	Last reported month (Apr 22)	Total number of incidents	Number of incidents being open completed
WMAS	41	41	27

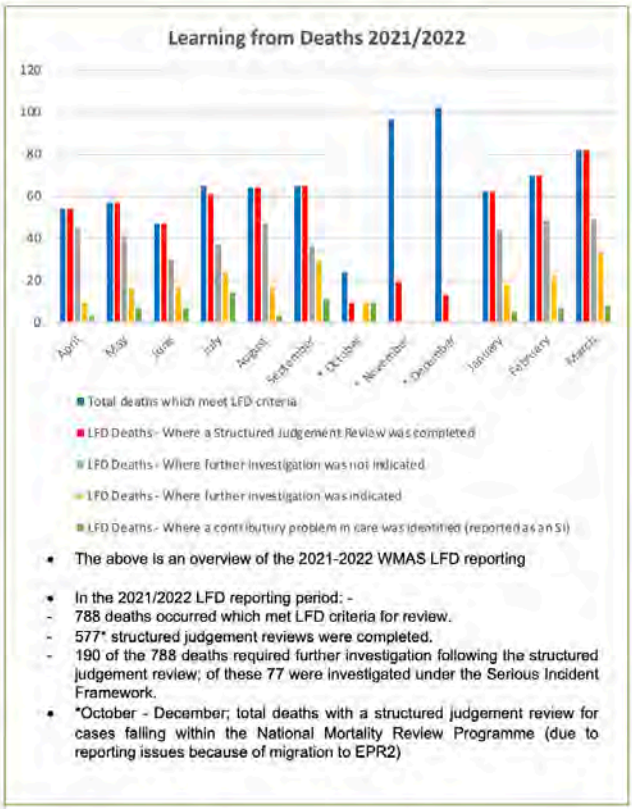


There have been 41 incidents where low harm has been caused to a patient.

Out of these, evidence of 'Being Open' can be provided for 27 of the incidents (65.9%).

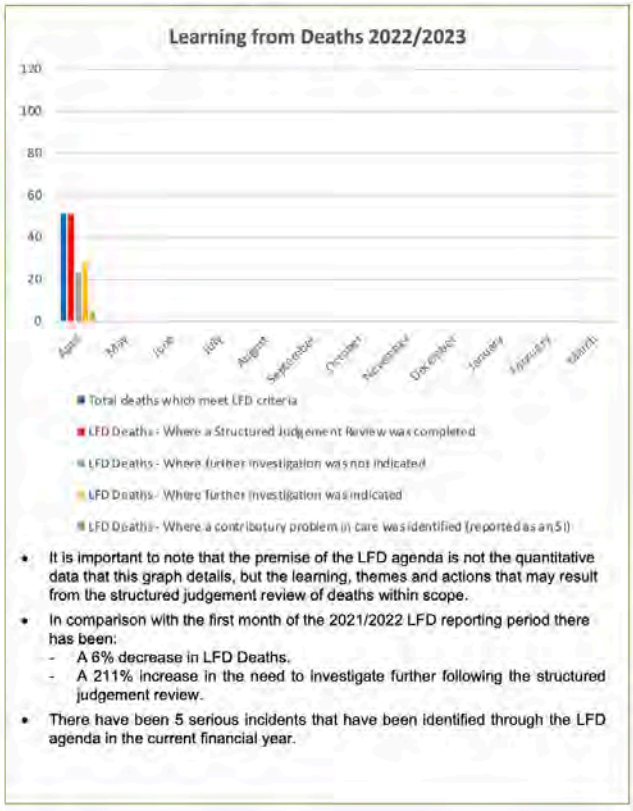
The year-to-date figure is 65.9%

Learning from Deaths



- The above is an overview of the 2021-2022 WMAS LFD reporting

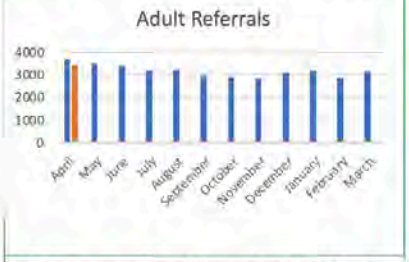
- In the 2021/2022 LFD reporting period: -
  - 788 deaths occurred which met LFD criteria for review.
  - 577* structured judgement reviews were completed.
  - 190 of the 788 deaths required further investigation following the structured judgement review; of these 77 were investigated under the Serious Incident Framework.
- *October - December; total deaths with a structured judgement review for cases falling within the National Mortality Review Programme (due to reporting issues because of migration to EPR2)



- It is important to note that the premise of the LFD agenda is not the quantitative data that this graph details, but the learning, themes and actions that may result from the structured judgement review of deaths within scope.
- In comparison with the first month of the 2021/2022 LFD reporting period there has been:
  - A 6% decrease in LFD Deaths.
  - A 211% increase in the need to investigate further following the structured judgement review.
- There have been 5 serious incidents that have been identified through the LFD agenda in the current financial year.

Safeguarding

Total Adult Safeguarding Referrals	Last reported month (Apr 22)	Year to date 2021-2022	Year to date 2022-2023
WMAS	3454	38048	3454



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

There is a 6.2% decrease in the number of adult care/welfare and adult safeguarding referrals sent in April 2022 compared to the previous year. There is work underway to reduce the number of referrals across the board, with education to staff relating to an enhanced understanding of the criteria for a safeguarding referral, and specifically the distinction between a true protection referral and one highlighting a care and or welfare concern. The change of reporting from the Commercial Call Centre to the Emergency Operations Centre has increased the number of safeguarding referrals.

Total Child Safeguarding Referrals	Last reported month (Apr 22)	Year to date 2021-2022	Year to date 2022-2023
WMAS	1437	15105	1437

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

Comparison to previous years for the same time period.

There is a 1.7% decrease in the number of child safeguarding referrals sent April 2022 compared to the previous year.

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

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

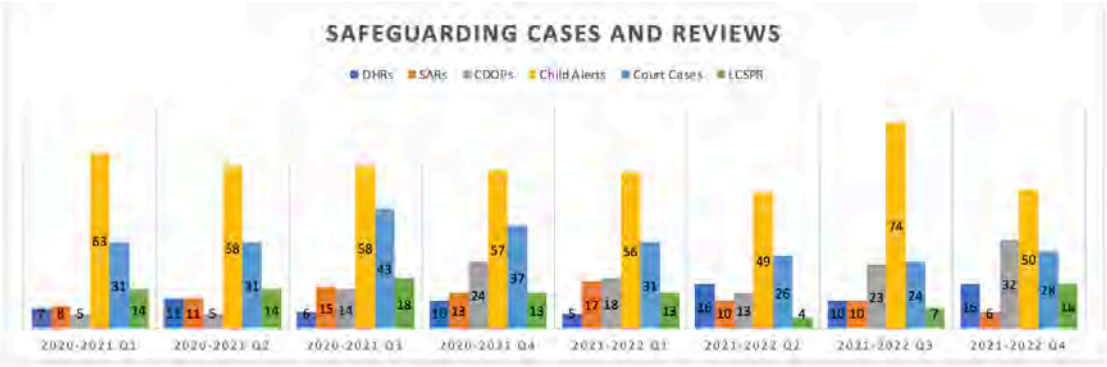
Total PREVENT Referrals	Last reported month (Apr 22)	Year to date 2021-2022	Year to date 2022-2023
WMAS	4	19	4

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

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

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

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



DHR's - Domestic Homicide Review

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

The number of DHRs in Q1 against the same period last year has stayed the same with 1 DHR

SAR's - Safeguarding Adult Review

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

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

There has been a decrease of 7 SARs from Q4 against the same period last year.

LCSPR's – Local Child Safeguarding Practice Reviews

Is defined in Working Together 2015 as when:

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

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

WMAS have received 16 LCSPR's in Q4 2021/2022.

There has been a increase of 3 LCSPR against the same period last year.

CDOP's Child Death Overview Panel

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

In Q4 there has been an increase of 8 CDOPs against the same period last year.

Child Alerts – Internal WMAS named case

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

There has been a decrease in 7 Child Alerts from Q4 against the same period last year.

Court Cases

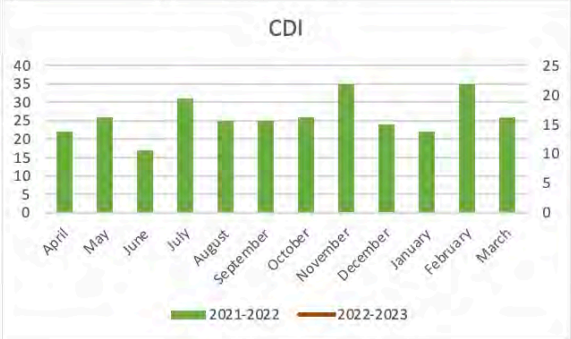
Court cases the safeguarding team can be involved with include court proceedings for child protection, abuse and or neglect.

There has been a increase of 1 court cases in Q4 against the same period last year.

Medicines Management & Pharmacy

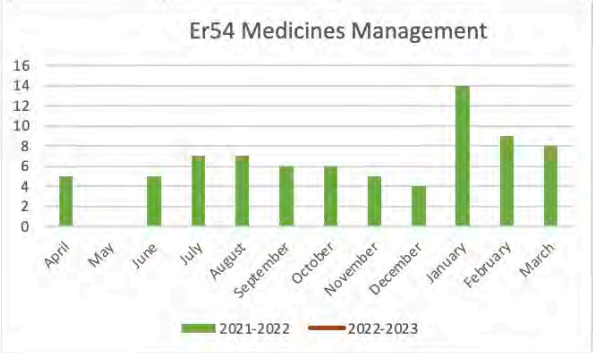
CONTROLLED DRUGS

Total Controlled Drugs Incidents (CDI's)		Year to date
Last reported month *Apr* 22)	2021-2022 April- to date	2022-2023 YTD
23	22	23



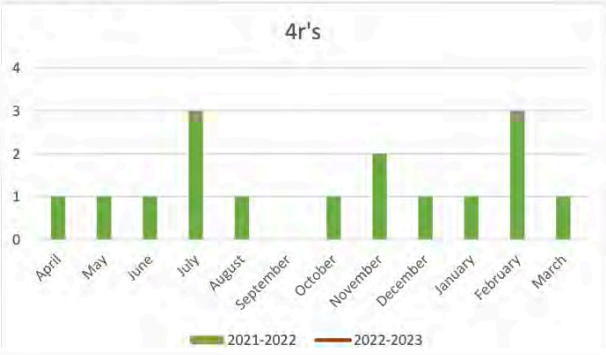
MEDICINES ER54

Total Medicines Management related ER54's		Year to date
Last reported month (*Apr* 22)	2021-2022 Apr- to date	2022-2023 YTD
5	5	5



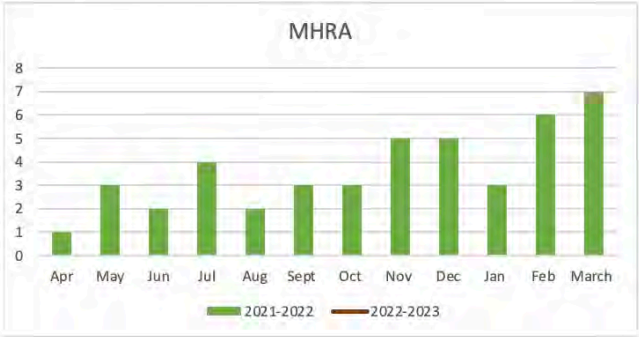
Total Drug Errors, wrong route, wrong dose etc		Year to date
Last reported month *Apr* 22)	2021-2022 April- to date	2022-2023 YTD
1	1	1

This involves a complaint which is being managed



MHRA Alerts		Year to date
Last reported month (*Apr* 22)	2021-2022 April- to date	2022-2023 YTD
	1	

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

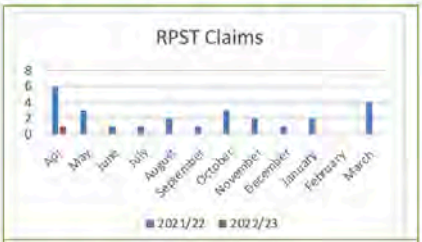


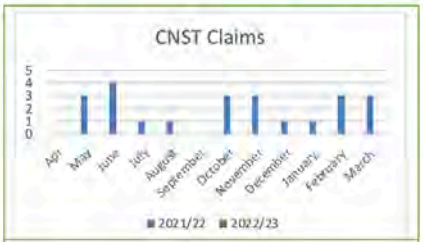
Claims and Coroners Cases

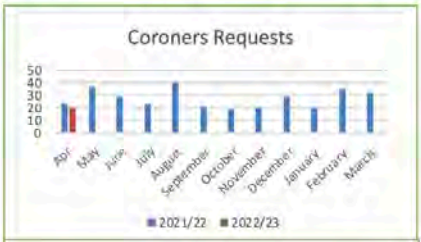
RPST (Risk Pooling Schemes for Trusts)	Last reported month April 22	Year to date 2021-22	Year to date 2022-23
WMAS	1	26	1

CNST (Clinical Negligence Scheme for Trusts)	Last reported month April 22	Year to date 2021-22	Year to date 2022-23
WMAS	0	23	0

Coroners Requests	Last reported month April 22	Year to date 2021-22	Year to date 2022-23
WMAS	20	329	20







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

- The Trust has received 1 RPST claims in April 2022. This is a decrease of 5 compared to the previous year.

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

- The Trust has received 0 CNST claims in April 2022. This is the same figure compared to the previous year.

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

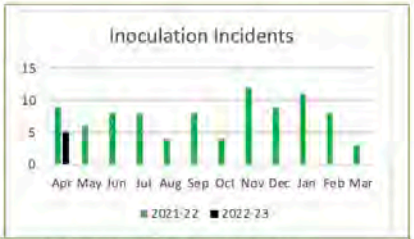
- Birmingham and Solihull
- Black Country
- Coventry
- Herefordshire
- Shropshire, Telford & Wrekin
- South Staffordshire
- Stoke on Trent & North Staffordshire
- Warwickshire
- Worcestershire

Infection Prevention and Control

Inoculation Incidents	Last reported month Apr 22	Year to date Comparison 2021-22	Year to date Comparison 2022-23 Apr
WMAS	5	90	5

Splash Incidents	Last reported month Apr 22	Year to date Comparison 2021-22	Year to date Comparison 2022-23 Apr
WMAS	1	41	1

Environment Incidents	Last reported month Apr 22	Year to date Comparison 2021-22	Year to date Comparison 2022-23 Apr
WMAS	6	54	6



Inoculation Incident Key Performance Indicator:
By the end of 2022/23 all inoculation incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

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

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

April 2022 saw 5 inoculation incidents reported.

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

Splash Incident Key Performance Indicator:
By the end of 2022/23 all splash incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

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

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

April 2022 saw just 1 near miss splash incident reported.

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

Environment Incident Key Performance Indicator:
By the end of 2022/23 all environment incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

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

Environmental incidents capture the general cleanliness of premises, vehicles and management of clinical waste. Furthermore, this category of incident aims to capture staff members exposure to infectious disease such as Tuberculosis.

April 2022 saw 6 environment related incidents reported.

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

Additional Information of Clinical Director's Activity

Over the last 2 months our focus has remained reducing the risks to patients most importantly for those people in our communities waiting for emergency ambulances while there are ongoing issues with over a thousand hours lost in ambulance response times on many days. We are continuing our work across the region and with local partnerships to support alternative care pathways, hear and treat, review of new pathways and clinical audit around non-conveyance of patients. We have had a particular focus on community and SDEC (same day emergency care access). We have continued to work across the national and regional systems by contributing to joint meetings on patient flow, reducing hospital handover delays and improving the responses to our patients.

Despite this work the number of serious incidents related to ambulances unable to respond while held outside hospitals continues to rise. Our focus now is on wider system engagement particularly with the new Integrated Care Boards and their Clinical Director leads.

Medical Director

WMAS

- Met with the UHB Opal+ lead clinician to strengthen clinical governance and agree processes for future clinical developments to increase management of patients direct to specialties or on the community.
- Participated in a WMAS Clinical Team Mentor meeting and agreed to develop an online regional model to engage with our CTMs on clinical improvements.
- Developed a Governance checklist to tie in with Trust systems.
- Set up the updated Clinical Audit and Research Group system and Chair of meetings.
- Supported individual WMAS staff through mentoring or co-mentoring meetings
- PARAMEDIC3 (co-investigator) Steering Group and Trial Management Group meetings (nationally funded research on OOH cardiac arrest management).
- Chair, WMAS SI review meetings, these are now monthly.
- Led the second online "Clinical Conversation" event for WMAS clinicians across our Trust – positive feedback received, these meetings in the future will be recorded for those on clinical shifts to view later and we will have a dedicated live and between meetings "ask the senior clinical team" email link so clinicians can ask questions either identified to them or anonymously.

Regional

- Participated in Clinical assurance meetings for the Commonwealth Games with WMAS and Organising Committee leads.
- Meetings with Primary care and community clinical leads.
- Meetings related to Hospital Handover delays:
    - Regional Medical Directors' meetings weekly
    - Meetings weekly with NHSE Midlands Regional Medical Director leads
    - Meetings with the Regional ED Clinical Directors group and also with individual ED lead clinicians.
- Participated in the regular NHSE Midlands SDEC (Same Day Emergency Care, including ambulance bypass to SDEC systems) forum meetings
- Attended prehospital CPD sessions and responded as a prehospital clinician.

- Meeting with Opal plus clinical and operational leads (video consultation with Acute Trust programme)

National

- Attended a national GDPR webinar
- Attended national Covid-19 updates for NHS system leaders
- Chair, JRCALC Committee where new guidelines are developed and approved for paramedic clinical practice for urgent, emergency and critical care patients.
- Chair, fortnightly NHSE Frontline Clinical Cell for Covid-19
- Attended National Ambulance Services Medical Director meetings and national Ambulance Service Capacity Planning meetings.
- Attend the National Ambulance Services Research Group (NASRG) as the NASMeD lead for research.
- Attend national Hospital Handover Delays meetings
- Attend RCEM Prehospital Emergency Medicine Professional Advisory Group on behalf of NASMeD, the programme of work includes all areas from joint clinical systems to the reduction of medical greenhouse gases across emergency care.
- Attended the National Out of Hospital Cardiac Arrest meeting on behalf of NASMeD, to support national and international research on improving patient outcomes.
- Emergency Medicine Journal reviewer for submitted papers.

International

- Attended and presented on the challenges and joint working to manage handover delays in England, at the European EMS Conference in Glasgow.

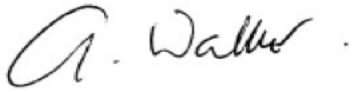
Clinical Commissioning and Nurse Director:

- Meeting with Regional cardiologists to review STEMI Pathways
- Ludlow Town Council Meeting
- Regular meetings with the Clinical Team
- Regular 1:1 meetings with team members
- Worcestershire Health Overview and Scrutiny Meeting
- National Hospital Handover Meetings
- Attendance at National QIGARD Meetings
- Emergency Care Stakeholder Meeting with Public Health England
- Meeting of Ipstone Parish Council
- Meeting with families of patients affected by ambulance delays
- Collaboration with Chief Fire Officer, Chief Superintendent and Police and Crime Commissioner for Staffordshire
- Biddulph Council meeting
- Recruitment to the Head of IP&C post
- Meeting with activists at Ludlow
- Attendance at the Adults & Neighbourhoods Overview and Scrutiny Committee Meeting
- Shropshire MPs Health Briefing
- Out of Hospital Cardiac Arrest Meeting with CVD Network
- Preparation for the CQC Patient Safety Conference in London

- Regular attendance at the Quality, Infection, Governance and Risk Directors (QIGARD) meeting hosted by the Association of Ambulance Chief Executives
- Participation in the Regional Emergency Department Clinical Directors meeting
- Regional Chief Nurse Updates
- Attendance at the Shrewsbury and Telford Hospitals Safety Oversight Group
- Regular monthly meetings with the NHSE/I team to discuss the broad urgent and emergency care agenda and system pressures
- Participation in weekly COO/MD/DN briefings by NHSE/I
- Mentoring participants on the Engaging Leaders Programme

Medical and Nurse Directors Jointly

- Have continued to re-escalate patient harms related to Hospital Handover delays to NHSE Regional Directors and attend Hospital Handover delay meetings to continue to escalate the patient harms associated with these events for patients in ambulances with a delay to definitive care, staff delayed beyond their shift end and those with emergency conditions in the community.
- Member of the regional group supporting referrals by Ambulance Direct Referral to Frailty Same Day Emergency Care (SDEC) and other SDEC systems in the community or hospitals.
- Contributed as members of the Midlands Frailty Collaborative and the regional Emergency Department Clinical Directors meetings.



Mark Docherty
Director of Nursing Commissioning

Dr Alison Walker Executive
Executive Medical Director and Clinical

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08b MONTH: MAY 2022 PAPER NUMBER: 06b

QUALITY ACCOUNT 2021/22	
Sponsoring Director	Director of Nursing and Clinical Commissioning & The Medical Director.
Author(s)/Presenter	Director of Nursing and Clinical Commissioning & The Medical Director.
Purpose	To present the draft Quality Account, incorporating an update on achievement of the priorities agreed for 2021/22 and those set for 2022/23.
Previously Considered by	Priorities have been reviewed by: • Quality Governance Committee • Executive Management Board • Board of Directors Draft report presented to Council of Governors, Learning Review Group and Quality Governance Committee
Report Approved By	Director of Nursing and Clinical Commissioning & The Medical Director.

Executive Summary

The draft Quality Account is enclosed for review and approval. Achievement of the priorities agreed for 2021/22 are reported within the document along with all other updates in respect of activities across the Trust. The new priorities for 2022/23 are also identified.

There is no national guidance for Quality Accounts this year, but the documents are still to be created and published by each Trust according to the normal schedule. Whilst there is no updated guidance, it has been clearly stated that there is no requirement for external audit of the document. As with the previous year, the Trust declares within the document that it is unaudited before publication. This requirement is due to be discussed and confirmed at Audit Committee on 23 May 2022 and the Board of Directors will be advised of this discussion.

Within the document, all sections have been updated, the only further updates that are anticipated relate to the inclusion of stakeholder comments that are yet to be received. The Board of Directors is requested to approve the document, providing EMB the authority to ratify the final version on 14 June 2022, once any remaining comments have been incorporated. The document must be published by 30 June 2022.

Related Trust Objectives/ National Standards	The Quality Account supports the achievement of all Strategic Objectives
Risk and Assurance	Failure to publish the Quality Account and deliver the priorities may adversely affect significant risk 3 (Quality Compliance).

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08b MONTH: MAY 2022 PAPER NUMBER: 06b

Legal implications/ regulatory requirements	The Quality Account is required under the Health & Social Care Act and Quality Account Regulations.
Financial Implications	None directly identified
Workforce & Training Implications	None directly identified
Communications Issues	As there was no national guidance for the 2021/22 accounts, the Trust made contact with the regional team to establish the requirements. The expectations were subsequently clarified by the national team. The statement within Annexe 3 meets the national expectations in full and this will be confirmed by the Trust's external auditors at Audit Committee on 23 May 2022 The Engagement Event and sharing of the draft report supports our process to collaborate with our stakeholders.
Diversity & Inclusivity Implications	There are no adverse implications.
Quality Impact Assessment	This document provides stakeholders with the Trust Account of its Quality Management. No impact assessment is required
Data Quality	All data contained within the report is subject to internal audit and checking processes. Under normal circumstances, the Account is externally audited, though this process has not taken place this year.

Action required

Members are asked to:

- Review and approve the document, noting that some final comments may be received from external stakeholders. Should this be the case, the Board of Directors is requested to provide EMB the authority to ratify the final version on 14 June 2022 once any remaining comments have been incorporated.

Once approved, the document will be published by 30 June 2022.

o

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Quality Account 2021-22

Trust us to care.

Contents

Please note that information regarding each area of the Trust as described in the Quality Account will be available on the Trust website

Part 1

Introduction

Foreword from the Chairman

Welcome to the West Midlands Ambulance Service University NHS Foundation Trust's Quality Account, which reviews the year 2021-22 and sets out our priorities for 2022-23.

At the end of each financial year, it is always appropriate to look back and reflect on the past twelve months. West Midlands Ambulance Service have faced another very challenging year during 2021-22. I joined as Chairman of the Trust in April 2020, at the height of the first wave of the COVID-19 pandemic, two years on and the Trust still faces the ever-changing situation that COVID-19 brings and the huge impact it has on our staff, service and wider NHS.

The pressures that we usually see during the winter months also came early this year and continued throughout the winter and beyond, with hospitals delays being the highest that the service has ever seen. West Midlands Ambulance Service has worked swiftly to introduce a number of initiatives that means more patients are now getting the treatment they need without us needing to send out an ambulance. This may mean telephone advice for some, while in other cases we are able to utilise alternative care pathways, ensuring the patient gets the right care in the right place. With these changes, we are now taking fewer patients than ever to hospital, however, hospital delays have continued to rise and this has meant that some patients have waited much longer for a response that any of us would want. We continue to work closely with our NHS partners to find ways to reduce these delays.

I would like to take a moment to pay tribute to all of our staff, students and volunteers throughout the whole of the service. Together, they have done everything they possibly can to ensure patients continue to receive a high quality service.

During the year, I had my first opportunity to recognise someone within the Trust for a Chairs Award. It was slightly daunting thinking of one person to recognise out of 7,500 staff, but as I talked to colleagues, one name came up again and again: Vanetta Griffiths, the Trust's Chaplin. Vanetta does an amazing job talking to staff and providing support to them. While COVID-19 has perhaps limited her face-to-face contacts, it has also provided her with an opportunity to speak to staff across the whole organisation using technology. Universally, colleagues had great praise for her work, so I was delighted to be able to acknowledge that.

I am particularly pleased that our training and education programmes continue to develop and grow. This year we welcomed the first students from a new course being run at Keele University; a new four-year course in paramedic science, with integrated Masters. This takes training to an even higher level than we have seen previously and is another step along the road to cementing the paramedic role as one of the truly important ones within our health service.

I'm also pleased to say that this year we have two new research paramedics who will play a key roles in a number of important clinical studies that are currently taking place. We are all looking forward to seeing the outcomes of these developments from these studies.

Looking forward to the year ahead The Commonwealth Games will be coming to the West Midlands in the summer. A great deal of work has been going on behind the scenes to make sure we are ready, including numerous multi-agency planning meetings as well as developing our own Trust plans prior to the event. We also look forward to the opening of the new ambulance hub in Oldbury in time for the games.

Within this Quality Account the Trust has identified a number of areas which we'd like to prioritise for the forthcoming year. Some of those area include Maternity and Mental Health services; priorities the Trust also held during 2021-22, but we feel we can still do so much more. We are committed to achieving all the priorities we have set out for 2022-23, helping to further develop and improve the services we provide to the patients throughout the Region.

Professor Ian Cumming

Chairman

Statement on Quality from the Chief Executive

Welcome to this year's Quality Account from West Midlands Ambulance Service University NHS Foundation Trust. In this account you will find the priorities that we have set for 2022/23, and a review of those achieved in 2021/22.

Without doubt we have faced one of, if not the most challenging years we've ever experienced. The COVID-19 pandemic continues to bring challenges of its own, the Trust has received more 999 calls than ever before, and we have seen the highest levels of hospital delays ever recorded within the region. These pressures, which are usually only associated with the winter months have been unprecedented throughout most of the year. I wish to thank the staff for all their tireless hard work, efforts, and patience under these incredibly difficult times. Staff in every part of the organisation have pulled together to allow us to deliver the best service possible.

The Trust dealt with almost 1.7 million 999 calls during 2021-22, an increase of approximately 26% on the previous year, and the 111 service has answered 1,336,739, calls. The Service has undertaken significant work to introduce a number of initiatives within our control rooms, meaning more patients are getting the treatment they need as quickly as possible. For some patients, this means telephone advice, while in other cases we have been working with other parts of the NHS to pass less serious calls to them so that clinicians such as advanced nurse practitioners attend the patient to allow them to get the care they need without going to hospital. By introducing these measures more of our ambulance crews are available to assess and treat patients who really need our help. During 2021-22, the Service has taken fewer patients than ever to hospital, something that can only be good for patients and our partners in the acute sector. Sadly, despite this work we still see too many of our crews held up outside hospital, unable to handover their patients, with the inevitable impact on those patients still waiting for an ambulance to come to them in the community.

Unfortunately, we continue to see a rise in the number of verbal and physical assaults on our staff. Abuse aimed at our staff is totally unacceptable. We will not tolerate such behaviour and will do all we can to support our staff in gaining a successful prosecution of the perpetrators. To help miminise the risk to our staff, all ambulances have CCTV cameras, we have rolled out body worn cameras to those staff who want them and we have been running a pilot scheme where staff have been wearing stab proof vests. The Trust is also in full support of the Work Without Fear campaign that has been rolled out nationally by the Association of Ambulance Chief Executive's and supported by NHS England. The campaign was launched in March and aims to highlight the profound impact of abuse on everyday lives of ambulance staff, with some of our own staff's experiences being highlighted nationally.

On a more positive note, our Non-Emergency Patient Transport Service has had a hugely successful year. The team really have responded magnificently to the challenges. The service met all its performance indicators across all contracts. What is more remarkable is that this has been achieve against issues such as: the continuing COVID-19 pandemic; prioritisation of discharges as per national guidance; and having to operate with reduced vehicle capacity of at least a third due to social distancing. During the year, we have seen a number of contract extensions. The team really have gone above and beyond for their patients.

This year we have continued to welcome many student paramedics to our Trust, and for the first time we have welcome new students from Keele University who are on a new four-year course in paramedic science with an integrated Masters.

The Trust has continued to significantly invest into Emergency Preparedness, and it remains one of the top operational priorities for the organisation. Incidents such as Grenfell and the Manchester Arena bombing have highlighted the importance of ambulance services being prepared to deal with significant and major incidents. The Trust has been rated fully compliant in the 2021 NHS England audit of the Hazardous Area Response Team (HART) and the 2021 Emergency Preparedness Response and Recovery (EPRR) annual Core Standards process. The organisation evidenced a robust set of documentation to National Ambulance Resilience Unit (NARU) Key Lines of Enquiry in February 2022 further supporting the assurance process.

This assurance stands us in good stead as we look forward to our region hosting the 2022 Commonwealth Games this summer. The Trust has already made significant progress with our planning for the event.

Looking forward to the next twelve months, we have identified our quality priorities which are based upon our assessment of where we can develop and improve our core services, ensuring the clinical effectiveness of our care and the safety and experience of our patients. These include Maternity, Mental Health, Integrated Emergency and Urgent Care Clinical Governance, Utilisation of Alternative Pathways and Developing Our Role in Improving Public Health.

To the best of my knowledge the information contained in this report is an accurate account. On behalf of West Midlands Ambulance Service, I would like to present this Quality Account. We welcome your feedback and if you have comments on this document or the Trust in general, we would be pleased to hear from you.

Anthony Marsh
Chief Executive Officer

Statement on Quality from the Medical Director and Executive Nurse

We have now reached the end of the second year of the COVID global pandemic, and it has continued to put pressure on our services in a way that we have never before experienced. Despite this, we have continued to deliver a high-class service for most of our patients. Pressures in other parts of the NHS have meant that some of our patients have waited too long for an ambulance response.

Our hospital colleagues are working extremely hard with many COVID restrictions still in place, however during the year we have faced significant delays in handing patients over when we take them to hospital. The handover delays have worsened across the year resulting in the number of lost hours due to these delays being at their highest ever in March 2022. As a result of the lost hours, our response times to patients have deteriorated and some patients have been waiting for an unacceptable length of time.

The Board of Directors has reviewed the risk rating for the impact of handover delays at hospitals and have increased this to the highest level. During the year we saw an increase in our recorded serious incidents with the main reason being a delay in ambulance response.

As the NHS returns to normal working and recovery from the COVID pandemic, we anticipate the risk of patient handover delays continuing. This will remain the single biggest risk to our organisation's ability to deliver safe and responsive care. We will continue to do everything we can to keep patients safe and deliver the best care we can.

Our skilled clinicians are delivering exemplary care and as a result of systems we have in place they are now managing over 50% of patients without recourse to an emergency department. In some areas, the number of patients conveyed to hospital is at the lowest level in over 7 years.

We commenced the 111 contract in November 2019, and the demand on the service has continued at a very high level. We have continued to recruit hundreds of call assessors, alongside an increase in clinicians across a range of specialties to provide the support and expertise that our patients needed at this very uncertain time.

Due to unprecedented demand on our 111 service, on occasion we have not been able to provide the responsive service our patients deserve.

We have invested significant amounts of resource into protective equipment and processes to ensure our staff remain safe and COVID levels are kept low. Our staff have done very well in complying with the infection prevention and control measures we have had in place and as a result outbreaks have been kept low and we have been able to continue to deliver an urgent and emergency service.

Our 999 service has seen a return to normal levels of activity and through the year our 999 call answering performance has been the best in the country. Our staff on the emergency operations centres have worked exceptionally hard to deliver this performance and we are grateful to them.

Sadly, we are finding that some service users are threatening and abusive to our call assessors in the control centres as well as our professional staff in ambulances. It is disheartening to see our colleagues abused when they are genuinely trying to help.

The restrictions placed on our Patient Transport Service have provided further challenges to the way in which we operate the service. Social distancing requirements have reduced the number of patients that we are allowed to transport together in a vehicle at the same time, placing pressure on our staff to ensure that patients still arrive at their appointment on time. Despite these difficulties, our careful planning and collaboration has helped us to achieve all of the targets across all our PTS contracts throughout the year.

Our clinical research team have again had a very successful year with a wide range of studies including studies of international significance. We are continuing to develop our research portfolio into future years.

Our staff are our greatest asset, and every day, in all weathers, they are out and about in the region and in our call centres and all our other facilities, helping people in our communities. Despite the significant workforce challenges across the NHS, we continue to maintain a position of having no Paramedic vacancies enabling us to have a Paramedic on every front-line ambulance supported by highly skilled Ambulance Technicians, thereby ensuring that our patients get the best care. Unlike many other services around the country, we have no need to use private ambulance services.

Our National Training Academy based in Brierley Hill allows us to employ and train a skilled workforce, and every year we train around 300 Paramedics, most of whom go on to be employed by us across our Region. The training during the last year has been adjusted to boost staffing levels to support our response to the pandemic.

We continue to invest in our fleet of ambulances to ensure they remain under 5 years old, and we have “state of the art” clinical equipment on board. This year has seen the successful deployment of a suite of electric vehicles as part of an innovative trial. Our ambulances are maintained by our workforce of skilled mechanics, and Vehicle Preparation Operatives ensure that the highest level of cleanliness is maintained, as well as checking equipment on the ambulances. This vehicle preparation process has proved paramount to achieving well stocked, staffed and serviced vehicles matched to demand levels whilst maintaining the highest infection prevention and control standards.

The Trust has continued to feature in a variety of prime-time television series and has also featured in a short series show-casing our response to the pandemic. These programmes have been helpful in continuing to show the public the extraordinary work undertaken by our staff daily, including compassionate handling of the initial 999 and 111 calls, the excellent care provided by the staff on our ambulances and the vital work behind the scenes in areas such as recruitment, logistics and IT.

We are a CQC "Outstanding" NHS Trust and arguably the best performing ambulance service in the country. This year we have seen many challenges that we have never experienced, particularly with delays at hospitals, which has resulted in some patients waiting too long and are very sorry for this. We will continue to look at ways to improve.

We recognise that we have room for improvement and we have systems in place that ensure we are aware if mistakes happen so that we can continue to learn and improve the services we provide. We actively seek feedback from patients, we listen to people who have complaints, and we ask our staff to report where there are problems. Through this process we are constantly improving the delivery of our clinical care. Where we get things wrong, we are being very open and honest through our Duty of Candour which is also helping us improve our service. We are also reviewing the systems we use to seek feedback and doing all that we can to make it easy for the public to contact us with their views.

We are the first point of contact with the NHS for many people in an emergency; for others that use our service, we are a source of help and support at a time of crisis. People that use our service are often vulnerable, scared, upset or confused and we continue to strive and be a responsive service that is both caring and compassionate.

We recognise that we are part of a large health and social care system, and that our patients move between different organisations to receive their care. We cannot provide excellent patient care in isolation and we are committed to working with partners to deliver excellent care across the system within which we work. We are grateful to our staff for everything they do in delivering an outstanding service, and we are proud to be the provider of the urgent and emergency ambulance service care for people across the West Midlands.

Dr Alison Walker
Medical Director

Mark Docherty
Director of Nursing and Clinical Commissioning / Executive Nurse

Healthier Futures Partnership
Statement from the Independent Chair

This year we have once again seen real strength in the health and care services locally. Despite providing hospital care for over 8,500 people affected by COVID-19, NHS services have continued to provide other emergency and routine care and treatment. There have been over 7.4 million primary care appointments, over 18,000 babies born, more than 1,200 urgent heart surgeries, over 2,400 hip/knee operations and around 700,000 mental health contacts. Our partners in West Midlands Ambulance Service have responded to over 650,000 999 and 111 calls. Many services have had to adjust the way that they have worked to respond to demands and to keep staff and patients safe. I recognise how hard some of these changes have been for those using services, but they have been necessary in these unprecedented times, and they have ensured we have been able to be there for those most at need, when they need us most.

Health and care services have been working tirelessly to keep people safe in their own homes, promoting independence, supporting rehabilitation, and preventing emergency admissions by wrapping care around people as close to home as possible. These efforts have not only protected those who have been receiving this excellent care but also protected services from becoming overwhelmed, thus protecting others who need them too. We have over 300 care homes in the Black Country and West Birmingham and many more carers visiting people at home. My thanks go to all of those working in care for their fantastic work.

Our thriving community and voluntary sector have continued to work tirelessly to provide essential companionship and support to communities to remain strong throughout the pandemic. All four community and voluntary sector councils have come together to form an alliance which will provide resilience to their offer of support and allow them to grow stronger over the coming years.

With over 2.5 million doses delivered since December 2020, perhaps the greatest example of our partnership working has been our vaccination programme. We have opened over 100 vaccination sites, ranging from GP surgeries and pharmacies, to community halls, places of worship and of course some of our larger centres. There have been over 70 volunteers helping these sites to work well and many, many more clinical leaders, vaccinators, administrative staff and others supporting the roll-out. Recognising the hesitancy and some areas of low uptake, this year we have adopted a grass roots level of engagement. Community COVID-19 Champions have worked with local authority, voluntary and community groups and NHS staff to reach communities and take a targeted approach to getting the right information to people who need it. This network of trusted voices has undoubtedly made a difference and it is a model which has been highlighted in several national reports as best practice. I am pleased to see that through partnership working we are seeing those hesitant continuing to come forward and get the lifesaving vaccine.

Another highlight for me this year has been the collective work of our people board. The collective expertise of health and care leaders in this space has resulted in over 600 international nurses joining our system, many apprentice opportunities being created across all our partner organisations, many training opportunities, awareness sessions to support those with protected characteristics, a raft of health and wellbeing support for our workforce and events put on that celebrate those working so hard on the frontline, including a really successful event to mark Black History Month. This is an area which will continue to gather momentum over the coming year as we combine efforts to make the Black Country the best place to work.

This last year has affected us all in many ways and we have seen the far-reaching terrible impact of COVID-19 on local people and communities. There is however a positive that we should take from the fact that this pandemic has bought public health issues to the forefront and the positive impact we can have when we work better together. Across the Black Country and West Birmingham, we have some the country's most deprived neighbourhoods, some of the worst health outcomes and poorer than average life expectancy. It is no coincidence that we have seen a bigger impact than many areas from COVID-19 but it is something which we indisputably need to work together to address. This pandemic has focused our partnerships attention on the inequalities that exist for some of our communities such as those who are black, Asian and minority ethnic. As we focus on restoring services we are looking to ensure that we create a system which is weighted to support those most vulnerable, improves access and reduces these inequalities. We are committed to working with partners and communities to create an environment in which local people can live healthier lives and to make a concerted effort to reach out to those with poorer access to improve health outcomes and reduce the inequality gap.

Throughout the last 12 months, much like the previous year, the strong relationships across our partnership have ensured we have been in the best position to tackle the COVID-19 pandemic. It is true though that our partnership is only as great as the people within it, and despite the most tumultuous of years those working across health and care have dug deep to keep services going and to protect those most vulnerable. On behalf of our partnership I want to recognise the strength, the compassion, commitment and determination of our people and say thank you to each and every one of you for all you have done, and continue to do.

Looking to the future, we have made good progress towards establishing the future Integrated Care Board (ICB) and our new Integrated Care Partnership (ICP) ready for the Health and Care Bill to be enacted in July 2022. These changes will also see the movement of West Birmingham Place to the Birmingham and Solihull Integrated Care System. Our commitment is to work with colleagues in Bsol to make that transition a smooth one and for their to be minimal disruption for the people in West Birmingham. I am delighted to say that we have recruited new Board Members for the ICB, these new appointments, with their strong personal motivations and experiences, will bring different ideas, perspectives, and backgrounds to create a

stronger and more creative environment, forge ever stronger partnerships across our area, and deliver a healthier future in the Black Country.

Our strength comes from the relationships we have with each other, and this will continue to grow as our system builds new partnerships and collaboratives. Together we exist to benefit local people, and through our continued collaboration, I am confident we can deliver truly integrated health and care services of which everyone in the Black Country can be justifiably proud.

Jonathan Fellows
Independent Chair
Black Country and West Birmingham Healthier Futures Partnership

Introduction

At West Midlands Ambulance Service University NHS Foundation Trust, we place quality at the very centre of everything that we do. We work closely with partners in other emergency services, different sections of the NHS and community groups. These include working strategically with those that commission and plan local health services, which are the Sustainability and Transformation Partnerships as they transition towards Integrated Care Systems, and on a day-to-day basis with hospitals, Primary Care Networks, mental health and other specialist health and social care workers. We recognise that each care provider plays a vital role in responding to the day-to-day health needs of our population.

Having refreshed our strategy last year, we remain committed to our vision, as this continues to reflect our overall purpose:

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

Put simply, patients are central to all that we do. This means a relentless focus on the safety and experience of patients during our care and ensuring the best clinical outcomes are achieved. Our strategic objectives provide an alignment of the Vision with carefully determined priority areas of work.

We continue to promote our values which represent the professionalism, courtesy and respect that are demonstrated daily by every member of the Trust.

Values

World Class Service
Patient Centred
Dignity and Respect for All
Skilled Workforce
Teamwork
Effective Communication
Environmental Sustainability

We understand that to continue to improve quality, it is essential that our patients and staff are fully engaged with our plans and aspirations. Whilst our values were considered as part of the recent strategy refresh, there will be a much wider review in the coming year. All staff will be encouraged to participate, to ensure our values for the future continue to represent the behaviours that we all stand for and expect or each other.

Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status, is the highest level of "Outstanding". WMAS has no conditions attached to its registration.

The Trust has been registered with the Care Quality Commission without conditions since 2010. WMAS has not participated in any special reviews or investigations by the Care Quality Commission during 2019/20 and CQC has not taken enforcement action against West Midlands Ambulance Service during 2019/20.

During 2019/2020 the Trust updated its regulated activity following the acquisition of NHS111 and the Clinical Assessment Service. The Trust was inspected by the CQC in 2019. The final report, available from www.cqc.org.uk, confirms the Trust maintained its overall rating of Outstanding.

Care Quality Commission

West Midlands Ambulance Service University NHS Foundation Trust

Inspection report

Unit 9
Waterfront Business Park, Dudley Road
Brierley Hill
West Midlands
DY5 1LX
Tel: 01384215555
www.wmas.nhs.uk

Date of inspection visit: 24 Apr to 26 Apr 2019
Date of publication: 22/08/2019

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

We regularly engage with the CQC and ensure that any information relating to our service which may be of use in system wide assessments is available and discussed where appropriate. Any actions identified through these discussions are completed promptly and kept under regular review.

Part 2

Priorities for Improvement 2022/23

We have assessed our progress against the agreed priorities for 2021/22 and have confirmed those that need to continue to ensure a high-quality service is maintained and continues to improve. In deciding our quality priorities for 2022/23 for improving patient experience, patient safety and clinical quality, we have reviewed outputs from discussions with stakeholders, engagement events, surveys, compliments, complaints and incident reporting. We regularly review all information available to us to identify trends and themes, this helps us to identify causes and priorities for improvement. We confirm the following have been identified:

Maternity

WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, childbirth and the postnatal period, taking into account changing clinical guidelines, best practice and recommendations. Our work plan in maternity care was a key priority in 2021/22, and we plan to continue this priority in 2022/23.

Mental Health

WMAS recognises a significant proportion of patients requiring urgent or emergency care have mental health needs and is committed to ensuring equity in the delivery of mental health care at the point of need through the provision of high-quality, evidence-based care. Following the appointment of a Head of Clinical Practice for Mental Health, the Trust will be developing and implementing a work plan as part of our Quality Account.

Integrated Emergency and Urgent Care Clinical Governance

Achievement of the Trust's vision relies on the efficiency and expertise at the point of initial call, regardless of the number dialed. The ability to quickly and accurately assess patient needs and identify the best response is key to achieving the best patient outcome. The Trust recognises the significant challenges it has faced during the last two years and is committed to delivering the best service to the patients it serves. By focussing upon our clinical governance arrangements, our plans will be focussed upon safety and assurance in all that we do.

Utilisation of Alternative Pathways

Delivering the Trust's Vision requires WMAS to not only always provide an effective emergency service to those who need it, but also to create the appropriate links into other services too, for example Urgent Community Response (UCR) to those patients who do not have immediately life and limb threatening illness and injury – the right response, to the right patients at the right time. Urgent Community Response is a national programme of work, being rolled out in 2021/22 and 2022/23, developing a community-based response to urgent patient needs.

Developing Our Role in Improving Public Health

WMAS provides a major gateway into the NHS for patients of all ages, and from all clinical groups. Through liaison with both patients and other healthcare providers, WMAS has both a responsibility and an opportunity to support and improve public health. Without action, all NHS services, including the ambulance service, will continue to see a rise in demand because of the wider impacts of the COVID-19 pandemic. NHS England has cited within national policies that action is needed to tackle inequalities as an integral part of Reset & Recovery planning.

Our Services

The Trust serves a population of 5.6 million who live in Shropshire, Herefordshire, Worcestershire, Coventry and Warwickshire, Staffordshire and the Birmingham and Black Country conurbation. The West Midlands sits in the heart of England, covering an area of over 5,000 square miles, over 80% of which is rural landscape.

The Trust has a budget of approximately £400 million per annum. It employs more than 7,500 staff and operates from 15 Operational Hubs together with other bases across the region. In total the Trust uses over 1000 vehicles to support front line operations including ambulances, minimal response cars, non-emergency ambulances and specialist resources such as Mental Health, Critical Care, HART and helicopters.

There are two Integrated Urgent and Emergency Operations Centres, located at Tollgate in Stafford and Brierley Hill in Dudley. Approximately 8,000 calls are received each day from both 999 and 111. These calls are handled by our dual trained call assessors and clinicians, providing the opportunity to deliver the optimum level of response to each patient, regardless of number dialled.

During 2021/22, West Midlands Ambulance Service University NHS Foundation Trust provided the following core services:

1. **Emergency and Urgent (E&U)**
   This is the best-known part of the Trust which deals with the emergency and urgent patients. Initially, the Emergency Operations Centres (EOC) answers and assesses 999 calls. EOC will then send the most appropriate ambulance crew or responder to the patient or reroute the call to a Clinical Support Desk staffed by experienced paramedics who will be able to clinically assess and give appropriate advice. Where necessary, patients will be taken by ambulance to an Accident and Emergency Department or other NHS facility such as a Walk-in Centre or Minor Injuries Unit for further assessment and treatment. Alternatively, they can refer the patient to their GP. The EOC incorporates the Strategic Capacity Cell (SCC), a specialist function with regional oversight to support the operational crews to provide the best possible outcome for patients. The staff in the SCC are able to assess the status of emergency departments throughout the region and influence the onward care for patients by facilitating the intelligent conveyance to the most appropriate destination when the most local hospital is operating at capacity.

2. **Non-Emergency Patient Transport Services (NEPTS)**
   In many respects, this part of the organisation deals with some of the most seriously and chronically ill patients. They transfer and transport patients for reasons such as hospital appointments, transfer between care sites, routine admissions and discharges and transport for continuing treatments such as renal dialysis. The Non – Emergency Patient Transport Service has its own dedicated control rooms to deal with the 1,000,000 patient journeys it undertakes annually, crews are trained as patient carers. The Trust has contracts in Birmingham, Coventry & Warwickshire, Cheshire, Walsall, Dudley and Wolverhampton. The Trust retained some existing contract through recent tender activities and has been awarded a new contract in Sandwell.

3. NHS111

In November 2019, the Trust commenced the provision of the NHS 111 service throughout the West Midlands (excluding Staffordshire). Through this service, the Trust handles more than 1,000,000 calls from patients who require advice or support in determining the best course of treatment for their presenting medical condition. These are mostly patients who do not consider themselves to require an emergency ambulance, however all calls are triaged and categorised according to the patient's clinical need, with the following outcomes:

- Calls transferred to 999 service for ambulance response 10.9 per cent
- Advice to attend Emergency Department Referrals 12.1 per cent
- Referral to Primary Care or other Service 60.0 per cent
- Referral to other service 5.3 per cent
- Self-care advice 11.7 per cent

4. Emergency Preparedness:

The Trust has significantly invested into Emergency Preparedness, and it remains one of the top operational priorities for the organisation. Incidents such as Grenfell and the Manchester arena bombings have highlighted the importance of Ambulance Services being prepared to deal with significant and major incidents. The Trust has been rated fully compliant in the 2021 NHS England audit of the Hazardous Area Response Team (HART) and the 2021 Emergency Preparedness Response and Recovery (EPRR) annual Core standards process. The organisation evidenced a robust set of documentation to NARU Key Lines of Enquiry in February 2022 further supporting the assurance process. The resilience team continues to ensure the Trust's plans remain current, robust and reflect any learning outcomes obtained from both local and national incidents in line with Joint Emergency Services Interoperability Principles (JESIP).

Enhancement of both HART and The Tactical Incident Commander (TIC) teams supports continuous development and improvement of our service following a key theme of the organisation. This year the Trust has moved all its commanders to electronic recording of evidence ensuring competency is in line with National Occupational Standards (NOS). Aligning values as a department with the Trust's strategy on fleet and equipment plus local investment and national influencing will ensure our specialist operations staff are provided with the very best vehicles and equipment available to ensure that should the worst happen in the West Midlands our staff are able to respond accordingly and provide world class care. Emergency Preparedness Managers will continue to focus on providing appropriate care and event management for public and private contract holders ensuring the public remain safe and well when attending events such as festivals, parades and concerts etc. The Trust has ensured that multi-agency working and engagement occurs throughout the organisation and especially within the Emergency Preparedness department. Training and exercising wherever possible includes partner agencies. Each Local Resilience Forum within the region of the Trust is served by a nominated Strategic Commander, and relevant information gained from these forums are shared internally.

Midlands Air Ambulance

In 2021 Midlands Air Ambulance Charity (MAAC) informed the Trust of their intention to seek independent CQC registration, in the same manner that the Air Ambulance Service (TAAS) currently operate. The Trust maintains a strong relationship with both organisations and has supported MAAC in gaining registration. From 1st April 2022, WMAS will retain the MERIT Commissioned service, staffing the MERIT vehicle and regional trauma desk, both on a 24 hour basis. The Trust continue to work closely with a range of British Association of Immediate Care Schemes (BASICS) who provide the Trust with volunteer clinical staff providing enhanced care to our most seriously ill and injured patients whilst offering invaluable training opportunities to our prehospital clinicians.

Commonwealth Games

The 2022 Commonwealth Games will be held in Birmingham commencing in July, the Trust has a dedicated planning team which is working closely with the Games' organising committee, external stakeholders and blue light partners to plan and deliver a safe and secure games. The planning team will produce a set project planning documentation as part of the assurance process which will be reviewed internally and externally. WMAS will second circa 400 staff from frontline operations to support Games delivery, all will receive familiarisation training and commanders will undertake testing and exercising linked to their assigned venue. Several logistical decisions have been taken to enable Games time mobilisation, ensuring any patients requiring medical assistance receive world class care at this prestigious event. A robust recruitment process will ensure the organisation is able to maintain business as usual responses alongside the significant assets being directed to Commonwealth Games. The Trust will undertake a number of external assurance exercises and reviews to ensure the Trust's readiness for the event is complete.

The West Midlands Ambulance Service University NHS Foundation Trust has reviewed all the data available to them on the quality of care for these four relevant health services.

The Trust is supported by a network of volunteers. Around 400 people from all walks of life give up their time to be community first responders (CFRs). CFRs are always backed up by the Ambulance Service but there is no doubt that their early intervention has saved the lives of many people in our communities. WMAS is also assisted by voluntary organisations such as BASICS doctors, water-based rescue and 4x4 teams.

The Trust does not sub-contract to private or voluntary ambulance services for provision of its E&U services. To ensure excellent business continuity in support of major incidents the Trust has agreements in place to request support from other NHS Ambulance Services.

The Trust has utilised the services of private providers during 2021/22 to support Non – Emergency Patient Transport Services. particularly during the introduction of new contracts and to facilitate social distancing and safe working practices throughout the pandemic. Sub-contractors are subjected to a robust governance review before they are utilised.

The income generated by the relevant health services reviewed in 2021/22 represents 99.60% of the total income generated from the provision of health services by the Trust for 2021/22. More detail relating to the financial position of the Trust is available in the Trust's 2021/22 Annual Report.

Performance - Emergency and Urgent Service

The Trust is measured nationally against **operational standards for the Emergency and Urgent Service**. Due to its participation in the national Ambulance Response Programme and early implementation of the recommendations, the Trust has been measured against the new national standards since September 2017.

These standards are:

Category 1
Calls from people with life-threatening illnesses or injuries

- 7 Minutes mean response time
- 15 Minutes 90th centile response time

Category 2
Serious Condition that requires rapid assessment (Serious Injury, Stroke, Sepsis, major burns etc.)

- 18 minutes mean response time
- 40 minutes 90th centile response time

Category 3
Urgent but not life threatening (e.g., pain control, non-emergency pregnancy)

- 120 minutes 90th centile response time

Category 4
Not urgent but require a face-to-face assessment.

- 180 minutes 90th centile response time

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Ambulance Quality Indicators

National Audits

Ambulance Services are not included in the formal National Clinical Audit programme, however, during 2020-2021 the Trust participated in the following National Ambulance Clinical Quality Indicators Audits:

1. **Care of ST Elevation Myocardial Infarction (STEMI)**
   This is a type of heart attack that can be diagnosed in the pre-hospital environment. Patients diagnosed with this condition are often taken directly to specialist centres that can undertake Primary Percutaneous Coronary Intervention (PPCI).

   Audit Element

   Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the Trust during the reporting period.

   In patients diagnosed with STEMI it is important to get them to a Primary Percutaneous Coronary Intervention (PPCI) centre as quickly as possible - MINAP records the time that the PPCI balloon is inflated by the hospital.

   Audit Element

   The Trust measures 999 Call to catheter insertion by the mean and 90th percentile.

2. **Care of Stroke Patients**

   A stroke is a brain attack. It happens when the blood supply to part of your brain is cut off. Blood carries essential nutrients and oxygen to your brain. Without blood your brain cells can be damaged or die. A stroke can affect the way your body works as well as how you think, feel, and communicate.

   Audit Element

   1. *Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the Trust during the reporting period.*
   2. *The mean, median and 90th centile time from the call for help until hospital arrival for confirmed stroke patients*
   3. *The mean, median and 90th centile time from the arrival at hospital to scan for patients who receive a CT scan*
   4. *The mean, median and 90th centile time from the arrival at hospital to thrombolysis for patients who receive treatment*

Face – can they smile or does one side droop? Arms – Can they lift both arms or is one weak? Speech – is their speech slurred/muddled? Time to call 999.

3. Care of Patients in Cardiac Arrest

In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from out of hospital cardiac arrest. The Trust provides data to the Out of Hospital Cardiac Arrest Outcomes Registry.

Audit Element

Percentage of patients with out of hospital cardiac arrest who have return of spontaneous circulation on arrival at hospital and patients that survive to hospital discharge and a care bundle for treatment given post return of spontaneous circulation.

4. Sepsis

Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

Audit Element

Percentage of patients where observations were assessed, oxygen administered where appropriate, fluids administration was commenced and recorded, and a Hospital pre-alert was recorded.

The reports of the National AQIs were reviewed by the Trust in 2020-2021 and the following actions are intended to improve the quality of healthcare provided for patients:

- Communications including compliance with indicators through the Trust “Weekly Briefing” and “Clinical Times”
- Awareness campaign to reduce 999 on scene times.
- Development and review of individual staff performance from the Electronic Patient Record.

Local Audits

The below details the local clinical audit programme and two examples of clinical audits that were completed during 2021-2022:

Drug Administration
PGD Administration
Administration of Morphine Audit
Administration of Adrenaline 1:1000
Administration of Naloxone
Pre Hospital Thrombolysis
Administration of Activated Charcoal
Administration of Co-amoxiclav
Administration of Salbutamol MDI

Current NICE Clinical Audits
Management of Deliberate Self Harm Patients
Locally Identified Concerns
Management of Paediatric Pain
Management of Head Injury
Maternity Management
Post Intubation Documentation Audit
Post-partum haemorrhage (PPH) management
Falls >=65 discharged at scene
Non traumatic chest pain >=18 years discharged at scene
Head Injury discharged at scene discharged at scene
Feverish Illness in children (<16, Temp>=37.8) discharged at scene
Post RSI Sedation audit
Deliberate Self Harm

National Ambulance Indicators
Cardiac Arrest - Return of Spontaneous Circulation (Overall)
Cardiac Arrest - Return of Spontaneous Circulation (Comparator)
Cardiac Arrest - Survival to discharge (Overall)
Cardiac Arrest - Survival to discharge (Comparator)
Post-ROSC Care Bundle
STEMI Care Bundle
Stroke Care Bundle
Sepsis Care Bundle
Further information on National Indicators: EPR AQI Guidance

Participation in Research

During 2021/22, the Trust has continued to expand the opportunities for staff and patients to be involved in pre-hospital research, making huge steps forward in forging academic and research relationships in collaboration with local universities, culminating in West Midlands Ambulance Service becoming a University Ambulance Service.

The Trust continues to acknowledge that research active Trusts are associated with improved patient outcomes. During the year, the Trust has continued to develop strong partnerships with NHS Trusts and universities from across the UK. Key to the success of research delivery within the Trust are the excellent relationships built with the West Midlands Clinical Research Network, who help us to ensure that all research undertaken by the Trust is ethical, and complies with the highest standards of research governance, to safeguard our patients and colleagues.

The number of participants that were recruited during the 2021/22 period to participate in research approved by the Health Research Authority and a Research Ethics Committee was 987. During this period the Trust participated in 16 research studies meeting these criteria, of which 15 studies were categorised as National Institute of Health Research Portfolio eligible.

The following research studies have continued during 2020/21

Epidemiology and Outcomes from Out of Hospital Cardiac Arrest Outcomes

Survival from cardiac arrest differs around the country. This project aims to establish the reasons behind these differences in outcome. It takes a standardised approach to collecting information about Out of Hospital Cardiac Arrest and for finding out if a resuscitation attempt was successful. The project will use statistics to explain the reasons why survival rates vary between region. It is sponsored by Warwick University and funded by the Resuscitation Council (UK) and British Heart Foundation.

Golden Hour (Brain Biomarkers after Trauma)

Traumatic Brain Injury is a major cause of illness, disability and death and disproportionally affects otherwise young and healthy individuals. Biomarkers are any characteristic which may be used to gain insight into the person either when normal or following injury or disease. The study will look at biomarkers taken from blood, from fluid in the brain tissue and from new types of brain scans and investigate whether any biomarkers can give us insight into new treatments. West Midlands Ambulance Service and Midlands Air Ambulance are working with the University of Birmingham to support this study. This study is currently paused by the University of Birmingham, due to the COVID-19 pandemic.

Resuscitation with Pre-Hospital Blood Products (RePHILL)

WMAS and Midlands Air Ambulance are working with University Hospitals Birmingham to investigate whether giving blood products (red blood cells and freeze-dried plasma) to badly injured adult patients, before reaching hospital improves their clinical condition and survival. Patients with major bleeding are currently given clear fluids but military and civilian research suggests that survival could increase if hospital patients receive blood products instead.

Major Trauma Triage Tool Study (MATTS)

MATTS will carefully study existing triage tools used in England and world-wide. We will also use data already collected by ambulance services and the English national major trauma database (the Trauma Audit and Research Network, TARN) to investigate what factors are important for detecting serious injury at the scene of the incident. Additionally, the study will develop a computer model that simulates the costs and outcomes of using different triage tools. Together, we will take this information to a group of experts and ask them to develop a new triage tool. Participating ambulance services will then test the experts' triage tool, together with other existing tools, to see how they perform.

Strategies to Manage Emergency Ambulance Telephone Callers with Sustained High Needs (Using Linked Data)

To evaluate effectiveness, safety and efficiency of case management approaches to the care of people who frequently call the emergency ambulance service; and gain understanding of barriers and facilitators to implementation. For high 999 service users: What are the demographics, case mix and patterns of use? What are the costs and effects of case management across the emergency care system? What are the facilitators and barriers to implementation?

PIONEER is the Health Data Research Hub for Acute Care, led by the University of Birmingham and University Hospitals Birmingham NHS Foundation Trust, in partnership with West Midlands Ambulance Service, the University of Warwick, and Insignia Medical Systems. Acute care is the provision of unplanned medical care; from out of hours primary care, ambulance assessment, emergency medicine, surgery and intensive care. Demand for acute health services are currently unsustainable for our national healthcare resource. Despite this, there has been less innovation in acute care than in many others health sectors, in part due to siloed information about patients with acute illnesses. The PIONEER Hub collects and curates acute care data from across the health economy, including primary, secondary, social care, and ambulance data. PIONEER uses this data to provide accurate, real-time data for capacity planning and service innovation support learning healthcare systems including better use of current/novel investigations, treatments and pathways map innovation needed.

Accuracy, impact, and cost-effectiveness of prehospital clinical early warning scores for adults with suspected sepsis (PHEWS)

The study will test early warning scores for sepsis, collect data from a large group of people who are brought to hospital by ambulance and might have sepsis. We will determine whether patients actually have sepsis and whether they needed urgent treatment. We will determine how accurately the early warning scores identified people with and without sepsis that needed urgent treatment. We will then use mathematical modelling to compare different early warning scores in terms of improving survival and effects on organisation of the emergency department and the costs of providing care. This will allow us to identify the best early warning score for the NHS.

Community First Responders' role in the current and future rural health and care workforce

Community First Responders (CFRs) are trained members of the public, lay people or off-duty healthcare staff who volunteer to provide first aid. They help ambulance services to provide emergency care for people at home or in public places. CFRs are vital in isolated rural areas. CFRs are broadly perceived to be positive, but we need evidence on how they contribute to rural health services and how they improve care for rural communities. We aim to develop recommendations for rural CFRs, by exploring their contribution to rural care and exploring the potential for CFRs to provide new services.

COPE-West Midlands: The contribution of occupational exposures to risk of COVID-19 and approaches to control among healthcare workers (COPE-WM)

Healthcare workers have higher risk of getting coronavirus (COVID-19 disease). Contact with infected patients, the type of work and measures such as use of masks affect their risk. However, factors outside the workplace are also important. For example, being older, from minority ethnic groups, some health conditions and home circumstances increase risk. We don't know how these aspects compare with workplace risks, or which work exposures are most risky. We will invite about 5000 staff with different job-roles and departments from three large West Midlands NHS Trusts to join our study. We will compare workplace exposures and other characteristics amongst those who had positive with those who had negative tests. Our findings will help us to better understand the risk of infection among healthcare workers and to develop guidelines to reduce risk.

What TRIage model is safest and most effective for the Management of 999 callers with suspected COVID-19? A linked outcome study

To evaluate models used to triage and manage emergency ambulance service care for patients with suspected COVID- 19 who call 999 in England, Wales and Scotland. The study's objectives are to categorise models of triage used in emergency ambulance services during the 2020 COVID-19 pandemic and to compare processes and outcomes of care between models identified using linked anonymised data.

The following research studies have commenced during 2021/22

Paramedic Analgesia Comparing Ketamine and MorphiNe in trauma (PACKMaN)

The PACKMaN study aims to find out if ketamine is better than morphine at reducing pain in adults with severe pain due to traumatic injury. Pain from severe trauma has been reported as being poorly treated and NHS Paramedics have a limited formulary of medicines to treat severe pain. Current practice might suggest that patients with severe pain following trauma may receive Morphine, which can be slow to reach peak effect and has a number of associated side effects. Ketamine may be an ideal prehospital drug due to it being a safe option and quick to take effect.

Impact of pre-alerts on patients, ambulance service and ED staff

When a patient is seriously ill, ambulance staff may call the Emergency Department (ED) to let them know the patient is on their way. This is known as a 'pre-alert' and can help the ED to free up a trolley space or bed and get specialist staff ready to treat the patient as soon as they arrive. If used correctly, pre-alerts can help to provide better care, earlier access to time-critical treatment and improved outcomes for patients. However, if used too often, or for

the wrong patients, then the ED staff may not be able to respond properly and may stop taking them seriously. This has important risks for patient safety. This study will explore how pre-alerts are being used and how there use can be improved.

A mixed-methods study of female ambulance staff experiences of the menopause transition (CESSATION)

The aims of this study are to identify current menopause guidance, policies and support offered by United Kingdom (UK) ambulance services; understand work and personal impacts of the menopause on female ambulance staff and their managers; and identify service developments that may best support female ambulance staff during this life phase. From the study findings, potential menopause service developments and interventions will be identified for female ambulance staff and service managers, and there will be improved menopause transition awareness across all UK ambulance services. Further research activities will be needed to explore the impact of any new interventions on staff health and wellbeing.

Experiences of staff providing telephone CPR instruction

This study aims to improve outcomes of patients who suffer out of hospital cardiac arrest, by applying behavioural science to enhance telephone assistance and increase rates of bystander cardiopulmonary resuscitation.

Prehospital feedback in the United Kingdom: A realist evaluation of current practice using a multiple-case study design (PRE-FEED REAL)

Prehospital feedback is increasingly receiving attention from clinicians, managers and researchers. The effectiveness of feedback in changing professional behaviour and improving clinical performance is strongly evidenced across a range of healthcare settings, but this has not yet been replicated within the prehospital context. Without a firmer evidence base, development in practice relies on isolated initiatives with no clear intervention model or evaluative framework. The aim of this study is to understand how UK ambulance services are currently meeting the challenge of providing prehospital feedback and develop an evidence-based theory of how prehospital feedback interventions work.

Pre-hospitAl RAndomised trial of MEDICation route in out-of-hospital cardiac arrest (PARAMEDIC3)

PARAMEDIC3 Medication Route in Cardiac Arrest

Each year over 30,000 people's hearts suddenly stop beating in communities around the UK (a condition known as cardiac arrest). Unless the heart is restarted quickly, the brain will become permanently damaged, and the person will die. Injecting drugs such as adrenaline through a vein is very effective at restarting the heart. Current guidelines advise paramedics to inject drugs into a vein. However, a new, faster way of giving drugs is to put a small needle into an arm or leg bone. This allows drugs to be injected directly into the rich blood supply found in the bone marrow. Some research studies suggest this may be as good, if not better, than injecting drugs into the vein. Other studies suggest it may be less effective. None of the existing research is good enough to help paramedics decide how best to treat people with cardiac arrest. Both of these approaches are already currently used in NHS practice. In this trial, we will test these two ways of giving drugs (into the vein or into the bone) to work out which is most effective at improving survival in people that have a cardiac arrest.

Sustainability

Over the last 10 years, the NHS has taken notable steps to reduce its impact on climate change. As the biggest employer in this country, there is more that the NHS can do. Action must not only cut NHS emissions, currently equivalent to 4% of England's total carbon footprint, but also build adaptive capacity and resilience into the way care is provided.

WMAS have led the way in the ambulance service implementing a large amount of change to our operation which has led to significant reductions in our direct and indirect carbon footprint, including:

- Implementing the Make Ready Model – reducing the estate portfolio by Commissioning new build sites compliant with the exacting requirements in the BREEAM standards.
- Changing our lighting on sites to LED lighting reducing a significant amount of electricity usage
- Delivering a fleet replacement programme with no front-line operational vehicles over 5 years old – WMAS now operate the most modern ambulance fleet in the country which are compliant to the latest euro emission standards.

West Midlands Ambulance Service University NHS Foundation Trust is committed to the ongoing protection of the environment through the development of a sustainable strategy. Sustainability is often defined as meeting the needs of today without compromising the needs of tomorrow.

A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage.

The Trust's Green Plan sets out the Trust's commitment to ensure governance and management arrangements are in place to deliver both the Trust's statutory responsibilities for sustainability and to achieve the target set by the NHS of reducing its carbon footprint set out in "Delivering a Net ZERO National Health Service (published October 2020).

To summarise our programme of work and key achievements to date:

- **Estates**
  Since 2011, the Trust has engaged in a significant programme of activity to manage and reduce our carbon footprint, mitigate our impact on air pollution which has allowed the Trust to achieve a 14.2% reduction in CO^2 in electricity at one of our major Hubs in 2021.

- **Fleet**
  Progress towards delivering a Net Zero NHS includes a series of achievements including the newest ambulance fleet in the country, with all vehicles less being than five years old and achieving continued weight savings.

  A range of electric vehicles in use including the country's first fully electric double crewed ambulance, a range of operational managers' and support cars and PTS vehicles

Looking to the future, we aim to reduce our carbon emissions by 25 per cent by 2025, with an 80 percent reduction by 2032, and net zero by 2040. This is supported by a delivery plan with the following components:

- Estates – to include renewable energy, LED lighting, use of smart meters, water saving devices, intelligent heating systems and other sustainable initiatives
- Transport – zero emission vehicles and electric charging points, reduced business miles and cycle to work schemes
- Waste Management – Introduction of recycling at all sites following successful trial at Erdington Hub, which resulted in the equivalent of the following carbon savings:

- Reducing single use plastics – working alongside our cleaning contract provider to build a comparison over the next 12 months regarding our usage prior to the switch over to PVA and post PVA to show the plastic saving across the Trust.

Data Quality

West Midlands Ambulance Service will be taking the following actions to assure and improve data quality for the clinical indicators while the Clinical Audit Department completes the data collection and reports. The patient group is identified using standard queries based on the Electronic Patient Record. These clinical records are then audited manually by the Clinical Audit Team using set guidance. The data is also clinically validated and then analysed following an office procedure that is available to the Clinical Audit Team and is held on the central Clinical Audit Team's drive. The process is summarised as:

- For the clinical indicators, the Clinical Audit Team completes the data collection and reports.
- The Patient Report Forms/Electronic Patient Records are audited manually by the Clinical Audit Team.
- A process for the completion of the indicators is held within the Clinical Audit Department on the central Teams site.
- A Clinician then reviews the data collected by the Clinical Audit Team.
- The data is then analysed, and reports generated following a standard office procedure. A second person within the Clinical Audit Team checks for any anomalies in the data.
- The results are checked for trends and consistency against the previous month's data.
- The Clinical Indicators are reported through the Trust Clinical Performance Scorecard.

The reports are then shared via the Trust governance structure to the Board, of Directors, Commissioners and Service Delivery meetings.

NHS Number and General Medical Practice Code Validity
The Trust was not required to and therefore did not submit records during 2021/22 to the Secondary Uses service for inclusion in the Hospital Episode Statistics to be included in the latest published data.

Data Security and Protection Toolkit
The Trust continues to work on the NHS Data Security and Protection Toolkit (DSPT) for 2021-22 (version 4). The baseline deadline was extended by NHSE from the 28 February 2022 to the 4 March 2022. This was to provide specific assurance following advice to NHS organisation from the Cyber Associates Network. The Trust completed its baseline assessment.

The process for assurance of the DSPT was reviewed by internal audit and was reported to the Trust's Audit Committee as 'optimal' on the 14 March 2022, the highest possible assurance. The submission of the DSPT is 30 June 2022. The Trust will receive regular reports on the progress of DSPT through the Health Safety Risk & Environmental Group, Quality Governance Committee, Executive Management Board and Trust Board. The Trust's Head of Governance and Security reports the DSPT through to the Executive Director of Nursing & Clinical Commissioning, and is responsible for management of the DSPT.

Clinical Coding Error Rate
West Midlands Ambulance Service was not subject to the Payment by Results clinical coding audit during 2021/2022 by the Audit Commission.

NICE Guidance
The Trust monitors NICE guidance to ensure relevance to the services we provide is identified. These are reported and reviewed at Professional Standards Group (PSG).

Learning from Deaths

In March 2017, the National Quality Board (NQB) produced a framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care. At the time of publication, the applicability of the NQB Framework and how it would be applied within the ambulance services was unclear, however, from February 2018 it became a contractual obligation that implementation would commence from 1st April 2018. In July 2019, with an implementation date of January 2020, the National Guidance for Ambulance Trusts on Learning from Deaths was published that gave further clarity on how the Learning from Deaths Framework should be applied. WMAS have implemented all the requirements specified within The Learning from Deaths Framework and additionally have employed a full time Patient Safety Officer to ensure it is successfully imbedded into the learning culture of WMAS.

During the 2021/22 reporting year, the total number of deaths that occurred, while in WMAS care, was 788. This aggregate figure represents quarterly totals of:

- 158 in quarter one
- 194 in quarter two
- 222 in quarter three
- 214 in quarter four

During the 2021/22 reporting year, 577 case record reviews and 190 investigations were conducted. WMAS, although not stipulated within the National Guidance for Ambulance Trusts, have adopted the approach that where deaths have occurred while in WMAS care, all will receive a case record review. Therefore, the number of case record reviews that have been conducted will be identical to the number of deaths that have occurred while in WMAS care. This aggregate figure represents quarterly totals of:

- 158 case record reviews and 43 investigations in quarter one
- 194 case record reviews and 74 investigations in quarter two
- 222 case record reviews and 0 investigations in quarter three
- 214 case record reviews and 73 investigations in quarter four

During the 2021/22 reporting year, upon initial case record review or investigation, 68 of the 788 deaths or 8.63% were considered more likely than not to have been due to problems in the care provided to the patient. This number and percentage have been estimated as a result of each case meeting the threshold for investigation under the Serious Incident Framework, which may ultimately determine that there were no problems in the care that was provided. The aggregate figure and percentage represent quarterly totals of:

- 19 deaths or 2.49% in quarter one
- 29 deaths or 3.80% in quarter two
- 0 deaths or 0% in quarter three*
- 20 deaths or 2.54% in quarter four

All deaths where it was considered more likely than not to have been due to problems in the care WMAS provided to the patient are managed and reported under the Serious Incident Framework. The purpose of a Serious Incident process is to identify the root cause and furthermore to establish what lessons can be learnt to prevent reoccurrence. To ensure learning occurs from the Serious Incident investigation process; actions plans are formulated, and these are instigated and monitored by the WMAS Learning Review Group.

In the previous 2020-2021 quality account reporting period, the following information was published that remains correct:

37 of the 891 deaths or 4.15% were considered, upon initial case record review or investigation, more likely than not to have been due to problems in the care provided to the patient.

*** From October 2021 through to December 2022, there was no LFD reporting due to data difficulties. This was due to the switch to EPR2. New reports were made available from 27th January 2022 at which point Q4 was started. It has been agreed by Simon Taylor that a retrospective review would take too much time given current pressures.**

Performance Against Quality Indicators

To ensure patients of the West Midlands receive quality care from their Ambulance Service a set of national Ambulance Quality Indicators have been set. This helps set our policies and guidelines and develop our organisational culture that places quality at the top of the Trust agenda. The following details the figures for each and highlights the national mean percentage and position of WMAS against other Trusts.

Operational Performance

Ambulance Services nationally have again struggled to meet both national performance targets and efficiency targets in 2020/21 but West Midlands Ambulance Service University NHS Foundation Trust has continued to perform well, consistently exceeded the national average in all measures as shown in the following table:

Category	Performance Standard	Achievement	National Average (to be published by mid April 2022)
Category 1	7 Minutes mean response time	7 minutes 50 seconds	8 minutes 39 seconds
	15 Minutes 90th centile response time	13 minutes 43 seconds	15 minutes 17 seconds
Category 2	18 minutes mean response time	32 minutes 53 seconds	41 minutes 17 seconds
	40 minutes 90th centile response time	72 minutes 04 seconds	89 minutes 08 seconds
Category 3	120 minutes 90th centile response time	320 minutes 33 seconds	326 minutes 58 seconds
Category 4	180 minutes 90th centile response time	359 minutes 52 seconds	385 minutes 25 seconds

We continue to work with our Commissioners and other providers such as acute hospital colleagues to ensure improvements in the provision of healthcare for the people of the West Midlands. WMAS continues to employ the highest paramedic skill mix in the country with a paramedic present in virtually all crews attending patients every day.

WMAS considers that this data is as described for the following reasons: it has been cross checked with Trust database systems and is consistent with national benchmarking and has been audited by external auditors.

Ambulance Quality Indicators

1. **Care of ST Elevation Myocardial Infarction (STEMI)**
   Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction (type of heart attack) who received an appropriate care bundle from the trust during the reporting period.
2. **Care of Stroke Patients**
   Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.
3. **Care of Patients in Cardiac Arrest**
   In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from cardiac arrest.
4. **Sepsis**
   Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

STEMI (ST- elevation myocardial infarction)
This is a type of heart attack. It is important that these patients receive:

- Aspirin - this is important as it can help reduce blood clots forming.
- GTN – this is a drug that increases blood flow through the blood vessels within the heart. (Improving the oxygen supply to the heart muscle and also reducing pain).
- Pain scores – so that we can assess whether the pain killers given have reduced the pain.
- Morphine – a strong pain killer which would usually be the drug of choice for heart attack patients.
- Analgesia – Sometimes if morphine cannot be given Entonox, a type of gas often given in childbirth, is used.

The Care Bundle requires each patient to receive each of the above. In addition to the care bundle the Trust measures 999 Call to catheter insertion by the mean and 90th percentile.

Stroke Care Bundle
A stroke care bundle includes early recognition of onset of stroke symptoms and application of the care bundle. The Stroke Care Bundle requires each patient to receive each of the detailed interventions below:

- FAST assessment - A FAST test consists of three assessments; has the patient got Facial weakness, or Arm weakness or is their Speech slurred.
- Blood glucose - In order to rule out the presence of hypoglycaemia patients suspected of having suffered a stroke should have their blood glucose measured
- Blood pressure measurement documented - Raised blood pressure is associated with increased risk of stroke so patients suspected of having suffered a stroke should have their blood pressure assessed.

In addition to the care bundle the Trust measures 999 Call to Hospital, 999 call to CT Scan and Arrival to Hospital to Thrombolysis by the mean, median and 90th percentile.

Cardiac Arrest

A cardiac arrest happens when your heart stops pumping blood around your body. If someone suddenly collapses, is not breathing normally and is unresponsive, they are in cardiac arrest. The AQI includes:

- Number of cardiac arrests
- ROSC (return of spontaneous circulation) on arrival at Hospital
- Survival to discharge from hospital
- Post Resuscitation care bundle

ROSC and Survival to discharge from hospital are reported within two different groups as follows:

- Overall Group
  - Resuscitation has commenced in cardiac arrest patients
- Comparator Group
  - Resuscitation has commenced in cardiac arrest patients AND
  - The initial rhythm that is recorded is VF / VT i.e., the rhythm is shockable AND
  - The cardiac arrest has been witnessed by a bystander AND
  - The reason for the cardiac arrest is of cardiac origin i.e., it is not a drowning or trauma cause.

  In this element, we would expect a higher performance than the first group.

Post Resuscitation Care Bundle

- 12 lead ECG taken post-ROSC
- Blood glucose recorded?
- End-tidal CO2 recorded?
- Oxygen administered?
- Blood pressure recorded?
- Fluids administration commenced?

Care bundles include a collection of interventions that when applied together can help to improve the outcome for the patient.

Sepsis

Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

- Observations assessed?
- Oxygen administered where appropriate?
- Fluids administration commenced?
- Administration of fluids recorded
- Hospital pre-alert recorded?

Year-to-date Clinical Performance AQI's

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

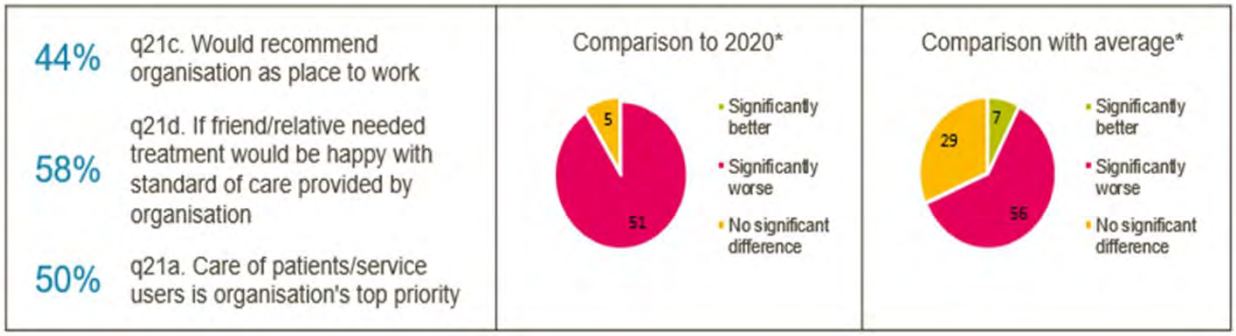
Mean (YTD)										
Ambulance Quality Indicators	**WMAS (15-16)**	**WMAS (16-17)**	**WMAS (17-18)**	**WMAS (18-19)**	**WMAS (19-20)**	**WMAS (20-21)**	**WMAS (21-22)**	**Last National Average**	**Highest**	**Lowest**
STEMI Care Bundle	77.99%	81.17%	81.01%	95.97%	97.14%	95.56%	86.80%	76.09%	96.88%	64.85%
Stroke Care Bundle	98.19%	97.36%	95.19%	98.98%	98.66%	99.20%	98.67%	97.91%	99.77%	96.86%
Cardiac Arrest - ROSC At Hospital (Overall Group)	30.17%	29.49%	29.26%	32.31%	32.61%	25.12%	25.92%	26.00%	30.84%	21.84%
Cardiac Arrest - ROSC At Hospital (Comparator)	50.61%	45.60%	51.91%	54.93%	53.98%	44.34%	44.08%	46.16%	31.25%	59.09%
Cardiac Arrest - Survival to Hospital Discharge (Overall Group) ***	8.66%	8.94%	9.08%	11.56%	10.16%	8.15%	8.42%	9.22%	11.99%	5.30%
Cardiac Arrest - Survival to Hospital Discharge (Comparator Group) ***	24.69%	26.39%	30.43%	32.61%	27.80%	22.26%	25.93%	26.21%	50.00%	16.28%
Sepsis Care Bundle					83.62%	84.96%	88.95%	83.02%	90.16%	87.86%
Post Resuscitation					69.33%	69.68%	66.90%	76.89%	74.04%	60.75%
	* The Trust is permitted to re-submit nationally reported clinical data to NHS England twice a year. This is to allow for data to be accessed from hospitals for outcome data and to ensure a continual validation of data can be completed. The figures in the above table are therefore subject to change. ** Due to changes in the reporting of national Ambulance Clinical Quality Indicators, not all AQIs will be reported monthly. Future figures will be reported as per the new National AQI Timetable. *** Survival to discharge data is reported at 30 days. At time of compiling report 30-day period had not passed therefore ytd figures may not be completely accurate.									

Clinical Data Notes

- *STEMI, Stroke, Cardiac Overall, Cardiac Comparator, Survival Overall, Survival Comparator **YTD** is based on April 2021 to February 2022.*
- *POST ROSC YTD is currently based on 4 Submissions of April 2021, July 2021, October 2021, January 2022.*
- *Sepsis YTD is currently based on 3 submissions of June 2021, September 2021 and December 2021.*

What our Staff Say

The National NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted since 2003. It is a survey that asks NHS staff in England about their experiences for working for their NHS organisations. It provides essential information to employers and national stakeholders about improvements required in the NHS. At West Midlands Ambulance Service this survey took place in the third quarter from 20th September to 26th November 2021. The survey was conducted by Picker Europe Ltd and once again the Board of Directors took the decision to run a census. The survey was conducted electronically for accessibility and to maintain confidentiality and anonymity. 6884 staff were eligible to take part in the 2021 staff survey and 3028 staff returned a completed survey compared to 3724 in 2020. The response rate for WMAS is 44% compared to 56% in the 2020 survey. The average response rate for all Ambulance Trusts is 57% and across the NHS is 48%.



An overview of the 2021 staff survey results reported by our contractor is shown below.

The first chart in the image above shows the number of questions that are better, worse or with no significant difference compared to the organisation's results in 2020. It is to be noted that some questions could not be compared as they were recently added in the 2021 survey, or some questions were changed during the redevelopment of the questionnaire. The second chart shows the number of questions that are better, worse or with no significant difference compared to other Ambulance Trusts in the 2021 survey.

From 2021 the NHS Staff Survey has been re-developed to align with the People Promise in the 2020/21 People Plan. Changes to the questionnaire were made following consultation with various participating organisations (including WMAS) and reviews led by the Staff Experience and Engagement team at NHS England and NHS Improvement, with the support of the Staff Survey Advisory Group, the Survey Coordination Centre, and academic experts. Reporting of staff survey results is based around the seven People Promise elements along with measures on Staff Engagement and Morale.

People Promise element	Sub-scores
Promise 1: *We are compassionate and inclusive*	P1.1: Compassionate culture P1.2: Compassionate leadership P1.3: Diversity and equality P1.4: Inclusion
Promise 2: *We are recognised and rewarded*	[No sub scores]
Promise 3: *We each have a voice that counts*	P3.1: Autonomy and control P3.2: Raising concerns
Promise 4: *We are safe and healthy*	P4:1 Health and safety climate P4:2 Burnout P4:3 Negative experiences

People Promise element	Sub-scores
Promise 5: *We are always learning*	P5.1: Development P5.2: Appraisals
Promise 6: *We work flexibly*	P6.1: Support for work-life balance P6.2: Flexible working
Promise 7: *We are a team*	P7.1: Team working P7.2: Line management
Measure	**Sub-scores***
Staff Engagement	E.1: Motivation E.2: Involvement E.3: Advocacy
Morale	M.1: Thinking about leaving M.2: Work pressure M.3: Stressors (HSE index)

The theme scores that were being reported in previous years, has ceased from 2021. The table below presents the results of significance testing conducted on the theme scores calculated in both 2020 and 2021. Note that results for the People Promise elements are not available for 2020. The table details the organisation's theme scores for both years and the number of responses each of these are based on. The final column contains the outcome of the significance testing:(↑) indicates that the 2021 score is significantly higher than last year's, whereas (↓) indicates that the 2021 score is significantly lower. When there is no comparable data from the past survey, you will see N/A.

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			**6.4**	2910	N/A
We are recognised and rewarded			**4.9**	2985	N/A
We each have a voice that counts			**5.7**	2866	N/A
We are safe and healthy			**5.3**	2906	N/A
We are always learning			**4.4**	2740	N/A
We work flexibly			**4.9**	2968	N/A
We are a team			**5.6**	2928	N/A
Themes	**2020 score**	**2020 respondents**	**2021 score**	**2021 respondents**	**Statistically significant change?**
Staff Engagement	**6.3**	3678	**5.6**	2992	↓
Morale	**6.2**	3651	**5.3**	2980	↓

The new summary reports are shown below. People Promise elements and theme scores are calculated on key questions from the survey. For most elements/themes, this includes a series of sub-score categories as well. The maximum possible score is 10 (all respondents answer most positively) and the lowest possible score is 0 (all respondents answer most negatively).

Section	Description	Organisation Score
People Promise element 1: We are compassionate and inclusive	Compassionate culture sub-score	6.2
	Compassionate leadership sub-score	5.7
	Diversity and equality sub-score	7.3
	Inclusion sub-score	6.0
	We are compassionate and inclusive score	6.3
People Promise element 2: We are recognised and rewarded	We are recognised and rewarded score	4.8
People Promise element 3: We each have a voice that counts	Autonomy and control sub-score	5.5
	Raising concerns sub-score	5.8
	We each have a voice that counts score	5.6
People Promise element 4: We are safe and healthy	Health and safety climate sub-score	5.0
	Burnout sub-score	4.0
	Negative experiences sub-score	6.7
	We are safe and healthy score	5.3
People Promise element 5: We are always learning	Development sub-score	5.6
	Appraisals sub-score	2.9
	We are always learning score	4.2
People Promise element 6: We work flexibly	Support for work-life balance sub-score	4.8
	Flexible working sub-score	4.7
	We work flexibly score	4.8
People Promise element 7: We are a team	Team working sub-score	5.8
	Line management sub-score	5.3
	We are a team score	5.5
Theme: Staff Engagement	Motivation sub-score	6.0
	Involvement sub-score	4.9
	Advocacy sub-score	5.7
	Staff Engagement Score	5.5
Theme: Morale	Thinking about leaving sub-score	5.5
	Work pressure sub-score	5.0
	Stressors (HSE index) sub-score	5.3
	Morale score	5.3

This chart shows the organisation's score for each of the People Promise elements and compares it with the benchmark group (all Ambulance Trusts in England), average, best and worst scores.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.1	5.6	6.6	5.6	4.9	5.6	6.4	6.3	5.5
Your org	6.4	4.9	5.7	5.3	4.4	4.9	5.6	5.6	5.3
Average	6.6	5.1	5.9	5.3	4.4	4.9	5.9	5.9	5.3
Worst	6.0	4.4	5.2	4.9	3.3	4.4	5.2	5.3	4.6
Responses	2,910	2,985	2,866	2,906	2,740	2,968	2,928	2,992	2,980

Top WMAS scores compared to 2020

The most improved score compared to 2020 is:

Trust 2021	Trust 2020	Most improved scores
78%	76%	R13d. Last experience of physical violence was reported

The Top 5 WMAS scores recorded against the Picker Average are:

Trust Average	Picker Average	Top 5 scores VS Picker Average
87%	68%	R19a. Received appraisal in the last 12 months
62%	52%	R3h. Have adequate materials, supplies and equipment to do my work
63%	71%	R3i. Enough staff at organisation to do my job properly
60%	67%	R10c. Don't work additional unpaid hours per week for this organisation, over and above contracted hours
78%	73%	R13d. Last experience of physical violence reported

Bottom Scores compared to 2020

The most declined scores within WMAS compared to 2020 are:

Trust 2021	Trust 2020	Most declined scores
30%	54%	R3i. Enough staff at organisation to do my job properly
44%	63%	R21c. Would recommend organisation as place to work
58%	75%	R21d. If friend/relative needed treatment would be happy with standard of care provided by organisation
50%	65%	R22c. I am not planning on leaving this organisation
36%	50%	R22a. I don't often think about leaving this organisation

The Bottom 5 WMAS scores against the Picker Average are:

Trust Average	Picker Average	Bottom 5 scores vs Picker Average
45%	63%	R11e. Not felt pressure from manager to come to work when not feeling well enough
48%	58%	R28b. Disability: organisation made adequate adjustments to enable me to carry out my work
50%	59%	R21a. Care of patients/service users is organisation's top priority
47%	56%	R9d. Immediate manager takes a positive interest in my health & well-being
48%	57%	R9e. Immediate manager values my work

Staff Engagement

	2017	2018	2019	2020	2021
Best	6.4	6.5	6.6	6.7	6.3
Your org	6.1	6.3	6.3	6.3	5.6
Average	6.1	6.2	6.3	6.3	5.9
Worst	5.5	5.7	5.8	5.8	5.3
Responses	2,277	2,990	3,374	3,678	2,992

Morale

	2018	2019	2020	2021
Best	5.9	6.0	6.2	5.5
Your org	5.9	6.0	6.2	5.3
Average	5.5	5.5	5.7	5.3
Worst	4.7	4.9	5.1	4.6
Responses	2,967	3,357	3,651	2,980

Workforce Race Equality Standard

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

	2017	2018	2019	2020	2021
White: Your org	51.0%	48.4%	49.1%	48.6%	51.3%
BME: Your org	43.5%	37.7%	37.9%	45.2%	49.1%
White: Average	49.7%	46.5%	45.8%	43.5%	44.1%
BME: Average	39.4%	37.8%	41.2%	44.3%	39.4%
White: Responses	2,022	2,666	3,030	3,127	2,539
BME: Responses	108	183	198	325	222

Average calculated as the median for the benchmark group

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

	2017	2018	2019	2020	2021
White: Your org	29.7%	29.2%	25.5%	23.9%	26.8%
BME: Your org	39.6%	31.3%	24.9%	26.5%	35.0%
White: Average	27.5%	27.1%	25.5%	24.1%	23.8%
BME: Average	32.0%	31.0%	26.2%	31.1%	29.5%
White: Responses	2,022	2,657	3,025	3,123	2,538
BME: Responses	106	182	197	325	223

Average calculated as the median for the benchmark group

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

	2017	2018	2019	2020	2021
White: Your org	49.6%	48.9%	51.9%	51.3%	44.7%
BME: Your org	34.3%	36.6%	47.7%	40.5%	36.6%
White: Average	49.3%	48.9%	51.2%	51.3%	47.7%
BME: Average	33.2%	36.7%	34.6%	39.5%	40.2%
White: Responses	2,016	2,660	3,035	3,162	2,580
BME: Responses	108	183	199	328	224

Average calculated as the median for the benchmark group

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

	2017	2018	2019	2020	2021
White: Your org	10.7%	10.0%	8.8%	8.6%	11.4%
BME: Your org	22.7%	17.9%	15.8%	20.7%	22.6%
White: Average	10.3%	10.0%	8.8%	8.6%	10.0%
BME: Average	18.3%	17.7%	15.8%	16.7%	15.8%
White: Responses	2,031	2,661	3,009	3,158	2,577
BME: Responses	110	184	196	329	226

Average calculated as the median for the benchmark group

Workforce Disability Equality Standard

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

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	52.3%	55.0%	52.5%	59.8%
Staff without a LTC or illness: Your org	46.9%	46.9%	46.8%	48.0%
Staff with a LTC or illness: Average	52.3%	52.5%	47.5%	51.2%
Staff without a LTC or illness: Average	45.8%	44.9%	42.1%	41.6%
Staff with a LTC or illness: Responses	526	671	771	737
Staff without a LTC or illness: Responses	2,296	2,606	2,722	2,061

Average calculated as the median for the benchmark group

b) Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	31.0%	24.8%	25.3%	28.8%
Staff without a LTC or illness: Your org	16.6%	13.3%	11.7%	14.0%
Staff with a LTC or illness: Average	28.4%	23.2%	22.1%	19.2%
Staff without a LTC or illness: Average	13.8%	13.3%	11.2%	11.1%
Staff with a LTC or illness: Responses	523	666	767	730
Staff without a LTC or illness: Responses	2,277	2,596	2,711	2,041

Average calculated as the median for the benchmark group

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

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	24.7%	25.1%	23.1%	27.6%
Staff without a LTC or illness: Your org	16.3%	14.5%	13.5%	15.3%
Staff with a LTC or illness: Average	26.5%	25.9%	23.1%	23.9%
Staff without a LTC or illness: Average	16.3%	15.7%	14.7%	15.3%
Staff with a LTC or illness: Responses	522	665	771	728
Staff without a LTC or illness: Responses	2,276	2,601	2,713	2,039

Average calculated as the median for the benchmark group

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

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	46.2%	46.4%	46.2%	43.5%
Staff without a LTC or illness: Your org	44.0%	47.1%	48.5%	49.1%
Staff with a LTC or illness: Average	40.4%	44.6%	46.2%	46.4%
Staff without a LTC or illness: Average	40.6%	41.2%	45.6%	45.3%
Staff with a LTC or illness: Responses	305	392	444	480
Staff without a LTC or illness: Responses	1,094	1,266	1,250	1,033

Average calculated as the median for the benchmark group

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

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	41.4%	48.5%	45.7%	35.8%
Staff without a LTC or illness: Your org	49.2%	52.0%	51.3%	46.5%
Staff with a LTC or illness: Average	41.8%	45.3%	45.3%	39.4%
Staff without a LTC or illness: Average	49.3%	52.0%	52.0%	49.3%
Staff with a LTC or illness: Responses	529	670	775	744
Staff without a LTC or illness: Responses	2,288	2,610	2,753	2,099

Average calculated as the median for the benchmark group

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

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	61.3%	58.2%	54.6%	64.6%
Staff without a LTC or illness: Your org	50.5%	44.3%	44.9%	50.5%
Staff with a LTC or illness: Average	45.3%	41.6%	38.3%	39.2%
Staff without a LTC or illness: Average	33.1%	32.3%	30.8%	29.3%
Staff with a LTC or illness: Responses	429	531	582	615
Staff without a LTC or illness: Responses	1,363	1,566	1,371	1,230

Average calculated as the median for the benchmark group

g) Percentage of staff satisfied with the extent to which their organisation values their work

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	27.6%	26.7%	28.3%	16.9%
Staff without a LTC or illness: Your org	36.0%	39.9%	38.1%	26.5%
Staff with a LTC or illness: Average	25.3%	27.8%	29.1%	20.8%
Staff without a LTC or illness: Average	36.0%	38.9%	37.9%	29.3%
Staff with a LTC or illness: Responses	525	670	775	745
Staff without a LTC or illness: Responses	2,290	2,611	2,762	2,105

Average calculated as the median for the benchmark group

h) Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

	2018	201
Staff with a LTC or illness: Your org	60.6%	56.4
Staff with a LTC or illness: Average	60.3%	58.8
Staff with a LTC or illness: Responses	292	36

Average calculated as the median for the benchmark group

i) Staff engagement score (0-10)

	2018	2019	2020	2021
Organisation average	6.2	6.3	6.3	5.5
Staff with a LTC or illness: Your org	5.7	5.8	5.8	4.9
Staff without a LTC or illness: Your org	6.3	6.4	6.4	5.7
Staff with a LTC or illness: Average	5.7	5.9	6.1	5.5
Staff without a LTC or illness: Average	6.4	6.4	6.4	6.1
Organisation Responses	2,990	3,374	3,678	2,992
Staff with a LTC or illness: Responses	529	671	778	747
Staff without a LTC or illness: Responses	2,300	2,616	2,765	2,106

Average calculated as the median for the benchmark group

Equality and Diversity

Diversity and Inclusion

The Trust has its core Diversity and Inclusion running through all business streams of the Trust. Over the last year there have been a range of themes and workstreams where work has continued to advance the equality and inclusion agenda. These themes are:

- EDS2-Better Health Outcomes for All
- WRES Workforce Race Equality Standard
- Recruitment – implementation of the NHS 6 Point action plan
- Public Sector Equality Duty
- Specific Duties
- Equality Objectives
- Diversity & Inclusion Steering Group
- Staff networks
- National Ambulance Diversity Group [NADG]
- National LGBT Group
- WDES Workforce Disability Equality Standard
- Gender Pay Gap

Equality Delivery System 2 (EDS2)

The main purpose of the Equality Delivery System 2 (EDS2) is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. Using the NHS Equality Delivery System 2 provides a way for the organisation to show how it is performing doing against the four goals.

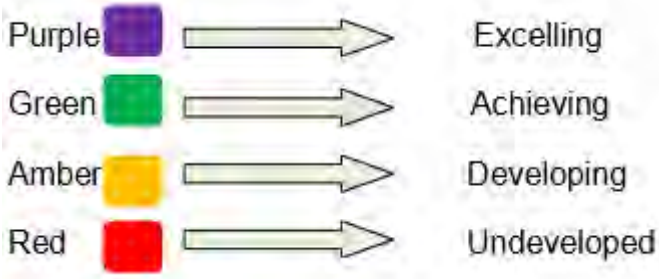
1.	Better health outcomes
2.	Improved patient access and experience
3.	A representative and supported workforce
4.	Inclusive leadership

In 2020/21, WMAS undertook assessment of goal 3, moving away from previous years where all the goals were assessed. A similar path has been followed for 2021/22. Due to organisational and system pressures because of Covid 19, it was appropriate that all resources were concentrated on dealing with the pandemic. For 2021/22 it was agreed by the Executive Management Board (EMB) that the organisation would concentrate on one goal, that being goal 1: Better Health Outcomes for All. There are several benefits with this approach as follow:

1) Assessments are not rushed, and a more qualitative and in-depth analysis takes place which results in actions to improve the service.
2) Assessors are not over-burdened with information and assessments are not rushed.
3) Setting realistic goals and action plans which lead to transformational change
4) Making EDS2 work as a tool to effect organisational change, as it was originally intended, as opposed to a tick box exercise.

Having gathered the evidence, an internal process assessment and grading took place, results of which are featured in the report which will be published on the WMAS Equality and Inclusion internet page.

There are four grades in the EDS2 framework which can be given as follows:



What did we do?
It was agreed that procurement would be the service area where evidence would be gathered and subsequent EDS2 assessment would take place and grading undertaken for 2021/2022. It has been acknowledged that the past year has been challenging for all the NHS in responding to the COVD-19 pandemic and in that regard WMAS, like all ambulance services, has had a unique challenge due to the nature of the service, in dealing with the pandemic and responding to the ever-increasing demand and pressures as a result.

Procurement, contracting, and subsequent monitoring is an essential tool, if used effectively, in gaining assurance that providers are meeting their obligations under the Equality Act 2010, both as an employer and service provider. The head and deputy head of purchasing and contracts have actively agreed for their service to be addressed and provided evidence in the form of procurement overarching governance documents, NHS Terms and Conditions for Supply of Goods (contract version), and PQQ questions and technical guidance including the Equality and modern slavery act questionnaire. Having gathered the evidence, an internal process assessment and grading took place.

Analysis and grading
Call for evidence went out to the procurement team in respect of the current position of the service in respect of equality, inclusion and diversity in the business of the service. Senior management of the procurement team were appraised of the EDS framework and an analysis took place of the evidence that was provided. As the planning of the EDS assessment and grading had taken place in the midst and peak of the pandemic when restrictions were still in place, the actual assessment was one which was undertaken internally with the proviso that the grading process would be open to external scrutiny if requested. The report and assessment would also be made available to various network chairs and the document would be live and changes suggested would be incorporated as appropriate. The assessment team went through the evidence, and it was observed that there were areas which had equality embedded within the policy:

After assessing and analysing the evidence, the panel decided collectively that the service was at a developing stage as more work needed to be done to assure the procurement and contracts team that equality and inclusion considerations were embedded within the processes of the service. The evidence also found that certain elements of the service were on the border of achieving with one area classed as under-developed. It was therefore decided, after much deliberation and discussion that the service would be graded as **Developing**. It was also acknowledged that with an effective action plan and through further advice, support and guidance from the Diversity and Inclusion lead, the service could move from **Developing** to **Achieving** within 12 months, provided the elements within the action plan were delivered.

It should also be noted that the EDS3, a revised and much leaner framework is due to replace EDS2 in 2023. WMAS will adopt this as per instructions from NHSEI. For now, not all outcomes within EDS2 are relevant to the Ambulance service so a more practical approach was undertaken in the application of the framework for this assessment.

Workforce Race Equality Standard (WRES)

The aim of the Workforce Race Equality Standard (WRES) is designed to improve workplace experiences and employment opportunities for Black and Minority Ethnicity (BME) people in the National Health Service (NHS). It also applies to BME people who want to work in the NHS. The Trust supports and promotes the WRES, encouraging BME staff to reach their full potential through equality of opportunity. The Trust aims to recruit a workforce that is diverse and representative of our communities. The WRES is a tool to identify gaps between BME & White staff experiences in the workplace. These are measured through a set of Metrics. The metrics are published annually in conjunction with an Action plan. The data and action plan was published in 2021 and progress has been made against those actions and monitored by the Diversity, and Inclusion Steering Group.

Recruitment

The Trust makes every effort to recruit a workforce that is representative of the communities we serve. The Trust has a Positive Action statement on all job adverts encouraging applications from people with disabilities and BME backgrounds. A diverse workforce research tells us provides better patient care, to compliment the WRES the Trust is keen to encourage BME applicants particularly for the role of Paramedic. To achieve this, aim the Trust has enhanced its recruitment programme by the following:

- Employing a Recruitment Engagement Officer with emphasis on encouraging BME applicants.
- Marketing materials have been developed using staff BME role models i.e., pop up stands that can be used for events.
- Literature is reflective of the diversity of the Trust.

- Staff who are involved in the recruitment process must undergo training involving;
    - Value Based Recruitment
    - Equality & Diversity
    - Equality Act 2010 and the law
    - Unconscious Bias
    - Interview skills
    - Co-mentoring for BME staff
- The Trust now has a more modern recruitment web site to attract potential applicants.
- The Recruitment department offers support for BME applicants through the pre-assessment programme.
- All BME applicants are monitored from the point of application to being successful at assessment.

2021 has been challenging just like 2020 in respect of using diverse methods of recruitment like going out into the communities and attending events. For 2022 and beyond, with the lifting of restrictions and through a risk analysis, it is envisaged that the recruitment team will venture out into the communities the Trust serves, in order to attract the best and diverse staff

Public Sector Equality Duties (PSED)

The Equality Duty is supported by specific duties (Public-Sector Equality Duty (section 149 of the Act), which came into force on 10 September 2011. The specific duties require public bodies to annually publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives. Public bodies must in the exercise of its functions, have due regard in the need to;

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Through the adoption of the NHSE&I mandated standards such as the; Equality Delivery System (EDS); Workforce Race Equality Standard (WRES); Accessible Information Standard (AIS); and Workforce Disability Equality Standard (WDES), WMAS is able to demonstrate how it is meeting the three aims of the equality duty.

Specific Duties

The Specific Duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives and to publish information about their performance on equality, so that the public can hold them to account. The Specific Duties require the Trust to:

- Publish information to show compliance with the Equality Duty at least annually
- Set and publish equality objectives at least every four years

The Trust publishes this information annually on the website.

Equality Objectives

The Trust is required under the "Specific Duties" to prepare and publish equality objectives which help to further the aims of our Equality Duty. The objectives must be published every four years and this year WMAS has continued to deliver on the Equality Objectives. A full report on progress on the Equality Objectives will be included in the annual PSED report in 2022.

Equality Objectives 2020-2024
Objective 1 Equality Standards Our commitment to meeting the Equality Standards set by NHS England will be demonstrated by the implementation and monitoring of the following standards: • Workforce Race Equality Standard • Accessible Information Standard • Equality Delivery System 2 • Workforce Disability Equality Standard • Gender Pay Gap Reporting **We will do this by:** • Implementing and strengthening our approach to the NHS Equality Delivery System 2 (EDS2) • Continuing to develop our response to the Workforce Race and Disability • Equality Standards (WRES) (WDES) • Investigate the experiences/satisfaction of staff through further surveys and focus groups • Keep invigorating and supporting the staff equality networks to ensure they are aligned with our strategic equality objectives
Objective 2 Reflective and diverse workforce We will enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse staff across the Trust **We will do this by:** Target local and diverse communities in recruitment campaigns • Review our people policies to ensure that there is appropriate fairness • Support managers and teams to be inclusive • Work closely with external partners and providers (e.g., university paramedic programmes) to ensure diversity among the student group, and appropriate course content • Ensure the recruitment and selection training programme informs recruiting staff and managers of their legal duties under the Equality Act 2010
Objective 3 Civility Respect Ensure all our Board leaders, senior managers, staff, contractors, visitors and the wider community are aware of

the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it

We will do this by:

- Develop and deliver an internal communication campaign on civility and respect in the workplace Develop a system where all cases of bullying or harassment are clearly recorded as such, and monitored to identify any trends or patterns across the Trust
- Capture good practice from our partners and peers to improve our diversity and Inclusion performance, e.g., working collaboratively with the NHS Employers' National Ambulance Diversity Forum and Regional Diversity Groups

Objective 4 Supportive Environment

Ensure our leadership is committed to creating an environment that promotes and values equality and diversity and this is embedded in all we do

We will do this by:

- Delivering diversity and inclusion training to all members of the Board of Directors and Council of Governor's
- Ensuring all our leaders have specific diversity & inclusion objectives in their annual objectives with performance discussed during their appraisals
- Board and Committee reports include an equality impact analysis

Diversity and Inclusion Steering Group

The Trust supports a "Diversity & Inclusion Steering Group" with representation from a diverse range of staff from across the Trust who are representative of the various roles and departments within the organization. This group is chaired by the CEO. The Diversity & Inclusion Steering Group meets every three months to consult and drive the Diversity & Inclusion agenda forward.

Staff Groups

- **Proud @ WMAS Network:**

  This network is for Lesbian, Gay, Bisexual & Transgendered staff and is supported by "Straight Ally's" which is a concept developed by Stonewall. The Network is represented at Pride marches and the Trust is a member of the Ambulance Sector National LGBT group. The Network provides support for all LGBT staff and raises issues at national level were appropriate.
- **The BME Network**

  The BME Network is expanding. Progress has been made by developing Terms of Reference and electing a new committee. The Network has been actively engaged in a culture change programme as part of the implementation plan for the WRES.
- **A Disability and Carers Network** was launched in July 2020 and supported the recommendations for action in the WDES.
- **A Women's Network** was launched in 2021 to support the Gender Pay Gap Action plan. The Trust ran a Springboard Women's Development Programme in 2019, a second cohort in 2020 and a third cohort is currently underway in 2021.
- **National Ambulance Diversity Group (NADG** The Trust is represented on the national group and attends the meetings regularly. It is a forum of shared knowledge and expertise which drives the Diversity & Inclusion agenda at a national level.
- **Military Network.** The Military network was formed to recognize staff who are serving reservists, veterans, cadet instructors and families of serving personnel. The Trusts celebrates various military events and WMAS achieved the employer Gold Award in 2019 by the Defence Employer Recognition Scheme.

Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2019. NHS England has launched this. This has now been implemented and published by the Trust. An action plan has been developed which is being monitored by the Diversity and Inclusion steering group.

Gender Pay Gap

Since 2017 there has been a statutory requirement for all organisations with 250 or more employees to report annually on their gender pay gap.

West Midlands Ambulance Service NHS University Foundation Trust is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. These regulations underpin the Public-Sector Equality Duty and require the relevant organisations to publish their gender pay gap data annually, including:

- mean and median gender pay gaps;
- the mean and median gender bonus gaps;
- the proportion of men and women who received bonuses; and
- the proportions of male and female employees in each pay quartile.

The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings, while equal pay is about men and women being paid the same for the same work.

There is a requirement to publish the data on the Trust's public-facing website by 31 March 2022

A full gender pay report and key data analysis, that highlights the key variations for different occupational groups, and the actions that will be taken to improve these findings has been published. An action plan has been developed to address the gaps progress against those actions is being monitored by the Diversity and Inclusion Steering group.

Health and Wellbeing

National Wellbeing Framework
In January 2022 a new NHS National Wellbeing Framework was launched. This is very different from the previous framework with a diverse range of sections;

- Framework Dashboard
- Personal Health & Wellbeing
- Relationships
- Fulfilment at Work
- Environment
- Managers & Leaders
- Data Insights
- Professional Wellbeing Support

Phase 1 was to complete the first section the outcomes are automatically measured which provides a basis for the Trust action plan. This needs to be in place by October 2022. Other new frameworks have been developed which also need to link into the National HWB Framework the below all relate to Mental Health & Suicide

- Ambulance Self Audit AACE
- AACE Assessment Matrix
- Mental Health at Work Commitment [Trust signed up 2022]
- Preventing Suicide in Ambulance Sector Local Improvement Plans WMAS
- Mental Health & Suicide Strategy WMAS [Under Development]
- Mental Health Continuum AACE [released 10th March]

Health & Wellbeing Champions
Over the last 12 months the opportunities for training & development for Champions has been excellent. NHSI & NHS England have developed two sets of training each one to run over a six-month period. Champions could choose which suited their needs best
The courses have been advertised to all of our Champions which now totals 112 in number. In addition, further in house development opportunities HWB Champions have had are;

- Menopause Advocates
- To be able to complete Health Checks
- Suicide Lite awareness course
- Mental Health First Aiders course

Weight Management
Slimming World continues to be extremely popular with an additional 150 sets of vouchers plus 30 online vouchers having been used. After lockdown many staff found that they had put weight on and had not ate healthily, so wanted to kickstart their efforts.
All vouchers have now been used and an additional 100 have been purchased through NHSI/NHS England funding. Although the NHS Programmes are also advertised and offered our staff prefer Slimming World and in particular the group sessions.

Physical Activities

Physical activity programmes are frequently advertised in the Weekly Brief from discounts to apps.

- Doing it right is an NHS platform that was designed in conjunction with the Royal Wolverhampton NHS. This programme covers cardiovascular workouts, Pilates, Yoga, Gentle exercise and salsa dance type programmes that children can join in with. Its totally free and has been nationally acclaimed.
- Be Military Fit a new NHS platform offering a mixture of not only exercise but nutrient, hydration and sleep. Last week Bear Grylls hosted a session and over 600 NHS staff took part. This new platform has a limited life span currently a survey is underway to see if its worth continued funding.
- NHS Fitness Studio Exercise this offers different types of exercise for all levels of fitness. It also offers variety in terms of what's available.
- Walsall MBC offer a 15% discount to all WMAS staff which is regularly advertised and covers all of their centres.

Mental Health First Aid Courses

Currently all Trust MHFA trainers have had to reapply to get their licences back and must complete an online course and exam which they have to pass to be reinstated. This was due to the fact that courses haven't been delivered over the last two years due to demand on WMAS. An extension has been requested due to technical issues at MHFA, this has been granted until 1st April to allow everyone to complete the 4 hour programme.

The MHFA are not running any new instructors' programmes until January 2023 as they are reviewing the two-day programme. In the interim due to unexpected funding Black Country Health care are going to deliver 6 courses in May & June at very reduced costs. The dates are as follows.

1. Thur 19th – Fri 20th May
2. Mon 23rd – Tues 24th May
3. Thur 26th – Fri 27th May
4. Tues 7th – Wed 8th June
5. Wed 15th – Thur 16th June
6. Tues 28th – Wed 29th June

Each course can hold 16 participants and priority will be given firstly to those courses that were cancelled at the last minute so there are 96 places available. The venue is likely to be Alamein House TA Centre in Dudley.

Suicide First Aid Courses

WMAS is the first ambulance service in the country to use National Centre for Suicide Prevention, Education and Trainings (NCSPET). The Trust has funded 13 instructors' places. The course was run from 14-18 March and involved a four-day course followed by individual delivery of the "Suicide Lite" course [awareness course] which will be assessed online. A module also has to be submitted to the City and Guilds governing body, as it's a recognised qualification at that level. The first set of courses were delivered on the 18th March face to face on a reduced numbers basis. This allowed 24 staff to participate. The course is nationally recognised and certificated and will be recorded on OLM. Once qualified the SFA Instructors will also be able to deliver the one-day course which is "Suicide First Aiders" whereby

participants will be issued with the lanyard
similar to the MH First Aiders. The aim will be that the Suicide Lite is delivered first and then staff can move on to become Suicide First Aiders if they want. This will allow the instructors to fulfil their NCSPET requirements as instructors. The courses will commence in April to allow the instructors to be assessed whilst delivering the course online. The expectation is that all instructors will be fully qualified by the beginning of May. Online courses will be advertised to targeted audiences to enable the assessments in the first instance and then will be opened up to all across the Trust. To date 6 courses have been delivered with further dates in April so far 40 staff have participated with excellent feedback.

SALS

SALS Adviser numbers had been dropping due to staff retiring etc A brand new cohort is due to start their training in April 2022 which will provide an additional 29 Advisers. This will take the total up to 63 Advisers providing a 24/7 service. The new SALS Advisors will be mentored to start with and will pick up additional training for the role.

Menopause

The Trust invested in 24 staff being trained to be Menopause trainers. The training had been placed on hold due to demand on resources. The first course delivered was to the HR team last week. Worcester will be delivering their first course 21st March. Dates will be sent out for staff to participate and their attendance will be recorded on OLM in the very near future.

Family Liaison Officers

The next course will take place 28&29 April 2022 due to many FLO's having retired or moved on. The course will accommodate 17 staff and is currently full. This will also become a Trust resource for our own staff who die suddenly to provide support for their families should it be requested. The training programme has been developed and Cruse are providing a tailored made bereavement programme funded by NHSI/NHS England.

NHSI Funding

All ambulance services received funding in December 2021 for HWB with the emphasis that it needed to be spent or allocated by 31st March 2022. The bids had to achieve the objectives set by NHSI. To date the following initiatives have been undertaken;

- Slimming World Vouchers x 2 batches to cope with demand
- Suicide First Aid Instructors course 13 new instructors
- New Health & Wellbeing web site
- 2 full sets of Health Check equipment.
- Gym equipment 3 bikes, two rowing machines, two pop up mini marques all have arrived.
- MHFA courses x 6 May /June this will allow 96 staff to attend

- Marketing goods for the roadshow.
- Renewal of Instructors MHFA Licences.
- Family Liaison Officers Course to incorporate the staff element.28/29 April
- 2 x Health Check Equipment to allow for more members of staff to have a health check the Trust now has 3 full sets.

Mental Health

The Mental Wellbeing Practitioners have seen a steady increase in patients. One member of the team has left and this has obviously had an impact.

An initiative that is being worked on is a new charity lead initiative called 'Just B' which provides support to staff as part of the pandemic support response, with the following points:

- Charity is part of the Royal Foundation. Very proactive on Mental Health.
- Just B offers to contact members of staff by phone for a 20 minute conversation with a trained volunteer, to see if staff need any extra assistance.
- Staff can opt out in advance.
- Conversation is to identify how each staff member is doing, their resilience and coping strategies. If staff are identified as needing support, they can have and additional session with the charity to go through support options – information will be given on internal Trust support and external support available.
- Designed to be a proactive service.
- Anonymous data and dashboard are provided to the Trust, with an overview of how staff are feeling. Follows all relevant data protection and initiative is fully funded. Data collected is basic demographics: age, gender, work role. No names and doesn't identify specific roles if that would make the individual identifiable.
- A pilot of the scheme was undertaken at EMAS to positive feedback.
- Volunteers are trained the same as the Samaritans and that this is a proactive information sharing service not counselling. The script is very much on listening and giving people time to be heard on how they are feeling.
- Scheme is for 12 months.

Dog Visits

The Trust have had a variety of dog visits from Police dogs to Chihuahuas. Strict criteria are adhered to and this always goes down well with staff and normally raises morale. At present we are looking for a more formalised approach across the Trust.

Physiotherapy

The Trust has tried to recruit our own Physiotherapists unfortunately applicants were not at the standard we required. The Physiotherapy service is currently being provided by our Occupational Health Provider "Team Prevent" which is working well. They are able to provide clinics across the Trust at a variety of locations.

Flu Vaccination

The Trust achieved a 75% flu vaccination rate. Although this is lower than the previous year its possibly due to the fact that staff were being encouraged to be Covid vaccinated as a priority.

Participation

The Trust is also involved with the following groups etc;

- National Ambulance Wellbeing Forum
- ICS Trailblazer Group [National Framework]
- Step into Health Group [Military national]
- HWB team leader Toolkit Designer group [Leadership Academy]

Freedom to Speak Up

West Midlands Ambulance University NHS Foundation Trust (The Trust) is committed to ensuring that staff have the confidence to raise concerns and to know that they will be taken seriously and investigated. At work, it is reasonable that staff may have concerns from time to time, which normally can be resolved easily and informally. However, when staff have serious concerns about unlawful conduct, financial/professional malpractice, or risk to patients/others it can be daunting to speak up about this. Therefore, the Freedom to Speak up (Whistleblowing) policy aims to give staff the assurance that concerns will be listened to and to outline a fair and easy process for staff to raise concerns at work. In order to deliver high quality patient care and protect the interests of patients, staff and the organisation, the Trust aims to encourage a culture of openness and transparency, in which members of staff feel comfortable about raising legitimate concerns. It is hoped that by providing clear procedures and channels for staff to raise concerns, issues can be addressed at the earliest opportunity, in the most appropriate way, so that positive steps can be taken to resolve them and reduce future risk.

FTSU Guardian

Until 1 March 2022, the Trust's current guardian was Barbara Kozlowska, Head of Organisational Development. The role has since been taken up by Pippa Wall, Head of Strategic Planning. The Guardian is a member of the West Midlands Guardian Network, and the National Ambulance Network (NAN), ensuring that good practice is followed and shared.

FTSU Ambassadors

There are currently 41 trained ambassadors around the region. They receive 2 half-days' training each year as part of their mandatory updates. In 2021/2022 a series of development sessions were planned by the Guardian but regrettably did not take place due to surge levels. However bi-monthly drop-in sessions were held for updates, and for discussion of case studies, ensuring the ambassadors knowledge is current. A poster showing *ambassadors*' photographs and locations is displayed in each area.

Governance

There are number of ways in which assurance is provided for FTSU:

- Quarterly returns to National FTSU Guardian's Office
- Quarterly reports to WMAS Learning Review Group, and bi-annual reports to the People Committee, Executive Management Board and Board of Directors
- FTSU NHS Improvement Self-assessment conducted in 2018/19 and reviewed annually at Board of Directors Strategy days, last reviewed April 2021
- Training is in place for all staff at all levels as per the National Guardian's Office guidelines.

Promotion

A poster with details of the FTSU Guardian, Executive (ED) and Non-Executive (NED) leads is on display in all areas.

A SharePoint site has been established, accessed through the Trust's E-Nav Moodle site and intranet - Treble 9.

STAND UP SPEAK OUT

How Staff May Speak Up

The many ways in which staff are able to speak up are outlined in the Freedom to Speak Up (Whistleblowing) Policy which was updated September 2019. The policy includes flow-charts to determine how concerns can be raised and how they are dealt with.

Concerns Raised 2021/22

FTSU Ambassadors addressed 206 approaches from staff wishing to obtain information about FTSU during the year 2021-22, to discuss informally a concern or to seek advice on how best to deal with their issue. The main themes arising were:

1. Middle management
2. Bullying and harassment
3. Interest in the FTSU role through staff personal development reviews

Eleven formal concerns were raised and investigated and all but were closed before the end of the year.

The focus of the Trust's actions is to ensure that our managers have the confidence, skills and knowledge to welcome and deal with concerns as and when they arise, so that staff feel positive in raising any concerns with them. There are several routes available within the Trust, by which staff can raise concerns. FTSU therefore adds to these well-established reporting arrangements

Coronavirus (COVID 19) Progress and Priorities

The Covid-19 pandemic has been hugely challenging for the Trust and the wider NHS. This is in the main due to a combination of variations in demand, staff sickness and abstractions, and hospital handover delays. The three peak waves of Covid saw the Trust under perhaps the most pressure it has ever experienced. The pandemic leaves a legacy of challenge for the NHS, which it will be heavily focussed on in the coming years.

A specific COVID risk register has been developed which has identified several risk assessments related to new risks as a result of the pandemic. These are linked to various directorates and processes across the Trust including Operations, Integrated Emergency and Urgent Care, Patient Transport Services, Human Resources, Infection Prevention and Control and their impact on the whole organisation. These have been regularly reviewed throughout the pandemic when any changes have occurred with national guidance and practices. Where risks increased/decreased based on incident reporting, impact on staff and resourcing through test and trace and COVID Secure and other factors which influence the risk. The Risk Assessments are all supported via a robust approach to safety notices, action cards and guidance. These are frequently and accurately updated to reflect the current stance to ensure that all staff are kept up to date and able to undertake their job safely. This approach has meant that the safety of our Staff and Patients has continued to remain paramount throughout the pandemic whilst the Trust still provided a world class service and adhered to its vision, values and strategic objectives.

Part 3
Review of Performance against 2021-22 Priorities

Our priorities for 2021-22 were based upon the following overarching priorities:

Cardiac Arrest Management

There are three elements that are reported for Cardiac Arrest:

- Return of Spontaneous Circulation (ROSC) at hospital
- Survival to discharge post resuscitation
- A care bundle for treatment given post Return of Spontaneous Circulation (ROSC) is achieved on scene following a non-traumatic cardiac arrest. The care bundle includes a 12 lead ECG, Blood Glucose, End-tidal C02, Oxygen administered, Blood pressure and fluids administered

Whilst still delivering very safe and highly effective patient care, reports from the last year have shown a reduction in performance.

Maternity

WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, childbirth and the postnatal period, taking into account changing clinical guidelines, best practice and recommendations.

Reduction in the Volume of Patient Harm Incidents During Transportation (PTS)

Any incidents or near misses which occur during the care and transportation of patients are reported and investigated. Actions are implemented which may require a change of practice or further training for staff to reduce the likelihood of a similar incident occurring again. We included this priority in our Quality Account for 2020/21 and have monitored the trends throughout the year. The year-to-date comparison with the previous year demonstrates a slight reduction in both harm and no harm incidents, however the latest reporting period (Quarter 3) represented an increase compared to the same period in the previous year. With regard to Serious Incidents, these numbers are always very low, and there is a notable decrease in these numbers this year

Learning from our Patients' Feedback

The new Family and Friends Test (FFT) national guidance is now in place. The Trust is keen to maximise responses and learning from patients and plans to implement some short surveys at the end of calls from patients:

111 Following the introduction of "Think 111 First", we would like to gain a better understanding of the experience of patients during and after the call; and determine whether the outcome achieved met the patients' needs. The Trust is required to report twice per year based upon a mandatory set of questions. These questions will be included, along with other locally agreed questions, in an online survey. The survey will be introduced through a recorded message at the end of the patient's initial call (there may be a need to tailor the message to specific types or categories of call). The specific arrangements and timing for the survey will be confirmed during Quarter 1. This will include a decision as to whether it is possible to implement a short telephone-based survey, with an onward link to the website for patients who are happy to complete the full survey; or whether the message at the end of the call is purely a recorded announcement for the full online survey.

PTS Due to the regularity of calls from some of our patients (renal for example), it has been decided to implement a telephone survey for one week per quarter. This will provide trends as the year progresses, and the ability to select each survey week to ensure that, as far as possible, different patients are included in each survey. In quarter 1, a test week will be established to ensure that the survey runs smoothly and generates sufficient responses. This will provide assurance of the technical process, the responses and the reporting arrangements. Following this, a survey week will be identified during each quarter to ensure sufficient time for inclusion in the Quarterly Quality Account report. Any responses to the online survey will be collated and reported alongside the telephone survey results. In line with the rules on social distancing, we will consider our options for carrying out targeted surveys by post / email or using discharge / renal coordinators

Throughout 2021-22, our progress towards each of the above priorities was reported through the governance committee structure. Our achievements are summarised as:

Cardiac Arrest Management	
Patient Safety	**Measurement** • Review and ensure completion of actions/recommendations arising from serious incidents • Conduct a review of all serious incidents relating to the management of cardiac arrest to identify strategic themes and make recommendations • Improved training and support for clinicians attending patients requiring cardiopulmonary resuscitation
Summary of Achievement ➢ The Trust has a very thorough and successful investigation process for all serious incidents, with direct input from senior clinicians. Monthly reporting and recommendations logs remain in place for all serious incidents. ➢ Cardiac Arrest Management was incorporated into the training plan for 2021/22. The following were completed: o E&U Face to Face: 3354 (94.1%); E&U Workbook: 3359 (95.4%) o PTS Face to Face: 1141(97.9%); PTS Workbook: 1153 (100%)	
Clinical Effectiveness	**Measurement** • Improvement in the national quality indicator for Return of Spontaneous Circulation (ROSC) through implementation of actions to improve patient safety in cardiac arrest management • Increase public awareness of the importance of CPR and early defibrillation in the chain of survival • National post ROSC Care AQI – include audit figures to demonstrate improvement to above national average
Summary of Achievement ➢ National Ambulance Quality Indicator performance shows: o A 0.8% increase on overall ROSC at hospital over the year o A 0.27% increase on overall discharge to survival– this is the ultimate aim to have a person leave hospital after their cardiac arrest. o A 2.8% decrease in post resuscitation over the year ➢ The Trust has completed the following to further improve cardiac arrest management: o Quality improvement programmes o Mandatory education sessions on the management of cardiac arrest o Cardiac arrest checklists o Regular messages are shared on social media in relation to the importance of CPR and early defibrillation. A sample of recent messages are shown on the next page. o The Trust has consistently achieved above 68% for the care bundle in post ROSC management: o Mandatory education sessions on the management of cardiac arrest, post ROSC care o Post ROSC checklist	
Patient Experience	**Measurement** • Learning from experience and excellence • Disseminating best practice
Summary of Achievement Following thorough investigation, all incidents are discussed at our Learning Review Group, which is attended by a core group of clinicians from across the Trust. This ensures an open and transparent process to enable key learning points are highlighted and that recommendations are agreed and acted upon.	
Achievement Of Target Outcome: The target was to reduce the number of serious Incidents relating to the management of cardiac arrest. This was to be achieved through all of the measures described above, to ensure robust governance, training and public awareness.	**Status**

Sample of social media messaging to promote CPR and early defibrillation:

Officialwmas
22 Oct 2021 ·

Shaunna Farley - Friday 22nd October - 10.00am. Bosses at West Midlands Ambulance Service (WMAS) are urging defibrillator owners to register their devices on a new national database called The Circuit so that more lives can be saved. Each year in the West Midlands, there are around 3,700 out-of-hospital cardiac arrests, yet just 7% of those patients will survive. However, if the patient gets immediate CPR and early defibrillation the chance of survival can more than double!...

https://wmas.nhs.uk/2021/10/22/wmas-urge-people-to-register-defibrillators-on-the-circuit/

Officialwmas
27 Jul 2021 ·

WMAS Stoke FC are the proud owners of a new defibrillator thanks to Henry Angell-James Memorial Trust and they've ensured it is available to all of the community and everyone who uses the facilities at Norton Sports in Stoke on Trent, which includes Stoke City FC - Women and Staffordshire Police

Officialwmas
1 Jan ·

Looking for a #NewYear resolution? Why not learn how to save a life through CPR.

When a person's in cardiac arrest it's vital they receive help immediately.

Anyone can do it; you don't need formal training, but it can increase confidence to step in.

https://wmas.nhs.uk/do-you-know-cpr/

Officialwmas
24 Feb ·

If you've got a defibrillator in your workplace, school or local community, register it with The Circuit so that we know it's available to help save lives! 💓

https://wmas.nhs.uk/register-you-defibrillator-with-the-circuit/

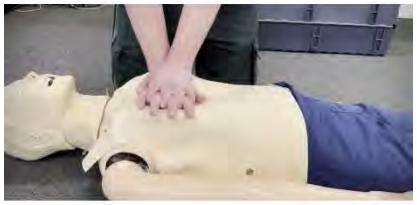
Officialwmas
5 Feb ·

Every single day our crews arrive to find cardiac arrest patients already receiving bystander CPR 💗.

This helps gives patients the best chance of survival.

Would you know what to do? If not, now is the perfect time to learn 👇.

https://wmas.nhs.uk/do-you-know-cpr/



Maternity

Patient Safety	Measurement Development of processes to ensure strong governance arrangements, sharing of information and that lessons learned are responded to and embedded in Trust practices

Summary of Achievement

- All maternity Serious Incidents are shared with local maternity networks
- Successful implementation of red pre-alert phone at trial maternity units
- Board level champion for maternity services
- Regular articles published for staff regarding maternity audit results
-

Clinical Effectiveness	Measurement Enhanced arrangements for staff training and sharing of information

Summary of Achievement

- Transwarmer and cuddle pocket video launched
- New maternity clinical care procedure
- Virtual Training session “Born Too Soon” and collaborative training event with Birmingham Womens Hospital
- Maternity placements for qualified ambulance clinicians with local Trusts
- Triangulation of information from complaints, serious incidents and other events to develop trends and themes
- Development of maternity champions at each hub

Patient Experience	Measurement Improved methods of receiving feedback from patients in relation to maternity services

Summary of Achievement

- Dissemination of survey for maternity services
- Planned work for Quarter 4 - launch of maternity services page on WMAS website to include information on what to expect when calling 999 for pregnancy or childbirth and links to online maternity survey once complete

Achievement of Target Outcome: Supporting the delivery of high-quality care for women during pregnancy, childbirth and the postnatal period, taking into account changing clinical guidelines, best practice and recommendations.	**Status**

Safe Transportation of Patients (PTS)

Patient Safety	Measurement • Maintain incident reporting and learning from these incidents with a planned reduction in the number of 'harm' incidents and the level of harm.

Summary of Achievement

The Trust has continued to promote the need to report any incidents that occur whilst patients are in our care.

Following an increase in reported incidents during 2020/21, we have continued to monitor the trend of incidents during 2021/22. The increase was due, in part due to the crews being reminded of the importance of reporting, along with the challenges that all staff have faced since the start of the pandemic.

Through the course of the year, there was an overall increase in incidents where harm had occurred from 116 in 2020/21 to 123 in 2021/22 (an overall rise of 6.0%). It is important to note that the volume of incidents remains extremely low in comparison to overall activity, which has continued to rise steeply as the NHS has restored elective activity in the latter stages of the pandemic. The total journeys carried out by the PTS service in the same period was 721,010 in 2020/21, which rose to 858,559 in 2021/22, representing a rise of 19.1%.

	Harm Incidents	Total Journeys	Number of Journeys per Harm Incident
Q1 2020/21	32	149,585	4,675
Q2 2020/21	30	182,860	6,095
Q3 2020/21	27	197,696	7,322
Q4 2020/21	27	190,869	7,069
YTD	**116**	**721,010**	**6,216**

	Harm Incidents	Total Journeys	Number of Journeys per Harm Incident
Q1 2021/22	41	208,697	5,090
Q2 2021/22	39	214,789	5,507
Q3 2021/22	24	217,065	9,044
Q4 2021/22	19	218,008	11,474
YTD	**123**	**858,559**	**6,980**

During the course of the year, where any harm was reported, all but three (95%) were reported as low harm. One incident has been investigated under our Serious Investigation procedure, in comparison to three in the previous year.

We will continue to learn from any incidents that do occur, ensuring that staff training is updated to reflect any new trends in practice or skills.

Achievement of Target Outcome:	**Status**
The Trust planned to continue to learn from incidents and to educate staff when particular trends emerge, with the target of reducing the trend of incidents of all severity. The overall volume of incidents has risen slightly but to a lesser degree than the rise in overall incidents, resulting in a proportionate reduction for the year to date.	

Learning from Patients' Feedback

Patient Experience	Measurement - **111 -** Introduce survey at the end of the telephone call. This will provide a link to an online survey which will include a simple set of questions to meet both national and local quality improvement requirements - **PTS -** Introduce survey at the end of the telephone call, during one survey week each quarter. There will be advice to progress to a more detailed online survey which will run concurrently. - Consider opportunities to carry out further targeted surveys through our Discharge or Renal Coordinators

Summary of Achievement

During quarter 1, the development of the telephony system was taking place, however, as we have never utilised technology in this way, a technical issue was encountered with the database connection.

During Quarter 2, the post-call survey was tested on the IT Support Desk for approximately 1 month, and results were successfully logged. For the 111 survey, the required questions were to be confirmed in order that the survey could be established. The questions for the PTS survey were agreed, and following successful testing, implementation in a live manner was agreed for one of the Trust's contracts.

During quarter 3, A technical issue has developed with the post call survey (affecting both PTS and 111). This is currently being investigated by the supplier, and the expected date for resolution has not yet been confirmed.

- Quarter 1 - 47 responses received to date via our 111 online survey
- Quarter 2 - 20 forms of feedback relating to the Non Emergency Patient Transport Service (FFT Survey, Small Patient Survey and PTS Survey)
- Quarter 3 - 2 responses received in Quarter 3 via our 111 online survey with 49 response YTD. 14 forms of feedback relating to the Non-Emergency Patient Transport Service (FFT Survey, Small Patient Survey and PTS Survey) in quarter 3

Achievement of Target Outcome:	**Status**
The overall intention was to increase response and subsequent learning from patient surveys. Despite our best intentions and efforts to establish the post-call surveys, this has not been possible during this year, however the technology and design work is in place, and once the issue has been fixed, we will continue to ensure that the surveys are in place during the coming financial year.	

Service-based Annual Reports 2021/22

Whilst the above tables represent the overall progress in relation to the quality priorities that were established for 2021/22, the following reports are available on our website which contain further details of the work in each of these corporate and clinical departments.

- Controlled Drugs and Medicines Management
- Infection Prevention & Control
- Better Births
- Patient Experience
- Safeguarding (including Prevent)
- Making Every Contact Count
- Emergency Preparedness
- Security and Physical Assaults
- Health, Safety and Risk
- Patient Safety
- Clinical Audit and Research

The Annual Report in respect of the Data Security and Prevention Toolkit will be submitted and published by 30 June 2022.

The Annual Report for Equality, Diversity & Inclusion will be published by July 2022

Patient Safety

Reporting, monitoring, taking action and learning from patient safety incidents is a key responsibility of any NHS provider. At WMAS, we actively encourage all our staff to report patient safety incidents so that we can learn when things go wrong and make improvements.

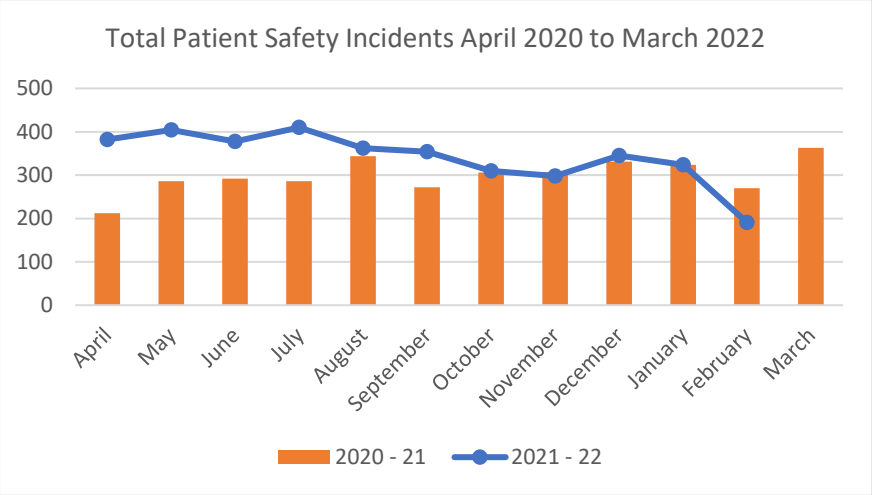
A positive safety culture is indicated by high overall incident reporting with few serious incidents which we continue to achieve. Encouraging staff to report near misses allows us the opportunity to learn lessons before harm occurs.

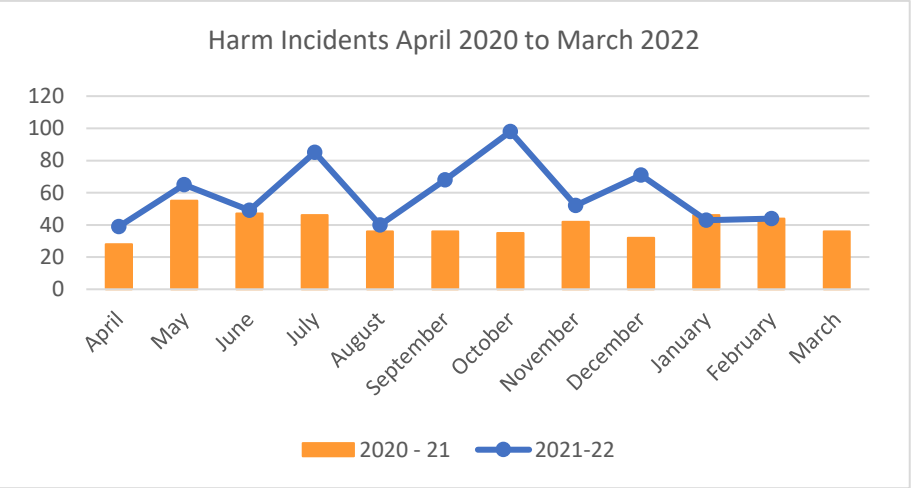
Analysis of all incidents takes place and is supported by triangulation with other information such as complaints, claims, coroners' inquiries, clinical audit findings and safeguarding cases. These are discussed monthly at the Learning Review Group (LRG). The meeting is chaired by the Director of Clinical Commissioning and Service Development and attended by clinicians from across the organisation. Themes and trends are reported quarterly to the Quality Governance Committee and the Trust Board of Directors.

Total Number of Patient Safety Incidents reported by Month

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Harm	39	65	49	85	40	68	102	53	79	47	46	91	764
No Harm	344	339	330	326	322	287	229	263	296	292	149	153	3330
Total	383	404	379	411	362	355	331	316	375	339	195	244	4094

The total number of incidents reported during 2021-22 have increased from the previous year by 13.8%(from 3,596 to 4,094). This includes complaints and NHS to NHS concerns as well as staff reporting through the internal electronic reporting system. There were fluctuations corresponding to the various stages of national lockdown and local restrictions as the pandemic progressed. Patient harm events (764) accounted for an increase of 58.1% increase from the previous year, in which 483 patient harm events occurred.





Themes (Patient Safety/Patient Experience/Clinical Audit)

The top trend for all levels of harm relate to delayed ambulance responses, which directly correlate to the increased hospital handover delays. Further trends relating to low harm incidents include avoidable injuries caused to patients such as skin tears caused during moving and handling, injury due to collision/contact with an object and ECG dot removal.

Serious Incidents

All serious incidents are investigated using Root Cause Analysis methodology to determine failures in systems and processes. This methodology is used to steer away from blaming individuals, to ensure the organisation learns from mistakes and that systems are reinforced to create a robustness that prevents future reoccurrence.

Between April 2021 and March 2022, the Trust registered 204 cases as serious incidents, compared to 84 in the previous year. This sharp increase in reporting correlates to the impact caused by the continuing rise in severe hospital handover delays. RCA has identified that hospital delays are the largest contributory factor.

- Activity rose by 2.73%
- Incident reporting increased by 19%
- SI reporting increased by 142.8%

The Trust has not had cause to report any Never Event incidents.

Top Patient Safety Risks

- Missing equipment/drugs and/or out of date drugs on vehicles that have been through the make ready system.
- Incidents when transferring/moving patients during transport.
- Failure to interpret clinical findings and act on appropriately.
- Administration of medicines – wrong route and inappropriate dosage.

Duty of Candour

The Trust promotes a culture of openness ('just' culture) to ensure it is open and honest when things go wrong, and a patient is harmed. Being open is enacted in all incidents where harm is caused no matter the severity to ensure this culture is carried out.

NHS providers registered with the Care Quality Commission (CQC) are required to comply with a new statutory Duty of Candour, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour which relates to patient harm events considered to have caused moderate harm or above. This regulation requires a more formal process of ensuring that incidents are investigated at an appropriate level and that being open and honest with the patient and/or their families is completed.

The introduction of a Patient Safety section of the Trust website supports the Trust Duty of Candour requirements and allows greater openness and sharing about when things have gone wrong and what the Trust has learnt and is doing to put things right and improve.

The Trust Duty of Candour/Being Open policy is available via the Trust website or directly from the Freedom of Information Officer.

The policy details the arrangements the Trust has in place for staff and managers and the Trust Learning Review Reports published on the Trust Website and presented to the Board of Directors each quarter identifies compliance with our statutory duties.

Safeguarding

In 2021/2022 West Midlands Ambulance Service has continued to ensure the safeguarding of vulnerable persons remains a priority within the organisation and the trust is committed to ensuring all persons are always protected through embedded policies, procedures, education and literature. All staff within WMAS are educated to report safeguarding concerns to the single point of access Safeguarding Referral Line. This Trust has experienced significant and sustained demand on the service, this combined with continuing delays in the ability to handover patients at hospital has led to on occasions patients waiting significant times for an ambulance response. These delays have led to concerns raised around the response to some of our more vulnerable patients from external stakeholders. WMAS continues to work at a local and national level to improve the situation and the safeguarding team reviews these cases and provides assurance to the local authority on the actions undertaken to mitigate the risk.

Safeguarding Referral Numbers

	Adults		Children	
	Referrals	% Variance from Previous Year	Referrals	% Variance from Previous Year
2016/2017	21386		4534	
2017/2018	21130	-1.2%	4756	4.9%
2018/2019	23206	9.8%	5631	18.4%
2019/2020	31639	36.3%	9232	63.9%
2020/2021	39926	26.2%	14082	52.5%
2021/2022	38048	- 4.8%	15110	7.0%

Currently there are 27 Safeguarding Boards across the West Midlands and engagement continues to develop with WMAS, in addition to contribution to Child Death Overview Panels, Domestic Homicide Reviews, Safeguarding Adult Reviews, Serious Case Reviews, Social Care and Prevent panels and networks.

The Safeguarding Manager is the Prevent lead for the trust and ensures compliance with contractual obligations through reporting via Unify2 to NHS England. In addition, close links have been established with NHS England and Police to ensure Prevent is a key priority within our safeguarding agenda.

Despite the operational pressures on the Trust we have delivered training to ensure all Paramedics are trained to level 3 in Safeguarding, which has refreshed and enhanced the knowledge of our staff in respect of best practice and current legislation.

Patient Experience

The key themes for Patient Advice and Liaison Service (PALS) and formal complaints relate to:

- **Timeliness of 999 ambulance and Patient Transport Service Vehicles** - there is a delay or perceived delay in the arrival of a 999 ambulance or response vehicle, or there is a delay in the arrival of a Non-Emergency Ambulance to take a patient to and from their routine appointment.
- **Professional Conduct** - that the patient or their representative feels that the attitude or conduct of the attending ambulance staff, or call taker was not to the standard that they would expect.
- **Loss/Damaged**- the patient or their representative feels that they have lost personal belongings whilst in our care.

Complaints

Complaints are an important source of information about patients' views regarding the quality of services and care provided by the Trust. All staff are encouraged to respond to complaints and concerns raised by patients and relatives in an effective, timely, and compassionate way.

The Trust has received 505 complaints raised so far (1 Apr- 29 Mar) compared to 350 2020/21. The main reason relates to clinical timeless (response) raised.
Breakdown of Complaints by Service Type YTD:

	2020/21	2021-2022	% Variance 20/21 – 21/22
EOC	35	176	402.9
EU	248	215	15.3
PTS	34	54	58.8
Air Ambulance	0	0	0
Other	1	12	1,100
IUC	32	48	50
Total	**350**	**505**	**44.3**

Upheld Complaints

The table below indicates that of the 505 complaints, 123 were upheld & 89 part upheld. If a complaint is upheld or part upheld, learning will be noted and actioned locally and will also be reported to the Learning Review Group for regional learning to be identified and taken forward as appropriate.

National Reason	Justified	Part Justified	Not Justified	TBC	Total
Attitude and Conduct	7	14	22	12	**55**
Call Management	8	9	21	16	**54**
Clinical	13	29	79	25	**146**
Eligibility	0	1	3	0	**4**
Info Request	2	2	17	5	**26**
Lost/Damaged	1	0	1	0	**2**
Other	0	0	1	4	**5**
Out of Hours	1	0	0	0	**1**
Patient Safety	3	2	2	3	**10**
Response	87	28	30	44	**189**
Safeguarding	1	4	5	2	**12**
WMAS	**123**	**89**	**181**	**111**	**505**

Patient Advice and Liaison Service (PALS) Concerns (data 1 Apr – 29 Mar)

This year has seen an increase in concerns with 2482 concerns raised in 2021/22 compared to 2109 in 2020/21. The main reason for a concern be raised is 'timeliness (response).

Learning from complaints / PALS

You said	We did
IUC why was a call back not received on the number requested	the number was noted but not available through the computer aided dispatch system. Learning has been identified and this requires both a technical and training solution, the responsible leads have been made aware for a case study and case review
PTS a concern that staff were allegedly not wearing masks	An article in the Trust Weekly Briefing went out to all staff to remind them of their responsibility
Patients that use the Non Emergency Patient Transport who don't have a timely pick up or require a specific vehicle	Notes added to the computer system
Patients mobility incorrectly booked by an external source	On review of the system the external booking office did not have the ability to select the mobility type, the system was updated

Ombudsman Requests
The majority of complaints were resolved through local resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2021/22 – 14 independent reviews were carried out, (1 case was part upheld), compared to 3 independent reviews in 2020/21.

Patient Feedback / Surveys
The Trust received 132 completed surveys via our website, relating to the Patient Transport Service. The table below outlines the response by survey type.

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

Response (YTD)	Small Survey	FFT Survey	PTS Survey
Very Good	19	29	10
Good	2	56	1
Neither Good or Poor	1	4	1
Poor	0	0	0
Very Poor	1	1	3
Don't Know	0	4	0
Total	**23**	**94**	**15**

Discharge on Scene Survey:

8 responses were received relating to patients who have been discharge to the location the 999 call was made.

Emergency Patient Survey:

104 responses received in 2021/22

Compliments
The Trust has received 1883 compliments in 2021/22 compared to 1834 in 2020/21. It is pleasing to note that the Trust has seen an increase in positive feedback.

Governance
Patient Experience reports monthly to the Learning Review Group (LRG) which focuses on 'trend and theme' reports. The LRG reports to the Quality Governance Committee and reports any issues relating to assurance; any risks identified; and key points for escalation. The Trust Board receive monthly data on formal complaints and concerns through the Trust Information Pack.

Single Oversight Framework (SOF)

This Framework was introduced by NHS Improvement in 2016 as a model for overseeing and supporting healthcare providers in a consistent way. The objective is to help providers to attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding', meet NHS constitution standards and manage their resources effectively, working alongside their local partners. This is done by collating information relating to achievement of the following key themes:

Theme	Aim
Quality of Care	To continuously improve care quality, helping to create the safest, highest quality health and care service
Finance and Use of Resources	For the provider sector to balance its finances and improve its productivity
Operational Performance	To maintain and improve performance against core standards
Strategic Change	To ensure every area has a clinically, operationally and financially sustainable pattern of care
Leadership and improvement capability (well-led)	To build provider leadership and improvement capability to deliver sustainable services

Since maintaining its overall rating of Segmentation 1, since the SOF was introduced, WMAS has recently been rated within segmentation 2, in recognition of the pressures and support required to address ambulance handover delays and response times. The Trust is working closely with our six integrated care systems and NHS England to jointly address the factors that are affecting patient care throughout the West Midlands.

Category	Performance Standard	Achievement April 2021 to March 2022
Category 1	7 Minutes mean response time	7 mins 50 seconds
	15 Minutes 90th centile response time	13 minutes 43 seconds
Category 2	18 minutes mean response time	32 minutes 53 seconds
	40 minutes 90th centile response time	72 minutes 04 seconds
Category 3	120 minutes 90th centile response time	320 minutes 33 seconds
Category 4	180 minutes 90th centile response time	359 minutes 52 seconds

Listening to feedback

Each year our commissioners and stakeholders provide feedback in relation to the content of the Quality Account. We received many very positive comments in response to the 2020/21 report, a selection of which are listed below:

The committee also notes that, despite the fact that the Trust only commenced providing the NHS 111 service in November 2019, and the huge demand that was placed on the service during the year, it was still able to answer calls more quickly than many other 111 services nationwide. The committee formally considered at its joint meeting with Solihull HOSC the integration of the call handling of 111 and 999 calls to ensure the most appropriate pathway of care is provided for the caller. We have welcomed this initiative whilst continuing to monitor the extent to which the 111 service is a fully inclusive for all citizens.

From an equality and diversity perspective, it was pleasing to see a further increase in the number of responses to the NHS staff survey from BME staff compared to 2019. The use of the Workforce Race Equality Standard is also supported to order to evaluate experience and opportunities for BME employees as is the action plan to recruit a workforce that is representative of the diverse communities being served. Similarly, the increasing number of staff groups that have been introduced including Proud@WMAS Network; BME network; Disability and Carers Network; A Women's Network and representation on the National Ambulance Diversity Group.

It is also encouraging to see the interventions being put in place to improve the health and wellbeing of staff including Staff Health Checks and Weight Management support

As the Lead Commissioner for the 9s and 1s service managed by WMAS, they have had to work through the Pandemic and continue to do so. With the Pandemic leading to inevitable changes to the health system to manage this exceptional circumstance has brought with it lots challenges, non-more so than a front facing service the NHS in an urgent and emergency care environment. What has been reassuring through this period is the agility and quality that WMAS have offered over this year. We have been further assured with the drive to progressing integration and collaborative working that is reflected in their involvement with national 111first program that has been developed to help improve flow into emergency departments. With all of this in mind the service has remained focused on patient safety, clinical effectiveness, and patient experience throughout this period.

Over the last 18 months WMAS has also taken over NHS111/Clinical Assessment Service alongside the 999 service that it has nationally recognised for. What is commendable through this challenging time of the Covid 19 pandemic with all parts of the health system being under exceptional demand and upheaval, the Trust has managed the 999 and 111/CAS service with resilience and quality. Bringing on more staff and training them to manage demands that for large periods of 2020 were consistently over 20 % above expected and for repeated periods throughout the year hitting 100% above expected and this was reflected nationally. Changing the working environment and daily practices for all staff to decrease their respective Covid-19 risk and at times having to manage Covid-19

outbreaks within their own service. While working in this environment they continued to drive and develop national programs such the 111first program to offer appointments into emergency departments and similarly offering appointments into primary care with the national GP connect program.

The extraordinary demands on the Trust from December 2019 to the present time, has not prevented them from a continued focus on patient safety to minimise the risk of harm to patients and recognise the effective implementation of the Learning from Deaths Framework and the continued work on quality through the Learning Review Group and the Clinical Quality Review Group. Through our close work with the Trust, we will continue to support the work associated with learning through complaints and serious incidents in addition to feedback from staff and patients in respect of the implementation of key patient focused innovations

We are pleased to see the drive to a fully integrated Urgent and emergency care system and the enormous collaborative drive by the Trust to work with other services and this is reflected in the new Strategic Objectives, which further supports our key requirement for improved collaboration between WMAS and the wider health landscape. We have been and will continue to offer close alignment to regional priorities and continue to support the Trust in establishing further work streams that help to deliver the best patient care throughout the Integrated Urgent Care system. With everything in mind what is pleasing to see the continued drive for innovation through research and development and WMAS's commendable work on equality, disability, and diversity that is no better reflected than in the 111 service.

Through these exceptional times what is clear is that the service carries immense value for the public at large and our intention is to offer further improvements and developments over the next 12 months. Always making sure that patients are offered the best quality of care possible with patient safety being always paramount.

Quality indicators and research
There is a good spread of projects across the clinical spectrum reported, covering the main life-threatening conditions for patients. It is also pleasing to note an investigation into the wellbeing of ambulance staff, given the particularly high rate of sickness in this group.
The collection, reporting and auditing of clinical data is appropriate and the service has performed well against the national averages for the four categories, as measured by the Ambulance Quality Indicators.
Operational performance
The trust is reporting emergency ambulance response times that are better than the national average.
Environmental and sustainability report
It is positive that the ambulance fleet meets the new Birmingham emissions targets.
Learning from deaths
The Trust is undertaking case record reviews for all deaths in WMAS care and evidences its work to review incidents.
Staff survey
The document highlights the areas where staff are more positive in their responses than the national average and those were they are loss positive.

We are aware that this year has been an exceptionally challenging year for WMAS due to the impact of the COVID-19 pandemic. We appreciate the commitment and efforts of all those at the Trust who have been involved in responding to the pandemic.

Healthwatch Worcestershire notes that the West Midlands Ambulance Service has continued to perform well, consistently exceeding the national average in all four categories of response and achieved highly in the Ambulance Quality indicators.

Priorities for improvement 2021-22

We welcome the intention to continue to monitor and, where required, improve the management of cardiac arrest and maternity care and the work being done to reduce patient harm incidents during transportation – recognising the benefits that can be forthcoming for the public and patients.

At Healthwatch Dudley we are also interested in the work being done to learn from patients' feedback and look forward to seeing evidence on how the 'Think 111 First' initiative is working for the public and updates on what is happening with the findings from the surveying of patients who regularly call the ambulance service. In turn, it is good to know that there are various opportunities for the public to be involved in research on health topics and aspects of care relevant to, or directly involving, the West Midlands Ambulance Service, which is working in collaboration with the West Midlands Clinical Research Network, other NHS Trusts, and universities.

We are pleased to note that the West Midlands Ambulance Service has performed well and is exceeding national average response times for calls from the public.

It is noted that throughout the pandemic period demand on the NHS 111 service has been high and yet figures show it has performed well in getting people the help they need – this is reassuring. At the same time, we welcome the development of robust policies and a strong commitment to appropriately dealing with patient safety incidents and complaints – recognising there is a relatively low number of patient harm events and serious harms, in line with previous years. And a focus on the safeguarding of vulnerable individuals with the referral of adults increasing from 4534 in 2016-17 to 14082 in 2020-21.

We are pleased to see the improvements that have been achieved against the 2020 - 21 Quality Account priorities, especially give the pressures the Trust has been under due to the pandemic, and we welcome the continued focus on areas where the hoped for progress has not been achieved. The inclusion of patient feedback in the priorities for the coming year is particularly welcome and HWS would be keen to work with the Trust to ensure that the voice of Shropshire residents is included in that feedback. The inclusion of Maternity services as a priority with the implementation of the Ockenden Inquiry findings will be very welcome in Shropshire.

The year 2020, which this Quality Account covers, has been both a difficult and challenging time but also a time where the value of the NHS has never been more recognised. Healthwatch Birmingham and Healthwatch Solihull's comments to WMAS's Quality Account for 2020-21, are made cognizant of the hard work of the Trust and its

staff throughout the pandemic. Indeed, feedback from users of the Trust's services have highlighted the commitment and hard work of the staff:

- *Friend went into hospital 3 times across lockdown NHS 111 very helpful also - I had Covid at the end of October NHS 111 were useful to have on the end of the phone*
- *The response I had from the life monitoring service and your own ambulance service was fantastic, taking me to Hospital for general repairs and advice. Thank you all so much.*
- *I contacted 999 and the person I spoke to was very helpful, supportive, and provided full information. Very good service.*
- *I had Covid and it was bad, ended calling 111 they send 2 ambulances as my wife had it too only she has terminal lung cancer and COPD, she was ok but I was rushed to the Queen Elizabeth hospital in Birmingham. THANK YOU to everyone at that hospital and the medics that come to my home and looked after me and my wife and also the crew in the transport that took me back home after my stay.*
- *During the first lockdown it took me 4 hours to get through to a member of staff who sounded incredibly exhausted but was so kind and polite and got my son an emergency appointment. During the second lockdown I spoke to a member of staff who was very efficient and empathetic and received a call back from another lovely member of staff within 30 minutes.*

We are pleased to see that the Trust has retained its overall rating of outstanding following a CQC inspection in 2019. We note that during this inspection, there are some areas that were identified by CQC as areas of focus. We are pleased that actions required were implemented. We would like to read in the Quality Account 2020-21 what these areas are and the specific actions that were taken to enable Healthwatch Birmingham and Healthwatch Solihull to support the Trust. The service user experiences we hear throughout the year can potentially inform the work that the Trust is implementing. As these areas remain under review, we would like to read about the impact of the actions taken on patient experience in the 2021/22.

Healthwatch Birmingham and Healthwatch Solihull are pleased that feedback from patients, staff and stakeholders has been used to develop the Trusts quality priorities for 2021/22. The collating of data from different sources (e.g. events, surveys, compliments, complaints) to develop these priorities is indeed welcome. A continued focus on cardiac arrest management, maternity, patient safety (reduction of harm) and patient experience is important.

We recognise the vital and urgent work being done daily on the community's behalf and we offer our genuine and deep felt thanks to all the staff of WMAS for their work this year and continuing dedication and professionalism during the pandemic.

The ambulance service touches all aspects of emergency and urgent care and continues to be integrated into the health and social care structures in our community. We note that the 111 service has seen up to five times increase in patient contact compared to the budgeted plans because of the effects of Covid 19 and the understandable anxiety of the community. Activity and demand levels across 999 conveyances fluctuated because of the effects of the pandemic. 999 services have also been affected by the policy of discharging more patients at the scene to appropriate services in the community and secondary care clinics. There is a continuing requirement to audit these patients' outcomes to ensure that

their needs have been satisfactorily addressed. We commend WMAS for their policy of providing paramedics on all ambulances.

The CQC reported in their inspection in 2019 15 points they asked WMAS to action and HWH are pleased to see these have been addressed. We recognise that WMAS is the only ambulance service in England to consistently meet all the response criteria in the national standards. We commend WMAS on their excellent performance on no 'never incidents' in the year.

We were pleased to see the West Midlands Ambulance Service University NHS foundation trust are increasing numbers of students and working with others in research and development.

We note that WMAS reports the highest levels of infection control and has a policy of continuous improvement in this work. We sincerely hope that WMAS can positively affect increased uptake of the Covid 19 vaccine across all staff.

Birmingham Health and Social Care O&S Committee would like to take the opportunity to thank West Midlands Ambulance Service staff for rising to the challenge that the pandemic presented whilst continuing to exceed national performance targets in all categories for ambulance response rates across the West Midlands region.

The committee acknowledges the priority areas for improvement in the forthcoming year, particularly the measures to reduce avoidable incidents or near misses during care and transportation of patients, which the committee highlighted last year. Likewise, the planned actions to maximise learning from patients' feedback through the introduction of short surveys.

From an equality and diversity perspective, it was pleasing to see a further increase in the number of responses to the NHS staff survey from BME staff compared to 2019. The use of the Workforce Race Equality Standard is also supported to order to evaluate experience and opportunities for BME employees as is the action plan to recruit a workforce that is representative of the diverse communities being served. Similarly, the increasing number of staff groups that have been introduced including Proud@WMAS Network; BME network; Disability and Carers Network; A Women's Network and representation on the National Ambulance Diversity Group.

Additionally, we would like to provide responses to some of the other comments that were fed back to us in response to the draft report for 2020/21:

You Said:	We will be interested to see the impact of the roll out of Bodycams for Ambulance staff and hope this will have a positive effect.
Our Response:	Body worn cameras have now been fully installed at all 16 WMAS E&E locations since November 2021. Between November and the end of the financial year 2021/22, there have been 79 BWC activations supporting submitted ER54 violence & aggression reports. Footage from 15 of the activations has been requested from the police following assaults on staff. To date there have been no prosecutions directly related to body worn cameras

You Said:	We are supportive of your outlined priorities for the forthcoming year. The Panel hope that the Ambulance Service will continue to work on infection prevention, particularly as new more transmissible strains of Covid-19 emerge within the community. We now know that ventilation is such an important factor in keeping people safe from the virus. It will therefore be important to adapt and design new ambulances, with this knowledge playing a crucial factor.
Our Response:	All saloons have climate control system installed. They all have a forced fresh air ventilation system as well which is capable of changing the air in the saloon 60 times per hour, (the requirement under European standards for this type of vehicle is 20 changes per hour). We are also looking into a system that incorporates UV light to sterilise the air coming in through the air conditioning system, and are hoping to have a trial vehicle fitted later this year for evaluation

You Said:	The Panel will also be interested to hear in the future how you intend to improve public awareness of the importance of CPR and how you will review the success of any campaigns
Our Response:	Our very successful social media presence regularly features articles in relation to CPR and the importance of early defibrillation. Page 66 contains a selection of recent articles from our social media activity. We also carry out regular work with the British Heart Foundation, and actively support Restart a Hear Day every year. Monitoring of success will be in the form of the availability of bystander CPR and public access defibrillators, when needed.

You Said:	We hope to see a continuous improvement in the events relating to missing equipment or out of date drugs on vehicles that have been through the make ready system, and on the incorrect administration of medicines.
Our Response:	We continue to focus on our strong governance and have strengthened our local management teams to ensure presence and local ownership of operational drugs and equipment supplies. We are also working on an electronic drugs book, which will support improved visibility and governance of records relating to the full life cycle of drugs.

You Said:	We will want to have meetings with you in the future about the implications of the Integrated Care System (ICS) and how this will impact on the Trust. We hope that it will not have a detrimental effect on your finances and your ability to maintain an outstanding service using the very latest equipment. We aim to help you ensure that the ICS does not make things worse for the Ambulance Service and ultimately for the residents of Wolverhampton.
Our Response:	The Trust meets regularly with its commissioners and key representatives from Integrated Care Systems around the region. We are grateful for the support we receive from our colleagues and are pleased that we continue to work together to achieve the very best patient care in the most challenging time the NHS has ever experienced.

You Said:	The Trust took on the provision of NHS 111 in the region again stating that *calls* [were] *answered more quickly than many other 111 services in the country.* However there remains a lack of transparency regarding NHS 111 performance and the Healthwatch Coventry Steering group would like to see this addressed through regular performance data and information being available throughout the year. Information is not in the public domain and it is not possible to see the figures behind this statement that WMAS 111 was able to answer calls more quickly than other areas of the country. Concerns about the responsiveness of NHS 111 were raised with us by patients/public during this year. A lot was being asked of the service with national announcements made to encourage people to use the service seemingly before the service was able to scale up to meet the demand.
Our Response:	111 has experienced a very challenging year with periods of call answering performance below the required standard. A significant amount of investment and recruitment has been undertaken which has helped to restore call answering performance and to improve the overall patient experience. 111 performance is reported through Trust board and the performance of this Trust along with all other Trusts is readily available through the NHS England website. Unfortunately, whilst NHS 111 is still facing significant increases in demand due to the pandemic, there remain some national announcements in place when service users first access the 111 service.

You Said:	Achievement of the priorities set for 202021 was impacted by the COVID-19 pandemic. The number of responses to the patient experience survey was small but then the survey was not sent out to a big sample.
Our Response:	We continue to work to increase our engagement activities with the resources that we have available for this work. Capacity within the team remains a challenge, but we will continue to strive for improved opportunity for patients to provide their feedback.

You Said:	Healthwatch Worcestershire has no direct evidence to suggest that the priorities of the provider do or do not reflect the priorities of the local population. We are not aware of the extent of patient engagement by WMAS in Worcestershire but would welcome any contact with the Public Governors representing the West Mercia region.
Our Response:	The Quality Account is necessarily a region-wide document. We do have regular dialogue with the Health Overview and Scrutiny Committee in Worcestershire and would be very keen to work with HealthWatch more routinely to support the local focus that is required; and would be equally happy to engage our governors in this work, where appropriate to do so.

You Said:	A continued focus on patient experience, patient safety and clinical effectiveness is welcome, however more measurable detail in how the Trust will achieve its objectives would be useful. There are targets outlined in the version of the QA we were commenting on but there were no numbers attached to the targets and therefore progress will be difficult to evaluate.
Our Response:	The final version of the Quality Account for each year incorporates all of the targets against which we are measured. Due to the timing of production of the document and the need, and desire to seek feedback from stakeholders, the draft is usually a working document. We hope that the final version of the document provides more assurance, once all gaps and draft figures have been updated.

You Said:	The identified priorities should all result in improved service delivery and patient experience. Healthwatch Worcestershire particularly welcome the introduction of the fourth Improvement Priority around patient feedback and specifically the introduction of a patient survey for **111.** However, limiting the survey to an online version may exclude people without digital access. We would endorse the implementation of a telephone-based survey to avoid this. It is also not clear how the Trust will ensure that it is hearing from a diverse group of people.
Our Response:	Despite not being able to implement the telephone survey during the last financial year, we will continue to work to implement this, as it will be a new method of feedback for many patients. Our new Head of Diversity and Inclusion will be taking an active role in supporting the Trust to reach a more diverse group of people.

You Said:	'In deciding our quality priorities for 2020/21 for improving patient experience, patient safety and clinical quality, we have listened to our patients, staff and other stakeholders. We have done this through engagement events, surveys, compliments, complaints and incident reporting.' There is no other evidence that patients and the public have been involved in the production of the Quality Account.
Our Response:	Our engagement activities are varied throughout the year. Some are formal meetings, such as local council Overview and Scrutiny Committees, some are more informal conversations. We do have the structured feedback loop, as mentioned through compliments, complains and incident reporting and we also hold engagement events annually in relation to the Quality Account

You Said:	Healthwatch Worcestershire understands the challenges in clearly presenting the Quality Account for patients and the public given the content required by NHS England. None the less the draft Quality Account is long, technically complex and the language used is not always clearly presented for patients and the public. We would encourage the production of an Easy Read version of the QA showing just the priorities for the year and the performance against last year's priorities.
Our Response:	An abridged version of the Quality Account was published last year, and we will do the same again for the 2021/22 Account.

You Said:	We look forward to getting extra detail and evidence, in the future, on working with the public and patients in discussions, and through a process of coproduction, to decide on the design of relevant aspects of the West Midlands Ambulance Service and how it works to meet public needs.
Our Response:	We will continue to work with our stakeholders and will seek to enhance the way in which we collaborate to support development of jointly agreed priorities.

You Said:	To help public understanding of the performance of the Trust in their own community it would be helpful to have a geographic breakdown of the key performance indicators by local government area or Integrated Care System (ICS) area.
Our Response:	The Quality Account is a Trust level document, and therefore it is not possible to provide more granular information within this particular document. We are happy to provide supplementary information separately for reference.

You Said:	It was of concern to see that in a significant number of the Ambulance Quality Indicators, the Trusts performance has been lower than in 2019-20 with the exception of the sepsis care bundle, and stroke care bundle. We were therefore pleased to see that the Trust has included some of these areas in the 2021/22 priorities. We would like to read in the 2021/22 Quality Accounts, about the improvements made in these areas.
Our Response:	All of our Ambulance Quality Indicators are included within the Quality Account

Annex 1 Statements from External Stakeholders

Overview and Scrutiny Committees

Received from Stoke on Trent Overview and Scrutiny Committee, on 14 April 2022

Thank you for this. It is very encouraging to see that despite Covid 19, this report highlights what has been learnt and how this learning can be used to improve services. I am particularly interested in the following:

The report says that it will be strengthening partnerships and I would like to see how that progresses. It also says that

Mental Health WMAS recognises a significant proportion of patients requiring urgent or emergency care have mental health needs and is committed to ensuring equity in the delivery of mental health care at the point of need through the provision of high-quality, evidence-based care. Following the appointment of a Head of Clinical Practice for Mental Health, the Trust will be developing and implementing a work plan as part of our Quality Account.

I would be interested in knowing how this progressing and what will be included in the workplan mentioned above.

Received from Dudley Health and Adult Social Care Scrutiny Committee, on 10 May 2022

The Health and Adult Social Care Scrutiny Committee for Dudley Metropolitan Council were pleased to consider the draft 2021/22 Quality Account at their April 2021 meeting. The committee acknowledges the high levels of demand the service has faced over the past year in addition to the impact of pressures in other parts of the system and commends WMAS for continuing to be the highest performing ambulance trust in the country with regards to 999 call response.

The committee highlights the impact of service pressures on ambulance response times and raises concerns about the impact this will have on patient safety. Alternative pathways to hospital conveyance are noted as a potential solution to this and the committee recommends that the safety and effectiveness of these are monitored.
Staff recruitment and retention were also raised as areas of priority and the committee recommends that feedback from frontline staff is taken into consideration when addressing these issues.

Received from Worcestershire Health Overview and Scrutiny Committee 17 May 2022

The Worcestershire Health Overview and Scrutiny Committee (HOSC) welcomes receipt of the draft 2021-22 Quality Account for West Midlands Ambulance Service University NHS Foundation Trust. Members of the Committee have appreciated the support the Trust has given to the scrutiny process during the year and the Members look forward to working with the Trust in the future. Through the routine work of HOSC, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire.

Councillor Brandon Clayton

Chairman of Worcestershire Health Overview and Scrutiny Committee

Statement from the Lead Commissioning Group

Received 18 May 2022

The last few years have been a time of unprecedented pressure for the NHS, as the COVID-19 pandemic has seen us face the biggest challenge in our history. Ambulance services across the UK, as well as the wider NHS, have played a vital role in responding to the health and care needs of the people we serve during a time of unprecedented demand. In addition to COVID-19 pressures, increasingly complex cases and wider system pressures have contributed to the challenges which West Midland Ambulance Service has faced. On behalf of all NHS commissioners of the West Midlands region I would like take the opportunity to thank all of our hard working WMAS employees for the work that they are doing in such difficult circumstances. Despite the significant pressures the service is under, it continues to deliver a highly effective response to patients with the most clinically urgent needs. During 2021-22, the service has also taken fewer patients than ever to hospital, instead treating patients in their own home or directing them to more appropriate alternative services, something that can only be good for patients and our partners across the Integrated Care Systems. Within this challenging space, West Midlands commissioners continue to work with the ambulance service to secure additional investment, stabilise performance and positively transform the way the service operates to improve patient care.

Jason Evans
Associate Director
West Midlands Integrated Urgent and Emergency Care Commissioning Team

Statement from Local Healthwatch Organisations

Received from Healthwatch Herefordshire, 11 May 2022

Healthwatch Herefordshire (HWH) welcomes the opportunity to respond to the West Midlands Ambulance Service (WMAS) quality report.

We recognise the vital and urgent work being done daily on the community's behalf and we thank the WMAS teams of dedicated staff on behalf of the community.

We offer our genuine and deep felt thanks to each and every member of staff for their work this year. Together you continue to implement a clear, ambitious vision for your service to patients.

We recognise that the last year has been particularly challenging for WMAS due to the continuing impact of Covid19 on patients and staff.

The ambulance service touches all aspects of emergency and urgent care. We understand that the service continues to work with all providers to integrate with the health and social care structures in our community. This seamless integration is essential to improve patient outcomes.

We commend WMAS for their policy of providing paramedics on all ambulances.

We appreciate the continual difficulties to manage increased demand on the service and the plans for continual improvement to the 111 service.

999 services continue to be affected by the policy of discharging more patients at the scene to appropriate services in the community and secondary care clinics. There is a continuing requirement to audit these patients' outcomes to ensure that their needs have been satisfactorily addressed.

We understand how challenging it has been to achieve this outcome with the pressure on all services within Health and Wellbeing.

All health services have seen an increase of patients with Mental Health crises during and post pandemic, we would like to ensure that these patients are cared for well within the integrated services.

HWH note the actions that WMAS has put in place in the year to implement continuous improvements, but we are concerned about the lengthening times from 999 call out to scene of the incident.

We note the CQC inspection carried out on the Clinical Assessment services as outstanding.

HWH views the Quality report through the following essential requirements.

Is the service:

- Safe
- Effective
- Caring
- Responsive
- Well lead
- The patient feedback, and patient outcomes

- The contribution the service makes to service design and integration of emergency urgent care within total services to patients.
- Are your staff happy, well-led and proud to work for the service?
- 999 response times within Herefordshire?

We commend WMAS on their excellent performance on no 'never incidents' in the year.

We are pleased to see the West Midlands Ambulance Service University NHS Foundation Trust is increasing numbers of students, working with others in research and development and the expansion of research work.

HWH would like to see a dedicated WMAS representative at all forums where Integrated Urgent Care is discussed and specified. WMAS must be at the table when services are designed and specified.

HWH would like WMAS to consider the obligation for all organisations to have a viable action plan to Rural proof for Health under the directives from Rural England. We are concerned that average performance times for arrival at the scene of an incident have slipped backwards over the year in categories 2,3,4. So we note that this will mean much poorer performance standards for Herefordshire where rurality is a key concern in Health Inequalities.

HWH note that the WMAS previous year's priorities are being carried forward to 2022/23, together with new priorities.

1. **We note the new Quality Assurance audit plans.**
2. **Patient experience -** increased feedback and further development in making every contact count must be the ambition. It is yet again disappointing to note that the return of surveys to WMAS is still very low in comparison to the number of patient interfaces. This priority is carried forward to 2022/23. It is to be hoped that WMAS can bring ambition and innovation to increasing patient response numbers so that the patient experience can inform services.
3. **Patient safety -** Improve timely investigations into incidents and serious incidents and make recommendations that are acted upon. Patient safety is very important.
4. **When WMAS discharges patients at the scene** the service expects many patient groups to make follow up appointments to Primary care and outpatient clinics. We understand there has been Integrated care concerns that this doesn't always happen as it should.
5. **New continuous joint service review practices** between the integrated partnerships need to be in place so that patient outcomes can be monitored for effectiveness. There should be rigor in WMAS audit of patient outcomes.
6. **Reduce hazards in transfer** - reduce risk of harm to patients in transfer - the majority of these were low level, however numbers are significant.
7. **Clinical effectiveness** improve performance, HWH welcome WMAS plans to audit numbers of patients re-contacting WMAS services, we would like to see quality assurance that this is being monitored and reviewed.
8. **Achieve national clinical quality indicators for Sepsis,** we note that WMAS performance is above the national average, and we hope to see continuous improvement.
9. **Maternity: the appointment of a new clinical lead, and new plans as part of the Quality assurance audit** to improve maternity care in the prehospital environment.

10. **We note the Trust's work improving performance and learning from case review.** In particular home births where the ambulance service attended and discharged at the scene.
11. **Cardiac and Stroke incidents.** We hope to see increased quality results in the treatment, transfer, and outcomes for patients in these **critical** areas.
12. **Developing WMAS role in Public Health** and reduction of Health Inequalities in Herefordshire as a strategic element of the Reset and Recovery NHS programme.

    HWH notes the methodology that WMAS proposes to use to achieve these priorities and looks forward to the improvements in patient health and wellbeing outcomes.

The priorities for Emergency and Urgent services as they affect Herefordshire.

We note WMAS development of a strategic cell to balance demand with situation status on the ground at A and E departments across the counties. HWH are pleased to see the continuing importance of the 999 Operational Emergency centre development of functionality and WMAS continuing integration and mutual regard for the service partners.

HWH notes the service and the direction of patients to care from 111:

- Transfer of call to 999 10.9% of all patients calling 111
- Advice to attend A and E departments 12.1%
- Primary Care 60%
- Referral to other services 5.3%
- Self-care 11.7%

We highlight the heavy direction of advice to Primary Care which is under increasing patient demand pressures.

We would propose that WMAS consider what innovations and clinical response can be brought to bear on the timely interventions and outcomes for category one and two patients in Herefordshire.

We are very pleased to see WMAS recruiting first responders for Herefordshire, and we wish all success in improving patient outcomes.

We know that the staff of WMAS have been under huge pressure during the pandemic and note the disappointing survey scores of staff. We encourage WMAS to support the health and well being of all staff and provide resources and support to leaders and management to improve the working environment for staff.

Integrating Emergency and Urgent Care can only improve patient outcomes and we hope as the National Health Service England moves back into a post pandemic recovery that WMAS is embedded in the scoping and specification of services in the new STP/ICS structures.

Healthwatch Herefordshire will keenly monitor the progress of 2022/23 priorities and offers the West Midlands Ambulance Service our strong support in harnessing the patient voice in their work.

Jane Ellis
Director
Healthwatch Herefordshire

Received from Healthwatch Dudley, 16 May 2022

Healthwatch Dudley recognises that it continues to be a very busy time for NHS health and care service providers. There are still difficulties caused by Covid-19 pandemic to contend with and also challenges such as adjusting to work alongside the new integrated care systems. At Healthwatch Dudley we are keen to see what new opportunities there will be for collaboration between health and care partners and others - including the public at the place based and neighbourhood level - and more coordinated and joined - up working. Such developments should help the Trust in its ambition to deliver on its overall purpose, which is ensuring individuals get the right care, in the right place, at the right time.

Healthwatch Dudley and the people it represent in the Dudley borough do have concerns about the impact of ambulance delays and handover times at hospitals that can increase the risk of harm to individuals. However, we note that the WMAS has performed well on such measures, compared to many other similar ambulance trusts around the country and it retained its Care Quality Commission rating of Outstanding in 2019.

We acknowledge the Trust's progress made against its 2021-22 objectives for improvement in services whilst also noting work remains to be done in some areas to fully achieve desired objectives. In turn, we welcome the commitment made to achieving improvements in services against ongoing and new priorities in 2022-23 - especially in maternity, mental health, alternative clinical pathways, and improving public health. These are all areas of much interest to Healthwatch Dudley and are very relevant to helping the public in the Dudley borough get the best care possible.

Healthwatch Dudley is supportive of the work that the Trust has been doing with local universities since it became a University Ambulance Service. The research that is being undertaken will benefit individuals accessing ambulance services through improved health and care interventions and outcomes in the future. At the same time, it is good to see there are robust plans in place to continue with work on equality and diversity to ensure people with protected characteristics are able to get equitable access to high quality ambulance services.

More specifically, on public engagement, there is evidence of much good work being done to get views and opinions on services through different types of survey as well as from different interest groups that have been set up to gather information from particular groups of people. Nevertheless, we feel it would be good to explore what opportunities there might be for more qualitative public engagement and research work - case studies, in-depth interviews and the collection of people's stories or the detailed accounts of their views and experiences of using ambulance services. Local Healthwatch organisations would be a valuable resource in helping to think about such work.

Dr Rob Dalziel FRSA
Participatory Research Officer
Healthwatch Dudley

Statement from Healthwatch Birmingham and Healthwatch Solihull on West Midlands Ambulance Service (WMAS) University NHS Foundation Trust Quality Account 2021/22
Received 16 May 2022

Healthwatch Birmingham and Healthwatch Solihull welcome the opportunity to provide a statement on the Quality Account for West Midlands Ambulance Service NHS Foundation Trust 2021/2022. We are pleased to see that there is an open evaluation of the Trusts performance between 2021 and 2022. There is a clear identification of areas where the Trust has done well and areas where further improvements are needed. We acknowledge that Covid-19 related pressures in other areas of the NHS have had a significant impact on the demand on WMAS services (e.g., 999, 111). We note that the Trust has faced significant delays in handing patients over when taken to hospital leading to a deterioration in response times to patients. Therefore, some patients have been waiting for an unacceptable length of time. Indeed, some feedback we have heard from the Trust's service users at Healthwatch Birmingham and Healthwatch Solihull demonstrate a frustration with the waiting times for calls to be answered, and ambulance to come out. And as the Trust has noted, delays have also led to an increase in serious incidents.

We agree that these challenges will continue as other parts of the NHS work to address some of the challenges brought on by the pandemic (e.g., waiting times). We, however, seek more clarity on the actions the Trust will be taking to address issues of delays and their impacts on patient outcomes. In particular, how the Trust is working to ensure that there is support for people as they wait. What links is the Trust making to work with other hospital trusts and third sector organisations to ensure that those waiting have the right information as they wait or are signposted to other organisations. Especially those with mental health concerns. We therefore welcome that one of the priorities is the *utilisation of alternative pathways* whose target is refer patients to alternative pathways (including urgent community response). For this work to be successful, it will be important for the Trusts staff to not only conduct a thorough assessment but also to be aware of not only NHS organisations, but also third sector and community support for various issues. This is an aspect of support that some service users have told us, they have found useful.

> *Mental Health Triage Car - Very supportive, made calls to other mental health services. Supported my nephew into a mental health bed. We avoided an unnecessary trip to A & E.*

Healthwatch Birmingham and Healthwatch Solihull agree with the four main priority areas for the Trust for 2022/23. We recognise many of the issues from our own engagement with the public. In particular mental health has been an issue that we are increasingly hearing about since the pandemic with many calling Healthwatch Birmingham and Healthwatch Solihull for support for their mental health. We have also seen a greater level of negative feedback for mental health services in the city. People have also told us about the effect on their mental health from the delays to care and treatment. Hence, the likelihood of increasing demand for mental health support. We would like to see the Trust involve local Healthwatch, service users and members of the public in developing a work plan following the appointment of a Head of Clinical Practice for Mental Health. We look forward to reading in the 2022-2023 Quality Accounts how the Trust has involved various stakeholders in developing and implementing this priority.

We are pleased to also see continued work on *maternity issues*; plans under *the Integrated Emergency and Urgent Care Clinical Governance* priority to quickly and accurately assess patient needs and identify the best response. We would like to read the impact of this on delays and patient outcomes in the 2022-23 Quality Accounts. We also welcome the Trusts plans to develop its role in improving population outcomes and tackle inequalities.

We are pleased that across the Trust, patient feedback is seen as important and welcome examples of learning from feedback outlined in the Quality Account. However, having looked at the performance indicators for patient experience and feedback, we believe that more can be done. We note that the Trust is reviewing systems it uses to seek feedback and make it easy for the public to contact the Trust with their views. We hope to see the Trust using varied ways of engaging with services users and members of the public that go beyond the use of online methods to ensure that the communication needs of diverse groups are met. For instance, the Trust states under the 'Think 111 First' discussion in the Quality Account that "a decision as to whether it is possible to implement a short telephone-based survey, with an onward link to the website for patients who are happy to complete the full survey; or whether the message at the end of the call is purely a recorded announcement for the full online survey" will be made. We believe that there should be other alternatives for people to complete the survey such as the option to receive a paper copy or provided in an alternative format or language. As we indicated in our Quality Accounts Statement 2020-2021:

- The key objective of engagement should be 'to use patient and public insight, experience, and involvement to identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including increasing independence and preventing worsening ill-health).'
- Public health data should inform engagement plans to ensure that the trust is hearing from all sections of the community particularly those impacted negatively by changes or improvements to services. Also use this to understand wider impact on health inequalities that have an impact on how the trust delivers its services.
- The Trust is using varied ways of engaging with services users and members of the public that go beyond the use of online methods to ensure that the communication needs of diverse groups are met.

We look forward to reading about the establishment of the post-call surveys and the learning from this in the 2022/2023 Quality Accounts.

Lastly, we acknowledge the tough conditions WMAS staff work at times being at the end of verbal and physical assault in the course of their work. Healthwatch Birmingham and Healthwatch Solihull is happy to support the Trust in sharing any social media campaigns on the issue.

Andy Cave

CEO

Healthwatch Birmingham

Statement from the Council of Governors

I would firstly like to say that the Council of Governors welcomes this detailed Quality Account for 2021/22 and acknowledges the amazing efforts that have been made by all at West Midlands Ambulance Service, whatever role within the organisation they undertake.

The last two years have certainly been like no others, with the Pandemic bringing so many added pressures, and the Service continuing to see high increases in demand for all that it provides. All staff, students and volunteers at the Trust have shown, and continue to do so, great resilience during what has been the most challenging period in our history. Staff should feel proud of how they have so quickly adapted and performed throughout the changing circumstances of the Pandemic.

Despite all these pressures, the Trust has continued to host all of its Council of Governors meetings, albeit virtually, and has ensured that the Governors have been equipped with the skills and knowledge that are needed to effectively undertake their roles. Governors have continued to receive in-depth briefings from the Chief Executive Officer and the Chairman, as well as presentations from other members of staff within the organisation, and, in turn, Governors have been able to ask their own questions whether during the Council of Governors meetings or via other means, all of which continue to be responded to in a timely manner. The Trust has most certainly strived to ensure that full Governorship has continued during these most difficult times, something again to be very proud of.

This year the Trust has welcomed Non-Executive Director Lisa Bayliss-Pratt to the Board, taking up her role on 1st April 2021, following a competitive interview process led by the Governors. The Council of Governors was also pleased to recommend and approve the reappointment of Non-Executive Director Narinder Kooner for a further three years from November 2021.

Looking forward this this year's priorities, we are indeed pleased to note that work plans around 2021/22 priorities for Maternity and Alternative Care Pathways, both of which are very important areas, will continue into 2022/23, and welcome the new priorities that have been set and look forward to seeing the outcomes.

It would be impossible within this brief statement to highlight all of the excellent work that has been carried out and fulfilled to such a high standard throughout the Organisation, and once again I, on behalf of the Council of Governors, would like to thank each and every member of staff within WMAS by saying that they have achieved so much despite the unimaginable pressures brought by the Pandemic, and we give them sincere thanks.

Eileen Cox, Lead Governor and Public Governor - Staffordshire

10 May 2022

Annex 2 - Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20, as per guidance for the 2021/22 report
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2021 to March 2022
  - papers relating to quality reported to the Board over the period April 2021 to March 2022
  - feedback from commissioners dated xxxxx
  - feedback from governors dated 11 May 2022
  - feedback from local Healthwatch organisations dated May 2022
  - feedback from Overview and Scrutiny Committee dated from April and May 2022
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated xxxx.
  - the [latest] national staff survey published xxxx
  - the Head of Internal Audit's annual opinion of the Trust's control environment. This was discussed and agreed at the Trust's Audit Committee in May 2022, attended by Internal and External Auditors.
  - CQC inspection report dated 22/08/2019
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.
By order of the board

Professor Ian Cumming
Chairman
Date: 25 May 2022

Professor Anthony Marsh
Chief Executive
Date: 25 May 2022

Annex 3: The External Audit Limited Assurance Report

National guidance has been updated for 2021/22 Quality Account as follows:

There is no national requirement for NHS trusts or NHS foundation trusts to obtain external auditor assurance on the quality account or quality report, with the latter no longer prepared. Any NHS trust or NHS foundation trust may choose to locally commission assurance over the quality account; this is a matter for local discussion between the Trust (or governors for an NHS foundation trust) and its auditor. For quality accounts approval from within the Trust's own governance procedures is sufficient.

WMAS' Audit Committee is an established sub committee of the Board of Directors, which is attended by the Trust's external auditors. Each year, the Quality Account is presented to this committee for review. This process will take place as part of the review and approval process prior to publication.

Annex 4: Glossary of Terms

Glossary of Terms

Abbreviation	Full Description
A&E	Accident and Emergency
AFA	Ambulance Fleet Assistant
ARP	Ambulance Response Programme
AQI	Ambulance Quality Indicators
BASICs	British Association of Immediate Care Doctors
CCGs	Clinical Commission Groups
CFR	Community First Responder
CPO	Community Paramedic Officer
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
COVID-19	Coronavirus Pandemic
CSD	Clinical Support Desk
DCA	Double Crewed Ambulance
E&U	Emergency & Urgent
EMB	Executive Management Board
EOC	Emergency Operations Centre
FAST	Face, Arm, Speech Test
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HART	Hazardous Area Response Team
HCAI	Healthcare Acquired Infections
HCRT	Healthcare Referral Team
IGT	Information Governance Toolkit
IM&T	Information Management and Technology
IPC	Infection Prevention and Control
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPIs	Key Performance Indicators
MERIT	Medical Emergency Response Incident Team
MINAP	Myocardial Infarction Audit Project
NED	Non-Executive Director
NHSP	National Health Service Pathways
NICE	National Institute for Health and Clinical Excellence
NRLS	National Reporting & Learning System
OOH	Out of Hours
PALS	Patient Advice and Liaison Service
PDR	Personal Development Review
PRF	Patient Report Form
NEPTS	Non – Emergency Patient Transport Service
QIA	Quality Impact Assessment
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RRV	Rapid Response Vehicle
SI	Serious Incident
SOF	Single Oversight Framework
STEMI	ST Elevation Myocardial Infarction
STP	Sustainability and Transformational Partnerships
VAS	Voluntary Aid Services
WMAS	West Midlands Ambulance Service University NHS Foundation Trust
YTD	Year to Date

Further Information

Further information and action plans on all projects can be obtained by contacting the lead clinician named on the project.

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given in the Quality Report to be published in June.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service University NHS Foundation Trust
Ambulance Headquarters
Millennium Point
Waterfront Business Park
Brierley Hill
West Midlands
DY5 1LX

You can also find out more information by visiting our website: **www.wmas.nhs.uk**

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370.**








WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08c MONTH: MAY 2022 PAPER NUMBER: 06c

Departmental Annual Reports 2021/22	
Sponsoring Director	Director of Nursing and Clinical Commissioning
Author(s)/Presenter	Director of Nursing and Clinical Commissioning
Purpose	To present the draft corporate function Annual Reports to members of the Board for review and approval
Previously Considered by	Where appropriate, the reports have been agreed by: • Medicines Management Group (MMG) • Health, Safety Risk and Environment Group (HSRE) • Professional Standards Group (PSG) • Operational Management Team (OMT) • Clinical Audit & Research Programme Group (CARPG) • Diversity and Inclusivity Group (D&I) The reports have also been reviewed and agreed by Quality Governance Committee (QGC) as identified
Report Approved By	Director of Nursing and Clinical Commissioning

Executive Summary

The leads of key corporate functions have produced the following reports to cover a summary of activities and achievements during 2021/22 and an overview of priority work areas for 2022/23. The following reflects the groups and committees where each report has been reviewed and approved for presentation to the Board of Directors.

1. Controlled Drugs and Medicines Management (Agreed at MMG and to be approved at PSG)
2. Infection Prevention & Control (Approved at HSRE)
3. Maternity (To be approved at PSG)
4. Patient Experience (Agreed at LRG and to be approved PSG)
5. Safeguarding, including Prevent (To be approved at PSG)
6. Making Every Contact Count (To be approved at PSG)
7. Emergency Preparedness (Approved at OMT)
8. Security Management (approved at HSRE)
9. Health & Safety (Approved at HSRE)
10. Patient Safety (Agreed at LRG and to be approved at PSG)
11. Clinical Audit (Agreed at CARPG and to be approved at PSG)
12. Research (Agreed at CARPG and to be approved at PSG)
13. Learning From Deaths (Approved at LRG)

Each of the above reports, and their respective approval status, has been shared with Quality Governance Committee for assurance purposes.

We have worked on a standardised template for most of these reports with the same structured content. This means that whilst they remain standalone documents, if viewed together, they will have the same corporate branding and layout, supporting ease of reference. All of the

above reports have been shared with members of the Board of Directors for review. Once approved, they will be published on the Trust's website, supporting the Quality Account.

Due to the timing of meetings, those annual reports that are to be approved at PSG have been electronically circulated to the group to ensure sufficient time for approval prior to Board of Directors meeting. This will be done electronically and formally minuted at the PSG meeting on 30th May 2022. Any comments or recommendations for amendment will be shared verbally and recorded at the Board of Directors' meeting.

The Data Security and Protection Toolkit Annual Report will be completed following the DSPT national submission in June 2022.

The Equality and Diversity Annual Report will be published in July 2022.

Related Trust Objectives/ National Standards	The Annual Reports relate to the key objectives of each department and therefore support the achievement of all of the Trust's Strategic Objectives.
Risk and Assurance	Failure to achieve key departmental objectives may adversely affect significant risk 3 (Quality Compliance)
Legal implications/ regulatory requirements	Some of the reports (for example Infection Prevention and Control, Medicines Management and Safeguarding are statutory functions within all Trusts
Financial Implications	Any financial implications arising from individual priorities will be identified and reported through appropriate committees
Workforce Implications	None directly identified
Communications Issues	The departmental Annual Reports will be available to the public through the Trust's website alongside the Quality Account
Diversity & Inclusivity Implications	The Diversity and Inclusion Annual Report is contained within the pack
Quality Impact Assessment	Not required
Data Quality	All data contained within the reports have been provided and validated by the leads and Director for each area. All Trust data is subject to internal audit and checking processes.

Action required

Members are asked to confirm that the draft documents can be formally approved and published on the Trust website, along with the Quality Account.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08d MONTH: MAY 2022 PAPER NUMBER: 06d

Board Assurance Framework (BAF)	
Sponsoring Director	Executive Director of Nursing and Clinical Commissioning
Author(s)/Presenter	Head of Risk
Purpose	The Board is asked to note the risks and discuss any actions and mitigations required to control and reduce those risks
Previously Considered by	EMB, HSRE
Report Approved By	Executive Director of Nursing and Clinical Commissioning

Executive Summary

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

The BAF shows the latest updates rather than all historical changes in the "reviewed comments" for ease of review

There is a piece of work underway to simplify the appearance and functionality of the BAF, which will be via a PowerPoint document which will provide a link to the latest changes, rather than having to scroll through several pages.

There is 1 Risk which will be escalated to the BAF following EMB if agreed.

EOC-022 - Clinical validation for Cat 2 999 Calls

Changes to the BAF since the last review are.

Strategic Objective 1 –

EP-019 - Impact on all Trust functions because of Pandemic Influenza (updated to reflect COVID-19) including staff sickness, infection transmission, resourcing, performance, and demand level management. – Update to new risks, including new variant has impacted Trust sickness rates, changes to PCR and LFT requirements (although the Trust continue to adhere to guidance) possible PPE fatigue and mixed messaging and financial implications. Staff abstractions have started to see an upward trajectory due to COVID following a significant reduction in February. Patient flow inefficiencies persist as a result of the requirement of hospitals to exercise social distancing and zoning (hot and cold areas) of patients. Expected release of updated IPC guidance for Healthcare

providers in April, is hoped to have a positive impact on the overall management of COVID.

H&S-012 - Risk of staff suffering serious injury because of stab/ballistic weapons, as a result of lack of PPE (stab vests), potential flagging concerns and failure to report near misses - The Stab Vest report was received at QGC on 21/3/22. It was highlighted to the committee that the report has been received previously at LRG on 24th January and then EMB on 15/2/22 and Trust Board on the 23rd February. It was at Trust Board that it was requested for some time to consider the approach and that it was brought to QGC to allow this to take place. At QGC on the 21/3/22 it was noted that the committee was "not in a position to make a recommendation" but that it was key that we continue to seek and understand the "patient experience" i.e. what patients thought when seeing a paramedic in a stab vest. Awaiting meeting minutes from QGC meeting.

ORG-118 - Java Log4J Cyber Vulnerability- Risk reviewed at Cyber Meeting. Assessment updated to reflect present situation. Score remains unchanged due to the unknown status of the supply chain.

EOC-016 - Increase in stacking of calls during times of high demand – both 111 & 999 calls, delay to patient treatment and performance failure - Updates made to risks associated due to increasing concerns as a result of continued delays in responding to patients resulting in patient harm and death. Additional control added for clinical validation of Category 2 incidents, which is supported by a separate assessment to be tabled at EMB

CWG-007 - Impact of COVID-19 and emerging variants on WMAS ability to practically deliver the 2022 Commonwealth Games - New variant (Deltacron) has been identified nationally. There continues to be an impact on staff abstractions and performance – this is continually monitored and manage via COVID Director, Test and Trace team and relevant workstreams within the Trust.

ORG-093 - Utilisation of surge contingency as a result of COVID-19 and increased demand, and its impact on 2021/22 resourcing, training, finance and ultimately performance and potential patient delays and harm - Demand continues to increase and since the last review the Trust has encountered its busiest months (demand wise) ever – October 2021 and February 2022, with forecasts that March will reflect an even greater increase. Surge continues to be enacted regularly and the Trust is at REAP 4 daily. Hospital delays continue to pose the greatest risk along with calls waiting, with hours lost per day far exceeding 100 and patients at ED for up to and above 15 hours. Specific risk assessments for Hospital Delays and Call Stacking remain the Trust highest graded risks and are managed appropriately

ORG-081 - Outbreak of COVID-19 across Trust sites as a result of failure of COVID secure measures and increased transmission resulting in increased staff sickness and potential risk of site closure and performance - WMAS is

currently experiencing a similar regional background rate of infectivity and as a result, transmission has increased across all operational lines. Such prevalence continues to be discussed with UKHSA consultants to ensure ongoing situational awareness. This impact has been seen across the whole NHS since the lifting of mandatory measures, with staff shortages, ward and care home closures resulting in prolonged hospital delays.

PS-074 - Risks associated with extensive Hospital Breaches, Delays and Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents - Winter halo secondment has extended for 1 month, giving us 7 day cover at stretched sites so this is positive as we will have comms and support. Covid continues to decimate Hospital staffing resulting in multiple bed closures and providing us with the worst week in handover delays. Reports of considerable number of nursing and care homes closed to admissions due to covid outbreaks resulting on medically fit patients being unable to be discharged from hospital, reducing flow and creating delays in ED. NHSEi are exploring options for Static Ambulances which will provide cohort space in the form of a Porta Cabin. Placement of the static ambulances are proposed at RSUH, RSH and Heartlands, so far nothing has been confirmed but initial reports indicate that the 3 sites are reluctant to adopt this process.

ORG-094 - Easing of national COVID-19 restrictions resulting in potential risks to staff and patients, possible harm, litigation, and performance - In April NHSEI have announced an IPC step down approach to remobilise NHS services and give autonomy to organisations in order to make local decisions, based on the balance of risk with patients, staff, organisational and system risks. However, it must be stressed how these risks need to also consider the impact on the wider system in terms of patient delay, harm and continuing impact on organisational performance.

ORG-003 - Failure to complete Serious Incident (SI) Investigations and associated recommendations within timescales resulting in reduced learning, complaints, litigation delay of update to CCG and potential further patient safety concerns - Actions extended due to delay in review and completion due to an ever-increasing level of demand. The situation continues to deteriorate due to increasing numbers of serious incidents. As a snapshot of 8th April) - 184 currently open S.I's, on STEIS, of which 115 are open within WMAS. 11 closure requests have been made with the CCG during March. 51 out of national time frame. 19 SI's have been reviewed and closed by the CCG during March – 1 of which was stood down as an SI. 36 new SI's were registered during March. - *Reviewed and updated since EMB submission .*

ORG-102 - Patients held on the back of an Ambulance awaiting hospital handover for prolonged periods resulting in harm and potential litigation and adverse publicity - Operational hours lost whilst waiting/delayed at hospitals have increased significantly since the last review – with March 2022 being the worst month in WMAS history. Patients are waiting on vehicles at ED for up to 15 hours

and this is ever increasing, with delays showing no sign of improving. Multi agency meetings continue to review system risks, however, the increasing demand and individual partner pressures and risks seem to be impacting the whole system with little sign of abating. There have been a small number of reports where patient have sustained pressure sores which are being investigated for further action. Hospital delays and patients waiting for response remain the Trust top 2 risks (graded 25) and a paper detailing the wider picture and organisational impact is being tabled at Board on 27th April. - *Reviewed and updated since EMB submission.*

Strategic Objective 2 – No changes

Strategic Objective 3 –

FI-018 - Adequate procurement controls are not in place for Tenders, Waivers and SFI and SO compliance - The new Head of Procurement has reviewed existing policies, procedures and controls in place and the recommendations made by Internal Audit, and has concluded that the risk can be reduced. A new Procurement Policy in line with the FSIs has been created and reviewed by Performance Committee prior to being sent to Audit Committee in March 2022. The approved Procurement Policy provides a simplified two part approach for colleagues to comply with. To support the roll-out of the new Procurement Policy. We have created Procurement Awareness training and tested with the IT Department. A plan is in place to roll this out to all budget holders and their nominated colleagues who transact with third parties. To ensure that we support new colleagues with Procurement compliance. We have included Procurement in the new starter induction process via the Recruitment team. During 2022, we will roll-out Delta Quick Quote to all budget holders and their nominated colleagues to be able to run Quotations between £5,000 - £20,000 via the compliant eProcurement portal. In line with CIP programme, we have transitioned to a Procurement Business Partner approach. Working in conjunction with budget holders and management accountants to review all spend and ensure that anything >£20,000 is captured on the Procurement Work Plan and prioritised based on value or risk.

Strategic Objective 4 –

ORG-082 - Devolution of resources to place and PCN level, for example around transformation funds and how the ambulance trusts engage – Awaiting update on whether still relevant?

ORG-083 - **Investment in digital capability for ambulance services often benefits from a regional approach** – Awaiting update on whether still relevant?

Strategic Objective 5 –

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08d MONTH: MAY 2022 PAPER NUMBER: 06d

ORG-084 - The opportunity for "collective accountability" on performance could be helpful in addressing issues – Awaiting update on whether still relevant?	
Related Trust Objectives/ National Standards	There is a national requirement for WMAS to have a Board approved Board Assurance Framework
Risk and Assurance	The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the board's strategic objectives. It is an essential tool for boards and the effective application of board assurance arrangements to produce and maintain a BAF will help management and the board to consider collectively the process of securing assurance using a formal process that promotes good organisational governance and accountability.
Legal implications/ regulatory requirements	The completion of a BAF and ensuring risks are managed appropriately is an issue of good corporate governance
Financial Implications	There are no direct financial implications for the Committee to consider, however the BAF does address organizational financial risk – there may be requirements to provide additional funding if it is believed that this may reduce certain risks identified which may threaten achievement of strategic objectives e.g. increasing resourcing and overtime opportunities
Workforce & Training Implications	There are no direct workforce implications, however the BAF does address workforce issues. It may be considered appropriate to increase resourcing/staffing to reduce certain risks, which will have an impact on workforce. Health and Wellbeing, morale and productivity may also be impacted (specific risks are detailed on relevant assessments)
Communications Issues	The BAF will need to be communicated to colleagues in the organisation via regular channels. Relevant changes/updates may be required to be communicated via Press. Possible increased Press and Media interest

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08d MONTH: MAY 2022 PAPER NUMBER: 06d

Diversity & Inclusivity Implications	This is addressed, where appropriate in the risks identified and mitigating actions.
Quality Impact Assessment	This is addressed, where appropriate in the risks identified and mitigating actions.
Data Quality	The information in the BAF is sourced from the WMAS Risk Register
Action required Board is asked to review, discuss, and agree the changes to the BAF and consider where further mitigation may be required (finance, resourcing, workforce etc)	

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

Strategic Objective	1: Safety, Quality and Excellence

Risk Title	Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood)	Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood)	Target Risk score *(if deemed appropriate upon Board review)*
Principal Risks			
SR-1 - Failure to achieve Operational Performance Standards	5x4=20	5x3=15	5x2=10
PS-074 - Risks associated with extensive Hospital Breaches, Delays and Turnaround times	5x5=25	5x4=20	5x3=15
HS-012 - Risk of staff suffering serious injury because of stab / ballistic weapons	5x3=15	5x2=10	5x2=10
EP-019 – Pandemic Influenza	4x5=20	4x5=20	4x3=12
EP-027 – Risks associated with Terrorist Threats	5x3=15	5x2=10	5x2=10
ORG-003 – Failure to complete SI investigations within timescales	4x4=16	4x3=12	4x2=8
IPC-032 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19	4x3=12	4x2=8	4x2=8
ORG-081 – Outbreak of COVID-	4x5=20	4x5=20	4x4=16

Lead Committee	Quality Governance Committee
Last Reviewed	May 2022 (HSREG, QGC)
Reviewed Risk	**EP-019** - Impact on all Trust functions because of Pandemic Influenza (updated to reflect COVID-19) including staff sickness, infection transmission, resourcing, performance and demand level management. **H&S-012** - Risk of staff suffering serious injury because of stab/ballistic weapons, as a result of lack of PPE (stab vests), potential flagging concerns and failure to report near misses **ORG-118** - Java Log4J Cyber Vulnerability **EOC-016** - Increase in stacking of calls during times of high demand – both 111 & 999 calls, delay to patient treatment and performance failure **CWG-007** - Impact of COVID-19 and emerging variants on WMAS ability to practically deliver the 2022 Commonwealth Games **ORG-093** - Utilisation of surge contingency as a result of COVID-19 and increased demand, and its impact on 2021/22 resourcing, training,

	19					finance and ultimately performance and potential patient delays and harm
	IPC-035 -Risks associated with bird/vermin droppings on Trust sites	4X4=16	4X3=12	4X1=4		**ORG-081** - Outbreak of COVID-19 across Trust sites as a result of failure of COVID secure measures and increased transmission resulting in increased staff sickness and potential risk of site closure and performance **PS-074** - Risks associated with extensive Hospital Breaches, Delays and Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents **ORG-094** - Easing of national COVID-19 restrictions resulting in potential risks to staff and patients, possible harm, litigation, and performance **ORG-003** - Failure to complete Serious Incident (SI) Investigations and associated recommendations within timescales resulting in reduced learning, complaints, litigation delay of update to CCG and potential further patient safety concerns **ORG-102** - Patients held on the back of an Ambulance awaiting hospital handover for prolonged periods resulting in harm and potential litigation and adverse publicity
	EOC – 016 - Stacking of incidents at times of high demand	5x5=25	5x4 = 20	5x3=15		
	IPC-002 - Regulatory concerns due to non-compliance with Clinical Waste Management	4X3=12	4X2-8	4X1=4		
	ORG-093 - Utilisation of surge contingency as a result of COVID-19 and increased demand, and its impact on 2021/22 resourcing, training, finance and ultimately performance and potential patient delays and harm	5x3=15	5x2=10	5x1=5		

	ORG-094 - Easing of national COVID-19 restrictions resulting in potential risks to staff and patients, possible harm, litigation, and performance	4x5=20	4x5=20	4x5=20	
	ORG-095 - Management of changes to isolation guidance and impact on WMAS staff, to manage demand, improve resources and ensure patient delays and harm are minimised	5x3=15	5x10	5x1=5	
	EOC-003 - Clinical validation for Cat 3 and Cat 4 incidents	4x4=16	4x3=12	4x2=8	
	EOC-021 - Risks associated with the management of 111 Clinical Queue resulting in extensive delay, patient harm, increased stress and performance concerns	5X3=15	5X2=10	5X1=5	
	ORG-102 - Patients held on the back of an Ambulance awaiting hospital handover for prolonged periods resulting in harm and potential litigation and adverse publicity	5X3=20	5X2=10	5X1=5	
	EOC-013 (Previously ORG-103) - Risks associated with IEUC dual role resulting in patient delay and harm, staff sickness and performance	5X3=15	5X2=10	5X1=5	
	CWG-007 – Impact of COVID-19 and emerging variants on WMAS ability to practically deliver the 2022 Commonwealth Game	5x3=15	5x2=10	5x1=5	
	HARTOD11 - Marauding Terrorist Attack Deployment	5x4=20	5x2=10	5x2=10	
	HARTODNB1 – CBRN Attack Deployment	5x4=20	4x2=8	4x2=8	

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

Strategic Objective	2: A great place to work for all

Risk Description *What might happen if the risk materialises*	**Current Risk Score** With Controls and Assurances in Place	**Mitigated Risk Score** After Applying all Mitigating Actions (Consequence x	**Target Risk score** *(if deemed appropriate upon Board*

Lead Committee	People Committee

			(Consequence x Likelihood)	Likelihood)	*review)*
Principal Risks		**ORG-078** - COVID-Secure in the Workplace	4X3=12	4X2=8	4X2=8

Last Reviewed	November 2021 (EMB)
Reviewed Risk	

Strategic Objective 3 :Effective Planning and use of resources
Lead Director: Karen Rutter

Strategic Objective	3: Effective planning and use of resources	**Risk Description** *What might happen if the risk materialises*	**Current Risk Score** With Controls and Assurances in Place (Consequence x Likelihood)	**Mitigated Risk Score** After Applying all Mitigating Actions (Consequence x Likelihood)	**Target Risk score** *(if deemed appropriate upon Board review)*
Principal Risk		**SR-2** The Trust fails to meet its financial duties	4X3 = 12	4X3=12	4X2=8
		FI-009 - Patient activity varies at a rate that cannot be contained within the Trust's cost base	3X4=12	3X4=12	3X4=12
		FI-020 - The change in planning and commissioning of services on a national basis, particularly with reference to STPs, could destabilise the Trust's current business model.	4X4=16	4x3=12	4x3=12
		FI-022 - Implementation of the IFRS 16 standard for leasing of assets	3X4=12	3X3=9	3X3=9
		FI-026 - The new nationally agreed pay award is not fully funded for the Trust	5X4 = 20	5X3=15	5X3=15

Lead Committee	Performance Committee
Last Reviewed	May 2022 (HSREG)
Reviewed Risks	FI-018 - Adequate procurement controls are not in place for Tenders, Waivers and SFI and SO compliance

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

Strategic Objective	4: Innovation and Transformation	**Risk Description** *What might happen if the risk materialises*	**Current Risk Score** With Controls and Assurances in Place (Consequence x Likelihood)	**Mitigated Risk Score** After Applying all Mitigating Actions (Consequence x Likelihood)	**Target Risk score** *(if deemed appropriate upon Board review)*
Principal Risk		**ORG-082 -** Devolution of resources to place and PCN level, for example around transformation funds and how the ambulance trusts engage (220 PCNs across the Midlands region)	4x3 =12	4x2 = 8	4x1 = 4

Lead Committee	Quality Governance Committee
Last Reviewed	January 2022 (Board)
Reviewed Risks	Awaiting update on whether ORG-082 and ORG-083 are still required

	ORG-083 - Investment in digital capability for ambulance services often benefit from a regional approach, however again devolution of monies to individual ICS may challenge us.	4x3 = 12	4x2 = 8	4x1 = 4		
	ORG-087 – Proposed changes to Urgent and Emergency Care Quality and Access Standards will result in new set of measurement metrics	4X3=12	4X2=8	4X1=4		

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

Strategic Objective	5: Collaboration and Engagement	**Risk Description** *What might happen if the risk materialises*	**Current Risk Score** With Controls and Assurances in Place (Consequence x Likelihood)	**Mitigated Risk Score** After Applying all Mitigating Actions (Consequence x Likelihood)	**Target Risk score** *(if deemed appropriate upon Board review)*
Principal Risk		**ORG-084** - The opportunity for "collective accountability" on performance could be helpful in addressing issues - how this would work though is ill defined	4x3 = 12	4x2 = 8	4x2 = 8
		ORG-087 - Proposed changes to Urgent and Emergency Care Quality and Access Standards	5X3 = 15	5X2 = 10	5X2 = 10

Lead Committee	People Committee
Last Reviewed	January 2022 (EMB)
Reviewed Risks	Awaiting update on whether ORG-084 is still required

Appendices

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

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	*Mitigating Actions*	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*
EP-019 -	Impact on all Trust functions because of Pandemic Influenza (updated to reflect COVID-19) including staff sickness, infection transmission, resourcing, performance and demand level management.	Update to new risks, including new variant has impacted Trust sickness rates, changes to PCR and LFT requirements (although the Trust continue to adhere to guidance) possible PPE fatigue and mixed messaging and financial implications. Staff abstractions have started to see an upward trajectory due to COVID following a significant reduction in February. Patient flow inefficiencies persist as a result of the requirement of hospitals to exercise social distancing and zoning (hot and cold areas) of patients. Expected release of updated IPC guidance for Healthcare providers in April, is hoped to have a positive impact on the overall management of COVID.		All relevant Risks reviewed and updated regularly	Identify and agree any actions	Continue to monitor
H&S-012	Risk of staff suffering serious injury because of stab/ballistic weapons, as a result of lack of PPE (stab vests), potential flagging concerns and failure to report near misses	The Stab Vest report was received at QGC on 21/3/22. It was highlighted to the committee that the report has been received previously at LRG on 24th January and then EMB on 15/2/22 and Trust Board on the 23rd February. It was at Trust Board that it was requested for some time to consider the approach and that it was brought to QGC to allow this to take place. At QGC on the 21/3/22 it was noted that: That the committee was "not in a position to make a recommendation" but that it was key that we continue to seek and understand the "patient experience" i.e. what patients thought when seeing a paramedic in a stab vest. Awaiting meeting minutes from QGC meeting.		As per RA To continue to monitor progress of and mitigating actions	Identify and agree any actions	Continue to monitor
ORG-118	Java Log4J Cyber Vulnerability "	Risk reviewed at Cyber Meeting. Assessment updated to reflect present situation. Score remains unchanged due		As per RA	Identify and agree any actions	Continue to monitor

		to the unknown status of the supply chain.				
EOC-016	Increase in stacking of calls during times of high demand – both 111 & 999 calls, delay to patient treatment and performance failure	Updates made to risks associated due to increasing concerns as a result of continued delays in responding to patients resulting in patient harm and death. Additional control added for clinical validation of Category 2 incidents, which is supported by a separate assessment to be tabled at EMB		As per RA and associated actions	Identify and agree any actions	Continue to monitor
CWG-007	Impact of COVID-19 and emerging variants on WMAS ability to practically deliver the 2022 Commonwealth Games	New variant (Deltacron) has been identified nationally. There continues to be an impact on staff abstractions and performance – this is continually monitored and manage via COVID Director, Test and Trace team and relevant workstreams within the Trust.		As per RA and associated actions	Identify and agree any actions	Continue to monitor
ORG-093	Utilisation of surge contingency as a result of COVID-19 and increased demand, and its impact on 2021/22 resourcing, training, finance and ultimately performance and potential patient delays and harm	Demand continues to increase and since the last review the Trust has encountered its busiest months (demand wise) ever – October 2021 and February 2022, with forecasts that March will reflect an even greater increase. Surge continues to be enacted regularly and the Trust is at REAP 4 daily. Hospital delays continue to pose the greatest risk along with calls waiting, with hours lost per day far exceeding 100 and patients at ED for up to and above 15 hours. Specific risk assessments for Hospital Delays and Call Stacking remain the Trust highest graded risks and are managed appropriately		As per RA and associated actions	Identify and agree any actions	Continue to monitor
ORG-081	Outbreak of COVID-19 across Trust sites as a result of failure of COVID secure measures and increased transmission resulting in increased staff sickness and potential risk of site closure and performance	WMAS is currently experiencing a similar regional background rate of infectivity and as a result, transmission has increased across all operational lines. Such prevalence continues to be discussed with UKHSA consultants to ensure ongoing situational awareness. This impact has been seen across the whole NHS since the lifting of mandatory measures, with staff shortages, ward and care home closures resulting in prolonged hospital delays.		As per RA and associated actions	Identify and agree any actions	Continue to monitor
PS-074	Risks associated with extensive Hospital Breaches, Delays and	Winter halo secondment has extended for 1 month, giving us 7 day cover at stretched sites so this is positive as we		As per RA and associated actions	Identify and agree any actions	Continue to monitor

	Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents	will have comms and support. Covid continues to decimate Hospital staffing resulting in multiple bed closures and providing us with the worst week in handover delays. Reports of considerable number of nursing and care homes closed to admissions due to covid outbreaks resulting on medically fit patients being unable to be discharged from hospital, reducing flow and creating delays in ED. NHSEi are exploring options for Static Ambulances which will provide cohort space in the form of a Porta Cabin. Placement of the static ambulances are proposed at RSUH, RSH and Heartlands, so far nothing has been confirmed but initial reports indicate that the 3 sites are reluctant to adopt this process.				
ORG-094	Easing of national COVID-19 restrictions resulting in potential risks to staff and patients, possible harm, litigation, and performance	In April NHSEI have announced an IPC step down approach to remobilise NHS services and give autonomy to organisations in order to make local decisions, based on the balance of risk with patients, staff, organisational and system risks. However, it must be stressed how these risks need to also consider the impact on the wider system in terms of patient delay, harm and continuing impact on organisational performance.		As per RA and associated actions – local risk assessments to ensure decision making on balance of risk	Identify and agree any actions	Continue to monitor
ORG-003	Failure to complete Serious Incident (SI) Investigations and associated recommendations within timescales resulting in reduced learning, complaints, litigation delay of update to CCG and potential further patient safety concerns	Actions extended due to delay in review and completion due to an ever-increasing level of demand. The situation continues to deteriorate due to increasing numbers of serious incidents. As a snapshot of 8th April) 184 currently open S.I's, on STEIS, of which 115 are open within WMAS. 11 closure requests have been made with the CCG during March 51 out of national time frame 19 SI's have been reviewed and closed by the CCG during March – 1 of which was stood down as an SI 36 new SI's were registered during March		As per RA and associated actions	Identify and agree any actions	Continue to monitor
ORG-102	Patients held on the back of an Ambulance awaiting hospital	Operational hours lost whilst waiting/delayed at hospitals have increased significantly since the last		As per RA and associated actions and supporting paper for Board	Identify and agree any actions	Continue to monitor

	handover for prolonged periods resulting in harm and potential litigation and adverse publicity	review – with March 2022 being the worst month in WMAS history. Patients are waiting on vehicles at ED for up to 15 hours and this is ever increasing, with delays showing no sign of improving. Multi agency meetings continue to review system risks, however, the increasing demand and individual partner pressures and risks seem to be impacting the whole system with little sign of abating. There have been a small number of reports where patient have sustained pressure sores which are being investigated for further action. Hospital delays and patients waiting for response remain the Trust top 2 risks (graded 25) and a paper detailing the wider picture and organisational impact is being tabled at Board on 27th April.				

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

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	*Mitigating Actions*	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*

Strategic Objective 3 :Effective Planning and use of resources
Lead Director: Karen Rutter

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	**Mitigating Actions**	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*
FI-018	Adequate procurement controls are not in place for Tenders, Waivers and SFI and SO compliance	The new Head of Procurement has reviewed existing policies, procedures and controls in place and the recommendations made by Internal Audit, and has concluded that the risk can be reduced. A new Procurement Policy in line with the FSIs has been created and reviewed by Performance Committee prior to being sent to Audit Committee in March 2022. The		As per RA and associated actions	Agree to reduce risk score and remove from BAF	Continue to monitor

		approved Procurement Policy provides a simplified two part approach for colleagues to comply with. To support the roll-out of the new Procurement Policy. We have created Procurement Awareness training and tested with the IT Department. A plan is in place to roll this out to all budget holders and their nominated colleagues who transact with third parties. To ensure that we support new colleagues with Procurement compliance. We have included Procurement in the new starter induction process via the Recruitment team. During 2022, we will roll-out Delta Quick Quote to all budget holders and their nominated colleagues to be able to run Quotations between £5,000 - £20,000 via the compliant eProcurement portal. In line with CIP programme, we have transitioned to a Procurement Business Partner approach. Working in conjunction with budget holders and management accountants to review all spend and ensure that anything >£20,000 is captured on the Procurement Work Plan and prioritised based on value or risk.				

Strategic Objective 4 : Innovation and Transformation
Lead Director: Mark Docherty

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	**Mitigating Actions**	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*
ORG-082	Devolution of resources to place and PCN level, for example around transformation funds and how the ambulance trusts engage (220 PCNs across the Midlands region)		Awaiting update from Senior Finance Team			N/A
ORG-083	Investment in digital capability for ambulance services often benefit from a regional approach, however again devolution of monies to individual ICS may challenge us.		To be discussed and drafted with Executive Director of Strategic and Digital Integration			N/A

Strategic Objective 5 : Collaboration and Engagement
Lead Director: Carla Beechey

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	**Mitigating Actions**	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*
ORG-084	The opportunity for "collective accountability" on performance could be helpful in addressing issues - how this would work though is ill defined		Awaiting update			N/A

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 09a MONTH: May 2022 PAPER NUMBER: 07a

Non-Emergency Services Operations Delivery & Improvement Director	
Sponsoring Director	Non-Emergency Services Operations Delivery & Improvement Director
Author & Presenter	Non-Emergency Services Operations Delivery & Improvement Director
Purpose	The report is presented to the Board to give the Board an update on the pressures facing the NEPTS service at this time and how the risks to patient care and quality are being mitigated.
Previously Considered by	This is a new and developing report structure in the light of the changes to the agenda approved by the Board.
Report Approved By	Non-Emergency Services Operations Delivery & Improvement Director
Executive Summary The Board are asked to receive the report and seek clarity where required.	
Related Trust Objectives/ National Standards	NEPTS Performance is key to the Trust continuing to meet its obligations under the regulators national and local standards relating to quality of care.
Risk and Assurance	The report is presented as a document that gives Board assurance and highlights areas of risk. The report complements the Board Assurance Framework elsewhere on this agenda that sets out the risks to meeting our strategic objectives.
Legal implications/ regulatory requirements	The report highlights the areas where we have a statutory duty to report.
Financial Implications	There are no direct financial implications raised in this report.
Workforce Implications	This report sets out NEPTS performance and how staff are responding to the needs of the public.
Communications Issues	The contents of this report are not confidential and have been provided to multiple people inside and outside the organisation. Much of the information is in the public domain.
Diversity & Inclusivity Implications	There are no direct implications.
Quality Impact Assessment	The report will highlight any quality impact assessments as they arise.
Data Quality	The data used in the report has been provided and quality assured ahead of publication in Board papers.
Action required The Board is asked to receive the report and seek clarity from the Non-Emergency Services Operations Delivery & Improvement Director	

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

Subject: **Board Report – Non-Emergency Patient Transport Services**

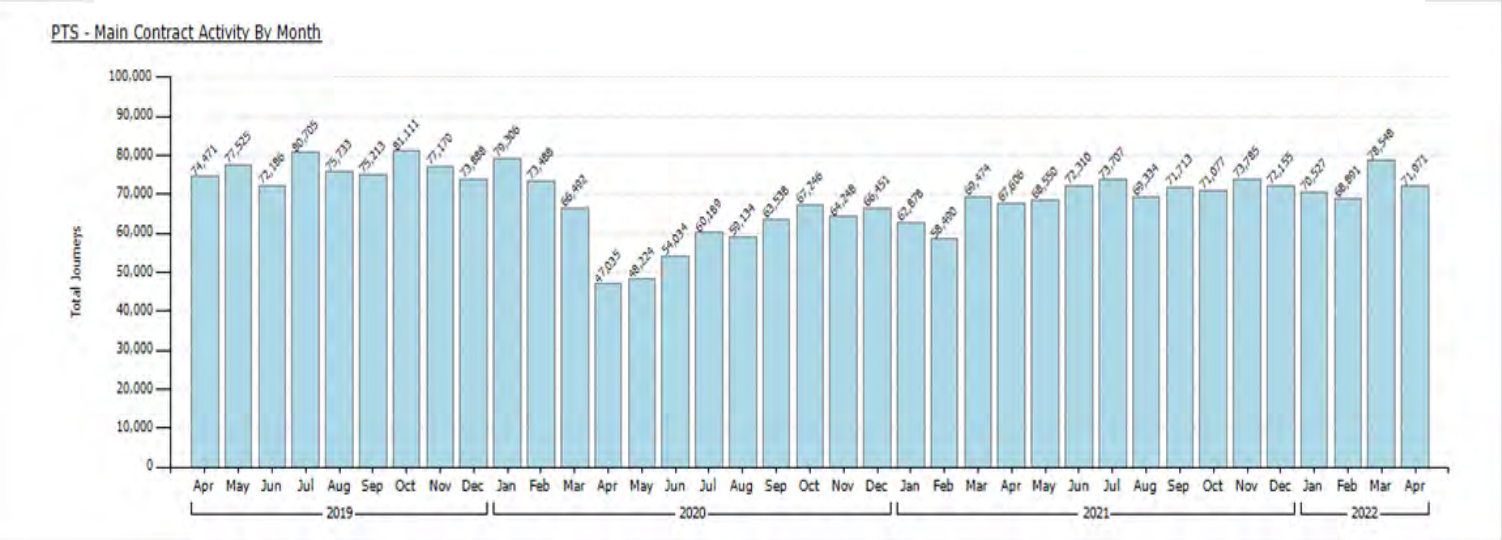
Meeting Date: **25th May 2022**

Author: **Non-Emergency Services Operations Delivery & Improvement Director**

Performance

During the month of April, we achieved all KPI's across all contracts. There was a decrease in activity within the month compared with March, however this was due to the Easter bank holiday period. Outpatient activity continues to be at 85% of pre covid levels with discharges and transfers 20% above.

PTS continued to adhere to the social distancing guidance throughout April. New guidance has now been approved, which means we can now return to full capacity on vehicles, although certain restrictions remain in place.



The PTS Team continue to be focused on resourcing all Hospital Discharges as a priority and ensuring these patients are collected in a timely manner, to assist with hospital in-patient flow. We continue to work closely with Acute's on their discharge planning, however we still have 95% of discharges booked on the day.

The table below shows that WMAS are able to collect discharges reliably within a 2-hour window and this will remain a priority given the hospital pressures.

Discharge Performance

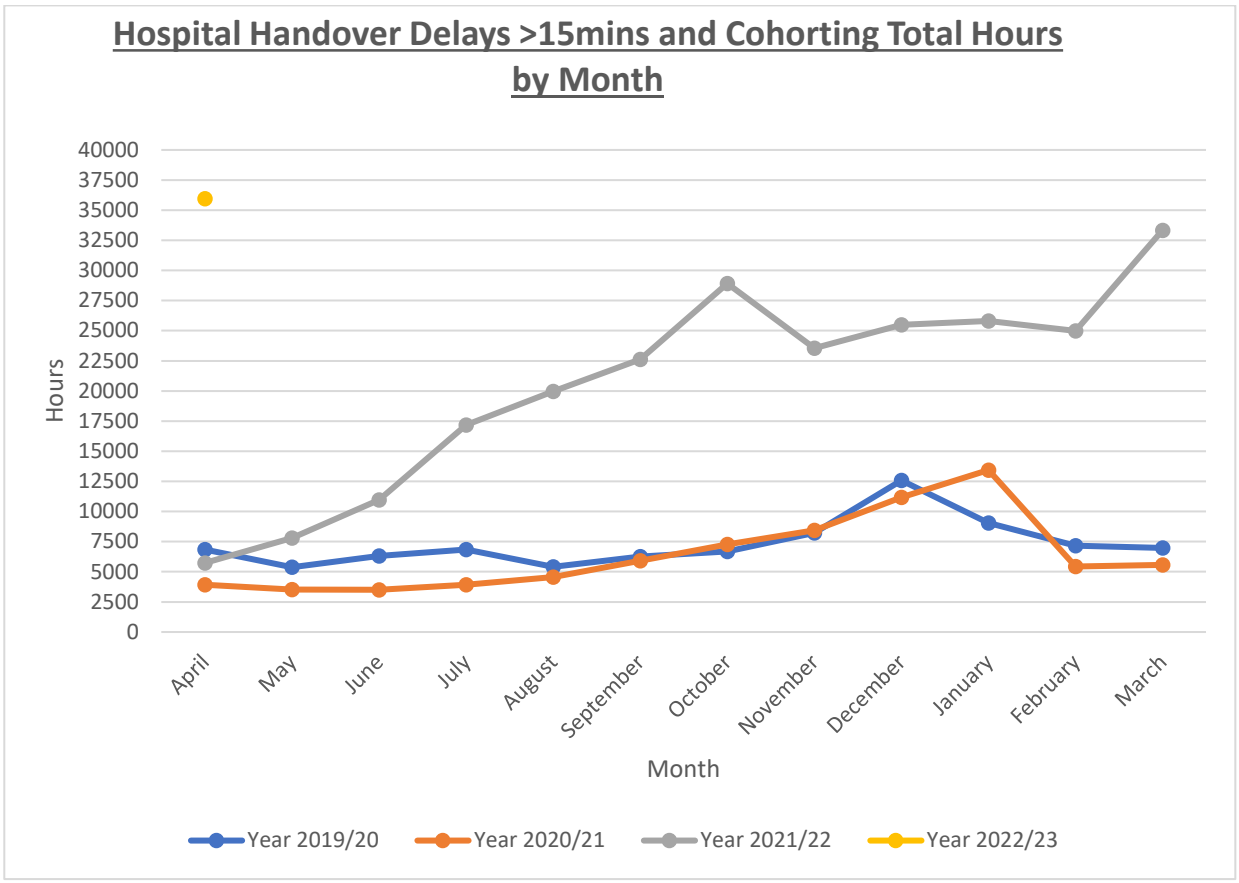
	All Activity			
Date	**No. Dis&Trans (All)**	**Within 60 Min % (All)**	**Between 61 min and 120min**	**Within 120 Min % (All)**
Fri 01/04/22	**407**	42.5%	42.0%	84.5%
Sat 02/04/22	**237**	50.5%	33.2%	83.7%
Sun 03/04/22	**171**	72.8%	21.3%	94.1%
Mon 04/04/22	**307**	68.2%	24.8%	93.0%
Tue 05/04/22	**399**	55.7%	33.1%	88.8%
Wed 06/04/22	**440**	45.3%	41.2%	86.5%
Thu 07/04/22	**412**	51.3%	34.3%	85.6%
Fri 08/04/22	**423**	43.3%	33.8%	77.1%
Sat 09/04/22	**246**	53.6%	30.4%	84.0%
Sun 10/04/22	**192**	63.4%	28.5%	91.9%
Mon 11/04/22	**365**	50.4%	35.5%	85.9%
Tue 12/04/22	**414**	54.1%	36.1%	90.2%
Wed 13/04/22	**452**	54.1%	37.6%	91.7%
Thu 14/04/22	**425**	39.4%	36.1%	75.5%
Fri 15/04/22	**316**	68.3%	27.2%	95.5%
Sat 16/04/22	**188**	75.3%	18.2%	93.5%
Sun 17/04/22	**178**	53.2%	31.6%	84.8%
Mon 18/04/22	**165**	76.7%	20.7%	97.4%
Tue 19/04/22	**305**	50.2%	38.8%	89.0%
Wed 20/04/22	**412**	45.3%	39.6%	84.9%
Thu 21/04/22	**412**	54.9%	34.5%	89.4%
Fri 22/04/22	**427**	42.7%	37.1%	79.8%
Sat 23/04/22	**231**	65.5%	26.9%	92.4%
Sun 24/04/22	**171**	66.7%	25.6%	92.3%
Mon 25/04/22	**313**	43.7%	34.5%	78.2%
Tue 26/04/22	**416**	37.4%	37.4%	74.8%
Wed 27/04/22	**414**	40.4%	37.0%	77.4%
Thu 28/04/22	**453**	34.3%	44.5%	78.8%
Fri 29/04/22	**423**	46.1%	38.9%	85.0%
Sat 30/04/22	**250**	42.0%	30.3%	72.3%

Hospital handover

In October 2021, the Board agreed to increase the risk level of risks associated with Ambulance Handover Delays and risks associated with increased patients waiting for an ambulance response in the community to a risk rating of 25. The hospital delays continue to deteriorate with April seeing 35,957 lost operational hours (this includes cohorts).

Handover delays over 15 minutes including Cohorts

		April	May	June	July	August	September	October	November	December	January	February	March
Year	2019/20	6835	5376	6302	6835	5397	6259	6678	8214	12577	9048	7152	6973
	2020/21	3931	3536	3505	3928	4565	5927	7270	8428	11174	13440	5423	5562
	2021/22	5732	7806	10964	17186	19967	22615	28925	23550	25484	25806	24984	33333
	2022/23	35957											



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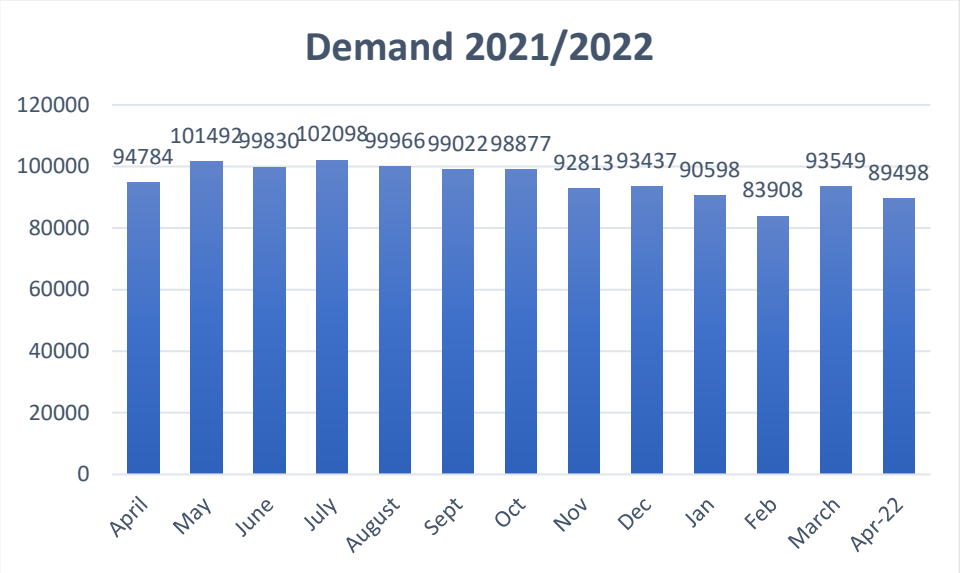


The SCC has seen continued improvement in hospital engagement following the increased HALO cover secondment being extended. This has provided support for both WMAS and the Acute's, where crew welfare is able to take place and the management of ambulance delays at a site. The HALO cover ensures that crews are finishing on time by manging the Patients who are frequently being delayed outside of the ED departments. The Head of Patient Flow has also secured links with many of the Acute's where ambulance delays can be escalated and avenues explored to aid improvement.

We now have engagement from Royal Stoke, Russells Hall, Queens Burton, SATH and daily meetings with the UHB group. April into May also saw added involvement daily from the BSOL ICS at both Silver and Gold level where a system wide approach was taken with regards to Hospital Handover Delays and all areas of the Health Care Service were held to account and able to play a part in supporting the Acutes. Cohort areas have been provided by a number of Acute's now and this has assisted with the ability for WMAS to respond to patients in the community.

The Head of Patient Flow has begun service improvement planning with NHSEi colleagues in an attempt to reduce Hospital Handover Delays at a regional level, and the SCC continue to escalate all Handover Delays daily.

Michelle Brotherton
Non-Emergency Services Operations Delivery & Improvement Director / ACAO
11th May 2022

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 09b MONTH: MAY 2022 PAPER NUMBER: 07b

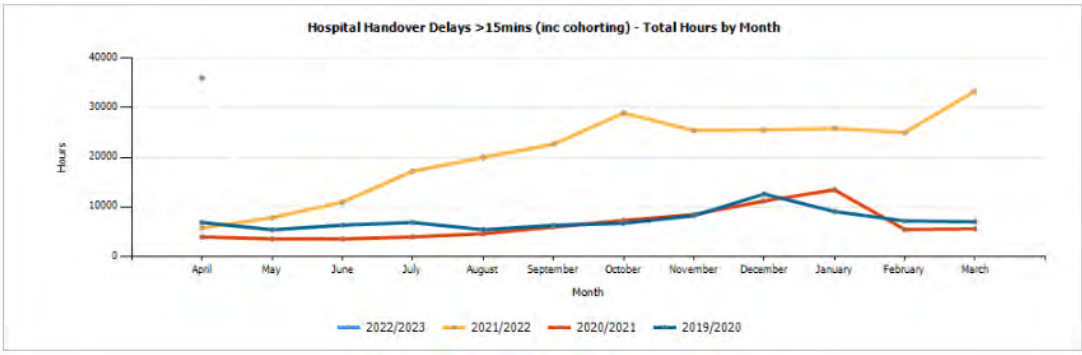
Integrated Emergency & Urgent Care & Performance Director	
Sponsoring Director	Integrated Emergency & Urgent Care & Performance Director
Author(s)/Presenter	Jeremy Brown, Integrated Emergency & Urgent Care & Performance Director
Purpose	This report provides an update from the Integrated Emergency & Urgent Care & Performance Director
Previously Considered by	Not applicable
Report Approved By	Integrated Emergency & Urgent Care & Performance Director

IEUC Director Update
April 2022

Contents

1. Activity and Performance

During April the Trust received 135,356 emergency calls, resulting in 96,432assigned incidents. The activity remains challenging, exacerbated by the continual hospital delays and respective lost hours. Handover delays have resulted in 35,957 lost hours after 15 mins, impacting all divisions with available resourcing continually at zero status and therefore inhibiting the Trusts ability to respond to patients.



Category 1 performance was not achieved, with a mean of 08:16 improving from 08:31 seen in March.

	Target		Month		QTD		YTD	
Priority	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Category 1	7:00	15:00	8:16	14:45	8:16	14:45	8:16	14:45
Category 1 T	19:00	30:00	9:42	17:34	9:42	17:34	9:42	17:34
Category 2	18:00	40:00	55:58	130:22	55:58	130:22	55:58	130:22
Category 3	60:00	120:00	210:50	595:11	210:50	595:11	210:50	595:11
Category 4	-	180:00	249:54	657:19	249:54	657:19	249:54	657:19
HCP 2hr	-	-	235:46	622:33	235:46	622:33	235:46	622:33
HCP 4hr	-	-	332:12	875:32	332:12	875:32	332:12	875:32

Category Breakdown

During April C1 activity remained high at 11.5%, from 11.68% during March 2022. Throughout 2021-23 C1 activity ranged from 7.26% up to 11.68%, trending upwards throughout the year. This is mostly due to the reduction in C3 activity through further clinical assessment by the Clinical Validation Team.

C2, C3, C4 & C5 activity remained stable, with April demonstrated below.

2. 999 Call answering

There was a reduction in emergency call activity during April with a total of 135,356 calls answered during the month. The Trust remains in a strong position with a mean call answer of 0:03 second and 95th percentiles at 0:13 seconds. This is also reflected in the low number of 2-minute delays reported, below; 8 during April.

The significant hospital delays seen throughout the month have continued to have an impact on the Trust with 21% of the total call volume attributed to duplicate calls.

Year to Date	WMAS			
01/04/2022 to 30/04/2022	Emergency Calls	Call Answer Mean (999 lines only)	Call Answer 95th (999 lines only)	Address Match % under 60 secs
Year to end date	135,356	0:03	0:13	79.2 %

Period Selected	WMAS			
01/04/2022 to 30/04/2022	Emergency Calls	Call Answer Mean (999 lines only)	Call Answer 95th (999 lines only)	Address Match % under 60 secs
Selected dates total	135,356	0:03	0:13	79.2 %

By Month	WMAS			
	Emergency Calls	Call Answer Mean (999 lines only)	Call Answer 95th (999 lines only)	Address Match % under 60 secs
April 2022/2023	135,356	0:03	0:13	79.2 %

3. 2-minute delays

There was a further reduction in 2-minute delays, with 8 reported during April; down from 28 during March. This was the lowest reported since May 2021.
The Trust remains significantly lower than any other English ambulance Trust, with the closest reporting 445 in the month.

Trust	April	Year To date
WMAS	**8**	**8**
EoE	6008	**6008**
EMAS	445	**445**
LAS	4481	**4481**
NEAS	1019	**1019**
NWAS	4557	**4557**
SCAS	6713	**6713**
SECAMB	3391	**3391**
SWAST	6181	**6181**
YAS	4304	**4304**
Total	**37107**	**37107**

4. 111 Call Answering

111 received a further increase in calls during April, 141,846 in total. This was up from March with 125,626 calls answered. Despite the increase in activity, abandonment decreased to 6.7% from 11.3% in March.
The mean calls answer reduced to 00:02:29 and the 95th percentiles was 00:13:07. When reviewing the national performance, the Trust now sits in the upper quarter with some other providers seeing a significant deterioration.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 09b MONTH: MAY 2022 PAPER NUMBER: 07b

Selected Period	Calls Answered	Abandoned % (post IVR, target <3%)	Mean (all calls answered, target 00:00:20)	95th Centile (all calls answered, target 00:02:00)
01/04/2022 - 30/04/2022 Totals	141846	6.7%	00:02:29	00:13:07

May be part months, depending on date selections

Selected from: 01/04/2022 To: 30/04/2022

Month	Calls Answered	Abandoned % (post IVR, target <3%)	Mean (all calls answered, target 00:00:20)	95th Centile (all calls answered, target 00:02:00)
2022 - April	141846	6.7%	00:02:29	00:13:07
Total	141846	6.7%	00:02:29	00:13:07

Clinical Validation

Hear and Treat for April remained stable at 17.1%. Focus remains on improving hear & treat further to achieve 20%.

Additional urgent community response services have been onboarded to the Trust's new integrated referral portal. Birmingham Community Response service, along with Hereford and Wolverhampton have joined the original Staffordshire pilot service. Positive feedback has been received, and we have been responsive to add additional developments as required.

Selective C2 validation is now in place, with a CVT clinician based daily within EOC dispatch.

Clinical Validation Outcomes

Outcome (Detail) of Triaged Calls	Total	%
Cat 3 Response	3,745	23.9%
Self Care	3,603	23.0%
Primary Care	3,321	21.2%
Refer to Treatment Centre (ED)	2,990	19.1%
Cat 2 Response	1,286	8.2%
Other Referrals	289	1.8%
Speak to Community Nurse	146	0.9%
Refer to SDEC	127	0.8%
COVID	84	0.5%
Contact Dental	16	0.1%
Cat 1 response	14	0.1%
Speak to Midwife	12	0.1%
Contact Pharmacist	10	0.1%
Refer to Social Services	6	0.0%
Cat 4 Response	6	0.0%
Total	**15,655**	**100%**

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 09b MONTH: MAY 2022 PAPER NUMBER: 07b

CVT Report

Priority	Total Incidents	Dispatch Criteria	Incidents Triaged	% Triaged
Category 1	9780	9780	195	
Category 2	47443	47443	2749	
Category 3	14750	9170	5580	38%
Category 4	687	387	300	44%
Category 5	13931	-	9521	100%
HCP	2991	-	182	-
Total	**89582**		**18528**	

Trust Outcome	%
Hear & Treat	17.1%
See & Treat	30.4%
See & Convey	52.5%

Priority Group	Hear & Treat	See & Treat	See & Convey
Category 1	0.0%	37.4%	62.6%
Category 2	0.6%	34.2%	65.2%
Category 3	11.3%	43.6%	45.1%
Category 4	12.1%	48.4%	39.5%
Category 5	98.9%	0.7%	0.4%
Total	**17.1%**	**30.4%**	**52.5%**

Priority Group	Transport - ED	Transport - Non ED
Category 1	56.3%	6.3%
Category 2	59.3%	5.9%
Category 3	42.4%	2.7%
Category 4	37.1%	2.4%
Category 5	0.4%	0.0%
Total	**47.1%**	**5.4%**

Summary	Total	%
Total Cat 3 and 4 Incidents (based on initial priority)	**21332**	-
Total Calls Triaged (initial priority cat 3/4/5)	**15655**	73.4%
Outcome - Ambulance Response	**5200**	33.2%
Outcome - Alternative Pathway / Non Response	**10455**	66.8%

Outcome of Triaged Calls	Total	%
H&T / Alternative Pathway	**10357**	66%
See & Treat	**1859**	12%
See & Convey	**3301**	21%
Calls Closed	**138**	1%
Total	**15655**	100%

5. 111 Clinical Performance

Clinical call-back performance remains challenged throughout April, despite an increase in 20 minute call back performance to 20.4% from 14.1% in March. The clinical input KPI (4) remained stable with 34.5% of patient receiving clinical assessment.

Development is in progress to capture when clinical advice is given to call assessors during triage and include this in the clinical input count. Further consideration is given to include the cases referred to OOH providers with a 'contact' disposition, traditionally for a face-to-face assessment.

WMAS KPI	Regionally Reported Figure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD
KPI 1 (<3%)	Abandoned calls (%)	6.7%												**6.7%**
KPI 2 (<20s)	Avg Speed to Answer (seconds)	149												**149**
KPI 3 (<120s)	95th centile call answer time	787												**787**
KPI 7 (>50%)	Amb Validation (within 30 mins)	18.2%												**18.2%**
KPI 8 (>50%)	ETC Validation	15.0%												**15.0%**
KPI 9 (<0.2%)	DOS: no alternative to ED	0.1%												**0.1%**
KPI 10 (>80%)	First DOS Service Type selected	63.8%												**63.8%**
KPI 13 (>70%)	Proportion Of Calls where caller was booked into UTC	13.3%												**13.3%**

System KPI	111 only (Part of a Regional Figure)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD
KPI 4 (>50%)	Clinical Input	34.5%												**34.5%**
KPI 5a (>90%)	20 Min Call Backs	20.4%												**20.4%**
KPI 5b (>90%)	Over 20 Min Calls Backs	28.2%												**28.2%**
KPI 6 (>15%)	Self Care following Clinical Input	11.0%												**11.0%**
KPI 11 (>75%)	Booked into GP Practice or Hub	35.7%												**35.7%**
KPI 12 (>70%)	Booked into IUC Treatment Centre of Home Visit	1.7%												**1.7%**
KPI 14 (>70%)	Type 1 or 2 ED Booking	18.9%												**18.9%**
KPI 15 (tbc%)	SDEC Booking	0.0%												**0.0%**
KPI 16(tbc%)	Booked with any Service	13.8%												**13.8%**

*Amb. Validation: Initial C3 & 4 Ambulance Cases Validated **Within 30mins**

6. Establishment

755.34 WTE (946 heads) call assessors in post with 35 of these currently in the classroom and a further 29 being mentored (all in 111).

Call assessor leavers reduced to 15.2 WTE from 21.48 WTE during March, this remains a focus to ensure retention of staff and reduced attrition. Staff reducing their hours upon completion or their Pathways training and/or flexible working applications accounts for the reduction in overall establishment.

There are 27.74 WTE (38 heads) call assessors currently on maternity leave or a career break.

999 Only	229.81
111 Only	142.93
Dual Trained	347.6
In the Classroom	35
Total	**755.34**
Able to take a 999 call	**77.2%**
Able to take a 111 call	**69.3%**

The requested funding for this year is 300 WTE 999 call assessors and 407 WTE 111 call assessors giving a total establishment of 707 call assessors to manage call volumes.

111 Clinical Establishment.

IEUC Clinicians Recruitment Update - as of 09/05/2022

Clinician	Proposed 22/23 Budget	WTE (as of 09/05/2022)	Diff.	Recruitment target	Confirmed Start Date Headcount	Pending Start Date (awaiting checks) Headcount	Recruitment Gap Headcount	Advert Live (if yes closing date)	Comments
Advanced Practitioners	55	30.68	-24.32	24.32	5	0	19.32	16/05/2022	0 applications received to date 0 applications in process
Clinical Advisor	90	71.83	-18.17	18.17	23	14	-18.83	16/05/2022	7 applications received to date - sent for shortlisting Awaiting interview availability
Clinical Supervisors	15	15	0	0			0		
Dental Nurse	15	14.63	-0.37	0.37	2	1	-2.63	No	0 applications in process
General Practitioner	15	10	-5	5	0	2	3	No	New advert to go live today (09/05/2022)
Mental Health Nurse	20	8.75	-11.25	11.25	4	3	4.25	16/05/2022	5 applications received to date - sent for shortlisting Awaiting interview availability
Pharmacist	24	14.4	-9.6	9.6	0	2	7.6	No	2 Pharmacy Advisor offers made (currently awaiting checks)
TOTAL	**234**	**165.29**	**-68.71**	**68.71**	**34**	**22**	**12.71**		

7. Sickness

Sickness reduced during April to 8.34% from 9.66% during March. Most of the absence remains in the call assessing workforce, reported at 9.36%. There has been a significant reduction in Covid related abstractions and sickness, with anxiety, stress & depression becoming the biggest contributing factor. Clinician sickness continues to demonstrate significant improvements following the successful roll out of the home working policy.

Absence Timeline Detail	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Absence FTE %
217 111 Integrated Urgent Care	9.36%												9.36%
217 Emergency Operations Centre	7.01%												7.01%
217 Integrated Emergency & Urgent Care	0.00%												0.00%
217 Integrated Emergency & Urgent Care Total	8.34%												8.34%

8. Recruitment & Training

From the latest RAG report there are 25 Call assessors to be allocated a course and 17 Clinicians.

In total we have 331 new staff signed off and working independently in 999 and a further 14 that are trained to 111. All courses are now training call assessors in 111.

In the classroom we have 53 staff in total, 35 call assessors, 18 Clinicians.

- Week 1 - 1 ANP, 4 MH, 7 Call Assessors, 5 Clinical Advisors
- Week 2 –19 call assessors –2 clinical advisors -1 Dental Nurse
- Cleric training –9 Call assessors and 5 Clinical Advisors

Dual Trained Staff 999 to 111

New staff joining are now being given their conversion dates with their joining instructions and we have several courses booked throughout March and April.

- May: 25 staff assigned to a conversion course.
- June: 57 staff assigned to a conversion course.
- July: 36 staff assigned to a conversion course.

Dual Trained Staff 111 to 999

There are 7 staff who were employed prior to the recent recruitment that required 999 training.

We now have 14 new staff trained on 111 that are yet to be allocated a conversion course, this is in hand.

9. General

- The table below has been previously shared and relates to where the 111 and call taking workforce (predominantly) sit in relation to 999, 111 or dual trained therefore sitting across both disciplines. I will keep this updated as more staff are recruited/ resign or complete their dual training etc.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 09b MONTH: MAY 2022 PAPER NUMBER: 07b

Role	999	111	Dual/ Both	Total
Call Assessors	230	171	350	**751**
Call Talking Supervisors	30	17	10	**57**
Performance Supervisors			5	**5**
Duty Managers NP			6	**6**
Audit			11	**11**
Training			10	**10**
Clinical Audit			2	**2**
Management		1	8	**9**
Advanced Practitioners		29		**29**
Clinical Advisors		76		**76**
Clinical Supervisors	5	9		**14**
Dental		16		**16**
GP's		8		**8**
Mental Health		10		**10**
Pharmacist		16		**16**
Scheduling		3		**3**
Admin Training			3	**3**
Hospitality			2	**2**
	265	**356**	**407**	**1028**

CVT	111	Ops	CSD	SCC	Total
	22	81	26	12	**141**

- CRS, the ICCs replacement. 100% of the required staff are now trained although there is a possibility this will now be delayed until July before implementation. A plan b regarding comms requirements for the commonwealth is being pulled together.
- PDR's are underway and progress is being made, I have one outstanding that will be completed this week.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: MAY 2022 PAPER NUMBER: 07c

Emergency Services Operations Delivery Director Report	
Sponsoring Director	Emergency Services Operations Delivery Director
Author(s)/Presenter	Nathan Hudson, Emergency Services Operations Delivery Director
Purpose	This report provides an update from the Emergency Services Operations Delivery Director and covers the year to date position upto and including February 2022
Previously Considered by	Not applicable
Report Approved By	Emergency Services Operations Delivery Director

This report covers April 2022

Overview

Another challenging month with April seeing the worst hospital turnaround month on record, which is the root cause to the significant challenges that EU operations faces with delays in ambulance responses, and staffing issues such as delays in meal break allocation, delays in finishing shift, students getting the sufficient patinet contact, and the increasing serious incidents of delayed responses to patients, which is the route cause

There has however been a good start on PDRs, training, MWB, Clinical mentoring and CS1 shifts. Absenteeism has also reduced because of the COVID 19 numbers reducing and normal sickness is continually being managed.

Overall incident demand has been down also with low conveyances a continuing trend.

Performance

Performance continually challenged with the route cause the hospital delays. WMAS has had a continuation of unacceptable operational response performance in April despite some of the lowest conveyances in the country. The stacking of Category 2 patients and an inability to respond to Cat 3 and 4 patients because of hospital delays has meant that patient's safety has continually been placed at risk.

Hospital turnaround issues have contributed to our ability to respond, as the deterioration of the hospital situation continually impacts on productivity, patinet safety and general morale amongst staff and managers. Escalations has continued with the regional and national NHSE/I teams.

	Target		Month		QTD		YTD	
Priority	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Category 1	7:00	15:00	8:16	14:45	8:16	14:45	8:16	14:45
Category 1 T	19:00	30:00	9:42	17:34	9:42	17:34	9:42	17:34
Category 2	18:00	40:00	55:58	130:22	55:58	130:22	55:58	130:22
Category 3	60:00	120:00	210:50	595:11	210:50	595:11	210:50	595:11
Category 4	-	180:00	249:54	657:19	249:54	657:19	249:54	657:19
HCP 2hr	-	-	235:46	622:33	235:46	622:33	235:46	622:33
HCP 4hr	-	-	332:12	875:32	332:12	875:32	332:12	875:32

Activity

Demand has reduced overall compared to the previous April along with emergency activity. Overall activity is down by 6.1% and Emergency activity is down by 3.3%.

Incident Demand

	All Incidents			
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	89,719	95,513	(5,794)	-6.1 %
QTD	89,719	95,513	(5,794)	-6.1 %
YTD	89,719	95,513	(5,794)	-6.1 %

	Emergency Incidents			
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	86,518	89,471	(2,953)	-3.3 %
QTD	86,518	89,471	(2,953)	-3.3 %
YTD	86,518	89,471	(2,953)	-3.3 %

Operational Absenteeism Management

Sickness management with COVID for April 2022 saw a reduction from the 8.15% we saw in January 6.97% in February, whereby April was at 6.15% with COVID 19 and without COVID 3.28%.

Resourcing

Roster changes have continued across EU operations with 90% complete, there was 184,000 hours planned for February, March 207,000 April 204,000 hours so there has been a steady increase in resourcing following a reduction in sickness and cohort

Skill mix

Skill Mix has remained strong with 98% of patients receiving a paramedic on board.

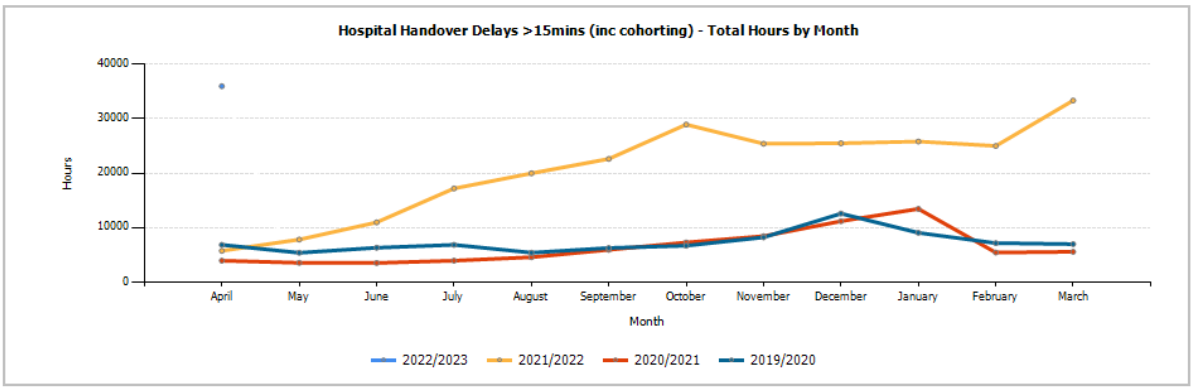
	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
Total	99.1%	98.3%	98.2%	98.3%	97.4%	97.8%

Hospital delays over 15 min

As mentioned this is the worst month on record for hospital delays with over 35,000 hours lost.

Summary for All Hospitals - Total Lost Operational Hours (rounding to whole hours will occur)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/2020	6834	5376	6302	6834	5397	6258	6677	8214	12577	9047	7151	6972
2020/2021	3930	3535	3504	3927	4564	5927	7269	8427	11174	13440	5423	5561
2021/2022	5732	7805	10963	17185	19967	22618	28925	25396	25484	25809	24985	33333
2022/2023	35957											



Other matters

Training for 21/22 was complete

PDRs 22/23	36.68%
Online training 22/23	31.10%
CRT 22/23	14.44%
MWB 22/23	44.95%
CS1 days 22/23	22.96%

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: MAY 2022 PAPER NUMBER: 07c

RISKS

1. Hospitals
2. Patinet Harm
3. Performance
3. GRS rosters not being completed quick enough
4. Day cover not sufficient to match the demand currently
5. Attrition/ Recruitment

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 10a MONTH: May 2022 PAPER NUMBER: 08

Title	**Fit and Proper Persons Annual Assurance – 22/23**			
Sponsoring Director	Carla Beechey, People Director			
Author(s)/Presenter	Carla Beechey, People Director			
Purpose	To provide annual assurance that all Board directors remain fit and proper for their roles.			
Previously Considered by	N/A			
Action Required from Committee/Group	Approval		Information	X

Summary

In line with the regulatory standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust has an obligation to ensure that only individuals fit for their role are employed. Relevant staff are therefore required to meet the 'Fit and Proper Persons Test' (Regulation 5) both upon appointment and on an annual basis.

Regulation 5 recognises that individuals who have authority in organisations that deliver care are responsible for the overall quality and safety of that care. For the purpose of this regulation, these individuals are board directors, board members and individuals who perform the functions equivalent to the functions of a board director and member (whether existing, interim or permanent and irrespective of their voting rights).

Regulation 5 states that a provider must not appoint or have in place an individual as a director who:

- is not of good character;
- does not have the necessary qualifications, competence, skills and experience;
- is not physically and mentally fit (after adjustments) to perform their duties.
- have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or discharging any functions relating to any office or employment with a service provider.

These requirements play a major part in ensuring the accountability of leaders of NHS bodies for ensuring that there are appropriate checks that leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis.

All new appointments are subject to a full Fit and Proper Persons Test that includes:

- Standard employment checks as per the Trust's Recruitment and Selection Policy and NHS Employers Check Standards.
- For a person who will be acting in a role that falls within the definition of a "regulated activity" as defined by the Safeguarding Vulnerable Groups Act 2006 (as amended) this will also include an enhanced Disclosure and Barring Service (DBS) check.

Additional and annual assurance checks for Board Directors consists of the following:

- Search of insolvency and bankruptcy register;
- Search of Companies House register to ensure that no Board member is disqualified as a director;
- A web search of the individual and
- Satisfactory completion of the 'Fit and Proper Person Self-Declaration Form'
- Confirmation that Directors remain on the relevant professional register.

An annual review of compliance has been undertaken and the associated annual assurance checklist for all Board members is shown at appendix 1.

The completed declarations and the outcome of the searches have been saved on each personal file and will be reviewed again annually.

Appendix 1 confirms that all current and newly appointed Directors (both permanent and interim) of the Trust Board satisfy the requirements the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Test.

Each Director is responsible for identifying any issues which may affect their ability to meet the statutory requirements and bringing these issues on an ongoing basis and without delay to the attention of the People director or Trust Chair.

Related Trust Objectives/ National Standards	Strategic objective 1 - Safety, Quality and Excellence CQC Well Led
Risk and Assurance	All Board member satisfy the regulatory requirements.
Legal implications / regulatory requirements	All actions are compliant with the Equality Act 2010 and Employment Law.
Financial Planning	There are no financial risks associated directly within this report.
Workforce Implications	All workforce implications and actions within the report comply with employment legislation and Trust policies and procedures.
Communications Issues	There are no specific communications issues to be actioned from this report.
Equality and Diversity Implications	No adverse equality and diversity matters have been identified.
Quality Impact Assessment	Not required for this report.
Data Quality	Electronic Staff Record system [ESR] and E-HR Personal File Records. (Filestore).

Action required by the Committee/Group

Members of the Board of Directors are asked to note the content of this paper and record that the annual Fit and Proper Persons Test (2022) has been conducted and all Board members satisfy the requirements.

FPPT & Board Assurance	2022 annual check			
	FPPT	Insolvency	Disqualifications	Professional Registration
Alison Walker	21/04/2022	Y – 5 RETURNS BUT DOB PROVED NO MATCH	NIL return - 16/03/2022	GMC verified 16/03/2022
Diane Scott	20/04/2022	Y - 5 RETURNS BUT DOB PROVED NO MATCH	NIL return - 17/02/2022	HCPC verified 17/02/2022
Anthony Marsh	04/04/2022	Y – 2 RETURNS BUT DOB PROVED NO MATCH	NIL return - 16/03/2022	N/A
Carla Beechey	16/03/2022	NIL return - 16/03/2022	NIL return - 16/03/2022	MCIPD verified 16/03/2022
Ian Cumming	12/04/2022	Y – 1 RETURN BUT DOB PROVED NO MATCH	NIL return - 16/03/2022	HCPC verified 16/03/2022
Jeremy Brown	21/04/2022	Y – 4 RETURNS BUT DOB PROVED NO MATCH	NIL return - 16/03/2022	HCPC verified 16/03/2022
Lisa Bayliss-Pratt	02/05/2022	NIL return - 16/03/2022	NIL return - 16/03/2022	NMC verified 16/03/2022
Mark Docherty	16/03/2022	Y – 2 RETURNS BUT DOB PROVED NO MATCH	NIL return - 16/03/2022	NMC verified 16/03/2022
Michelle Brotherton	01/05/2022	NIL return - 16/03/2022	NIL return - 16/03/2022	HCPC verified 16/03/2022
Mohammed Fessal	17/03/2022	NIL return - 16/03/2022	NIL return - 16/03/2022	GPhC verified 16/03/2022
Murray MacGregor	19/04/2022	NIL return - 16/03/2022	NIL return - 16/03/2022	N/A
Mushtaq Khan	18/03/2022	NIL return - 16/03/2022	NIL return - 16/03/2022	N/A
Narinder Kooner	21/04/2022	NIL return - 16/03/2022	NIL return - 16/03/2022	N/A
Nathan Hudson	20/04/2022	Y – 1 RETURN BUT DOB PROVED NO MATCH	NIL return - 16/03/2022	HCPC verified 16/03/2022
Vivek Khashu	13/05/2022	NIL return - 16/03/2022	NIL return - 16/03/2022	N/A
Wendy Farrington-Chadd	12/05/2022	NIL return - 16/03/2022	NIL return - 16/03/2022	N/A
Karen Rutter	06/04/2022	NIL return - 10/05/2022	NIL return - 10/05/2022	CIMA verified 13/05/2022

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 11a MONTH: MAY 2022 PAPER NUMBER: 09

ICS and WMAS Hub Engagement by WMAS	
Sponsoring Director	Vivek Khashu – Strategy and Engagement Director
Author(s)/Presenter	Vivek Khashu – Strategy and Engagement Director
Purpose	To update the Board on the current status of engagement arrangements with Integrated Care Systems (ICSs), AE Delivery Boards (AEDBs) and our Hub Buddy arrangements and to approve further updates to these arrangements given changes to the wider leadership team within WMAS
Previously Considered by	EMB and Board in 2020/21 EMB May 2022
Report Approved By	Vivek Khashu – Strategy and Engagement Director

Executive Summary

WMAS covers six Integrated Care Systems, a greater number of AE Delivery Boards and a larger still number of sites, all requiring engagement and input from WMAS senior leadership team.

This paper sets out the current arrangements which have previously been agreed, it also sets out updated arrangements following changes to our own leadership team.

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 arrangements.

Engagement across systems and with our own team has never been more important, visibility both internally and externally with our partners is of paramount importance.

Related Trust Objectives/ National Standards	SO5 – “collaboration and engagement”
Risk and Assurance	This paper sets out how this Board will engage with our system partners and also through the Hub Link 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 the relevant stakeholder.
Diversity & Inclusivity Implications	NA
Quality Impact Assessment	NA
Data Quality	NA

Action required

1. Board to approve the revised set of ICS and AE Delivery Board links
2. Board to receive update on nominated Director hub buddy links

1.0 Introduction

System level governance and architecture is changing, with Integrated Care Boards (ICB) forming within ICSs, our own senior leadership team within WMAS has changed to, with three new Operational Directors joining the Board, it is time to review our arrangements for internal and external engagement.

Furthermore, with a resumption of more normal working arrangements, it is also time to re-affirm the Director buddy arrangements in place for our Hubs.

2.0 Summary

For the last twelve months, WMAS has been working with 6 ICSs, within those ICSs are several sub committees which fall out of them, the previously agreed arrangements are noted in the table below.

ICS	WMAS Link Director	A&E Delivery Boards requiring attendance	Senior operational support link
Stoke and Staffs	Mark Docherty	• Staffordshire	Nathan Hudson
Coventry and Warks	Pippa Wall	• Cov and Warks	Craig Cooke
Black Country	Vivek Khashu	• Dudley • Walsall • Wolves • Sandwell and West Birmingham	Jeremy Brown
Bham and Solihull	Craig Cooke	• Birmingham and Solihull	None required
Shropshire	Mark Doherty	• Shropshire	Nick Henry
Herefordshire and Worcestershire	Vivek Khashu	• Worcestershire • Herefordshire	Michelle Brotherton

With changes to the executive members of the board alongside, alongside a reality check that “senior operational support link Directors” haven’t had to be called upon for operational support (but do for subject matter expertise, eg Jeremy Brown for EOC / 111 or Michelle Brotherton for PTS, some updates are proposed with regard to external engagement:

There are broadly three areas of focus from both Directors and Non Executive Director colleagues:

1. Which Directors engage with which ICSs – we have 6 in total
2. Which Directors engage with A&E delivery boards and other sub-committees, on AEDBs alone there are 9 for WMAS to engage.
3. Who leads on engagement of our Hubs – for the entire board, both Directors and Non Executive Directors

The table below sets out a revised approach to ICS and AEDB executive links:

ICS	WMAS Link Director	A&E Delivery Boards requiring attendance	Senior operational support link
Stoke and Staffs	Mark Docherty	• Staffordshire	Nathan Hudson
Coventry and Warks	Pippa Wall	• Cov and Warks	Craig Cooke
Black Country	Vivek Khashu	• Dudley • Walsall • Wolves • Sandwell and West Birmingham	Jeremy Brown
Bham and Solihull	Vivek Khashu	• Bham and Solihull	None required
Shropshire	Mark Doherty	• Shropshire	Nick Henry
Herefordshire and Worcestershire	Vivek Khashu	• Worcestershire • Herefordshire	Michelle Brotherton

Guiding Principles behind the changes made in 2020 and updates in 2022 for review:

- WMAS Director of Nursing and Clinical Commissioning should be focussed towards the systems which we believe to be in greatest distress on Urgency and Emergency Care, hence the allocation of Shropshire and Staffordshire ICSs and A&E delivery boards.
- 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 several ICSs supports that responsibility. The Strategy and Engagement team will lead the relationships with four of our six systems, with the remaining two being looked after by the Director of Nursing and Clinical Commissioning, which will further support the ability to maintain a 'consolidated view'
- The Strategy and Engagement Director has taken on 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.
- Senior Operational links are 'greyed out', as they are not called upon.
- It is proposed that Craig Cooke swaps out with Vivek Khashu for BSOL ICS exec link, as I cover the gold calls and cover the AE Delivery Board already, it makes sense to cover the ICS exec forum to, for a whole system view.
- Pippa Wall remains the lead for C&W ICS, Pippa has a long-standing relationship with that system spanning years, it also poses the least patient safety risk to WMAS out of all six, the Director of Nursing and Clinical Commissioning has also agreed to support Pippa in her work in that system, should any be required.
- An annual review of these arrangements should be undertaken, so the right level of engagement, especially around patient safety concerns or risks can be maintained, should the current position change.

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

No	Site	Director	Non Executive Director
	Staffordshire		
1	Stoke	Mark Docherty	Wendy Farrington-Chadd
2	Stafford		
3	Lichfield		
4	**West Mercia**		
5	Worcester	Claire Finn	Mushtaq Khan
6	Bromsgrove		
7	Hereford		
8	Shrewsbury		
9	Donnington		
10	Coventry & Warwickshire		
11	Coventry	Craig Cooke	Lisa Bayliss Pratt
12	Warwick		
13	Coventry PTS		
14	Warwick PTS		
15	Birmingham		
16	Erdington	Vivek Khashu	Narinder Kooner
17	Hollymoor		
18	Birmingham PTS		
19	Black Country		
20	Dudley	Murray MacGregor	Mohammed Fessal
21	Willenhall		
22	West Bromwich		
23	Black Country PTS		
24	Other sites		
11	Cheshire PTS IUEC and MP Academy	Carla Beechey	Chairman

However, given changes to the senior leadership team, an updated set of Director links has been proposed, following discussion in EMB, the proposed set of Director “Buddies” is noted in the table below.

The links for the Non Executive Directors remains unchanged.

No	Site	Director	Non Executive Director
	Staffordshire		
25	Stoke	Stoke – Mark Docherty Stafford and Lichfield – Jeremy Brown	Wendy Farrington-Chadd
26	Stafford		
27	Lichfield		

28	**West Mercia**		
29	Worcester	Worcester, Bromsgrove and Hereford – Michelle Brotherton Shrewsbury and Donnington – Mark Docherty	Mushtaq Khan
30	Bromsgrove		
31	Hereford		
32	Shrewsbury		
33	Donnington		
34	Coventry & Warwickshire		
35	Coventry	Craig Cooke	Lisa Bayliss Pratt
36	Warwick		
37	Coventry PTS		
38	Warwick PTS		
39	Birmingham		
40	Erdington	Vivek Khashu	Narinder Kooner
41	Hollymoor		
42	Birmingham PTS		
43	Black Country		
44	Dudley	Nathan Hudson	Mohammed Fessal
45	Willenhall		
46	West Bromwich		
47	Black Country PTS		
48	Other sites		
11	Cheshire PTS IUEC and MP Academy Anchor Brook (until move to Oldbury Hub)	Carla Beechey	Chairman

Recommendation

- For the Board to approve the revised set of ICS and AE Delivery Board links
- For the Board to receive the updated Director hub buddy links
- To note that the Non-Executive buddy links remain unchanged from that previously agreed.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM 12 DATE May 2022 PAPER NUMBER 10

Sponsoring Director	Communications Director, Murray MacGregor
Author(s)/Presenter	Communications Director, Murray MacGregor
Purpose and action required	A review by Internal Audit has recommended that the Communications Director should brief the Board on the actions of his team once a year so that members are appraised of the work being carried out by the department. Members are asked to note the content and ask any questions that they might have.
Previously Considered by	Reports would normally have gone to EMB first but as this is the first report of its kind, on this occasion the report is submitted to the Board of Directors
Report Approved By	Communications Director, Murray MacGregor

Summary/Key Issues relevant to this committee

The report sets out the key work streams undertaken by the Communications Department:

- Media
- Social Media and Website
- Internal Communications
- Other collaborative working externally

The report highlights the wide range of work undertaken and the many different parts of the organisation assisted by the Communications Team

Related Trust Objectives The document support the Trust's Strategic Objectives and any relevant national standards and priorities	Please tick relevant objective
SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients)	Y
SO2 – A great place to work for all (Creating the best environment for all staff to flourish)	Y
SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control)	Y
SO4 - Innovation and Transformation (Developing the best technology and services to support patient care)	Y
SO 5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care)	Y

Is the proposal required to enable the Trust to meet national standards? If yes state which.	N/A
Risk and Assurance	N/A

WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO BOARD OF DIRECTORS

AGENDA ITEM 12 DATE May 2022 PAPER NUMBER 10

Legal implications/ regulatory requirements	Legal advice not sought
Financial Implications	N/A
Workforce & Training Implications	N/A
Communications Issues	N/A
Diversity & Inclusivity Implications	None in regard to this report
Quality Impact Assessment	N/A
Data Quality	Murray MacGregor
Action required The Board of Directors is asked to note this report	

Communications – Annual Report

Introduction

West Midlands Ambulance Service has the smallest Communications Team of any ambulance service in England with five staff: a director, three communications officers and a communications assistant. Despite this, we are one of the most successful in terms of engagement, particularly through social media and television.

For the last two years, like most corporate departments, the team has been working from home, which has brought additional challenges. Extensive use of Teams and a great team spirit has allowed us to largely overcome this and continue to perform at a high level.

The team has four main areas of work:

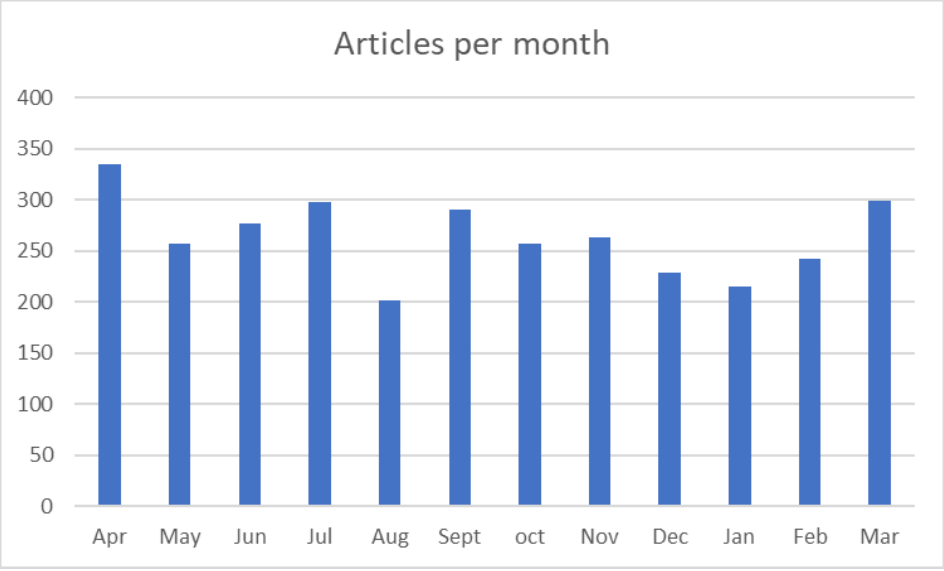
- Internal communications
- Media relations
- Social media and website
- Work with external partners, engagement and public relations

It should however be noted that in many cases, many workstreams such as COVID-19 fit into multiple workstreams, which is why the team is not split into internal and external staffing.

Internal Communications

Weekly Briefing

The Briefing remains the Trusts primary means of spreading information about what is happening across the organisation. During 2021-22, the team wrote a total of 3,163 articles covering all manner of subjects, with COVID-19 perhaps unsurprisingly one of the key topics. That works out at an average of 62 stories per week or around 12,000 words!

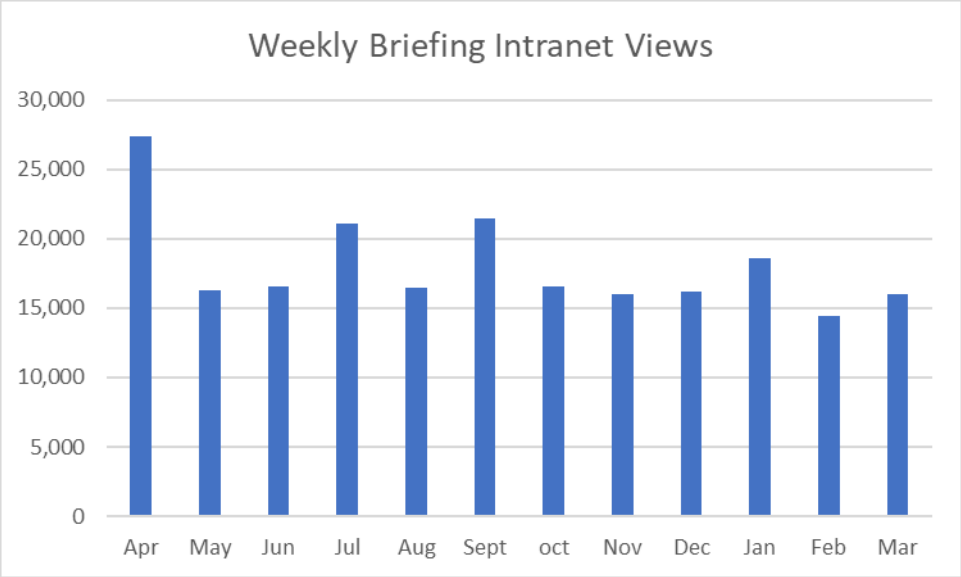


The Briefing is split into several sections which were based on feedback from a survey of staff. During the year though, discussions with union colleagues and departmental heads saw two additional sections introduced to try and make it easier for staff to find the information that was most relevant to them; these were 'Clinical' and 'Health & Wellbeing'. This means there are now

seven sections: Top Stories; Clinical; Operational; Health & Wellbeing; Development Opportunities; News; and Offers.

As part of the sign-off process the draft Briefing is shared with the Chief Executive, COVID Incident Director and representatives of the three recognised unions. This partnership approach continues to prove extremely successful in ensuring messages are appropriate and where challenge is made, answers are provided so that agreement can be made prior to publication.

The Briefing is distributed in several ways: an email is sent to all Trust email addresses with a link to the intranet. It is also sent to over 1,000 home email addresses. In addition, it is sent to all Hubs and other work places. In total, it was viewed on the intranet almost 220,000 times last year.



Other Internal Workstreams

Clinical – the Communications Team works with the clinical team to format the Clinical Times as and when it is produced. In addition, we work with the patient safety team to highlight SIs that have been to learning review and recommendations are forthcoming where it is important for the whole organisation to be aware.

Staff Survey – the director is a member of the joint staff survey working group. A key priority is to persuade as many staff as possible to take part in the survey through highlighting what has already been achieved and why taking part does make a difference.

Flu – again, highlighting the value of getting the jab is a key priority for the organisation as this is the best way of keeping staff safe. We have created copy for the Weekly Briefing, recorded videos which have been shared on our social media as well as with external partners.

Support for recruitment – During the past 12 months we have worked with Louise Jones and her team to create a large amount of content for our social media pages and website in an effort to recruit staff. This has involved filming videos and creating graphics, hosting Q&A sessions on Facebook and the like. This work continues on a regular basis.

Emergency Preparedness – the team is heavily involved in working on the Commonwealth Games preparations and will be once the Games start in July. In addition, we work to highlight major

incident exercises, recruitment of staff for SORT, and more recently on a best practice video on major incidents.

Awards Ceremonies – we work closely with the OD Department on the awards ceremonies providing script writing, photography of the recipients and more recently presenting the actual ceremonies. We also highlight them through our social media accounts.

Other Projects – The team assists other departments on a wide range of projects such as the roll-out of Body Worn Cameras; EPR 2; Oldbury Hub; Vehicle Safety project; OD Culture video; PDR promotion video; Research Trials and the Director sits as part of the management team on the Regional Partnership Forum.

COVID-19

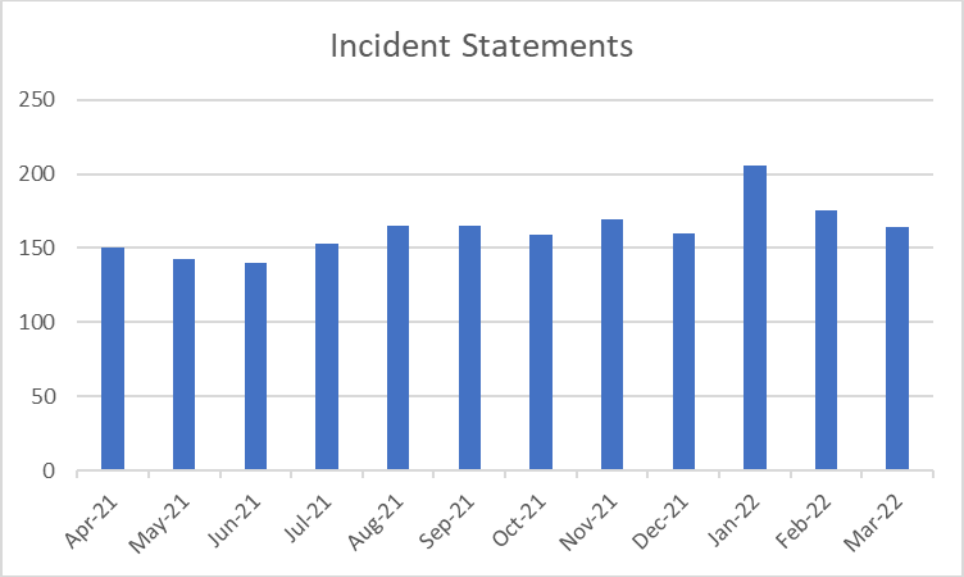
Unsurprisingly, this area has taken up a lot of time for the team supporting operational colleagues. Work has included:

- Researching new material to write articles for the Weekly Briefing
- Working with colleagues such as Karl McGilligan (Head of IP&C) or the Senior Command Team for the latest updates on how the pandemic is affecting the organisation
- Recording videos with staff supporting the vaccination programme both internally and externally
- Attending Local Resilience Forum multi-agency meetings in each of the four LRFs that we cover
- Making hundreds of posts on social media using our own material as well as sharing regional and national material to support the current restrictions and pointing the public and staff to the latest information

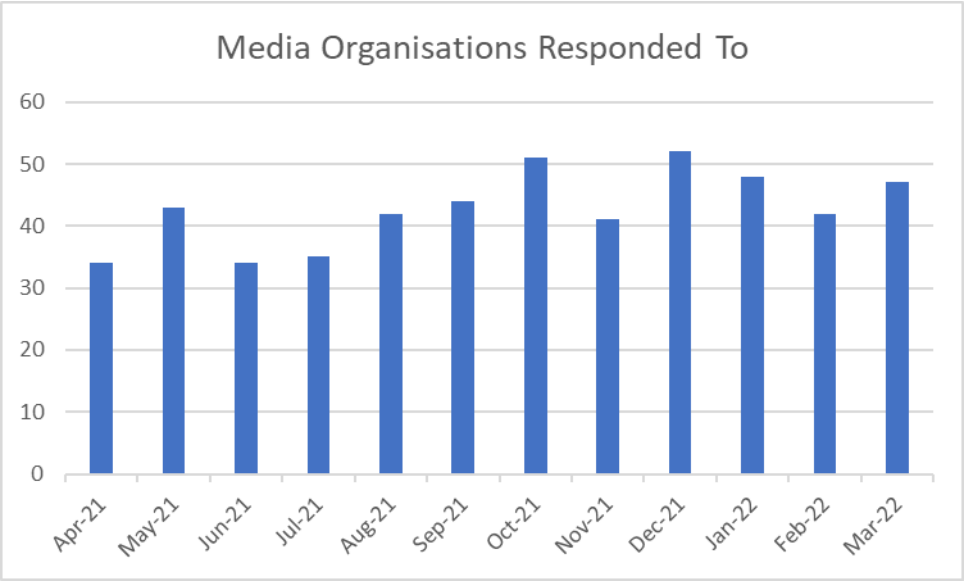
Media Relations

In some respects, the rise of social media has reduced the impact of the traditional media; we have seen newspapers particularly make significant cutbacks to staffing, while radio stations are much more celebrity 'news' based. However, with newspapers now heavily playing on their internet services and the need for an almost rolling news feed based largely on what they spot on social media, the thirst for news has once again started to rise.

In the last year, the Communications Team has responded to between 40 and 50 different news organisations each month resulting in providing 1,949 statements related to incidents that the service has responded to – that is an average of almost eight per day. To do so the team needs to examine what resources were sent, the condition of the patients, hospitals activated and writing them for issue, often after liaising with colleagues in either the police or fire.



On top of that we have issued 161 formal press releases and provided 96 formal 'If Asked' statements which tend to be about matters that are controversial or particularly sensitive. In each case, the Trust needs to liaise with the regional communications team at NHS England before they can be issued. Where the statement is for a national media outlet, it then has to be sent to the national NHS England team for sign off. As the Board is aware, the views of this organisation do not always agree 100% with those of the NHSE team which results in further work to come to an agreement on exact wording.



Another area that we are involved in is setting up media interviews with radio, tv and increasingly newspapers who are using video for their online offerings. There is no question that the closer control exerted by NHS England has reduced significantly the number of interviews undertaken as each has to be signed off by at least the regional team or in many cases the national team before it can go ahead. This can involve detailed briefings about who is being interviewed and the specific lines that we will be using during the interviews. Even after sign-off, we then need to work with the individual who is carrying out the interview to ensure they are comfortable with what the interview is about and lines they should be taking. As a result, we carried out only 64 interviews, in areas such

as the call for former staff to return to work and to support the AACE anti violence and aggression campaign.

Social Media and Website

It is now 11 years since the Trust entered the world of social media initially with Twitter and Facebook. Since January 2011, the way we engage with the public has changed out of all recognition. We are now able to get messages out to millions of people not only in the West Midlands but around the world.

Our presence in the NHS is far greater than any other NHS organisation. For example our twitter following of 71,000 compares very favourably to hospital trusts such as University Hospital Birmingham at 19,000; University Hospital North Midlands on 12,000 and University Hospital Coventry & Warwickshire at 15,000. Even Birmingham Children's Hospital has only reached 25,000 and our own lead commissioner, Black Country CCG has a following of a little over 8,000.

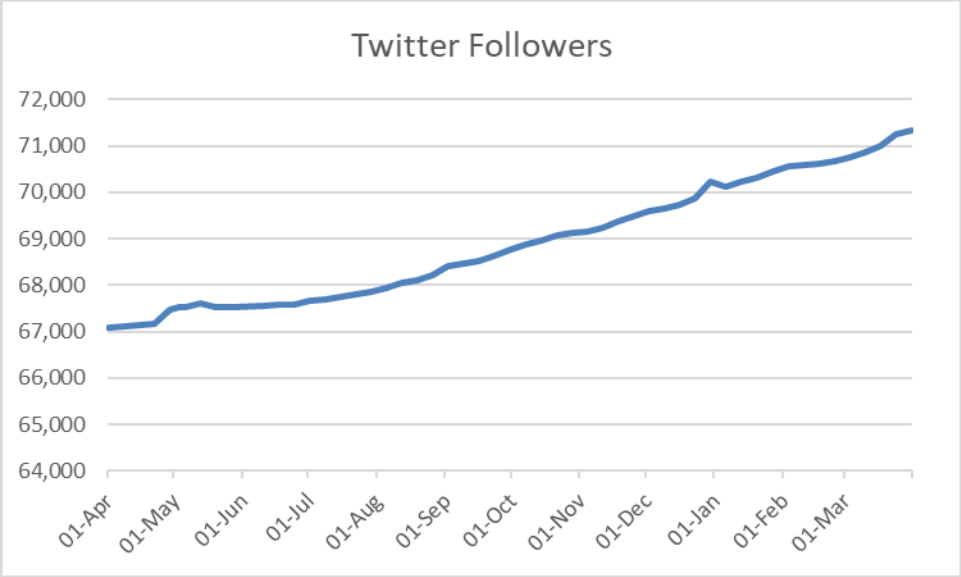
This means we have the ability to get to more people than most of the rest of the NHS in the Midlands put together. As a result, we have been working increasingly closely with the six systems in the region to ensure we use that power to get messages out about a range of issues whilst being careful not to get too far from the ambulance theme that people initially followed us for.

However, looking at the data, we can clearly see that there has been a distinct slowing of our follower numbers over the last two years, largely due to the focus on COVID-19 and the potential viewer 'burn out' on the subject, something that has been seen nationally within the NHS.

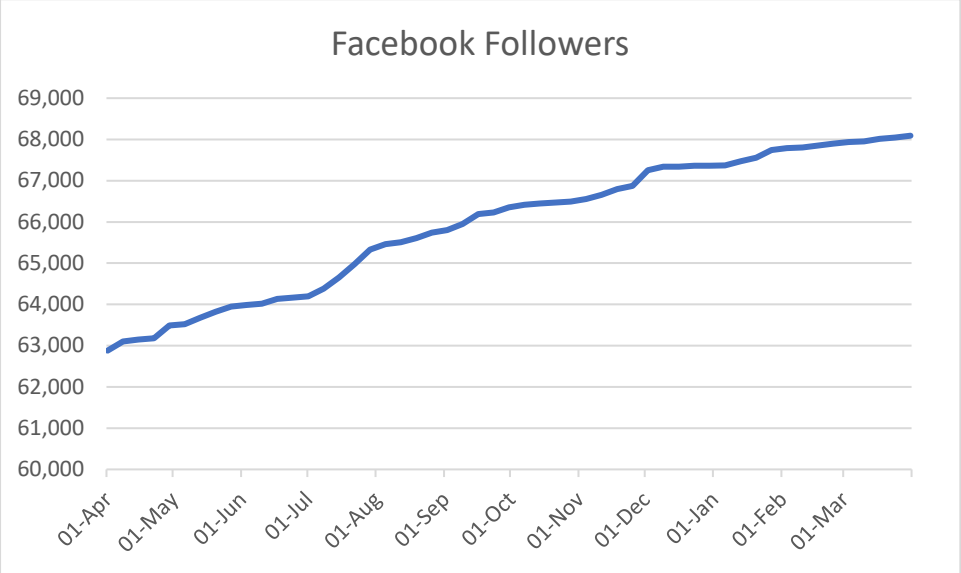
Within the ambulance sector we have the second most followed accounts behind London for Twitter and Instagram and North West for Facebook. Having said that, North West have in the past used paid advertising to boost their reach, something that we have not done, choosing to grow our following organically.

We are cognisant of the differences between the three forms of social media with Twitter more focused on news with a slight male bias in user; Facebook, which has a female bias with a slightly older audience; and Instagram with a female bias but a much younger audience with the bulk under the age of 30 years. To date, the Trust has not delved into the world of Snapchat and Tik Tok, though many of our staff have.

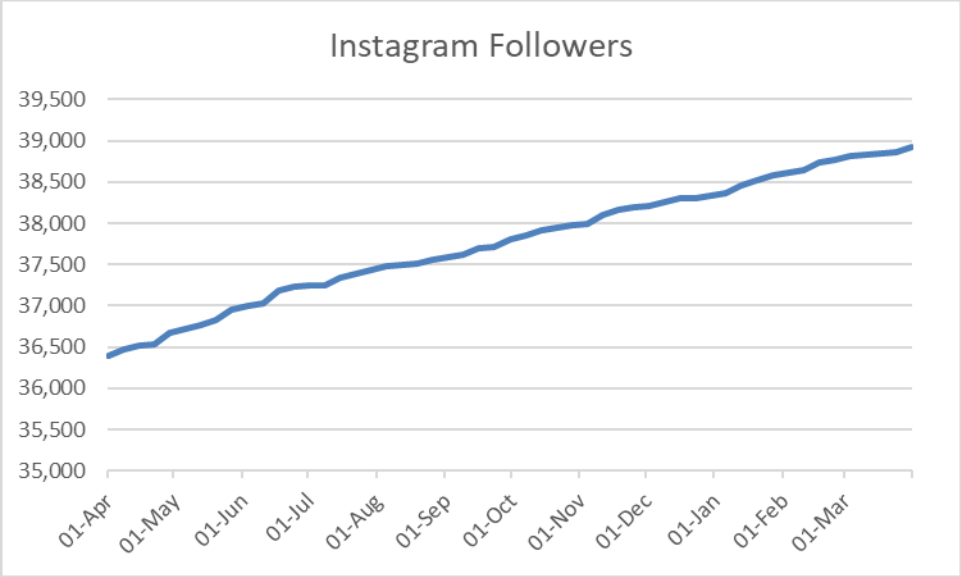
Twitter
Impressions: 12.6 million
Retweets: 9,652
Likes: 41,626



Facebook
Reach: 10.5million
Likes: 364,000
People Engaged: 1.9 million

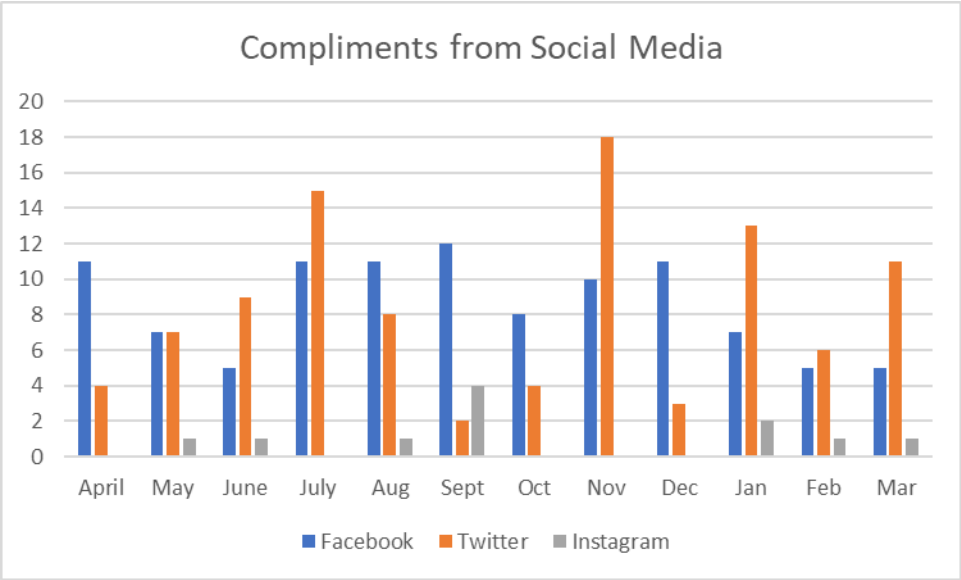


Instagram
Likes: 418,000
Profile Visits: 125,000
Reach: 1.4million



A key area for the Communications Team has been to provide expert advice to the rest of the organisation about the use of social media. In the last 12 months, the Trust's policy on the use of social media has been updated, strengthening the advice on its use as we continue to learn more about how sadly it can be misused.

One offshoot of our use of social media has been to open the door to another way for members of the public to pass on their thanks to the staff for the work they did with loved ones. As you can see from the table below, in 2021-22, no fewer than 214 compliments came in via social media: Facebook - 103; Twitter - 100; Instagram - 11



Website

- Views: 1,311,603
- Visitors: 607,160
- Questions and comments submitted via the website: 2,772
- Posts – 197

The Press Office is wholly responsible for keeping the content of the website up-to-date and correct and regularly edit pages upon guidance from relevant departments such as Clinical, Patient Experience, Recruitment, HR and the Chief Executives Office to reflect changes, new information and updates. The front page of the website is regularly changed to reflect the latest priority for the service whether this is recruiting student paramedics, NHS 111 Clinicians or advertising a new campaign.

The 'contact us' page of the website provides the opportunity for people to submit a form with enquiries or questions. The enquiry forms are received by the Press Office and the team respond, often closing enquiries straight away by providing the individual with the information they require. Enquiries which aren't able to be answered by the Press Office are forwarded to the relevant department or team for a response. On average around 7 enquiries are received a day and are responded to promptly in office hours as well as out-of-hours by the on-call press officer.

External Work

CAS Site Closures

One of the key areas of work carried out by the team was work associated with the organisational decision to close the remaining ten community ambulance stations. As Board members will be aware, there was some considerable comment within the communities affected by the decision and the Trust worked hard to get its views heard and as importantly explain the rationale.

Work included writing a briefing paper for each area that was shared with key partners including MPs and councils. It was also used as part of the answer to the dozens of letters and emails that the Trust received from members of the public.

We were also involved in press briefings, media interviews, working with the Business Intelligence Unit to providing data to support the basis of the closures. It also resulted in the Communications Director taking part in public meetings at a number of locations as well as appearing before health overview and scrutiny committees to answer questions from councillors.

National Communications Group

Communications is one of the workstreams that comes under the auspices of the Association of Ambulance Chief Executives. Over the last year one of the key deliverable has been the Work Without Fear campaign which launched in January this year. Claire Brown was heavily involved in creating the campaign and it is perhaps as a result of this work that four members of staff have so far been featured in the campaign including two staff highlighted at the launch of the campaign.

Monthly Briefing
The Team continues to produce a monthly briefing that is sent to stakeholders within the NHS, local authorities, MPs and the like letting them know about the key developments over the previous month; it is also available on the Trust website. This year, we have enhanced the publication by adding in a 'Stats on a Page' document which looks at E&U, 111 and PTS key metrics.

TV Programmes
Some years ago, the Trust took a strategic decision to use television as a key way of gaining positive publicity but also as a recruitment tool. It started with programmes such as Emergency Bikers but developed significantly over recent years including two series of BBC One's Ambulance, which you will recall won a BAFTA. We went on to make 100 episodes of Inside the Ambulance and at one point we had three television productions running simultaneously!

Last year we worked with a company called Curve Media on two separate series – we completed three series of 999: On the Frontline, which follows ambulance crews across the region. The programmes are shown on More 4 and repeated on Channel 4. They regularly take the top slot on the channel when they are shown. We also filmed two series of Ambulance: Code Red which follows the teams from MERIT and also Midlands Air Ambulance and the West Midlands CARE Team.

Making such programmes takes up a huge amount of time co-ordinating the crews to be filmed, watching the episodes and feeding back on them to ensure they are accurate. We could not do this without operational colleagues and also staff like Jason Wiles from the Clinical Team who provide invaluable input. No other ambulance service comes close to the amount of television that we are involved in – last year we made 50 programmes (30 x 999 and 20 x ACR) ensuring the fantastic work of staff is highlighted across the country almost every week of the year.

Local Resilience Forums

There are four LRFs within the West Midlands which are aligned to the areas covered by the four police forces. During the pandemic the work of the Communications Groups has been vital in co-ordinating the messaging that has gone out. In addition, when events such as flooding take place, these groups again play a key role in informing the public of risks that they need to be aware of in a co-ordinated way. As a Category 1 responder, the ambulance service plays a key role in the 'warning and informing' agenda.

FOI Requests

As Board members will know, the Trust receives hundreds of requests for information via the Freedom of Information Act route. While many of those come from companies seeking information to help them win future contracts and university students seeking data for projects, the Trust also regularly receives enquiries from media organisations. Each week, the Comms team is asked to review around a dozen or more FOI responses to ensure they answer the questions asked and to give an early warning for contentious issues that might end up in the media. The team works closely with document control officer Aimee Dicken to ensure answers are approved before being sent out.

NHS England

At the start of the pandemic, the regional team increased the interaction it had with NHS organisations so that it could better co-ordinate the response. Part of that work is to host a weekly meeting of all the lead comms professionals so that they can feed back information from the national team and provide updates on local campaigns and the like. In addition, they hold bi-weekly meetings with the comms leads of all of the systems in the Midlands. Both ambulance services were invited to take part in these meetings due to the regional nature of the work streams.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 13 MONTH May 2022 PAPER NUMBER 11

Title	**Governance -Board of Directors and Board Committees Terms of Reference**
Sponsoring Director	The Chairman
Purpose	1. To review the five themes relating to the Governance model approved by the Board in July 2020. 2. To approve the Committee Structure attached. 3. To review and approve the Board of Directors Terms of Reference (ToR) in the light of various changes of membership. 4. To review and approve the Board Committees Terms of Reference as attached.
Previously Considered by	Governance review and review of committees previously approved: Board of Directors – July 2020/October 2020 Board of Directors – October 2021 Current review by Committees: Executive Management Board -19 April 2022 Trustee Committee - 30 March 2022 Remuneration & Nominations Committee -6 April 2022 Audit Committee -14 March 2022 People Committee - 28 February 2022 Performance Committee - 22 February 2022 & 26 April 2022 Quality Governance Committee - 18 May 2022 Capital & Revenue Investment Advisory Group (CRIAG) - Approved by EMB on 22 March 2022 (The CRIAG reports into Executive Management Board (EMB) so EMB as the parent body approves its reporting groups ToR under normal circumstances. However, given the current review of the Business Case process that is taking place, it will also provide reassurance to the Board these will form part of the ToR report being submitted to the Board).
Report approved by:	The Chairman

1. When I took on the role of Chairman on 1 April 2020 I asked the Board to agree a governance model that is based around five key themes. These were established following my initial discussions with colleagues on amongst other

things the governance of the Trust. I have set these out in the attached as a reminder. The Council of Governors have agreed to appoint me as Chairman for four more years, so it is timely to review the themes.

2. The Committee structure has developed and is attached for your review and approval.

3. I also took the opportunity to codify a clear Terms of Reference for the Board of Directors which brings together matters reserved to the Board and those matters required under the Code of Governance or best practice. These were to be read within the context of the Constitution of the Trust and the scheme of delegation contained in the Standing Financial Instructions.

4. It is now timely after two years, and as we emerge from the extremes of the pandemic to review the Terms of Reference of both the Board of Directors and its Committees. In addition, the review of the business cases approval process the review is even more timely, and complements the work that is progressing on the review of governance around business case approval thresholds. As part of this review the Board is requested to approve the Capital and Revenue Investment Advisory Group. The Terms of Reference for this Group would normally be signed off by the EMB but given our review of the Business Case approval process it is appropriate for the Board to approve the Terms of Reference as any project/scheme over £250,000 or any project/scheme considered novel or contentious (i.e. low value but possibly high risk) will be submitted to the Board of Directors for review and approval. In some cases, where the value requires it, the Board will then seek NHSE/I review and approval.

   The amendments for each of the Terms of Reference are documented in the attached report for noting. Each of the Committees including EMB have reviewed its Terms of Reference and are now presented to the Board for approval.

   Rather than present documents with tracked changes which can be difficult to read the amendments/changes to the Terms of Reference have been documented within this report.

Related Trust Objectives/ National Standards	The Board has the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. In formulating its strategy the Board should seek the views of the Council of Governors who in turn should engage with its stakeholders namely the public, staff and key partners

	This paper clarifies the role of the Board and its committees in undertaking the above duties.
Risk and Assurance	The Trust are required to remain compliant with its licence and CQC registration and a strong governance model is crucial to retaining our Licence and Registration.
Legal implications/regulatory requirements	Legal advice has not been sought in relation to any matters within this report.
Financial implications	Financial Governance forms part of the Terms of Reference of the Performance Committee and the Audit Committee.
Workforce & Training Implications	Workforce are invited to attend meetings of the Board of Directors and its committees. The establishment of the People Committee has further strengthened this area in terms of governance. .
Communications Issues	The salient matters considered at meetings of the Board of Directors and the Council of Governors are disseminated if appropriate within the Trust through the Weekly Brief. Members of the public and the press are welcome to attend public Board and Council meetings. The meeting dates and the papers for the public meeting are available on the Trust website.
Equality and Diversity Implications	Equity, Diversity and Inclusivity and the Trusts duties under the Public Sector Equality Duty are included within the Terms of Reference for the Board and its Committees.
Quality Impact Assessment	Not applicable in relation to the content of this report
Data Quality	The documents referred to in this report are held by the Trust Secretary.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 13 MONTH May 2022 PAPER NUMBER 11

Recommendation:

1. To note the content of this report and to remind directors of the need to present succinct reports to the Board and its Committees in line with the agreed Terms of Reference for those meetings.

2. To confirm the five themes that underpins the Trust governance model.

3. To approve the Committee structure attached. (Appendix 1)

4. To approve the Terms of Reference for the Board of Directors as attached Appendix 2).

5. To approve the Terms of Reference for the:
    1. The Executive Management Board (Appendix 3)
    2. The Audit Committee (Appendix 4)
    3. The Remuneration & Nomination Committee (Appendix 5)
    4. The Performance Committee (Appendix 6)
    5. The Quality Governance Committee (Appendix 7)
    6. The People Committee (appendix 8)

6. Given the review of the Business Case process, to approve the Terms of Reference of the Capital and Revenue Investment Advisory Group (CRIAG) (Appendix 9)

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 13 MONTH May 2022 PAPER NUMBER 11

Governance and Board of Directors Terms of Reference

Governance around five key themes

1. The Board at its meeting in July 2020 approved a governance model that is based around five key themes. It is now timely for the Board to review the model, in particular:
    1. Strategy - The strategic direction of the organisation has to be owned and agreed by the board as a whole and that formulating strategy is therefore a whole-board activity. As we look forward the future delivery of healthcare, the impact of robotics, of artificial intelligence, and of genomics are going to be immense. The role of artificial intelligence, home-based clinical informatics and the 'internet of things' in particular will bring huge changes and huge opportunities for us in WMAS. Couple these technological changes with the evolving role of paramedics in the delivery of healthcare away from their traditional role in 999 services and we have really exciting opportunities ahead of us, and WMAS can lead with these opportunities rather than be led by others. Therefore as a board it needs to position itself to be able to dedicate significant protected time to thinking these issues through, and how we build our new strategic direction. This will require better focus in terms of meetings of the Board and the structure of its governance also better engagement with stakeholders.

    2. Streamlining - The time spent in Board and Committee meetings needs to have better focus so that it can be more productive with our time. The frequency of committees and sub-committees within WMAS is generally acceptable, but some meetings do seem to last much longer and that in terms of time management should never as a rule last longer than 3 hours. After 3 hours the meeting loses its identity and also focus it is also doubtful that it is productive due to lack of concentration.

    3. Structure of Committees - In terms of developing a more streamlined approach to the governance of the Trust as previously stated, it is appropriate for the Board to annually review its Committees and governance. Does the Board feel that the Committee structure in existence is still appropriate.

    4. Succession (and resilience) - as the Covid emergency has shown we have some exceptionally talented people in WMAS. Which provides us with an opportunity develop our 'talent pipeline' so that ideally we have at least one credible candidate in-house for every senior job that becomes available. This could be a key role for the people committee to give some thought to

how we can strengthen our talent planning across the organisation and how non-executives could add value in this area.

5. Stakeholder engagement – WMAS has a reasonable track record in engaging with key stakeholders; this will be a good base to respond to the changing health care system and structure. In this changing landscape we will need to develop even stronger relationships with the NHS (especially trusts and ICS/STPs), with key partners in the third sector, with Local Authorities, with academic providers, and to develop strategic alliances where these can help in our objective to remain a world leading provider.

2. **The revised Committee Structure**

Attached as Appendix 1 is the revised Committee structure which shows the current Committee structure, and the Board are requested to approve the content of the structure. Including the Chairman and Deputy Chairman lists.

3. **The Terms of Reference for the Board of Directors**

The Terms of Reference of the Board of Directors are submitted as Appendix 2 for review and approval. The only changes proposed is the list of members.

4. **Terms of Reference of Board Committees and also Capital and Revenue Investment Advisory Group**

The Terms of Reference for each of the Board Committees and the Capital and Revenue Investment Advisory Group are attached as Appendix 3 to 9 and are attached for approval.

To assist the Board and for the purposes of transparency the following are the salient changes with the date on which the Committee reviewed its Terms of Reference:

	Committee	**Date of Committee Review**	**Comments**
1	Executive Management Board	19 April 2022	Under the heading **Role and Purpose**;

			Inserted the word University into our Trust name. In the second paragraph deleted the word investigate and inserted the word "consider" Inserted the word "confidential" prior to "ordinary" meetings of the Board, as that is where the EMB report is normally reviewed at Board meetings. Under the heading **Membership**; Updated the membership of EMB with the recent changes. Final paragraph in this section added "to include the Chair or his nominated deputy" in the quorum, so that meetings require either the CEO to be present or his nomination to chair the meeting. In the section headed **Working Methodology**; Updated the secretariat job title. Amended the fifth paragraph as follows: EMB will direct, manage and hold to account the executive, in meeting agreed goals and objectives, satisfy itself on the integrity of financial, clinical, operational performance and other information provided, satisfy itself that financial, operational, clinical and quality performance, business cases and change management plans, controls and systems of risk management and mitigation are sound and applied with due diligence. Maintaining compliance with the terms of the Trust's licence and CQC registration. Under the heading **Duties and Interrelationships**;

			The duties are now structured under various headings such as “Governance”, “Strategy” etc. Added the following duties: Review & approve, as appropriate, all capital and revenue business cases in accordance with the Trust’s Standing Financial Instructions (SFIs) and NHSEI Guidance Documents for capital and revenue schemes. Agree ‘significant’ business cases prior to sharing with Resource Committee for escalation to the Board of Directors. There was reference as part of some of the duties to reporting through Professional Standards Group (PSG), the reference to PSG has been deleted as this now reports into QGC. Under the heading **Key Input documents**; Deleted “2017 CQC Provider Report” and inserted “The latest CQC Provider Report”. Deleted “The Regulators 2 Year Plan” Added “and Caldicott” to the SiRO Report. Under the heading **Inward Reporting Arrangements**; Updated the Groups that now report into EMB. Final paragraph the words in italics have been added: The approved minutes of the above groups will be submitted to the next appropriate meeting of EMB. The Chair of each sub group, and also all members of the EMB on Board pillar committees/Groups e.g. Professional Standards Group to provide EMB with a short summary highlighting pertinent key issues and assurances after each meeting of the relevant Committee/Group.

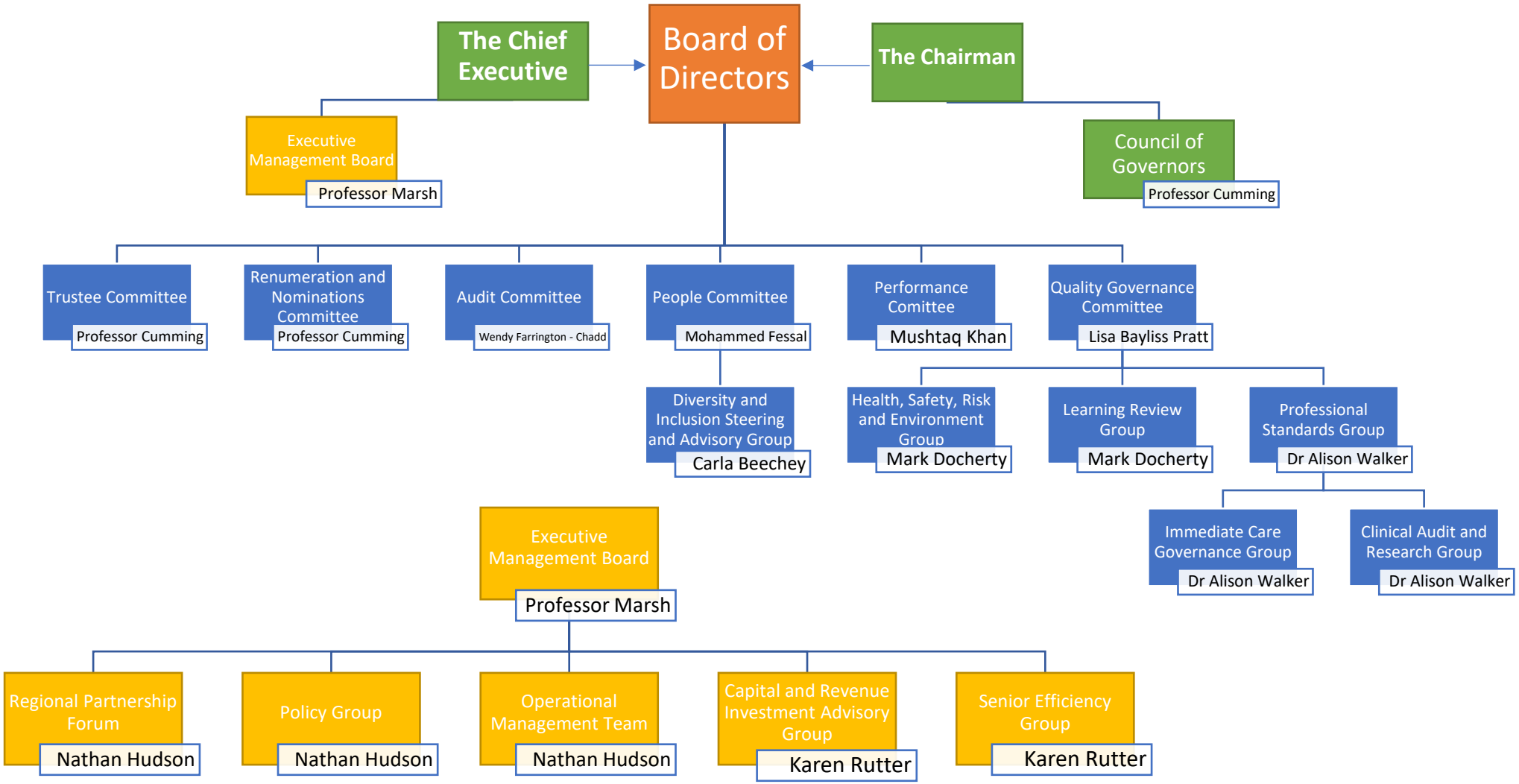
			In line with the agreed EMB schedule of business members will provide more detailed reports aligned with their portfolio responsibilities.
2	Trustee Committee	30 March 2022	Terms of Reference approved by the Trustee Committee members. Submitted to the Board for transparency. No changes proposed.
3.	Remuneration & Nominations Committee	6 April 2022	Terms of Reference approved by the Remuneration & Nominations Committee members. Submitted to the Board for transparency. No changes proposed.
4	Audit Committee	14 March 2022	Terms of Reference approved by the Audit Committee (ToR content based on HFMA Guidance document). Submitted to the Board for transparency. No changes proposed.
5	People Committee	28 February 2022	Proposed at the meeting that the Committee move to quarterly meetings to allow members to have time and space to put reports together. The meeting schedule will be reviewed again later in the year. Submitted to the Board for transparency. No changes of substance but reference to the cycle of meetings noted.
6	Performance Committee	22 February 2022 & 26 April 2022	New Paragraph 11. To review business cases both revenue and capital that are greater than £250k in value, or those business cases that are submitted at the sole discretion of the CEO or EMB based on their consideration of the risk to the Trust, for review and scrutiny prior to approval by the Board of Directors.

			Submitted to the Board for transparency.
7	Quality Governance Committee (QGC)	18 May 2022	The Quality Governance Committee reviewed its Terms of Reference at its meeting on 18 May 2022 and are attached for review and approval by the Board of Directors.
8	Capital and Revenue Investment Advisory Group (CRIAG)	Approved by EMB on 22 March 2022 This Group reports into EMB so EMB as the parent body approves its reporting groups ToR under normal circumstances. However, given the review that has taken place and also to provide some reassurance to the Board these will form part of the ToR report being submitted to the Board.	Board are requested to approve the Terms of Reference which includes the following: 8. **Reporting Arrangements**. 8.1 Updates to the Board of Directors from the Executive Management Board will include pertinent information from this group. 8.2 Business Cases (Revenue & Capital) over £250k (CEO delegated spend), or EMB are submitted to Performance Committee for review and scrutiny prior to Board approval. 8.3 Minutes of CRIAG meetings will be sent to the Performance Committee for review/scrutiny. NHSE Guidance Document entitled: Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts - Annex 13: Guidance for foundation trusts that are not in financial distress (dated November 2016) has been appended to the Terms of Reference for the CRIAG. A further review of the Terms of Reference will be undertaken by EMB after three months of operation to ensure the needs of the organisation are met. Thereafter the Terms of Reference will be subject to the normal annual review of all Terms of Reference.

Professor Ian Cumming OBE MSc FIBMS CSci FRCGP(hon)

Chairman - West Midlands Ambulance Service NHS University Trust

(May 2022)



Trust Committee structure v1.4 March 22

Committee	Chair	Deputy Chair	Secretarial support provided by
Executive Management Board	Professor Marsh	TBC	Karen Freeman
Council of Governors	Professor Cumming	Wendy Farrington-Chad	Suzie Wheaton
Trustee Committee	Professor Cumming	Wendy Farrington-Chad	Philip Higgins
Renumeration and Nominations Committee	Professor Cumming	Wendy Farrington-Chad	Philip Higgins
Audit Committee	Wendy Farrington-Chad	NED TBC	Donna Stevenson
People Committee	Mohammed Fessal	Lisa Bayliss Pratt	Dawn John
Performance Committee	Mushtaq Khan	Narinder Kooner	Donna Stevenson
Quality Governance Committee	Lisa Bayliss Pratt	Mohammed Fessal	Nicky Shaw
Diversity and Inclusion Steering and Advisory Group	Carla Beechey	Mohammed Ramzan	Dawn John
Health, Safety, Risk and Environment Group	Mark Docherty	Matt Brown	Nicky Shaw
Learning Review Group	Mark Docherty	Dr Alison Walker	Nicky Shaw
Professional Standards Group	Dr Alison Walker	Craig Cooke	Nicky Shaw
Immediate Care Governance Group	Dr Alison Walker	Aidan Brown	Nicky Shaw
Clinical Audit and Research Group	Dr Alison Walker	Andrew Rosser	Nicky Shaw
Regional Partnership Forum	Nathan Hudson	Carla Beechey	Dawn John
Policy Group	Nathan Hudson	Nick Henry	Aimee Dicken
Operational Management Team	Nathan Hudson	Michelle Brotherton	Sharon Hooper
Capital and Revenue Investment and Advisory Group	Karen Rutter	Paul Jarvis	Donna Stevenson
Senior Efficiency Group	Karen Rutter	Paul Jarvis	Donna Stevenson

Appendix 2

Terms of Reference for the Board of Directors

1	Role and Purpose

The Board of Directors of the West Midlands Ambulance Service University NHS Foundation Trust (The Trust) is established pursuant to the NHS Act 2006 as amended by the Health and Social Care Act 2012 and regulations implementing the Act. In accordance with its Constitution, the Trust has a Board of Directors, (which comprises both Executive Directors, one of whom is the Chief Executive and Non-Executive Directors, one of whom is the Chairman). As set out in Annex 7 of the Constitution, the Trust has Standing Orders for the Practice and Procedure of the Board of Directors. For the avoidance of doubt, those Standing Orders take precedence over these Terms of Reference, which do not form part of the Trust's Constitution.

The role of the Board of Directors is to monitor the performance of the Trust and ensure that the Executive Directors manage the Trust within the resources available in such a way as to:

a) ensure the safety of patients and the delivery of a high quality of care
b) protect the health and safety of Trust employees and all others to whom the Trust owes a duty of care
c) make effective and efficient use of Trust resources
d) promote the prevention and control of Healthcare Associated Infection
e) comply with all relevant regulatory, legal and code of conduct requirements
f) maintain high standards of ethical behaviour, corporate governance and personal conduct in the business of the Trust
g) maintain the high reputation of the Trust both with reference to local stakeholders and the wider community.

The Board of Directors has the following key functions:

a) to set strategic direction, define objectives and agree plans for the Trust
b) to monitor performance and ensure corrective action
c) to ensure financial stewardship
d) to ensure high standards of corporate and clinical governance and personal behaviour
e) to appoint, appraise and remunerate executives
f) to ensure dialogue with external bodies and the local community.
g) to Monitor and drive the implementation of diversity and inclusivity in the operation of services and employment opportunities with the Trust.
h) ensure that the Trust has adequate and effective governance and risk management systems in place and to regularly monitor the high level and strategic risks to achieving its Strategic Objectives (The Board Assurance Framework)
i) review and approve the Trust's Annual Report and Accounts, including the Trust's Quality Report;
j) ensure ongoing compliance with the Care Quality Commission's Fundamental Standards for all regulated activities across all registered locations;

k) to receive and consider high level reports on matters material to the Trust detailing, in particular, information and action with respect to:
    i. human resource matters
    ii. operational performance
    iii. patient experience, clinical quality and safety, including infection
    iv. prevention and control
    v. financial performance
    vi. the identification and management of risk
    vii. matters pertaining to the reputation of the Trust;
    viii. strategic development

l) to promote teaching, training, research and innovation in healthcare to a degree commensurate with the Trust's status as a University Ambulance NHS Foundation Trust;
m) to promote and develop appropriate partnerships with other organisations in accordance with the Trust's values and strategic direction;
n) engage as appropriate with the Trust's membership and the Council of Governors;
o) to receive reports from its committees

2 Membership

The composition and membership of the Board of Directors of the Board of Directors is set out in the Constitution of the Foundation Trust to ensure that at all times the number of Non-Executive Directors (excluding the Chair) equals or exceeds the number of Executive Directors and the Board of Directors is to comprise:

- a non-executive Chair; and,
- up to six other Non-Executive Directors; and
- up to six Executive Directors.

One of the Executive Directors shall be the Chief Executive.
The Chief Executive shall be the Accounting Officer.
One of the Executive Directors shall be the Finance Director.
One of the Executive Directors is to be a Registered Medical Practitioner or a Registered Dentist (within the meaning of the Dentists Act 1984).
One of the Executive Directors is to be a Registered Nurse or a Registered Midwife.

In addition to the Board members listed above, the following Directors shall attend Board meetings as contributing Directors (non voting):

- Communications Director
- Emergency Services Operations Delivery Director
- Non-Emergency Services Operations Delivery & Improvement Director
- Integrated Emergency & Urgent Care & Performance Director
- People Director
- Strategy & Engagement Director

Other senior members of staff may be requested to attend meetings by invitation of the Chair.

3 Accountability

The Board is accountable in a number of ways:

The Chairman and Non executive Directors are accountable to the Council of Governors and the wider community for the performance of the Trust.

The Chief Executive is also the Accounting Officer for the Trust and is accountable ultimately to the Public Accounts Committee of the House of Commons.

The Foundation Trust must be compliant with the Terms of its Licence and also its CQC Registration.

The Trust is required to appoint Auditors and produce an annual report and accounts.

4 Review arrangements

These terms of reference will be reviewed on an annual basis. The Chairman will ensure terms of reference are amended in light of any major changes in legislation and Trust governance arrangements/requirements.

5 Working methodology

There is an annual schedule of business which is a dynamic document and is developed and maintained by the Chairman and CEO in consultation with the Trust Secretary. The Trust's business is conducted by employees and an executive team led by the Chief Executive Officer (CEO) with oversight from the Board.

Meetings of the Board are either ordinary which are scheduled as part of the Annual Cycle of Business or are extraordinary meetings which are convened for specific and specific matters reserved to the Board of Directors at the sole discretion of the Chairman.

The Board of Directors also meet informally for Briefing Sessions, these sessions are not decision-making meetings but enable a more detailed discussion on matters of strategic importance. It can also allow a presentation or deep dive into a specific matter as agreed by the Chairman and Chief Executive. Given the nature of the Trust's key business of patient care at least one Briefing Session a year will consist of a Basic Life Support skills update for all directors.

The agenda for ordinary meetings will follow a standard format:

- Welcome and Chairman's matters
- Apologies and declarations of any conflict of interest in matters on the agenda for that meeting
- Minutes of previous meetings
- A patient or staff story (the emphasis should be on any learning that is required)
- Chief Executives Update
- Executive Finance Report
- Executive Performance Reports
- Executive People Reports

- Executive Quality Reports
- Reports of the Committee Chairs

The presumption will always be that matters are considered in public rather than in private and matters will only be considered in private by exception. The determination of whether a matter is to be considered in private is at the sole discretion of the Chief Executive in consultation with the Chairman and then subject to Board resolution.

All papers will normally be submitted to EMB at least two weeks prior to the Board meeting for review. No papers will normally be submitted to a meeting of the Board of Directors unless they have been reviewed at a meeting of the EMB. All papers for meetings must be finalised and distributed at least five days prior to the meeting of the Board. Late papers will normally only be accepted in exceptional circumstances and will only remain on the agenda for the Board meeting at the express permission of the Chair in consultation with the CEO.

The production of high quality, concise papers (with appendices - if really necessary) is crucial for effective decisionmaking, and these should be produced and circulated on time, and read in advance of the meeting by all board members.

Reports should:

- have the standard coversheet
- be concise and to the point as a general rule no report should be more than six pages in length including the coversheet
- have the appropriate control boxes completed.
- be cross referenced to the financial plan agreed by the Board
- contribute to the successful outcome of the Trust strategic plan

As a general rule the business of the meeting should be concluded within no more than 3 hours.

For procedural details see the Standing Orders for the practice and procedure of the Board of Directors (Annex 7 of the Constitution).

6 Duties and interrelationships

The general duty of the Board of Directors and of each Director individually is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust and as a whole for the public.

In event of any ambiguity or concern regarding the duties or role of the Board this will be determined by reference to Regulations, or the Constitution of the Foundation Trust. The Chairman, in consultation with the Chief Executive will have sole discretion in terms of determining any matter in relation to the duties or role of the Board or its interrelationship with the Council of Governors or its partners in the Healthcare economy.

7 Delegated authority

The Board Committee structure is attached:

The Board has established the following Committees:

- Remuneration and Nominations Committee
- Audit Committee
- Quality Governance Committee
- People Committee
- Performance Committee
- Trustee Committee (As the Trustee for the General Charitable Funds held by the Trust)

An Executive Management Board chaired by the Chief Executive and consisting of the Executive Directors and other senior managers has also been established.

The Chief Executive Officer (CEO) is responsible, in accordance with the directions of the Board, for the implementation of the business plan and general day-to-day management and conduct of the affairs of the organisation, through the Executive Team. The CEO is the board's link to the administration of the Trust. The CEO is accountable to the board as a whole and all communications on behalf of the board is through the CEO. The CEO ultimately is responsible for exercising all powers delegated by the board.

8 Key input documents

- The Constitution
- Standing Financial Instructions
- Trust Strategies and Plans
- Risk Register and Board Assurance Framework
- Financial Plans and Budgets
- Appropriate Business Cases
- SIRO Report

9 Inward reporting arrangements

The the approved minutes from each of the following Committees will be submitted to the next Board meeting:

Remuneration and Nominations Committee
Audit Committee
Quality Governance Committee
People Committee
Finance & Performance Committee

The Chair of the Executive Management Board will provide the Board with a short summary highlighting key issues and assurances after each meeting and where appropriate under Standing Financial Instructions and the Scheme of Delegation to seek Board ratification where required.

The Chairman will report on the salient matters considered by the Council of Governors and where appropriate seek the endorsement of the Board where that power is not held by the Council of Governors.

Appendix 3

Terms of Reference for the Executive Management Board

Contents	
1	Role and Purpose
2	Membership
3	Accountability
4	Review arrangements
5	Working methodology
6	Duties and interrelationships
7	Delegated authority
8	Key input documents
9	Inward reporting arrangements

1 Role and Purpose

The Executive Management Board (EMB) is constituted by West Midlands Ambulance Service University NHS Foundation Trust (WMAS) Board of Directors (BoD), subject to amendment at future BoD meetings. It supports the BoD in shaping the culture, setting the direction and holding to account. EMB is required to comply with all extant WMAS standing orders and standing financial instructions and has no delegated powers other than those embodied in these Terms of Reference. Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained within the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.

EMB is authorised to consider all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities and all staff are required to cooperate with any request for information it requires.

As the executive arm of the BoD, it is responsible for the management of West Midlands Ambulance Service University NHS Foundation Trust and is the senior executive decision making body of the organisation.

The Chair of EMB will provide, as a scheduled item of business, written feedback for discussion at each confidential ordinary meeting of the BoD on an ‘assurance, exception and escalation’ basis for all business enacted at the most recent EMB meetings.

2 Membership

EMB shall comprise:
The Chief Executive Officer (Chair)
Communications Director
Emergency Services Operations Delivery Director
Director of Finance
Director of Nursing & Clinical Commissioning

Governance Director & Trust Secretary
Head of Emergency Planning (and Commonwealth Games Planning)
Head of Operational Information & Planning
Integrated Emergency & Urgent Care & Performance Director
Medical Director,
Non-Emergency Services Operations Delivery & Improvement Director
Operational Support Services Director
People Director
Strategy & Engagement Director

The proposed attendance of any other person must be notified to and agreed with the Chair of EMB in advance of the meeting. If the Chair is unable to attend a meeting, then a Chair will be nominated by the CEO for that meeting only.

Fully briefed deputies of sufficient seniority, understanding and authority to participate fully in the meeting may be required to attend in circumstances where non-attendance is unavoidable. Other members of staff may be requested to attend meetings.

A quorum will be four members to include the Chair or his nominated deputy.

3 Accountability

EMB is accountable to the WMAS Board of Directors. It will support the BoD in promoting the values of WMAS, support a positive culture throughout WMAS and adopt behaviours that exemplify the corporate culture, ensuring that constructive challenge is made as appropriate. EMB will develop proposals or priorities, business continuity and sustainability, risk mitigation, values and standards and lead the development of strategy. It will also ensure that relevant KPIs, milestones and timescales are developed as necessary and monitored for achievement and delivery.

4 Review arrangements

These terms of reference will be reviewed by EMB on an annual basis. The EMB Chair will ensure terms of reference are amended in light of any major changes in committee or Trust governance arrangements/requirements. EMB will self-assess its performance in accordance with WMAS BoD established protocols, including an annual performance report to the BoD.

5 Working methodology

The Chair of EMB is responsible for the setting of the meeting agenda, the effective running of EMB, sound leadership, ensuring that EMB works effectively and takes full account of key issues facing WMAS, ensuring timely delivery of BoD approved strategies, plans, policies and procedures.

The Private Secretary to the Chief Executive will be the secretary to EMB and will provide administrative support and advice. Duties will include agreement of agenda and required attendees with the Chair, together with the collation and timely distribution of associated documentation (5 days in advance) for the meeting, the

taking of minutes by the Chief Executive's secretariat and the recording of action plans of matters arising (ordinarily available to EMB members within three working days following each meeting) and maintenance of annual/forward cycles of business. Papers may only be tabled on an exceptional basis, and with the agreement of the Chair.

EMB meetings will be held not less than once per month, with additional meetings where necessary for the due discharge of its remit.

The timing of meetings will be as necessary to ensure the timely discharge of business by the WMAS BoD. Additional meetings may be arranged with the agreement of the Chair or on the instruction of the BoD.

EMB will direct, manage and hold to account the executive, in meeting agreed goals and objectives, satisfy itself on the integrity of financial, clinical, operational performance and other information provided, satisfy itself that financial, operational, clinical and quality performance, business cases and change management plans, controls and systems of risk management and mitigation are sound and applied with due diligence. Maintaining compliance with the terms of the Trust's licence and CQC registration

It will ensure adequate information is provided on a timely basis, with any areas of concern highlighted, and appropriate remedial/development plans provided in a suitable format to monitor the reporting of progress, performance and service sustainability.

The Chair of EMB will ensure that any sensitive, contentious, exceptional or urgent items are escalated as appropriate immediately following the meeting.

The business and input materials for each meeting will be planned and structured to facilitate the completion of scheduled business in a time span not exceeding three hours. For each scheduled item of business a planned time allowance will be agreed in advance with the Chair of EMB.

6 Duties and interrelationships

The principal duties of EMB are as follows:

to receive and consider reports on matters material to the Trust detailing, in particular, information and action with respect to:

i. human resource matters
ii. operational performance
iii. patient experience, clinical quality and safety, including infection
iv. prevention and control
v. financial performance
vi. the identification and management of risk
vii. matters pertaining to the reputation of the Trust;
viii. strategic development

Strategy

1) Deliver the objectives set out in the Trust strategic and business plans.
2) Develop and endorse Trust strategies and plans prior to Board approval
3) To receive and review appropriate analysis, assurance and option appraisal regarding strategic business development opportunities for submission to the board
4) Identify business development opportunities and ensure that these are explored to establish their relevance and fit with the Trust's overarching strategy.
5) To construct the Board's Strategy and Development sessions, ensuring that strategy agendas are compliant with Trust and regulatory requirements.
6) Organise and oversee periodic reviews of the Trust's overarching statements relating to vision and strategic objectives.

Governance

1) Maintain the Regulators conditions of licence and Registration as an NHS Healthcare Provider
2) Ensure risks are managed in accordance with the Risk Management Strategy to include:
    - Monitoring of 12 high and above risks and escalation of significant risks to the Board of Directors
    - Maintenance and updating of the Board Assurance Framework to ensure that it is contemporaneous
    - Any new risks or regrading to risks to the organisation
3) Review of any incidents or claims that could pose any adverse reputational risk, and/or significant unplanned costs.
4) Approving relevant policies on behalf of the Board
5) To facilitate a programme of engagement with other providers, and stakeholders as appropriate including (but not restricted to) Integrated Care Systems and Clinical Commissiong Groups, local authorities, other emergency services, charities and educational establishments.
6) To review Freedom to Speak Up action plan and quarterly reports.

Financial

1) Ensure delivery against the Board of Directors approved Capital and Revenue financial plans including the delivery of a Quality Impact assessed and also Equality Impact Assessed (EIA) Cost Improvement Programme (CIP).
2) Review & approve, as appropriate, all capital and revenue business cases in accordance with the Trust's Standing Financial Instructions (SFIs) and NHSEI Guidance Documents for capital and revenue schemes.
3) Agree 'significant' business cases prior to sharing with Resource Committee for escalation to the Board of Directors

Operational

1) Advise the Trust on matters relating to the specification, procurement and use of clinical equipment for the West Midlands Ambulance Service University NHS Foundation Trust
2) Maintain Trust performance (operational, clinical & financial) against nationally set targets

People

1) Receive progress against the Action Plan developed arising from the Staff Survey results

Clinical & Quality

1) Ensure that actions required to embed the Clinical and Quality strategies are successfully completed
2) To make key decisions to improve patient care, safety and operational responses
3) Ensure that immediate care schemes are compliant with the requirements of Quality Governance as outlined in the CQC Essential Standards of Quality and Safety

Audit and Regulation

1) Maintain the Regulators conditions of licence and Registration as an NHS Healthcare Provider.
2) Ensure that an annual clinical audit programme and R&D programme is in place that they are completed to plan, that learning is identified and ownership of subsequent actions have been accepted and monitored to completion.
3) To receive, review and agree the annual internal Audit plan for submission to the Audit Committee
4) Ensure adherence to legislation and appropriate guidance relevant to the business of the Trust including Health & Safety, Equality, Information Governance including the SIRO and Caldicott obligations, Employment, Road Safety, medicines management etc.
5) Ensure that Care Provision of the West Midlands Ambulance Service University NHS Foundation Trust is safe and compliant with the requirements of Care Quality Commission (CQC), Home Office, Medicines and Healthcare Regulatory Authority (MHRA) Guidance and current National and International Clinical Standards and any other relevant regulations, guidance and standards.
6) To gain assurance through OMT the Trust's Business Continuity Plans are compliant

In event of any ambiguity or concern regarding the role of EMB, its sustainability or relevance in light of any changing circumstance/anticipated/emerging issue or of its interrelationship with any other committee or working group of WMAS, this should be referred to the next BOD meeting for clarification and resolution.

7	Delegated authority

EMB delegated authority is as set out in WMAS Standing Financial Instructions.

8	Key input documents

- Trust Strategies and Plans
- Risk Register and Board Assurance Framework
- Financial Plans and Budgets
- The latest CQC Provider Report
- Appropriate Business Cases
- SIRO and Caldicott Report

9	Inward reporting arrangements

- Regional Partnership Forum
- Capital and Revenue Investment Advisory Group
- Operational Management Team
- Senior Efficiency Group
- Policy Group

The approved minutes of the above groups will be submitted to the next appropriate meeting of EMB. The Chair of each sub group, and also all members of the EMB on Board pillar committees/Groups e.g. Professional Standards Group to provide EMB with a short summary highlighting pertinent key issues and assurances after each meeting of the relevant Committee/Group.

In line with the agreed EMB schedule of business members will provide more detailed reports aligned with their portfolio responsibilities.

EMB Approval Date:

Board Approval Date:

Terms of reference of the Audit Committee

Contents

Appendices

1 Role and purpose

The NHS Act 2006 (Schedule 7) (As amended) requires the Board of Directors to have in place a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate

This Committee is therefore constituted as a standing committee of the Trust's Board of Directors ('the Board') pursuant to Schedule 7 of the NHS Act 2006. The Committees constitution and terms are as set out below, subject to amendment at future Board meetings. The Committee supports the Board in shaping the culture, setting the direction and holding to account. It is required to comply with all extant standing orders and standing financial instructions and has no delegated powers other than those embodied in these Terms of Reference. Hence the term Chair will apply to the Chair of the Committee, and members is to be read as a member of the Committee.

The Committee is authorised to investigate all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities and all staff are required to cooperate with any request for information required by the Committee.

The Committee has primary responsibility for monitoring and reviewing the system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives. For these aspects, the Committee shall ensure that appropriate standards are set and compliance with them monitored on a timely basis, for all areas that fall within the duties of the Committee.

The Chair will provide, as a scheduled item of business, written feedback for discussion at each public meeting of the Board of Directors on an 'assurance, exception and escalation' basis for all business scheduled for the most recent meeting of the Committee. The feedback report will be supported by approved minutes of meetings of the Committee.

2	Membership

The Committee shall comprise of of not less than three members appointed by the Board from its independent Non Executive Directors ~~four non-executive directors,~~ excluding the Trust Chair, and at least one of whom will have recent and relevant financial experience. The Chair of the Audit Committee must hold an appropriate professional accountancy qualification.

Other attendees should include the Director of Finance or nominated deputy, Internal Audit representation, External Audit representation, Local Counter Fraud representation. Other members of staff may be required to attend meetings where their area of responsibility is under consideration. The Chair and CEO to attend by invitation of the Committee, and that the CEO attend annually to present the Annual Governance Statement.

A quorum will be two non-executive members. The Chair may not hold the Chairmanship of the Performance or Quality Committees at the same time.

Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.

Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.

3	Accountability

The Committee is directly accountable to the Board and will promote the values of WMAS, support a positive culture and adopt behaviours that exemplify the corporate culture, ensuring that constructive challenge is made as appropriate.

4	Review arrangements

These Terms of Reference will be reviewed by the Committee on an annual basis. The Trust Chair will ensure all terms of reference are amended in light of any major changes in committee or Trust governance arrangements/requirements.

The Committee will self-assess its performance in accordance with Board approved protocols, including an annual performance report to the Board.

5	Working methodology

Meetings of the Committee will be held at least on a quarterly basis, with additional meetings where necessary for the due discharge of the remit of the Committee. The timing of meetings will be as necessary to ensure the timely discharge of business by the Board. Additional meetings may be arranged with the agreement of the Chair or on the instruction of the Board. In addition, the External Auditor or Head of Internal Audit may request a meeting if they consider necessary.

The Chair is responsible for the setting of the meeting agenda, the effective running of the Committee, sound leadership, ensuring that the Committee works effectively and takes full account of important issues facing the organisation, ensuring compliance with Board approved strategies and procedures.

The PA to the Director of Finance will be the secretary to the Committee and will provide administrative support and advice. Duties will include agreement of agenda and required attendees with the Chair, together with the collation and timely distribution of associated documentation (7 days in advance) for the meeting, the drafting of minutes (which must be circulated to members of the Committee within 10 working days of the meeting) and the recording of action plans of matters arising and maintenance of annual/forward schedules of business.

Papers may only be tabled on an exceptional basis, and with the agreement of the Chair. The business and input materials for each meeting will be planned and structured to facilitate the completion of scheduled business in a time span not exceeding three hours. For each scheduled item of business a planned time allowance will be agreed with the Chair.

The Committee may allocate work streams, where appropriate, based on a 'task and finish' principle and, where appropriate, through the Director of Finance, obtain external expert advice as required to provide assurance to the Board.

The Committee will scrutinise and satisfy itself that the system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), is sound, applied with due diligence and supports the achievement of the organisation's objectives.

The Committee will ensure adequate information is provided on a timely basis, with any areas of concern highlighted, and appropriate remedial/development plans provided in a suitable format to monitor the reporting of progress, performance and service sustainability.

The Chair will ensure that any sensitive, contentious, exceptional or urgent items are escalated to the CEO and Trust Chairman immediately following the meeting.

6 Duties and interrelationships

The objectives and principal duties of the Committee are as follows:

1) Review the adequacy and effectiveness of all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
2) Review the adequacy and effectiveness of the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification
3) Monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance
4) Review the annual report, quality account, and financial statements before submission to the Board and Council of Governors
5) Review the Scheme of Delegation and matters reserved to the Board
6) Examine the circumstances of any significant departure from the requirements the Standing Financial Instructions, the Constitution, Codes of Conduct and standards of business conduct and determine whether the departure is a failing an overruling or a suspension

7) Review the register of sealing, in particular the values of any contract or agreement
8) Annual review of the Committee's Terms of Reference and effectiveness, with a performance report to the Board
9) Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.
10) Review the adequacy and effectiveness of the underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
11) Approve the content of the Data Security and Protection Toolkit
12) Review the adequacy and effectiveness of the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service
13) Seek to ensure that there is an effective internal audit function that meets appropriate professionally recognised standards and provides appropriate independent assurance to this Committee, the Chief Executive and the Board
14) Approve the internal audit strategy and programme
15) Consider the findings of internal audit investigations and management responses and the implications and then monitor progress on the implementation of recommendations
16) Oversee the market testing exercise for the appointment of an external auditor as appropriate and based on the outcome make a recommendation to the Council of Governors with respect to the appointment of the auditor
17) Make recommendations to the Council of Governors in respect of the appointment or reappointment and removal of an external auditors and related fees as applicable (if the recommendation of this committee is not adopted by the Council of Governors this shall be included in the annual report, along with the reasons that the recommendation was not adopted
18) Discuss with the external auditor before the audit commences, the nature and scope of the audit
19) Receive the work and findings of the external auditors and consider the implications and the management responses to their work
20) Satisfy itself on the assurance that can be gained from the clinical audit function
21) Satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work
22) Ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board
23) Review on behalf of the Board the operation of and any proposed changes to the Standing Financial Instructions, the Constitution, Codes of Conduct and standards of business conduct; including the maintenance of registers
24) Examine any other matter referred to this Committee by the Chief Executive, Committee or Board and to initiate an investigation as determined by this Committee.
25) Approve appropriate policies and strategies
26) Prior to the commencement of the year, review the draft BAF and the proposed significant risks to the delivery of strategic objectives and advise the Board of any omissions or updates in content or format required before final Board approval
27) Request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control

28) Receive regular reports from Pillar Committee Chairs upon the key risks to the delivery of organisational objectives and priorities and any identified gaps in internal control and governance processes

In event of any ambiguity or concern regarding the role of the Committee, its sustainability or relevance in light of any changing circumstance/anticipated/ emerging issue or of its interrelationship with any other committee or working group of the Trust, this should be referred to the next Board meeting for clarification and resolution.

7	**Delegated authority**

Currently, there is no delegated authority for this Committee.

8	**Key input documents**

- Trust Financial Statements and Annual Report
- Annual Quality Account
- Annual Governance Statement
- Internal Audit Statement
- External Audit Annual Report
- Risk Register
- Board Assurance Framework
- Internal Audit Strategy and Operational Plan
- External Audit Plan
- Internal Audit and External Audit Reports

9	**Inward reporting arrangements**

- Executive Management Board for progress on items within the remit of the Committee.
- Reports by other Pillar Committee chairs

Appendix 5

The Terms of Reference of the Remuneration and Nominations Committee

Contents

1 Role and purpose

The NHS Act 2006 (Schedule 7) (As amended) requires the Board of Directors to have in place:

- A committee consisting of the chair, the Chief Executive and the other non-executive directors to appoint or remove the executive directors.
- A committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the executive directors

This Committee is therefore constituted as a standing committee of the Trust's Board of Directors ('the Board') pursuant to Schedule 7 of the NHS Act 2006. The Committees constitution and terms are as set out below, subject to amendment at future Board meetings. The Committee supports the Board in shaping the culture, setting the direction and holding to account. It is required to comply with all extant standing orders and standing financial instructions and has no delegated powers other than those embodied in these Terms of Reference. Hence the term Chair will apply to the Chair of the Committee, and members is to be read as a member of the Committee.

The Committee is authorised to investigate all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities and all staff are required to cooperate with any request for information required by the committee.

The Committee has authority for agreeing the policy in accordance with regulation in relation to:

- setting remuneration for all executive directors and senior managers including pension rights and any compensation payments
- determining the terms of the appoint or removal of the executive directors.
- reviewing and maintaining a Board level and senior management succession plan having regard to the NHS Workforce Equality Standard or other obligation or agreed best practice.
- providing appropriate governance in the event of redundancy or mutually agreed resignation scheme (MARS).

- agree the annual objectives for the Chief Executive Officer and review performance against these each year.
- reviewing the skills matrix of the Board and also reviewing annually the CQC fundamental standards obligations relating to the Fit and Proper Person requirements for directors of the Trust and others that are performing the functions of, or functions equivalent or similar to the functions of a director

2 Membership

The Committee shall be Chaired by the Chair / Deputy Chair of the Board of Directors with the Non-Executive Directors of the Board of Directors as members, unless the Committee is determining the appointment or removal of the executive directors (other than the Chief Executive) in which case the Chief Executive will sit as a voting member of the Committee.

The Chief Executive Officer or nominated deputy will normally be required to attend as appropriate. The People Director may be requested to be in attendance to provide professional advice.

The Chair of the Committee will determine the exact attendance at each meeting, to be notified to individuals and members in advance.

A quorum will be three non-executive members, one of whom will be the Chair or Deputy Chair of the Board.

3 Accountability

The Committee is directly accountable to the Board and will promote the values of WMAS, support a positive culture and adopt behaviours that exemplify the corporate culture, ensuring that constructive challenge is made as appropriate.

The minutes of the Committee shall be formally recorded and circulated to the Trust Chair and all Non-Executive Directors, the Chief Executive and the People Director .

The Chair of the Committee will present to the Board of Directors a short summary highlighting any key issues from the most recent meeting of the Committee whilst being mindful of the sensitive nature of some of the committee's discussions.

The Chair of the Committee shall draw to the attention of the Board of Directors any issues that require disclosure to the full Board, or require executive action.

The Trust's Annual Report shall include a statement by the Committee on the Trust's remuneration policy for directors.

4 Review arrangements

These Terms of Reference will be reviewed by the Committee on an annual basis, but can only be amended by resolution of the Board. The Trust Chair will ensure all terms of reference are amended in light of any major changes in committee or Trust governance arrangements/requirements. The Committee will self-assess its performance in

accordance with WMAS Board approved protocols, including an annual performance report to the Board.

5 Working methodology

Meetings of the Committee shall be held as necessary but not less than twice a year and at such other times as the Chair shall determine.

The meetings of the Committee will be convened by the Chair to determine matters that fall within these Terms of Reference.

The Chairman is responsible for the setting of the meeting agenda, the effective running of the Committee, sound leadership, ensuring that the Committee works effectively and takes full account of relevant issues facing the organisation, ensuring compliance with Board approved strategies and procedures. The Trust Secretary will be the secretary to the Committee and will provide administrative support. Duties will include agreement of agenda's and required attendees with the Chairman, together with the collation and timely distribution of associated documentation (7 days in advance) for the meeting, the taking of minutes and the recording of action plans of matters arising and maintenance of annual/forward cycles of business. Papers may only be tabled on an exceptional basis, and with the agreement of the Chairman.

The Committee will ensure adequate information is provided on a timely basis, with any areas of concern highlighted, and appropriate remedial/development plans provided in a suitable format to monitor the reporting of progress, performance and service sustainability.
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Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained within the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.

6 Duties and interrelationships

The duties of the Committee are:

1) Regularly review the structure, size, and composition of the Board of Directors, including skills, knowledge, experience and diversity to ensure sufficient capacity and capability to lead the organisation
2) Obtain external legal, remuneration or other independent professional advice if considered necessary.
3) Undertake an annual review of the Committees' Terms of Reference and effectiveness, and report to the Board
4) For the purpose of providing appropriate governance to approve any proposed redundancy or mutually agreed resignation scheme (MARS)
5) Consider, determine and then monitor succession planning for the members of the Board and also senior management positions within the Trust taking into account the challenges and opportunities facing the Trust and the skills and expertise

needed on the Board in the future (and where appropriate make recommendations to the Council of Governors in relation to the NED membership of the Board.)

6) Review the Fit and Proper Person Test Annual Assurance Statement
7) When a vacancy is identified that is within the remit of this Committee, evaluate the balance of skills knowledge and experience on the Board , and its diversity having regard to the NHS Workforce Standard in relation to Board membership; or any other obligation or guidance issued from time to time; and in the light of that evaluation prepare a description of the role and capabilities required for the particular appointment using either open advertising or the use of a recruitment consultant to facilitate the search for a suitable candidate from a wide range of backgrounds and consider candidates on merit against objective criteria
8) When making an appointment the Committee must adhere to the Trusts policy in respect of selection procedures and in particular in respect of equality and diversity i.e. to ensure that any member forming part of a selection panel must have received appropriate training in respect of equality and diversity.
9) When necessary, identify and appoint a candidate for approval by the Council of Governors to fill the position of Chief Executive
10) Establish and keep under review a remuneration policy in respect of Board directors
11) In accordance with relevant laws and regulations and also Trust policies decide and keep under review the terms and conditions of the Trust's executive directors and Chief Executive Officer; and other directors as determined by the Chief Executive and Chair including:
    - Salary, including any performance related pay or bonus
    - Provisions for other benefits including pensions and cars.
    - Allowances
    - Payable expenses
    - Compensation payments

12) When brought to its attention, to consider any matter relating to the continuance in office of any Board Executive Director , including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law, their service contract, and in compliance with the Trust's own redundancy policy
13) Approve the annual objectives of the Chief Executive prior to the commencement of the year
14) Receive a report from the Chair of the Committee on the mid and end of year review of performance in meeting the objectives, prior to determination of the CEO remuneration package for that year
15) Advise the Board of any new or material changes in the profile of risks which relate to the remit of this committee

In event of any ambiguity or concern regarding the role of the Committee, its sustainability or relevance in light of any changing circumstance/anticipated/ emerging issue or of its interrelationship with any other committee or working group of WMAS, this should be referred to the next Board meeting for clarification and resolution.

7	Delegated authority

To determine and agree the Trust's strategy in relation to the remuneration, allowances and terms of service of the Chief Executive Officer and with the Chief Executive Officer the Committee will determine the remuneration, allowances and terms of service of the Executive Directors and any other senior managers that the Chair and Chief Executive shall determine.

The Committee shall agree on behalf of the Board individual remuneration, allowances and terms of service arrangements for the Chief Executive and Executive Directors.

The Committee shall also agree on behalf of the Board arrangements for the termination of employment and other contractual terms giving due regard to employment law and Treasury Guidance in determining remuneration packages.

8	Key input documents

- Change Management Agreement
- Disciplinary Policy and Procedure
- Equal Opportunity Policy
- Trust Charter of Expectations
- Board director and senior manager succession policy
- Monitors Code of Governance
- The Trust's Constitution

9	Inward reporting arrangements

- The Committee has no sub-committee responsibilities.

Approved by the Committee at its meeting on 6 April 2022

Approved by the Board of Directors:

Performance Committee – Terms of Reference

1	**Role and Purpose** **(Trust Strategic Objectives:** **SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control)** **SO4 - Innovation and Transformation (Developing the best technology and services to support patient care)**

The Performance Committee (the Committee) is constituted as a standing committee of the Board of Directors. The Committee is a Non-Executive Committee and has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Board.

The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

The Committee is responsible for providing information and making recommendations to the Board of Directors on financial Investment and operational performance issues and for providing assurance that these are being managed.

The approved Minutes of the Committee meeting will be submitted to the next appropriate meeting of the Board of Directors.

2	**Membership**

Three Non-Executive Directors of which one will be the Chairman appointed by the Board.

other members include:
Director of Finance
Non-Emergency Services Operations Delivery & Improvement Director
Integrated Emergency & Urgent Care & Performance Director
Emergency Services Operations Delivery Director
Operational Assurance Director

Other members/attendees may be co-opted or requested to attend as considered appropriate.

Quorum

Pursuant to paragraph 4.18 of the Standing Orders of the Board of Directors of the Constitution no business shall be transacted at a meeting unless at least one-third of the whole number of the Directors is present, including at least one Director and one Non-Executive Director. For the avoidance of doubt an “acting Director” as defined in the Constitution shall count towards the quorum.

All Board members outside the core membership have an open invitation to attend any meeting if he/she wishes to do so.

3	Accountability

The Committee is accountable solely to the Board of Directors.

4	Review arrangements

These terms of reference will be reviewed on an annual basis. The Chair will ensure terms of reference are amended in light of any major changes in legislation and Trust governance arrangements/requirements.

5	Working methodology

The Committee will have an annual schedule of business which is a dynamic document and is developed and maintained by the Committee Chairman and Lead Directors with reference to the schedule of business of the Board of Directors. The Trust's business is always conducted by employees and an executive team led by the Chief Executive Officer (CEO) with oversight from the Board.

The Committee will meet on at least five occasions a year.

Meetings of the Committee are either ordinary which are scheduled as part of the Annual Cycle of Business or are extraordinary meetings which are convened for specific matters at the sole discretion of the Chairman.

All papers for meetings must be finalised and distributed at least five days prior to the meeting of the Committee. Late papers will only be accepted at the discretion of the Chair.

The production of high quality, concise papers (with appendices - if really necessary) is crucial for effective decision making, and these should be produced and circulated on time, and read in advance of the meeting by all board members.

Reports should:

- have the standard coversheet
- be concise and to the point as a general rule no report should be more than six pages in length including the coversheet
- have the appropriate control boxes completed.
- be cross referenced to the financial plan agreed by the Board
- contribute to the successful outcome of the Trust strategic plan

As a general rule the business of the meeting should be concluded within no more than 3 hours.

For procedural details see the Standing Orders for the practice and procedure of the Board of Directors and for the avoidance of doubt the Standing Orders of the Board of Directors do apply to its Committees (Annex 7 of the Constitution). (Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained within the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.)

The Committee will be supported administratively by the PA to the Director of Finance whose duties in this respect will include:

- Agreement of the agenda with the Chairman of the Committee
- collation and distribution of papers at least five working days before each meeting.

- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Providing support to the Chairman and members as required

6 Duties and interrelationships

The specific responsibilities of the Committee are to:

1. Review the integrated performance of the Trust
2. Provide overview and scrutiny in any other areas of financial and operational performance referred to the Committee by the Board.
3. Review the Trust's performance against its annual financial and operational plan. Ensuring the robustness, credibility and quality of financial management, performance and planning information is reviewed and triangulated by the Committee and any corrective mitigations are in place
4. Assurance and overview of the Trusts delivery against the annual and longer term financial improvement and efficiency programme
5. Ensure the financial plan is designed, developed, delivered, managed and monitored within the Trusts management framework
6. Ensure the financial and operational plan is developed to appropriately supports the Trust's strategic objectives and its long-term sustainability
7. Review the performance indicators relevant to the remit of the Committee
8. Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee or the Board as appropriate
9. Provide the Board of Directors with advice and support on the development and delivery of the following strategies:
    a. Finance Strategy
    b. Operational strategy
    c. Capital and investment strategy
    d. Estates strategy
    e. Commercial strategy
    f. Digital strategy
10. Assurance of business investment opportunities, Capital, and revenue investment schemes are in accordance with the Trusts' strategic plan.
11. To review business cases both revenue and capital that are greater than £250k in value, or those business cases that are submitted at the discretion of the CEO or EMB based on their consideration of the risk to the Trust, for review and scrutiny prior to approval by the Board of Directors.
12. Monitor the performance of the Trust's physical assets including estates, IT, fleet and that the Trust's resources and assets are being used effectively and efficiently
13. Review proposals for acquisition, disposal, change of use of land/buildings
14. Undertake any other responsibilities as delegated by the Board of Directors. Accountability and Reporting arrangements
15. Request for independent external support where it is deemed necessary to ensure appropriate overview, scrutiny and assurance

The Committee shall be directly accountable to the Board of Directors and shall refer to the Board any issues of concern it has with regard to any lack of assurance in respect of any financial or operational aspect.
The Chair will report any specific issues on the risk register to the Audit Committee.

The minutes of the Committee meetings shall be formally recorded and the approved minutes submitted to the next meeting of the Board following the production of the minutes.

The Terms of Reference of the committee shall be reviewed at least annually by the Committee and approved by the Trust Board.

The Committee shall be directly accountable to the Board of Directors and shall refer to the Board any issues of concern it has with regard to any lack of assurance in respect of any financial or operational aspect.

The Chair will report any specific issues on the risk register to the Audit Committee.

The minutes of the Committee meetings shall be formally recorded and the approved minutes submitted to the next meeting of the Board following the production of the minutes.

The Terms of Reference of the committee shall be reviewed at least annually by the Committee and approved by the Trust Board.

7 Delegated authority

None.

8 Key input documents

- The Constitution
- Standing Financial Instructions
- Trust Strategies and Plans
- Risk Register and Board Assurance Framework
- Financial Plans and Budgets
- Appropriate Business Cases

9 Inward reporting arrangements

The Committee has no established sub-committees but it will receive information and assurances from the following:

Integrated performance reviews
Executive meeting with directorate teams to focus on performance, activity demand, capacity available, spend against budget, delivery of CIP, forecast workforce rostering/capacity and management of overtime

Capital and Revenue Investment Advisory Group
Changes required to the prioritisation process of capital and revenue projects

Long term Planning and investment cases
- Due diligence process to ensure investment requests have been appropriately reviewed and signed off by all prior to EMB approval. Including adequate option appraisals
- To support long term planning – demand, workforce, finance

Approved by the Performance Committee on : 26 April 2022

Approved by The Board : ……

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

TERMS OF REFERENCE 2022-23
QUALITY GOVERNANCE COMMITTEE

Contents	
	1. Role and purpose 2. Membership 3. Accountability 4. Review arrangements 5. Working methodology 6. Duties and interrelationships 7. Delegated authority 8. Key input documents 9. Inward reporting arrangements
1	**Role and purpose** **Strategic Objectives:** • **SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients)** • **SO5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care)**

The Committee is constituted as a standing committee of the Trust's Board of Directors ('the Board') and its constitution & terms are as set out below, subject to amendment at future Board meetings. The Committee supports the Board in shaping the culture, setting the direction and holding to account. It is required to comply with all extant standing orders and standing financial instructions and has no delegated powers other than those embodied in these Terms of Reference. Hence the term Chair will apply to the Chair of the Committee, and members is to be read as a member of the Committee. The Committee is authorised to investigate all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities and all staff are required to cooperate with any request for information required by the Committee.

The purpose of the Quality Governance Committee is to provide the Trust Board with an objective and independent review of quality, to support the delivery of safety and excellence in patient care. This remit includes a focus on six key dimensions:

- Patient Safety – avoiding harm from care that is intended to help people.
- Clinical Effectiveness – providing services based on evidence and which produce a clear benefit.
- The experience of the patient – establishing a partnership between practitioners and service users to ensure care respects their needs and preferences.
- Timeliness of care – ensuring care is delivered in a timeframe that reduces harmful delays.

- Efficiency – avoiding waste and maximizing the positive impacts of available resources.
- Equitable – providing care that does not vary in quality because of a service users' characteristics.

The Committee will enable the Trust Board to obtain assurance that high standards of care are provided, and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:

- Promote safety, high quality patient care across all Trust departments
- Identify, prioritise and manage risk arising from clinical care
- Ensure the effective and efficient use of resources through evidence based clinical practice
- Ensure that the Trust is aligned to the statutory and regulatory requirements relating to quality and safety
- Ensure effective supervision and education and training of the workforce
- Protect the health and safety of Trust employees
- Ensure effective information governance across the Trust's functions.

2 Membership

Non-Executive Directors

- Lisa Bayliss Pratt (clinical experience)
- Mohammed Fessal
- Executive Director of Nursing and Clinical Commissioning
- Executive Medical Director
- Lead Paramedic for Urgent and Emergency Care
- Clinical Governance Lead for 111
- Staffside Representatives

The Chief Executive should attend meetings of the Committee at least once a year otherwise at his sole discretion or when invited by the Chair of the Committee.

Fully briefed deputies of sufficient seniority, understanding and authority to participate fully in the meeting are to attend in circumstances where non-attendance is unavoidable. Other members of staff may be expected to attend meetings where areas of performance, risk or strategy are their responsibility.

A quorum will be one non-executive member and either the Executive Director of Nursing & Clinical Commissioning or Executive Medical Director. The Chairman may not be the Chairman of the Audit Committee at the same time.

3 Accountability

The Committee is directly accountable to the Board and will promote the values of WMAS, support a positive culture, and adopt behaviours that exemplify the corporate culture, ensuring that constructive challenge is made as appropriate.

4	Review arrangements

These Terms of Reference will be reviewed by the Committee on an annual basis. The Trust Chair will ensure all committee terms of reference are amended in light of any major changes in committee or Trust governance arrangements/requirements. The Committee will self-assess its performance in accordance with Board approved protocols, including an annual performance report to the Board.

5	Working methodology

A minimum of 5 meetings will be held each year, with additional meetings where necessary for the due discharge of the remit of the Committee. The timing of monthly meetings will be as necessary to ensure the timely discharge of business by the Board and additional meetings may be arranged with the agreement of the Chair or on the instruction of the Board.

The Chair is responsible for the setting of the meeting agenda, the effective running of the Committee, sound leadership, ensuring that the Committee works effectively and takes full account of important issues facing WMAS, ensuring compliance with Trust approved strategies and procedures.

The PA to the Executive Director of Nursing & Clinical Commissioning and Executive Medical Director will be the secretary to the Committee and will provide administrative support and advice. Duties will include agreement of agenda's and required attendees with the Chair, together with the collation and timely distribution of associated documentation (7 days in advance) for the meeting, the taking of minutes and the recording of action plans of matters arising and maintenance of annual/forward cycles of business. The minutes will be circulated within 10 working days after the meeting.

Papers may only be tabled on an exceptional basis, and with the agreement of the Chair. The business and input materials for each meeting will be planned and structured to facilitate the completion of scheduled business in a time span not exceeding three hours. For each scheduled item of business, a planned time allowance will be agreed with the Chair.

The Committee will scrutinise the performance of the executive in meeting agreed goals and objectives, satisfy itself on the integrity of clinical, quality and other information provided, satisfy itself that clinical and quality performance aspects of business cases and change plans, controls and systems of risk management and mitigation are sound and applied with due diligence.

The Committee will ensure adequate information is provided on a timely basis, with any areas of concern highlighted, and appropriate remedial/development plans provided in a suitable format to monitor the reporting of progress, performance and service sustainability.

The Chair will ensure that any sensitive, contentious, exceptional or urgent items are escalated to the CEO and Trust Chair immediately following the meeting.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

TERMS OF REFERENCE 2022-23
QUALITY GOVERNANCE COMMITTEE

6	Duties and interrelationships

Review of Clinical and Quality related strategies

- The Committee has primary responsibility for the compilation and delivery of the Quality Account and associated Annual Reports.
- Receive and review the recommendations from Executive Management Board (EMB) and recommend to the Board approval of all clinical and quality related strategies (Clinical, Quality and Stakeholder Engagement), and to regularly monitor achievement of the associated strategic priority objectives and milestones.

Review of Compliance/Clinical and Quality
To receive and regularly review recommendations on all contractual and regulatory compliance in respect of clinically and quality governance standards and duties.

Compliance with Information Governance specifically related to patient data
To receive and review the recommendations in relation to compliance with all relevant information governance legislation and guidance including Caldicott Guidelines and SIRO report Data Protection Act with respect to the use of clinical data and patient identifiable information**.**

Monitor performance against the Quality Account
Monitor performance against the Quality Account and annual priority objectives ensuring a continual drive for quality improvement.

Make recommendations to the Board on the content of the Quality Account
To receive and review the recommendations of EMB in relation to the Trust's Quality Account before submission to the Board.

Monitoring Quality & Clinical KPIs
To receive and regularly review recommendations on the performance against relevant quality and clinical KPI's and seek assurance that adverse variances are acted upon to meet all defined standards and targets.

Learning from Incidents, Deaths and Complaints

- Receive and review the report from the Learning Review Group and make appropriate recommendations to the Board in relation to Quality.
- Proposed: To receive the Coroners and Claims report.
- Receive and review incident themes and complaint themes and trends from the results of patient surveys, PALS, Staff Surveys and seek assurance from the Executive Director of Nursing & Clinical Commissioning that appropriate action is being taken to address any risks to quality.

Quality of Safeguarding
Seek assurance from the Executive Director of Nursing & Clinical Commissioning that appropriate processes are in place that safeguard adults and children.

Clinical Audit & Research and Development

- Within the remit of the Committee, and as deemed appropriate by the Committee, make recommendations to the EMB and Audit Committee for topics/issues to be

considered for inclusion in the annual internal audit programme also Clinical Audit Programme and the Research and Development programme.
- To receive and monitor at least quarterly the annual clinical audit programme and R&D programme.

References from EMB
Regularly review EMB business reports of key issues and assurances referred by, or within the remit of, the Committee.

Quality Impact Assessments/CIP
Review and receive assurance from the EMB on the rigour of CIP and material service change Quality Impact Assessments, making appropriate recommendations, and escalate any concerns to the Board patient safety so that it can assure the Board that risk is being managed according to organisational policies and procedures.

Quality, Safety & Risk
- The Committee is responsible for the escalation of significant Quality and Safety risks from the Risk Register to the Board and has specific responsibility for the management of the Trusts Clinical risk register.
- Review the recommendations of any relevant external or internal reports and monitor effective and timely implementation of associated action plans.
- The Committee is responsible for setting their appetite and tolerance (as per the Trust risk Appetite Statement) for levels of risk which pertain to their Strategic Objective. Any actions which are identified to reduce the relevant risks need to be logged, assigned, monitored appropriately and escalated to the BAF if relevant.

Strategy and Quality (BAF)
To receive and review the recommendations from EMB on any material changes in the profile of resource related risks which relate to the strategic objectives included in the BAF.

Oversight of Sub Groups
- Approve the Terms of Reference of Reporting Groups and review annually and assess effectiveness.
- Ensure through its Health, Safety, Risk & Environment Group the effective prevention and control of Healthcare Associated Infection (HCAI) for the organisation.
- To agree the Terms of Reference and Annual work programme for the Health, Safety, Risk & Environment Group and receive appropriate recommendations from the Group.
- Receive and review reports from:
  - Learning Review Group;
  - Health, Safety, Risk & Environment Group; and make appropriate recommendations to the Board in relation to Quality.

External/Internal reports relevant to the Committee

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

TERMS OF REFERENCE 2022-23
QUALITY GOVERNANCE COMMITTEE

At the sole discretion of the Committee's Chair, to review the recommendations of any relevant external or internal reports and monitor effective and timely implementation of associated action plans.

Review of its Terms of Reference
Annual review of the Committees' Terms of Reference and effectiveness, with a performance report to the Board.

7	**Delegated authority**

Currently there is no delegated authority for this Committee.

8	**Key input documents**

- Clinical, Quality, Engagement, Security,
- Quality Account including Annual Reports
- Strategic and Annual Plans and relevant supporting priority objectives and KPIs
- Monthly Integrated performance report (IPR) - relevant elements
- CIP and service change Quality Impact Assessments
- Relevant risk register extracts (12+ risks)
- CQUIN
- Risk Management Strategy
- Clinical Audit Programme
- Research & Development Programme

9	**Inward reporting arrangements**

- Health, Safety, Risk & Environment (HSRE) Group
- Learning Review Group (LRG)
- Professional Standards Group (PSG) - the following report into PSG:
  - Immediate Care Governance Group (ICGG)
  - Clinical Audit & Research Programme Group (CARPG)
  - Medicines Management Group (MMG)
- Executive Management Board (EMB) for progress on items within the remit of the Committee
- Other ad hoc Task & Finish work streams/groups

These Terms of Reference were agreed at the Quality Governance Committee meeting on 18 May 2022 and approved at the Board of Directors meeting on xxxxx

Appendix 8

The People Committee Terms of Reference

1	**Role and Purpose** **(Trust Strategic Objective:** **SO2 – A great place to work for all (Creating the best environment for all staff to flourish)**

The People Committee ('the Committee') is formally established as a Committee of the Board of Directors of West Midlands Ambulance Service University NHS Foundation Trust. Its constitution and terms of reference are subject to amendment by the Board.

The Committee derives its power from the Board and has no executive powers, other than those specifically delegated in these terms of reference.

The Committee will adhere to and be cognisant of the Trust values at all times.

The purpose of the Committee is to provide assurance to the Board on the quality and impact of people, workforce and organisational development strategies and the effectiveness of people management in the Trust. This includes but is not limited to recruitment and retention, training, appraisals, employee health and wellbeing, learning and development, employee engagement, reward and recognition, organisational development, leadership, workforce development, workforce spend and workforce planning and employee culture, diversity and inclusion.

The Committee will assure the Board of the achievement of the objectives set out in the NHS People Plan and the Trust's People Plan and ensures alignment of work with the STP/ICS Workforce Strategy.

The Committee may set up subgroups aligned to key areas of its activity as it deems appropriate.

The committee will promote local level responsibility and accountability.

2	**Membership**

The Committee shall consist of the following members:

Membership
3 Non-Executive Directors (to include the NED Wellbeing Guardian)
People Director
Non-Emergency Services Operations Delivery Director
Emergency Services Operations Delivery Director
Director of Finance or a representative
Integrated Emergency and Urgent Care Director
Trade Unions Representatives x 3 total (Unison, Unite and GMB)
Other members/attendees may be co-opted or requested to attend as considered appropriate.

One of the Non-Executive Directors shall act as Committee Chair. In their absence, one of the other Non-Executive Directors present shall be nominated and appointed as acting Chair for the meeting.

The quorum necessary for the transaction of business shall be 3 members, of which one Non-Executive Directors and one Director must be present. Deputies will not count towards the quorum

3 Accountability

The approved Minutes of the Committee meeting will be submitted to the next appropriate meeting of the Board of Directors.

4 Review arrangements

The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Board of Directors.

5 Working methodology

The Committee will have an annual schedule of business which is a dynamic document and is developed and maintained by the Chairman and Lead Director with reference to the schedule of business of the Board of Directors. The Trust's business is always conducted by employees and an executive team led by the Chief Executive Officer (CEO) with oversight from the Board.

Meetings of the Committee are either ordinary which are scheduled as part of the Annual Cycle of Business or are extraordinary meetings which are convened for specific matters at the sole discretion of the Chair.

All papers will normally be submitted for review by the Chair and lead Director at least two weeks prior to the Committee meeting. All papers for meetings must be finalised and distributed at least five days prior to the meeting of the Committee. Late papers will normally only be accepted in exceptional circumstances and will only remain on the agenda for the Committee meeting at the express permission of the Chair in consultation with the lead director.

The production of high quality, concise papers (with appendices - if really necessary) is crucial for effective decision making, and these should be produced and circulated on time, and read in advance of the meeting by all committee members.

Reports should:

- have the standard coversheet
- be concise and to the point as a general rule no report should be more than six pages in length including the coversheet
- have the appropriate control boxes completed.
- be cross referenced to the financial plan agreed by the Board
- contribute to the successful outcome of the Trust strategic plan

For procedural details see the Standing Orders for the practice and procedure of the Board of Directors and for the avoidance of doubt the Standing Orders of the Board of Directors do apply to its Committees (Annex 7 of the Constitution). (Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained within the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.)

Meetings will normally be held on the following basis:

- Meetings will be held bi-monthly (every two months).
- Items for the agenda should be sent to the Committee Secretary a minimum of 7 days prior to the meeting. Urgent items may be raised under 'any other business'.
- The agenda will be issued by email to the Committee members and attendees, five days prior to the meeting date, together with the action schedule and other associated papers.

A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

The Committee shall be supported by the PA to the People Director whose duties in this respect will include:

In consultation with the Committee Chair and People Director develop and maintain the reporting schedule to the Committee.

Collation of papers and drafting of the agenda for agreement by the Chair of the Committee.

Taking the minutes and keeping a record of matters arising and issues to be carried forward.

Advising the group of scheduled agenda items.

Agreeing the action schedule with the Chair and ensuring circulation.

Maintaining a record of attendance.

6 Duties and interrelationships

Review of National Guidance

- Review national workforce guidance and strategies, for example the NHS People Plan, and their applicability to the Trust.
- Monitoring and review of the Trust's People Plan as part of strategy
- Consider and recommend to the Board, the Trust's overarching People Plan and associated activity/implementation plan(s) to support Trust forward strategy.
- Obtain assurance and monitor delivery of the People Plan through the associated activity/implementation plan.

Monitoring relevant KPIs

- Consider and recommend to the Board the key people and workforce performance metrics and targets for the Trust.
- Receive regular reports to gain assurance that these targets are being achieved and to request and receive exception reports where this is not the case.

Review risks to delivery of relevant Strategic priorities and Risk

Review and provide assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee, seeking where necessary further action/assurance.
Review workforce related risks identified on the Corporate Risk Register and seek assurance in relation to risk mitigation and future activity/plans.
The Committee is responsible for setting their appetite and tolerance (as per the Trust risk Appetite Statement) for levels of risk which pertain to their Strategic Objective. Any actions which are identified to reduce the relevant risks need to be logged, assigned, monitored appropriately and escalated to the BAF if relevant.

Review workforce metrics

Review workforce related elements of the Performance Scorecard and provide assurance on the adequacy of the Trust's performance against operational workforce metrics.

Strategic reviews

Conduct reviews and analysis of strategic people and workforce issues at national and local level and, if required, agree the Trust's response.

Confidential reporting

Provide assurance to the Audit Committee and Board that that arrangements are in place to allow staff to raise in confidence concerns about possible improprieties in financial, clinical or safety matters, and that those processes allow any such concerns to be investigated proportionately and independently.

Staff Communications

Seek assurance on the adequacy and effectiveness of staff communication and levels of staff engagement

Any other matter referred to the Committee

Seek assurance on any additional matter referred to the Committee from the Board.

D&I

To receive and review the Equality, Diversity & Inclusion Strategies and annual implementation plans, arising out of analysis of the WDES, WRES, Gender Pay Gap and EDS2 information and data.

Training & Development

To oversee and seek assurance on the development and delivery of the Trust's education and training strategy through the development of clinical and non clinical skills in new and innovative ways.

7 Delegated authority

The Committee is authorised by the Board to investigate any activity within its terms of reference.

The Committee is accountable to the Board and any changes to these terms of reference must be approved by the Board of Directors.

The Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

The Committee is authorised by the Board to obtain outside legal or other specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board

8 Key input documents

- The Constitution
- Standing Financial Instructions
- NHS People Plan
- People Strategy
- STP/ICS Workforce Strategy
- Risk Register and Board Assurance Framework
- Financial Plans and Budgets
- Appropriate Business Cases
- Equality, Diversity & Inclusion Strategies and annual implementation plans

- NHS Staff Survey
- Trust Strategic Plan

9	Inward reporting arrangements

A briefing from those Groups reporting up to the People Committee detailing items for escalation and key risks (as applicable) will be received by the Committee along with exception reports as agreed.

- Diversity and Inclusion: Steering and Advisory Group

Approved by the People Committee on 28 February 2022

Approved by the Board of Directors

Appendix 9

Capital & Revenue Investment Advisory Group
Terms of Reference

1.	**Purpose**	
	The Capital & Revenue Investment Advisory Group's (CRIAG) purposes are to: - a) Develop Trust capital plans for approval by EMB/Board b) Quality assure business cases (capital and/or revenue investments) prior to presentation to EMB/Board for approval	
2.	**Objectives**	
	2.1	**Capital programme** ▪ Develop an annual capital investment programme for approval by EMB/Board ▪ Monitor/manage delivery of the annual capital investment programme within the available resource limit. ▪ Develop a five-year capital programme, aligned with Trust strategic objectives, for approval by EMB/Board
	2.2	**Business case assurance** ▪ Review / quality assure all business cases (capital or revenue) prior to their presentation to EMB/Board for approval ▪ Ensure cases are compliant with Trust and NHS investment policies ▪ Ensure business case contents adhere to good practice and where appropriate, utilise the Treasury five-case model ▪ Test/challenge key financial and non-financial assumptions to ensure they are robust ▪ Ensure that costings take account of all expenditure that may arise within the Trust as a consequence of the case e.g., costs within support departments, corporate services costs, and capital charges ▪ Ensure that the financial components of a case have been developed in conjunction with, and are validated by, the relevant lead Finance Manager. ▪ Advise EMB/Board where NHSEI review/approval is required and on direction of EMB, notify NHSEI to gain approval (See Appendix A) ▪ Maintain a programme of post business development review & benefits realisation / lessons learnt
3.	**Business case assurance - scope, and review process**	
	3.1	Appendix A sets out the following: - ▪ Criteria for determining the requirement for a business case review

		▪ Assurance process applied to individual business case reviews
4.	**Assessing the requirement for NHSE/I approval**	
	4.1	Appendix B set out the criteria used to determine whether a business case requires approval by NHSE/I
5.	**Membership and invited attendees**	
	5.1	**Members** ▪ Director of Finance (Chair), ▪ Operational Support Services Director ▪ Head of Fleet and Facilities Management ▪ Head of IM&T ▪ Head of Purchasing and Contracts ▪ Capital Accountant ▪ Head of Strategic Finance ▪ Head of Operational Finance
	5.2	**Attendees invited to support specific business cases** Directors, Assistant Chiefs and/or Service Leads may attend to present business cases they have initiated. In these instances, the relevant Finance Manager may also attend to provide input on technical financial aspects of the case.
	5.3	**Other attendees** ▪ Fully briefed deputies with sufficient seniority, understanding and authority to participate fully in the meeting *may* attend in the absence of the nominated member. ▪ The group will be assisted by appropriate corporate support. ▪ Other members of staff may be requested to attend meetings and the names of attendees should be agreed with the Chair in advance of the meeting.
6.	**Accountability**	
	6.1	The Capital & Revenue investment advisory group is accountable to the EMB
7.	**Responsibility**	
	7.1	The Capital & Revenue investment advisory group is not responsible for any sub-groups.
8.	**Reporting Arrangements**	
	8.1	Updates to the Board of Directors from the Executive Management Board will include pertinent information from this group
	8.2	Business Cases (Revenue & Capital) over £250k (CEO delegated spend), or EMB are submitted to Performance Committee for review and scrutiny prior to Board approval.
	8.3	Minutes of CRIAG meetings will be sent to the Performance Committee for review/scrutiny.

9.	**Key documents and policy framework**	
	9.1	The Group will discharge its duties in accordance with the following ▪ Trust Standing Financial Instructions, with especial regard to section s3.4 Capital Expenditure and section 12.1 Capital Investment ▪ The Trust policy document, Investment authorisation process including capital investment ▪ NHSE/I policy requirements with especial regard to: - o Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts (November 2016) o Annex 13 of the above document: Guidance for foundation trusts that are not in financial distress is critical for NHSE/I case referral/approval limits ▪ Grant Thornton and PwC make ready business case review recommendations ▪ Business case best practice guidance including Treasury five-case model
10.	**Administration**	
	10.1	**Responsibilities of the Group's Chair** ▪ Setting of the meeting agenda ▪ The effective running/leadership of the meeting ▪ Ensuring the group takes full account of key issues facing the Trust, ensuring timely delivery of Trust approved strategies, plans, policies, and procedures ▪ Ensuring that any sensitive, contentious, exceptional, or urgent items are escalated to EMB/Board as appropriate, immediately following the meeting ▪ Permitting/deferring papers tabled at a meeting
	10.2	**Responsibilities of members and those submitting cases for review** ▪ Members and attendees will ensure provision of agenda items, papers, and update commentary on action points at least 10 working days prior to each meeting. ▪ Agenda and papers will be distributed 5 working days before each meeting. The action points will be available for group members within 5 working days of the meeting.
	10.3	**Administrative support** The Group will be supported administratively by the PA to the Director of Finance whose duties in this respect will include: • Agreement of Agenda with Chair • Collation and distribution of papers • Taking the minutes of the meeting.

11.	**Quorum**	
	The meeting is quorate when the following attendees are present	
	11.1	The Director of Finance (or where the Director of Finance is unavailable the Head of Strategic Finance) and at least two other members
12.	**Meeting Frequency**	
	12.1	The Group will meet monthly
	12.2	The timing of the group's meetings will be as necessary to ensure the timely discharge of business of the Trust by EMB
	12.3	Extraordinary meetings may be arranged with the agreement of the Group's Chair or on the instruction of the Executive Management Board
13.	**Review of Terms of Reference**	
	13.1	These terms of reference will be reviewed annually.
	14.2	The Chair will ensure these Terms of Reference are amended in light of any major changes in committee or Trust governance arrangements.
14.	**Standard Agenda Items**	
	14.1	Minutes
	14.2	Action points
	14.3	Annual capital programme
	14.4	Five-year capital plan updates
	14.5	Business cases presented for assurance reviews
	14.6	Lessons learnt / benefits realisation reviews
	14.7	Business case policy/guidance updates including audit recommendations

These Terms of Reference were agreed at the Capital & Revenue Investments Advisory Group on 17th February 2022

Approved by the Executive Management Board on 8th March 2022, further review of the Terms of Reference at the EMB meeting on 22nd March 2022 and approved.

Appendix A

Business case assurance, scope, and process for reviews

Scope of the Group's activities

The following tables set out the scope of the Group's activities.

Capital Developments

		Role		
	Threshold	Board	EMB	CRIAG
Capital programme	Overall Limit	Approve	Review & Recommend	Quality Assure
Capital Developments	>£250k	Approve	Review & Recommend	Quality Assure
	£100K-£250K		Approve	Quality Assure
	<=100K		Approve	Quality Assure

Non-capital i.e., revenue only developments

The Trust's scheme of delegation states that "the authorisation of business cases with revenue only consequences is as per the limits set down for authorising expenditure." These limits (see below) remain in force and are not affected by the Group's activities.

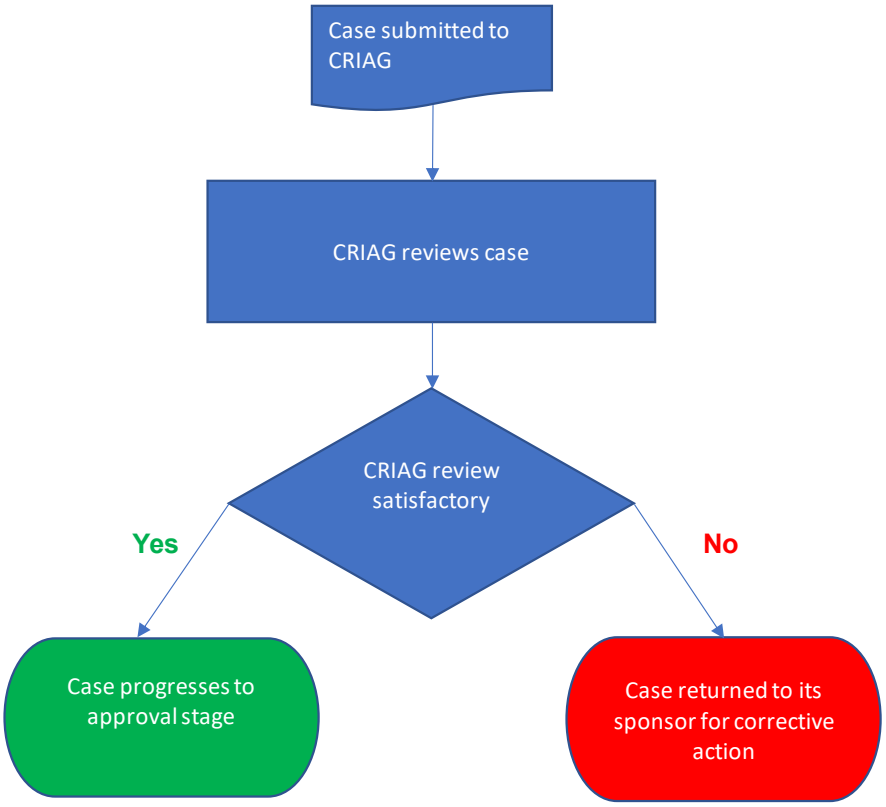
>£250K	Trust Board
£100k-£250k	CEO
>£50k-£100k	Designated director
>£10k-£50k	Head of service for specified directorates e.g.IM&T
<=£10k	Budget holder

The scope of CRIAG's activity in respect of revenue only business cases will thus be defined by the nature of a development and/or how it is funded. This is set out below.

Nature of development and basis of funding	CRIAG review required?
Funded from an existing delegated **recurrent** budget and the development is neither novel nor contentious	No
Funded from an existing **non-recurrent** delegated budget and/or the development may be considered novel or contentious	Yes
Is funded from additional income whether recurrent or non-recurrent	Yes
Is unfunded	Yes

Case review process

Business case review process is as follows.



Business case review criteria

Business case reviews will be supported by defined review criteria and a review checklist.

Business case templates & guidance

Business case templates/guidance will be developed which will apply best practice principles.

Templates/guidance will be structured specifically to help case developers create compliant business proposals, using a straightforward and practical methodology.

Cases requiring actions prior to submission to EMB/Board

Where CRIAG carries out an assurance review and determines that a case does not meet its review criteria, the case originator will be advised of the actions necessary to meet the standards.

Once corrective action has been taken, the case will be resubmitted for approval at the available next CRIAG meeting.

Business conducted outside of the CRIAG due to urgency

It is expected that the work of the group will be conducted in a timely fashion and according to timescales aligned to EMB/Board requirements.

It is recognised that from time-to-time matters may arise the nature of which necessitates urgent/immediate approval.

In such circumstances, a quality review will be carried out retrospectively, the outcome of which will be reported to the EMB.

If case has already been reviewed by CRIAG but required corrective actions, and where that case needs urgent approval prior to its resubmission to CRIAG, the above will also apply.

Case Assurance Timeline

a) Cases requiring EMB approval only

The following provides indicative timeline from initial submission to CRIAG for review through to EMB approval

Flow of business through CRIAG		Days (approx.)
Cases submitted to CRIAG	Month 1, week 3	1
CRIAG meeting	Month 1, week 4	7
Cases meeting CRIAG review criteria will be submitted to the next EMB for approval	Month 2, week 2	21
Cases not meeting CRIAG review criteria resubmitted following corrective actions	Month 2, week 3	28
CRIAG meeting reviews resubmitted case	Month 2, week 4	35

Resubmitted and now compliant cases, sent to EMB for approval	Month 3, week 2	49

- Cases receiving CRIAG assurance on their initial submission will be available for EMB approval within 28 days of submission for a CRIAG review.

- Cases not receiving CRIAG assurance on first submission and thus requiring resubmission, will, subject to corrective action, be available for EMB approval within 49 days of the original submission date to CRIAG.

b) Cases requiring Trust Board or Trust Board and NHSE/I approval

This section applies to: -

- Cases > £250k which thus require Trust Board approval, but not exceeding NHSE/I approval tests
- Cases exceeding the NHSE/I investment threshold tests require Board and NHSE/I approval (Appendix B)

Timelines for review/approval of these cases will be determined according to the specific requirements of each case. Timelines for developments requiring a strategic outline case and full business case and/or those requiring NHSE/I approval, are likely to involve a lengthy process over several months or longer.

Case review and management of major business cases

Large scale developments, especially those involving major capital investment will require longer timescale for workup and evaluation.

Large / complex cases will also require appropriate governance mechanisms e.g., programme boards, project teams, stakeholder engagement exercises etc. to manage the development from strategic outline case through to full business case.

Such cases will be expected to require a procurement phase prior to their implementation

All large-scale cases must also undergo post project evaluation and a benefits realisation assessment

Appendix B

Business case assurance, scope, and process for reviews

Reporting & Review Thresholds

The following NHS guidance extracts provide the criteria that trigger the need to notify NHSE/I and/or gain NHSE/I approval of business developments.

GUIDANCE DOCUMENT: - Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts (November 2016)

Extracts from guidance re applicable tests to be applied

3.1 Delegated limits apply to capital investment and property transactions will apply to all NHS Trusts and to Foundation Trusts that are in financial distress

1.5 Tests for financial distress are: -

- In financial special measures
- In breach of its licence (financial or non-financial breaches)
- In receipt of interim financing (received or planned).

1.6 Distress financing includes all interim capital and revenue support loans, interim revenue and interim capital support public dividend capital and interim revolving working capital support facilities.

1.3 Foundation trusts that are not deemed to be in financial distress should refer to Annex 13 which sets out in more detail the framework for capital investment.

3.17 NHS Improvement is in regular discussion with DH regarding business case approvals. DH reserves the right to require business cases that are deemed novel, contentious, or repercussive, regardless of size, to also be subject to a DH and HMT approval process. The decision on what constitutes a novel, contentious or repercussive case lies with NHS Improvement, DH and HMT, with HMT being the final arbiter.

Annex 13: Guidance for foundation trusts that are not in financial distress
(the full document is attached for information)

Extracts from Annex 13

1.4 This annex covers capital investment and property transactions only and summarises the reporting and review thresholds for foundation trusts that are not in financial distress and that do not fall within the definitions noted above. [definitions refer to the financial distress criteria]

Thresholds for reporting

2.1 A capital investment or property transaction should be reported to NHS Improvement if it is **significant** or **material**. Such transactions include, but are not limited to:

- Projects funded through private finance initiatives
- Joint ventures

- Transactions that attract Competition and Markets Authority reviews.
- Significant and material capital investments

2.2 NHS Improvement considers such investments/transactions (that are not mergers or acquisitions) to be significant according to the thresholds for reporting and detailed review as set in Table 1 below. If a potential investment/transaction meets these reporting criteria, the trust should contact NHS Improvement as soon as the transaction becomes a significant likelihood to agree:

- whether the proposed transaction is 'significant' and therefore will require a detailed review by NHS Improvement
- the likely timing of any detailed review and
- the scope of any detailed review.

Tests for 'Significant' transactions

2.7 Where a capital or property investment is classified as material, NHS Improvement, as part of its overall assessment of financial and governance risk, will request evidence to support the transaction and certification from the trust board in line with Supporting NHS providers: guidance on transactions for NHS foundation trusts, Appendix 8: Board certification

Table 1: Thresholds for reporting and detailed review

		Reporting requirements		Notes
Ratio	**Description**	**Non-healthcare/ international**	**UK healthcare**	
Assets	The gross assets subject to the transaction* divided by the gross assets of the foundation trust	>5%	>10%	Gross assets are the total of fixed assets and current assets
Income	The income attributable to the: • assets or • contract associated with the transaction* divided by the income of the foundation trust	>5%	>10%	None
Consider-ation to total foundation trust capital	The gross capital or consideration associated with the transaction* divided by the total capital of the foundation trust following completion, or the effects on the total capital of the foundation trust resulting from a transaction*	>5%	>10%	Gross capital equals the market value of the target's shares and debt securities, plus the excess of current liabilities over current assets Total capital of the capital of the foundation trust equals taxpayers' equity

* For the purposes of this capital guidance, transactions cover capital and property investments only.

Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts

Annex 13: Guidance for foundation trusts that are not in financial distress

November 2016

NHS Improvement publication code: CG 26/16

1. Introduction

1.1 The capital regime (see Section 2 of the main guidance) is applicable to all NHS trusts and to all foundation trusts. The capital delegated limits and business case approval process (see Sections 3 to 4 of the main guidance) applies to any foundation trust in financial distress and to all NHS Trusts.

1.2 The Department of Health (DH) deems a foundation trust to be in financial distress if any of the following apply:

- in financial special measures
- in breach of their licence (financial or non-financial breaches)
- in receipt of distress funding (received or planned).

1.3 With respect to capital investment and property transactions in foundation trusts not in financial distress, the existing guidance (previously issued by Monitor) is still in place and these trusts should continue to refer to *Supporting NHS providers: guidance on transactions for NHS foundation trusts.*[1]

1.4 This annex covers capital investment and property transactions only, and summarises the reporting and review thresholds for foundation trusts that are not in financial distress and that do not fall within the definitions noted above.

2. Thresholds for reporting

2.1 A capital investment or property transaction should be reported to NHS Improvement if it is significant or material. Such transactions include, but are not limited to:

- projects funded through private finance initiatives
- significant and material capital investments
- joint ventures
- transactions that attract Competition and Markets Authority reviews.

2.2 NHS Improvement considers such investments/transactions (that are not mergers or acquisitions) to be significant according to the thresholds for reporting and detailed review as set in Table 1 below. If a potential investment/transaction meets these reporting criteria, the trust should contact

[1] www.gov.uk/government/uploads/system/uploads/attachment_data/file/417799/Transactions_guidance_2015_FINAL.pdf

NHS Improvement as soon as the transaction becomes a significant likelihood to agree:

- whether the proposed transaction is 'significant' and therefore will require a detailed review by NHS Improvement
- the likely timing of any detailed review and
- the scope of any detailed review.

2.3 When notified of investments/transactions that meet the reporting criteria, NHS Improvement will conduct a detailed review to consider the risk involved in undertaking the investment/transaction and communicate this in a letter to the trust board.

2.4 Where a capital or property investment in NHS Improvement's view represents a substantial level of risk, NHS Improvement will consider whether it needs to use its powers to mitigate that risk.

2.5 Trusts that are considering an investment that may require approval from DH or Her Majesty's Treasury (HMT) for their planned investment (eg private finance initiative (PFI) investments or other investments that are considered to be novel, contentious or potentially repercussive for the public sector), should engage with NHS Improvement at an early stage.

2.6 Based on NHS Improvement's assessment of the nature and scale of the risk associated with a reported transaction, it will determine whether a detailed review is required. If it is, the transaction will be classified as significant. Those transactions which trigger the reporting requirements above but do not require a detailed review are classified as material transactions.

2.7 Where a capital or property investment is classified as material, NHS Improvement, as part of its overall assessment of financial and governance risk, will request evidence to support the transaction and certification from the trust board in line with *Supporting NHS providers: guidance on transactions for NHS foundation trusts*, Appendix 8: Board certification.

2.8 NHS Improvement will decide to classify the transaction as significant and therefore requiring a detailed review according to whether the transaction meets one of the following criteria:

- a relative size of greater than 40% in any of the tests in Table 1 above
- a relative size of between 25% and 40% of the tests set out in Table 1, where required as part of a risk assessment
- a relative size of between 10% and 25% of the tests set out in Table 1 above, when in NHS Improvement's view one or more major risks or other risk has been identified and is considered relevant.

Table 1: Thresholds for reporting and detailed review

		Reporting requirements		Notes
Ratio	**Description**	**Non-healthcare/ international**	**UK healthcare**	
Assets	The gross assets subject to the transaction* divided by the gross assets of the foundation trust	>5%	>10%	Gross assets are the total of fixed assets and current assets
Income	The income attributable to the: • assets or • contract associated with the transaction* divided by the income of the foundation trust	>5%	>10%	None
Consider-ation to total foundation trust capital	The gross capital or consideration associated with the transaction* divided by the total capital of the foundation trust following completion, or the effects on the total capital of the foundation trust resulting from a transaction*	>5%	>10%	Gross capital equals the market value of the target's shares and debt securities, plus the excess of current liabilities over current assets Total capital of the capital of the foundation trust equals taxpayers' equity

* For the purposes of this capital guidance, transactions cover capital and property investments only.

2.9 Further guidance on the Monitor risk factors is given in the existing guidance *Supporting NHS providers: guidance on transactions for NHS foundation trusts*.

Joint ventures

2.10 Foundation trusts entering into major joint ventures, including Academic Health Science Centres (AHSC), that meet any of the triggers below are required to notify NHS Improvement as part of its existing annual certification arrangements:

- **Control**, ie where a separate decision-making body has influence over the development and/or delivery of an foundation trust's strategy. Where the separate decision-making body is a legal entity, influence will normally be defined as at least 20% ownership.
- **Financial conditions** – where an foundation trust's:
  - assets within the vehicle are greater than 10% of its assets (as state in the most recent quarterly monitoring submission) or
  - share of income or expenditure from the partnership exceeds 10% of the foundation trust's total income or expenditure respectively in any full financial year.
- Legal arrangement, ie for accredited AHSC only, where a foundation trust enters into a legal agreement establishing the legal arrangement of the partnership.

3. Framework for other significant capital or property transactions

Process for significant (non-PFI) capital investments

3.1 For major spending proposals there are three key stages in the development of a project business case. These are the strategic outline case (SOC), outline business case (OBC) and full business case (FBC). The primary expectations for key stage documents are summarised in Table 3 in the main guidance.

3.2 For significant capital or property investments, NHS Improvement expects foundation trusts to follow HMT's *Green book* and related five case model at each key stage in the development of business cases. The model comprises the following five key components:

- strategic case
- economic case

- commercial case
- financial case
- management case.

3.3 NHS Improvement will expect to review the business case throughout the three stages of development as noted in paragraph 3.2 above and Table 3 in the main guidance.

3.4 To assist NHS Trusts and foundation trusts, a joint DH, NHS Digital, NHS England and NHS Improvement business case core checklist is given in Annex 1, including an NHS Improvement bespoke clinical quality checklist for all business cases with a patient-facing or clinical aspect. The checklist is for use by both trust project teams and NHS Improvement in reviewing and providing assurance on capital investment and property transaction business cases. Project teams should treat the checklist as a combination of guidance and advice on material which should be included in a business case.

Process for PFI projects

3.5 PFI projects are typically substantial investments by trusts, involving financial commitments over many years and are likely to be classified as significant transactions under the thresholds set out in Table 1 above.

3.6 NHS Improvement will expect to review a PFI business case at all the stages of the business case development. As a minimum a review will be carried out at the SOC, OBC, appointment business case (ABC) and confirmation business case (CBC) stages, and will expect HMT's *Green book* to be followed as part the development and appraisal process. Table 2 summarises the process that trusts typically follow for capital investments funded by PFI.

DH capital investment financing applications

3.7 Where a foundation trust is applying to the Independent Trust Financing Facility for capital financing, foundation trust's are asked to note that the DH has notified NHS Improvement that alongside the advice given to the DH by the Independent Trust Financing Facility, the DH will also be seeking NHS Improvement's advice with respect to the impact of approval of the financing on the DH CDEL budget prior to making an approval decision.

Table 2: Process for PFI projects

	Strategic outline case (SOC)	Outline business case (OBC)	Appointment business case (ABC)	Confirmation business case (CBC)
Trust	• Strategic case for project; fit with strategy and local health economy • Option analysis • Early contact with contractors	• Review and approval of OBC by board • Shortlist of contractors	• Revised and updated OBC including output from shortlisted contractors • Selection of preferred contractor • Approve final ABC	• Finalisation of case • Financial close
Contractors	• Early contact with trust	• Preparation of bids based on OBC	• Model likely finance costs	• Raise finance • Set up special purpose vehicle
NHS Improvement	• SOC review	• OBC review focused on risks to affordability • Possible board to board meeting	• Review of draft ABC updating OBC review • Possible board-to-board meeting • Issue of indicative risk rating	• CBC review updating ABC review • Possible board to board meeting • Issue final risk rating
DH, HMT	• DH and/or HMT and other funding negotiations if applicable	• DH review and approval • HMT reviews output of DH review	• DH review and approval • HMT reviews output of DH review	• DH review and approval • HMT review of output of DH review, ITFF review, other funding approval if applicable

`Minutes of the meeting of the Quality Governance Committee held on 21 March 2022
In view of the current National Emergency and the guidance on maintaining social distancing the meeting was convened by electronic means through Microsoft Teams software

Present:

Lisa Bayliss-Pratt	(LBP)	Non-Executive Director (Chair)
Mohammed Fessal	(MF)	Non-Executive Director (Vice Chair)
Dr Alison Walker	(AW)	Executive Medical Director
Mark Docherty	(MD)	Executive Director of Nursing & Clinical Commissioning
Vivek Khashu	(VK)	Engagement & Strategic Planning Director
Jeremy Brown	(JB)	Integrated Emergency & Urgent Care Director
Jason Wiles	(JW)	Consultant Paramedic for Emergency Care
Nick Henry	(NVH)	Head of Operational Information & Planning
Stephen Thompson	(ST)	Staffside Representative

In attendance:

Prof. Anthony Marsh	(ACM)	Chief Executive Officer
Diane Scott	(DJS)	Organisational Assurance Director
Michelle Brotherton	(MB)	Non-Emergency Operational Delivery & Improvement Director
Pippa Wall	(PW)	Head of Strategic Planning
Chris Kerr	(CK)	Head of Governance & Security
Matt Brown	(MWB)	Head of Risk
Matthew Bennett	(MBt)	Head of IEUC Systems & Development
Cynthia Clayton	(CCl)	IEUC Clinical Governance Lead
Stephanie Henry	(SH)	Clinical Manager – Maternity Lead

Secretariat:

Nicky Shaw	(NS)	PA to Executive Director of Nursing & Clinical Commissioning & Executive Medical Director

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03/22/01	**Apologies and Introductions**	
	Apologies were received from Craig Cooke, Director of Strategic Operations & Digital Integration and Jenny Lumley-Holmes, Clinical Audi Manager. The meeting was quorate.	
03/22/02	**Minutes of previous meeting – 17 January 2022**	
	The minutes of the meeting held on 17 January 2022 were submitted.	
	Resolved:	
	That the minutes of the meeting held on 17 January 2022 be received and approved as a true and accurate record.	
03/22/03	**Action Log**	
	The QGC Action Log contains the schedule of matters upon which the QGC have asked for further action or information to be submitted. Matters on this log can only be deleted through resolution of the QGC. (For the avoidance of doubt unless specified below all matters contained on the QGC log will remain on the log until the QGC resolves that the matter can be discharged).	

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	Resolved:	
	1. ***In relation to continued minute 07/21/04.4: Clinical Supervision Plan*** (NEW ACTION: 18.10.21): MB was in attendance and will present the PTS report providing assurance against clinical governance, quality and safety as an agenda item. QGC agreed to discharge this continued minute.	**Discharged**
	2. ***In relation to continued minute 10/21/04.4: Update from Health Education England (HEE) Lead on Advanced Clinical Practice Roles*** The next update has been scheduled for 6 months' time and will be an agenda item at the May meeting.	**MW**
	3. ***In relation to continued minute 10/21/05.1: Board Assurance Framework (BAF)*** In VW's absence, it had agreed the action to provide further feedback being provided on the dual 999/111 role within EOC be deferred to March 2022. This has been included in the 111 presentation on Quality 'deep dive'. QGC agreed to discharge this continued minute.	**Discharged**
	4. ***In relation to continued minute 10/21/06.3: Serious Incident Report (September 2021)*** AW stated this will be one of the areas where a deep dive will be conducted as there has been a lot of work done on the thematic reviews. A date will be confirmed when the 'deep dive' report will be presented at QGC.	**MD/AW**
	5. ***In relation to continued minute 10/21/09: Schedule of Business*** NS is currently in the process of arranging the pre-meetings between LBP, MD, AW and will include MF to discuss the QGC agenda before each meeting. QGC agreed to discharge this continued minute.	**Discharged**
	6. ***In relation to continued minute 01/22/04.5: Clinical Supervision Plan 2021-22*** NVH had included RAG ratings against the actions in relation to the AACE National Clinical Supervision Framework. QGC agreed to discharge this continued minute.	**Discharged**
	7. ***In relation to continued minute 01/22/04.6: Clinical Governance Report for EOC, 999 & 111*** The action for VW to submitted the Clinical Governance Report for EOC, 999 and 111 had been superseded as the report is encompassed in the 111 presentation on Quality 'deep dive'.	
	8. ***In relation to continued minute 01/22/11: New or Increased Risks highlighted at the meeting*** The risks highlighted at the meeting had been included in the Chair's Report to the Board of Directors on 26 January 2022. QGC agreed to discharge this continued minute.	**Discharged**

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	That the risks highlighted are: **a) Providing assurance from all clinical areas of Trust to the committee (new)** – it had been identified previously the ongoing risk in terms of data and assurance to QGC and the Board in terms of patient safety related to the EOC systems. *Action: assurance to be provided by QGC receiving a summary report of from IEUC including any risk assessments relevant to patient care, patient safety or clinical governance. AW/MD to escalate to EMB.*	**AW/MD**
	b) Following correct governance/Trust procedures (to be noted) – it was noted the importance of following Trust governance policies and procedures as there is a risk to the organisation's reputation if this is not completed. This risk has been noted and QGC agreed to discharge this continued minute.	**Discharged**
	c) Risk associated with the prequalification clinical experience of recently qualified paramedics (to be noted) – to note the concerns raised around the experience of recently qualified paramedics who have trained through the pandemic whilst the number of new patients seen each shift has been lower including being in ambulances outside hospitals for long periods of time, looking after patients waiting space to be seen in an ED, when they should be available to respond to emergencies in the community. LBP said there appears to be some hard evidence around this, therefore, the organisation needs to look at bolstering preceptorships. This risk was noted and discussions have taken place at Learning Review Group and Senior Clinical Lead Group meetings. QGC agreed to discharge this continued minute.	**Discharged**
	d) Patients not having adequate food or drink whilst being held on the ambulances delayed outside hospital (new) – AW will take this as an action and raise with the Regional Medical Director. VK was raising this at the A&E delivery boards to put on their agenda and felt it would be helpful to have this escalated to a higher level as well. An email had been sent to the Regional Medical Director on 17 January and AW will provide any further updates. QGC agreed to discharge this continued minute.	**Discharged**
03/22/04	**Care, Quality & Safety**	
	4.1 111 Presentation on Quality deep dives (focus on clinical governance, clinical audit, any other clinical areas including clinical risks)	
	The 111 Presentation on Quality deep dives (focus on clinical governance, clinical audit, any other clinical areas including clinical risks) was tabled. JB gave an overview of the presentation has follows:	

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	Back in November 2019 is when the Trust's 111 journey started and from a call taking point of view, delivered on performance quite quickly and consistently up until March 2020 because during COVID demand outstripped the resources to manage the call volume. The Trust was commissioned to triage and receive 1.2. calls each year but this is more like 1.6m calls therefore this year's modelling and forecasting is based on 1.8 m calls although this may be closer to 2m calls. It was noted Nationally there are issues and challenges that exist across the call answering platform, but WMAS has seen a significant improvement in our call abandonment rate which has dropped significantly, the experience patients are getting from the call answering and the non-clinical elements have improved. This can be seen in the monthly returns because some days WMAS is at the top or in the middle of the pack and not at the bottom anymore. There is still more work to do regarding recruitment and retention, which is one of the biggest challenges in terms of retaining the staff, noting the attrition rate at is currently 30% for call takers which is the highest it has ever been as traditionally 999 attrition is high. Nationally attrition has always sat at that point, but WMAS has always been proud of the fact we are able to retain the staff that have been recruited. A few of the factors for this is because a high volume of staff have been recruited in a short space of time, and some staff have tried it but decided it is not for them and although we have tried to robustly manage sickness 35 staff were lost in one month. We need to stabilise a platform for recruitment to ensure the Trust is future-proofing itself and the balance right and will continue therefore we will continue our recruitment strategy as we have seen the rewards from this. In terms of dual training, every new recruit is employed as a 'dual trained' and what that meant until recently is they would do their 999 elements first to ensure they are competent in the delivery and taking of 999 calls and then do the conversion course to be able to take 111 calls. This is more around the processing of the calls as from a NHS Pathways triage point of view, the NHS courses are exactly the same for the triage of 111 and 999 calls but there are some of the variations and things that need to happen differently which are subtle differences i.e. the way the calls are processed is different, for example a 999 call has a different screen and the focus in the initial stages is having an understanding of what is wrong with the patient and processing the call through the nature of call or 'NoC' as it is referred to and verifying the address which is the other key are we need to ensure we are delivering on. From a 111 perspective the process is more around the capturing the demographics i.e. patient details, NHS numbers, GP details, etc, therefore what we have done recently is 2 courses have gone into 111 to try to bridge the gap against the 111 call taking numbers or staff being capable to take a 111 call versus those who can take a 999 call.	

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	From a total workforce, there is 76% of call takers who can take a 999 calls and approximately 60% of all the staff can take 111 calls but realistically we want this to be 100% for both disciplines and will take a number of years to achieve because a commitment has been made to engage the current staff to under the dual role. It was noted those staff employed within the service pre-autumn 2019 who are 999 call takers are being told they do not have to take 111 calls and this will be managed through attrition and it is the same for those staff who TUPED across from CARE UK who only take 111 calls but all new starters will work across both disciplines. There is already a high number of staff who have volunteered or who are already taking calls across both disciplines. Those staff who are interested in doing the dual role are booked on future conversion courses so we have the ability to react and change our focus to be able to take the calls to help the patient which is essentially what we are doing. JB felt this is the right thing to do for the patients, even though WMAS was criticised in the past for the number of staff that were moved into 999 from 111 but it should be recognised that was the right thing to do at that time because the risk that comes with the 999 call far exceeds that of a 111 call as we are already seeing a huge amount of risk that exists already in the system and a real significant problem of not being able to help that patient earlier enough. Data from other ambulance services show there 90th percentile of call answering performance is 18 minutes which is a significant risk noting WMAS has never been put into that position but it has meant we have had lengthier calls and higher abandonment rates on the 111 side things. JB said there has to be some recognition there are not many cardiac arrests that come from someone who is waiting and telephoning 111 because most of the time the public can recognise the 'big sick' patient and phone 999 appropriately but there is a grey area between those people who ring 111 and those who ring 999. From a call taking point of view although this is challenging and today there are already 63 calls waiting to be answered, the Trust is performing much better than we were before and that carries less risk now as we are able to answer the phone and seeing a reduction in the amount of calls abandoned and an overall improvement in the length of time taken to answer the calls. LBP asked if staff know the difference between a 111 and 999 call coming in, is there a different ringtone or colour of screen? In response, JB replied yes, as the call presents differently and there is what is known as 'call pop' in the CAD system so when a 999 calls comes through a specific screen populates on the computer system which is different for a 111 call and it is visible on the phone where the calls come from so staff know the difference. In addition to that, there is audio alarm in the control rooms so if there are any 999 queuing an alert goes out to the call takers so they know there is a 999 call in the queue and that ensures we are doing everything possible to ensure that patient is not waiting.	

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	LBP asked how challenging it is upskilling the 111 staff to be able to take 999 and 111 calls. JB replied essentially a lot of what they are doing is the same but they would process the call slightly differently and let us not forget from a 999 perspective the call takers are already processing calls slightly differently depending on how they come into the service e.g. if the call comes from a GP this comes through on a dedicated line not the 999 line and would be processed slightly differently to the 999 call, the same with the Police, Fire or calls from other ambulance services. Therefore, this is just another way to deal with the call and once staff are used to doing this they understand there is a difference in the end outcomes and what the patient journey looks like then the Trust will be seeing nothing but positives. We have had some compliments about the variation and the fact that 999 calls are all very immediate, very rushed and critical from a time point of view whereas 111 there is more opportunity to explore and obtain the best outcome for the patient. JB advised the Key Performance Indicators (KPIs) show what the Trust has to report against for the delivery of 111 and these are spread across the IEUC system. Out of the 18 essential KPIs, WMAS are only responsible for a small number in their entirety as the rest are system KPIs where Commissioners and Out of Hours Services have an input. It was highlighted this is where the Care Quality Commission (CQC) noticed our clinical performance was an outlier and JB said the Trust should never have got to that place and accepted full responsibility because this should have been corrected earlier as we did realise there was an error and were slightly under-reporting. The Commissioners did know we were under-reporting and essentially we should have made it more known and when other services have had a similar glitch what they did was not do that submission which on hindsight WMAS should have done. Only the calls WMAS had a clinical input into were the ones being reported and after doing some housekeeping and going through some of the detail on what was reported, we have actually gained a few percent in terms of what we were not capturing before. The biggest part being under-reported was the amount of patients that were sitting within the Out of Hours provision that were seeing or speaking to patients from a clinical input. VK advised the Executive scorecard which goes to the Executive Management Board and the Board is currently being refreshed and now takes into account the 4 or 5 KPIs WMAS is directly responsible for as the providing organisation. The first draft is going to EMB for review tomorrow (22 March 2022) and noted in total there are 18 KPIs linked to the 111 service and as JB informed earlier a good number of these are system wide rather than core provider related. MF thought the clarification on what KPIs WMAS is solely responsible for was helpful and felt there is value in knowing where we are in the system wide KPIs as WMAS will still have a part to play and be measured whether that be 10% or 99% and having visibility at Board level would good. VK replied there does need to be some discussion about having a specific view on ICS's.	

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	LBP asked whether any national KPIs should come out of this as benchmarking against others would be helpful as part of the continuous improvement because as this is something new the service has entered into and realistically demand will keep increasing as the public are being pushed into using the 111 service since it is more instant than the GP and quicker than A&E therefore is there an appetite to look at this nationally and shape as a collective. JB said all these points are being benchmarked in some form as every provider has to report against these KPIs. WMAS does not know what other providers are including in their submissions by way of clinical input because it is a fine line on what should be/should not be included and when you look at some of the submissions and what other services are doing we really should be visiting them because they are far exceeding where they should be and doing a fantastic job of the calls being pushed through from a clinical point of view but you could question whether they are counting 'apples with apples' like WMAS or is it more like 'apples with pears'. MF said this issue happens across all healthcare setting and with the CQC, therefore, one avenue to explore is to liaise with the CQC to seek their view as to what is happening in other parts of the country and seeing what they are measuring to support what we are doing going onwards. It was highlighted KPIs specifically CQC were specifically interested are the proportion of calls assessed by a clinician or clinical advisor and MBt explained this is looking at specific cases where the clinician has done a full triage either through NHS Pathways or PACCS and does not count any other clinical interactions. The proportion of cases not included previously were cases from a call assessor that gets passed onto Out of Hours as these are part of the IUC commissioning which are counted as part of that system proportion. The period where the Trust started to under-report was when the data was being extracted historically from Adastra but we have since moved to a new CAD platform in October which is Cleric and once we got into the detail and understood where we are, performance has gone up around 34% year to date with room for further improvement because the target is 50% for of all calls to have a clinical input and JB said it is really important to point out 'we are where we are' and was confident the Trust is operating within the confines of a safe service at the moment. There are some delays being seen but we are safe because when you look at the detail of discharging calls that do not have anything to do with a clinician, this it is less than 2%. Nearly every call processed from a call taking point of view gets referred into primary care or emergency care into the system either by booking ED appointments, putting the call into the CAS, providing GP appointments, Out of Hours providers, etc and some of these calls will result as a 999 and if it is a CAT1 or CAT2 will automatically go through to the ambulance service responsible which most of the time is WMAS.	

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	The CAT3 and CAT4 calls are validation from a 111 perspective by a clinician so essentially is 98% of the calls are referred onto a clinician which includes for example dental calls which means patients have got an end point where they are being referred but although the patient has agreed to the triage, they have to arrive at that destination. AW felt this was a good point and a good example where ICS's come into full flow as they will be responsible for holding the data, because WMAS is doing as requested by putting the patient into the system but how long it is taking those systems to see or speak to the patient is something that will need to be picked up in our conversations with the ICS's across the region as they start to become and should be already responsible for these patients. There has been a marked decrease in the 111 call abandonment rate which was at its highest of 45% in October but this has dropped to 9.2% in February and is continuing to drop into March. WMAS is no longer an outlier but must continue on with recruitment to make sure there are sufficient numbers of staff to meet the demands of those patients. Reports are scrutinised on a daily basis and analysed by clinical managers, clinical supervisors, managers and JB looking at the output for the previous day in terms of what is looks like, how long to answer the call, what the end dispositions have been, and the vast majority of patients are being referred into an additional service. The workforce budget allocated for 2021-22 was for 138 staff but this is more based on the 1.2m calls but we want to get to 234 clinical staff to meet the needs of the patients and achieve the minimum 50% target for clinical input. It was noted the public have not reverted back to the services used before COVID, historically pre-COVID Monday through to Friday between the hours of 08:30 am to 17:30 am demand was non-existent of around 100 calls at the peak through the day, whereas now numbers are far exceeding that and we are seeing volumes of calls in the day that hide in the out of hours period. This is because the public are choosing to use 111 as the primary access into primary care and some of that is around GP or other primary care resource availalbity but also because 111 is so accessible and accepting to wait a few minutes for the call to be answered but the public are not speaking to a receptionist saying they cannot fit you in as a "ring back" in the morning as 111 deliver by giving patients access to other services which is what they want. On that basis, clinical recruitment will continue which is a real challenge and this is why we have some of the issues with the length and times some of the patients are waiting for a call back. A meeting has been held with HR to explore retention payments to offer our clinical staff rather than inflate the banding as the Trust needs to do something because this is what other providers are doing and a number of staff have been lost due of the benefits being offered. Therefore, we to adapt to where we are in the market place and do everything to retain our existing workforce.	

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	CCL raised in terms of the number of complaints, it was really important to note these are extremely small against the call volume and is less than 1%. It was noted the majority of the complaints, PALS and health professional feedbacks (HPFs) are not upheld and are thoroughly investigated as per the policy. Of those that are upheld the themes relate to delays with call backs which JB has already explained however to provide some assurance our clinical supervisors will risk assess and risk asses again to ensure those patients waiting in the queue based on the information we have are safe to wait, which is not ideal or what we would like. In terms of the HPFs), this is where the majority of the numbers lie but as explained these numbers are low and not upheld. Themes relate to dental issues both with complaints and PALS along with the HPFs and there were lots of complaints regarding to lack of provision, lack of access, the patient would expect a call back in a couple of hours which they did not get, etc. A lot of work has been done with our Dental Commissioner to be able to provide more dental provision during Out of Hours, weekends and the Bank Holiday period so there is a service that patients can be referred into. As a result of this, over the past few months the number of complaints and HPFs have reduced dramatically and dental issues is no longer a major theme. It was noted there are lots of patients who are not registered with a dental surgery and with the help of the Dental Commissioner we are able provide a service where patients are streamed into a service who will make contact with them within 7 days regarding their dental issue. JB added the organisation is very much up to establishment and is taking on extra dental nurses because it recognises people using 111 as a primary service to access dental services due to the COVID restraints, etc, so have adapted the workforce model and are continuing to recruit dental nurses to meet the requirement. Other themes especially with the HFPs is patients complaining about another service so the Trust then raise these concerns or flag them to the appropriate service advising them of the impact their service is having on our patients which is dealt with through engagement and conversations with the other providers. It was noted WMAS is a key component in a system which it is not fully responsible for and feeds into so many other parts of the IUC therefore a lot of the complaints received are not a direct complaint about the service WMAS are able to offer but more around the bigger picture in terms of some of the provisions patients are being referred into. From a governance point of view, productivity and outcomes are reviewed in terms of what an advance clinical practitioner and GPs do by way of self-care and referring into the ambulance service so we can address any issues as they come up, if any themes or areas of learning are identified, etc. This information can then be broken down by individual where feedback is given and because staff are benchmarked against each other ensures visibility as where we are as a clinical discipline, where we are getting the best outcomes for our money as a public funded organisation and do we have the right skills.	

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	It will also highlight if someone stands out because they are overachieving as is really important to look at those individuals because even though they could be achieving 50% hear and treat, they might be taking significant risks and creating at patient issue and this is the detail being looked at on a shift by shift basis. JB raised it has taken a while to produce some of these reports and wanted to say that MBt and NVH's team for the hard work done producing the reports and the level of data and the rewards of having them is being able to analyse and share them with colleagues and to continue with the momentum to deliver a good level of service. A report is being published on Pharmacy outcomes looking at who is prescribing what, what they are doing, whose dealing with various different things and this gives the Pharmacy Leads the ability to have a better understanding and visibility on what is happening with prescribing and the outcomes for those patients and seeing where we have added value into the system. JB was happy to take questions or feedback on areas to explore at a future date. LBP said the session was very insightful particularly noting the need for the amount of workforce but felt this can be hugely opportunistic asking whether we need to come back at a later date to think about career pathways for these staff and how to create opportunities to rotate around the service because that could be quite interesting. The second question refers to differential offers around the workforce and people offering more here to get them and is this something that could be escalated through VK and his contacts with the ICBs of the future so we get more regional offers. LBP thanked JB for preparing this presentation and although it is hard work we are at the cutting edge of something different and becoming a new good in this public health prevention and treatment area which could be hugely powerful and would be useful for some PhD students who were studying this. In response, JB agreed there is a need to come back at a later date but at the moment was concentrating on getting staff into the system to deliver against the KPIs and manage the call queue and recognised there is an opportunity that some of these staff specific groups might be able to benefit other areas of the organisation and sharing best practice across different disciplines. In terms of workforce, there is a level of competition that does exist across the NHS as it is not just trying to share a clinical workforce with other 111 providers it is generally across all areas. That being said a lot of staff joined at the beginning of COVID because they did not want to be patient facing but some of those staff have been lost as they have returned to face to face practice.	

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	AW said the background was a really helpful for QGC to have to understand the footprint JB was working in and recruiting 400 call takers within 4 months is a phenomenal achievement. Reflecting back to previous conversations at QGC, there are a number of areas that would be helpful to come back to in the future, these being: • Clinical data on self-care advice, clinical referral, gaps in referral pathways, referrals back to us in 111 and 999 and through healthcare professionals referrals and where patient safety fits with that. • Complaints – whether these are clinical or time response. • Clinical productivity – there will always be a normal curve in terms of clinicians for their appetite for risk and should be looking at this and associated safety issues. • Clinical Audits of the clinicians' calls. • Advanced Practice – this is one of the areas we need to concentrate on and AW was aware JB had starting looking at this with the Head of Clinical Care because there is some governance and what constitutes as advanced practice which is about links to practice placements and MSCs all that work is hugely challenging in the middle of the practical work that JB's and his team is also delivering. It is good to see a new report on prescribing and it has already been arranged for this to be presented to the newly formed Medicines Management Group which is a sub-group of Professional Standards Group. AW said in order to give assurance to QGC, many of the areas JB has spoken about are being picked up and will be reviewed within the clinical committee structures and wanted to say thank you and it has given JB the opportunity to touch on some of the other things his teams have been involved in. JB was happy to produce a paper around the points raised and develop a report on audits, themes, safety and any delays which have resulted in harm or any delays in the call backs to present to QGC on a regular basis. In terms of the audit side, most 111 and 999 providers have seen decrease in the volume of audits undertaken simply because of balancing the risk of patients waiting in the queue versus what needs to be audited. JB gave assurance the Trust is auditing calls across every single discipline and will continue to do this noting there has been a lapse in the mental health audits due to the Mental Health Lead leaving the Trust recently, but there is someone in post who can now undertake those audits and catch up retrospectively. From an audit point of view, this does demonstrate the level of governance and compliance and this report will be presented to QGC in the future.	

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	MD felt it was a helpful presentation and as a committee have an understanding of the risks around 999 in terms of not being able to respond quick enough to category of calls 1 through to 5 therefore noting JB said patients are very good at self-triaging into 999 when they are very unwell therefore would assume non-performance of not answering the call quick enough or clinical triage would be less of a risk and asked how does the committee get a proper feel for what the risk are within 111. JB replied the risks can only be measured against the achievement of those KPIs and MD was right lots of risks are being manged in a live setting and to clarify risks being the size of the queue that sits within the clinical assessment service and the CAD which needs clinical intervention to signpost the patient into the various pathways. From a risk point you would hope these patients are not 'big sick' because they would not be sitting in that queue and we do know there is a grey area but from a risk in terms of CAT3 and CAT4 these are less and less prevalent as patients will be waiting a little while but if they were forced through to dispatch then the patient would be waiting for hours and hours because all of our ambulances are delayed outside hospitals and it is a difficult decision to state where the actual risk does reside. Essentially the benchmark data from complaints and PALS and those kind of things can be used to see where the risks lie and JB can give more visibility of what call back times look like therefore that would highlight whether we have got more of a risk or less of a risk and whether it is managed or not. Ultimately these patients have not been able to get the help they wanted which has resulted in them choosing to telephone 111 rather than going through their GP. VK raised a question on behalf of Healthwatch which he felt there need to be a formal position on and this was the Trust does not give an expected response when an ambulance will arrive which then gives the patient a hard choice to make around whether they choose to another option around self-transportation or wait for the ambulance. In response, JB said this is not strictly true because as part of the surge arrangements and depending on the surge level, the Trust gives a different set of expectations to patients. Historically this has only been for CAT3 and CAT4 and maybe we do something differently with CAT2 calls given the amount of patients that can be waiting but we will give them a more realistic timeframe for example if a patient has to wait 4 hours for a response because we are in surge level 3 or 4 that is what they are told but what we do not give them an estimated time when they are calling back because that is flawed as the ambulance could be diverted to a more urgent call. JB stated the Trust never thought it would be in a position of having CAT2 calls waiting which is a direct result of the amount of hours lost due to hospital handover delays and may need to be reflected in the CAT2 calls. VK agreed with JB comments and this was the response that was give back initially to Healthwatch at the time and would draft a formal response pending JB's agreement.	

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	AW said there have been examples in the past nationally around information to patients and what we need is a dynamic risk assessment process that includes factors such as 'is an ambulance available', 'how far is the patient from the hospital', 'what is the condition of the patient' for example it is much harder to move someone with a stroke compared to someone with a broken leg and the reigns on this needs to be held nationally because the levels of risk is not just high in our region but in many other regions across the country and will probably needs sign up from NHS England, the Association of Chief Executives (ACCE) and the National Ambulance Service Medical Directors (NASMeD) and we do have systems in place for that. AW knew other regions are telling their CAT2 patients even those with chest pain in specific circumstances the average wait for an ambulance for this category is 'you are 20 minutes from hospital although we cannot make the decision for you, if you make the decision to go on your own then you must call back if you deteriorate' therefore those scripts are out there. It was noted some Medical Directors have had individual scrutiny and challenge around this but at the end of the day we all have a responsibility to patient safety as does the national body and agree we need to have that overarching system because equally we should not have something different in Birmingham to Bournemouth and as this situation is not likely to change anytime soon it should be part of risk sharing across the whole system from the first contact of any patient with any health system to discharge back into that system and ongoing care within the system. It needs to be clear this would be nationally supported and have a fully clinically governed system for it. MF agreed with many of the comments being made and it was good to see the trajectory on the performance data and the improvements on the KPIs. The point made about increasing to 1.8m or 2m calls, can be seen across the whole healthcare sector as generally in the past, the public were using community access (no appointment needed) or community pharmacies not their GP but the government has made large changes to their contracts around operating as a pharmacy meaning pharmacies are deciding to return back to a 40 hour week and this will have a huge impact on the system. In terms of the recruitment and retention point, MF agreed not to interfere with bandings within the NHS structure, because you are not only fighting the NHS structure there are plenty of providers who are moving into benchmarking against themselves which are outside the Agenda for Change (AfC) bracket and there will still be the challenges and issues in the gaps identified in the clinical spaces. The research and audit points are really important because what we are trying to do is an integrated approach which is not a natural approach in how 999 and 111 are run across the country. Therefore if there is an opportunity in research to evaluate what we have done, understand how we have done it and then compare and share that, we might get some more trajectory convincing others to do the same.	

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	MF said the clinical queue concern which was raised through the People Committee had been covered off and wanted it minuted that MF had raised this point to QGC at the last meeting and it was accepted the same point should not be carried on in 2 different committees therefore at the recent People Committee this action was closed and left with QGC to obtain more of the information. JB has touched on this today and this is one of the key areas in terms of the remit of the QGC meeting in terms of quality and understanding the amount of time people are having to wait and then that goes back to audits. MF was interested what the staff views were on the 999 and 111 integration approach particularly as this is not mandatory for staff TUPED over or hold old 999 contracts to undertake the dual role conversion course. Therefore, what is the general approach, is there reluctance and is that based on something, if so what might that be and how do we overcome that and it is a genuine concern, etc. JB felt there was no genuine fear and when there is any kind of development or something new you have to work at it and some staff who will choose not to do that for whatever reason because it is not being mandated. We are trying to manage this, as we need to, but there are more staff saying they want to do the dual role than expected which is great and we need to get them through the conversion course and through the various different models but due to volume of staff recruiting have not been able to do this but all the staff are booked on to course. The consensus is that they understand what we are trying to achieve and it is the right thing to do for our patients. MF raised in regard to the 111 and 999 integration and even though performance is improving, but should it go back to what was seen a few months ago, is there a risk around the system's view on whether it is seeing 111 as a standalone service and essentially its performance is down and reduced in terms of propping up of the 999 and although this committee has a good view on that going back to the evidence and research, therefore is there a risk of the system saying the 111 contract is not delivering what they want and if there a risk there how much of a risk is it. JB said there is a much bigger risk to the system in terms of what is being implemented nationally, as the proposal is that it may be moving into a new model which WMAS is part of a component for a national call taking platform and this will be based on a regional approach meaning it will not matter if the patient is calling from Lincolnshire or the Black Country if you are the next call taker available you will get that call and this will come with some significant risks for WMAS because of the way staff are managed across both 999 and 111 and might cause a risk to the model being delivering against now. Also, a lot of the pathways that the Directory of Services (DoS) leads and other colleagues have worked really hard to establish can also be put into jeopardy because we will not necessarily be in control of our own demand anymore and this will impact on some of those patient outcomes.	

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	JB stated WMAS triage, validate and successfully pass calls into alternative pathways for CAT3 and CAT4 calls more than other 111 providers as they do not see the consequences of passing those calls through to the 999 service because they do not manage that service which could mean WMAS will have a lot more calls coming into our clinical validation queues as a result. AW thanked JB for providing a wide range of discussion and raised one of the things from this conversation is that we need to be clear about what is discussed where, and although high-level information is required across the Performance and People Committees and QGC we need to be clear about what detail is going through in terms of deep dives because otherwise JB and his team will be answering similar questions at different committees. The focus for QGC is primarily on clinical and related governance and patient safety and of course everything JB has talked about relates to patient safety but some of the details around staffing and what staff are doing and the models perhaps need the focus at other meetings. This has made AW think about how we can support JB in terms of who and what information from his systems, is going where and then the appropriate leads and non-executives in those groups and this will filter up to the Board because 111 is a massive area of our IUEC business. ACM was joining all the formal committees for each of the deep dives given the matters the CQC have raised and today's discussion along with what JB and his team have provided has been helpful but we do need to recognise we are on the backfoot, the data quality the CQC raised with us and then the performance that we achieved over the last few months has been a struggle and despite everyone's best efforts and remains a struggle. The data quality issue is being taken forward in the way JB has set out and is included in a draft internal audit plan which will be taken to Audit Committee in the next few weeks and then formally signed off by the Board to review the way we capture, verify and report the data. Today's deep dive has brought everyone up to speed in terms of the operating model, risks, complaints and PALS, etc and ACM suggested at the next QGC meeting there is a further update that sets out the performance improvement recognising although this has been improved substantially there is a massive gap and to ask JB to present the trajectory for all of the performance indicators setting out when they will all be achieved. ACM said in addition to the response to MF's question, the changes to the national operating model and regional operating model are our biggest risk and this position is not going to improve when the regional and then national operating models are rolled out. This is a massive risk because potentially WMAS could be answering more and more calls which will add more patients to the clinical queue and that is actually our largest risk when hundreds of patients are waiting 14 hours or longer or maybe not even the same day.	

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	ACM added this item is on the agenda for the Executive Management Board (EMB) tomorrow for a strategic view on what we do about all of this and will brief LBP and MF next week and a full report will be presented to the Board in April to decide what we are doing going forward. ACM gave thanks to everyone for the contributions that have been made today and everyone is working flat out trying to improve the position which is challenging. MBT and CCL left the meeting	
	Resolved:	
	a) That the contents of the 111 Presentation on Quality deep dives (focus on clinical governance, clinical audit, any other clinical areas including clinical risks) be received and noted. b) That a copy of the IEUC 111 Deep Dive presentation will be circulated with the minutes. c) That a further update is provided at the next meeting which sets out the performance and to present the trajectory for all of the performance indicators setting out when they will all be achieved.	**NS** **JB**
	4.2 PTS Assurance Report	
	The PTS Assurance Report had been circulated. MB gave a brief outline of the assurance report advising the main headlines are currently PTS continues to achieve all its Key Performance Indicators (KPIs) across all contracts which is a real credit to the team from an operations and control perspective. Activity is back at pre-COVID levels with PTS currently transporting between 3,100 and 3,200 patients every day Monday to Friday and clearly there are still issues with the social distancing restrictions as well. From an outpatient activity perspective, regionally including Cheshire this is approximately about 85% of where it was pre-COVID with some areas being higher than others. It was noted the biggest contracts which are BSOL & the Black Country especially Wolverhampton are still low around 75%. Obviously with the pressures in the system with NHS England and NHS Improvement, the elective and outpatient activity, etc there are conversations taking place with our main Acutes especially with the UHB group and New Cross where they are wanting to bring in additional patients and how that will impact on WMAS from a transport and social distancing perspective. MB was waiting clarification around whether aspects of the IP&C guidance are being lifted as of 1 April 2022 and this will help PTS enormously in terms of restrictions particularly for renal patients where previously 3 or 4 could be transported on a vehicle but only 1 can be taken now and on the larger vehicles only 2 can be transported compared to 5 or 6 previously.	

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	From a compliance perspective, the CQC action plan is still used as part of the site visits noting PTS achieved 'good' across all 5 domains and are striving to achieve 'outstanding' which means MB and the team are not complacence and will continue to monitor the action plan against our compliance documents. In terms of some of the issues CQC picked up on their last visit, these are continuing to be monitored through the Regional Partnership Forum and the PTS Senior Management Team (SMT) weekly meetings which provides an audit trail. With regards to risk management, patient safety and patient experience, all the Leads attend the PTS SMT meetings and are very much involved in ensuring compliance and picking up on any leaning and making sure this happens whether that it from remedial training, additional training or through mandatory training. From the report you can see slips, trips and falls is still a theme and whilst training was done on this year's mandatory training it is being reinforced again for next year. LBP thanked MB for the update, and it was good to see the progress noting the numbers are significant in terms of the amount of transportations. In terms of moving from 'good' to 'outstanding' asked about the size of this challenge and is it achievable in the next 12 months or is there much further to go on that? LBP was surprised by the number of slips, trips and falls given the nature of this service and queried how does that happen when we know so much about preventing it. It was acknowledged LBP had not yet shadowed MB and was looking forward to doing that in the future to understand more about PTS. MB welcomed being shadowed and LBP having a look around PTS because it is an interesting type of business. MB really felt that the organisation is in reality giving patients an 'outstanding' service in terms of the KPIs which are really stringent, the quality, the staff training and felt it was very difficult to do this as a PTS provider and was not aware of any other providers who are currently 'outstanding'. There is more that can be done with staff around the risks, training i.e. the slips, trips and falls and noted a few years ago there were a couple of serious incidents relating to patients falling from wheelchairs in which a lot of work was done involving all the corporate teams i.e. Risk Fleet, Training and Patient Safety and resulted in reviewing every vehicle, every securing mechanism and then producing a Standard Operating Procedure and putting all the staff through that training. Therefore, it is just about making sure this is being reinforced also noting from a PTS perspective there are a number of different types of vehicles that staff are trying to keep on top on. There are a lot of skin tears and this comes back to reinforcing if someone is being taken through a doorway for their arms to be tucked in. VK followed up on LBP's comment advising when talking to CQC about the gap between 'good' to 'outstanding' which is a subjective view and to give some context, the CQC said this would be a service they would recommend someone could travel 200 miles to go and see.	

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	Therefore this would mean WMAS has to be absolutely the 'best' service and VK did not know in what context that would be given it is a commercial contract and there is not much to compare against in terms of benchmarking data. MF referred to the changes in IP&C restrictions and if they do not come into force, are there any plans to reduce the use of taxis. The second question is in regard to complaints, and the particular area that stands out not only in this report but the general report as well, is attitude and conduct which MF felt was an area that would be 100% within the remit of our staff, our training and demonstrates the Trust's values and everything else that goes to that, therefore, because the numbers are the second highest for complaints, what are our plans and how do we address some of that. In answer to the first question, MB stated the reduction of taxis is the aim because we want to transport as many of our patients in Trust vehicles but clearly if the restrictions are not lifted and along with the increase in outpatients, then the current big recruitment drive will continue to be ongoing. The Trust does receive additional funding from the Clinical Commissioning Groups in terms of social distancing and the taxis used are predominately for the renal cohort of patients which will continue to be used because without them we will not be able to provide the NPT service that we are currently. MB said PTS will continue to work closely with our Acute colleagues in terms of the restoration of outpatients which we do now on a daily basis, as there is still a national target around discharges and prioritisation and because of the issues which JB has already alluded to earlier at the 'front door' which is absolutely well sighted on by everyone, it comes down to those relationships and saying if we prioritise the discharges then these outpatients will need to take a back step be either going in later in the day or in the week so that is where we are currently in terms of that and this will continue has we have been but not withstanding the fact of the ramping up of the outpatients which we have seen significantly at the moment. In response to the question around complaints, MB said a lot of work has gone into the complaints because they are not only investigated but we always try to learn from things therefore this is covered on the PTS induction, throughout the mandatory training and by using our Organisational Development (OD) colleagues who have done several sessions around staff attitude in terms of how others can perceive it and dealing with conflict so all of that is picked up, we do not just sit back and ignore them. MD signs off all the complaints for WMAS and attitude and conduct is a theme but is a difficult one because sometimes when you investigate a complaint you can feel the crew is trying to empathise with the patient and might give be a touch of humour to try lighten the situation which is not perceived the same way by the patient and where we would focus on is individual staff with themes of inappropriate comments or behaviours.	

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	MD added what we need to recognise at this point in time within the organisation is people are tired and exhausted and it is hard to keep your guard up when you are feeling like that, and we all need to be conscious of that. MD noted a recent survey within our organisation showed approximately 70% of staff reported an impact on their mental health over the last 2 years therefore we need to help staff through what is another difficult time as we get back to whatever the new 'norm' looks like. MD did not think that PTS had any common themes of staff with consistently bad attitude, in response MB replied no we do not but over the last 12 months there have been a couple and obviously one is one too many and we have liaised with the OD team as well. ST thanked MD for those comments because unless colleagues have been out on a vehicle they do not really know what it is like for staff out there because one of the things we can do sitting looking at the data is be just as subjective, as our patients are towards our staff when they do try to help and maybe inadvertently say something that they think like MD said, trying to bring a bit of humour to the situation which is taken the wrong way. All complaints are subjective as we all know but very few of those complaints reach a formal stage and it is normally just a talking to or whatever is what they need and consequently ST felt there is a need to be mindful that we are not demoralising staff and criticising them particularly at this time of where we are within the service, because from recent meetings ST has had, he can concur with MD people are extremely exhausted and it is very easy for misconceptions to take place. ST referred to slips, trips and falls, raising the other thing again that we are not taking into consideration and are leaning towards criticising the staff, is the patient's demeanour and the fact that they cannot or will not sit on a chair or a patient that is being walked along with a member of staff and lets go and then falls all those things that happen need to be taken into consideration and as such bearing in mind that MB has said everything is investigated fully and very few of those ever come to any kind of formal action. MF clarified from the committee's perspective it is not to demoralise staff but trying to get the assurance on those numbers because when looking at complaints firstly it is seeing how many have been upheld and secondly if it goes onto anything more serious which generally they do not. It was acknowledged from the points made by ST, MD and MB they give the committee the assurance that even though those numbers are there, the organisation is doing everything it can bearing in mind they represent a very small percentage. LBP supported what MF had said and was absolutely committed to going out to PTS and seeing what is going on but thought when striving for 'excellence' one slip is one too many and whether we will achieve it is another thing, noting striving for excellence is not a bad thing even if it is we only achieve it once a day, if you look at quality improvement and the science around it if we can get there once we can break through using ways that drive into that improvement zone all the time.	

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	Resolved:	
	That the contents of the PTS Assurance Report be received and noted.	
	4.3 Executive Medical Director & Nurse Director Quality Summary Report	
	The Executive Medical Director & Executive Nurse Director Quality Summary Report had been submitted. MD advised the report was 'as read' highlighting the risk associated with patient handover delays which continues to rise and the graphs in the report are only lower for February because we have 10% fewer days otherwise they would be higher than every other month other than October. MD is really concerned about this handover delays and the patient safety and harms situation because no-one externally appears to be doing anything and the impact on patients are significant, particularly as deaths are happening which should not be happening which is unacceptable and everyone around the table is of the same view. Nationally MD felt patients are being let down and it is a catastrophic situation that we have reached. LBP felt as the Non-Executive Director, the need to continue to escalate this to the Board of Directors and to articulate the challenge and what we are trying to do as well as keep pushing this and presenting the facts. MF supported LBPs comments noting that the conversations at Board and Non-Executive Director level are wholly around this and we keep hearing about this but what are we doing and what is in our capability to do more with and we need to explore this more at Board a lot more as well and what will be taken away from this committee is we need to see what are the other options. AW said firstly we need to consider the impact on our patients not only on those in the back of ambulances in hospital handover delays but more importantly those patients out in the community because we now have over 100 serious incidents relating to patient deaths where we have been unable to respond because our ambulances are held outside hospitals waiting to handover patients. Secondly there is the impact on our staff; those staff on the back of ambulances who are waiting hours and our staff in emergency departments who cohorting patients and we are adding nothing to the definitive care of those patients beyond we are providing a level of patient safety because a clinician is with the patient but this is diluted because there might be 1 clinician with 4 or 6 patients so there are risks associated with that as well of our staff and the patients and they are Acute Trust patients and the primary duty of care for those patients is theirs. Thirdly, the impact on those staff who have to respond in a delayed way either taking recontact calls on the telephone or to those people on scene who are distressed, angry and upset because of the deterioration of themselves or their relatives and we need to re-emphasise that and it is incredibly important in terms of the moral harms to our staff.	

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	MF raised comments have been made previously and again today around conveyance which are also mentioned in a future report and felt there might be an opportunity to review conveyance and the appropriateness of conveyance and non-conveyance or the use of alternative care pathways. Also to take away some of those cases exploring whether that is the right way to go in terms of the approach we have taken but again and is not about our own organisation but more around how to influence the sector as a leading provider to take quality forward. AW agreed with MF but highlighted the need for clinical capacity to make those judgements on conveyance and non-conveyance and in some areas our conveyance is down to 31% and as we see in the clinical audits there are risks associated with reducing to those levels of non-conveyance to EDs and agree also it needs to be tied in with clinical development and clinical education noting clinical research is a slow burner with some of this and we do have evidence already to drive changes which support improved in patient safety and patient care across the system and the ICS's are responsible for that and we need to have those conversations with them too. MD noted WMAS was involved in a 3 year research project with the School of Health and Applied Research at the University of Sheffield that published before COVID on the variation and non-conveyance (VAN project) and that looked at the national variation and clinical outcomes and has a lot of data which is helpful but has not been properly utilised because of COVID but it is good research.	
	Resolved:	
	That the contents of the Executive Medical Director & Executive Nurse Director Quality Summary Report be received and noted.	
	4.4 Trust Board Reporting – Clinical Performance	
	The Clinical Performance Report had been received. The report submitted showed WMAS Ambulance Quality Indicator (AQI) data up to December 2021 and national data up to September 2021. AW stated the report was 'as read' and the Professional Standards Group (PSG) discussion is reflected in the Chair's Report therefore, in terms of the information whilst we strive to improve the AQIs there are still a number of concerning areas. To provide some context, the Trust is still beholden for the national STEMI and Stroke data which is data being provided nationally to us showing an overall picture which consistently runs approximately 3 months behind our live reporting so what we are seeing is the 3 month previous phase. Although there are areas of good practice, AW wanted to pick out a couple of areas of concern highlighting there has been an 11% drop in the management of post resuscitation care which relates primarily to poor documentation of blood glucose measurement, 12 lead ECG and IV fluids.	

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	There is some guidance being issued which will reduce the emphasis on IV fluids but the other 2 areas are absolutely core that we should be providing for patients, keeping within a certain level of glycaemia in terms of their blood glucose and obviously post ROSC a 12 lead ECG may tell us whether a patient needs to go for a PPCI. AW stated at the start of this new financial year, there is going to be a renewed emphasis around STEMI, cardiac arrest and post resuscitation care. In terms of the rest of the report, the 'red' and 'blue' pins system has been used again and noted there is also a similar issue around not doing a blood glucose for patients having a Stroke and as everyone knows hypoglycaemia can mimic a Stroke which can be treated very easily so again there is no clinical reason for not doing a BM on these patients so this is another areas that we need to look at closely and will be focusing on in terms of the clinical action plans relating to these. The action plan relating to this will be brough back to future QGC meetings. LBP suggested having a 'deep dive' session at a future agenda on some of these areas for colleagues to discuss where the Trust has been, where we are now and where we want to go because the numbers have moved around and it would be useful to learn more about the performance indicators. It was agreed these results would be tied together with the action plan and do a 'deep dive' through that as we progress the actions to bring the Trust back on track. DJ left meeting	
	Resolved:	
	a) That the contents of the Clinical Performance Indicator Report be received and noted. b) That a 'deep dive' on the Performance Indicators be scheduled for a future QGC meeting.	**NS/AW/ MD**
	4.5 Clinical Audit Reports	
	The following clinical audit reports had been circulated. • ***CG096: Salbutamol MDI (reaudit 1)*** – AW reminded in phase 1 of pandemic it was frequently difficult for patients especially those triggered by COVID symptoms (primarily respiratory) to access GPs, pharmacies and other areas where they would normally have had a replacement salbutamol inhaler. WMAS was one of a few ambulance services who took this forward and currently the only ambulance service still doing it, therefore the reaudit was undertaken to assess the current position. There is insufficient assurance in place particularly in relation to no record on the EPR of patients having asthma and being given an inhaler previously. AW took this subject to NASMeD and WMAS is the only ambulance service still doing this and it was agreed at the end of this financial year it would be appropriate for WMAS to stop doing this because all the other avenues to obtain an inhaler are now available again.	

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	The medicines management team have been working in partnership with CC and his teams and the Trust Pharmacist and as much as possible are redistributing the MDIs through pharmacy agreements with the Acute Trusts and looking at what we can do with the spacers as these have a longer shelf life. A paper is being presented to the Executive Management Board (EMB) who have agreed to support this, as is something that we will not be continuing to do. AW stated the next 3 audits relate to patients discharged on scene and she had recently taken over as the Chair of the Clinical Audit & Research Programme Group (CARPG) who now meet on a monthly rather than the previously quarterly basis going forward and all 3 of these audits came together when non-conveyance on scene was reviewed. Nationally previously there have been non-conveyance audits across all the ambulance services that have showed concerns in relation to non-conveyance and there will be some deep dives required on this as. • ***CG098: Non-Traumatic Chest Pain Discharged at Scene (reaudit 1)*** – This clinical audit ties into other areas of work in relation to the areas talked about in terms of chest pain, stroke, etc performance. The salient points to note potentially is, of the patients sampled up to 43% are being managed on scene without conveyance anywhere else and they may have had an Acute Coronary Syndrome (ACS). Now that might be for a variety of areas; from the history we might have, the 12 lead ECGs and other information on the electronic patient report form and now clearly there is a significant risk that we have also identified, where there is no process to contact the patient to let them know if the potentially incorrect diagnosis and how to arrange follow up with an appropriate health care professional in primary care or secondary care. AW has escalated nationally through NASMeD, that we do not have a national robust process for being open with these patients unless there is a serious incident in relation to them and clearly that is something we will need to progress probably jointly with primary care nationally and also potentially linked to emergency departments or Acute Medicine, SDECs or other systems. AW said this is mostly for information at the moment and ties into the work doing around ACS and cardiac chest pain and was happy to answer any questions. LBP asked how confident are we that because when the paramedics are going out to the patient and know that if they put them in the ambulance they will be sitting outside the hospital for hours and becoming more that it is ok to leave the patient at home when it actually is not, therefore, do we know if this is a problem and if it so what can we do about it.	

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	AW replied for those of colleagues that been out with ambulances anecdotally there is a problem, as it is hardly surprising if there is a one of our clinicians sat outside a hospital for 10 hours and then goes back later to discover that a patient who has gone through the ED review and investigations process is discharged within several hours after being seen, that some of that messaging is not coming back inappropriately through their views shared with patients and many patients obviously do not want to come and sit outside an emergency department for 10 hours and are looking for support to find alternatives or saying they want to stay at home, rather than experience these delays. We need to be clear about our professional clinical duty of care to these patients and organisationally we have a duty of care to all of our patients including to those where the correct course of action is to advise them to be transferred to or attend emergency departments and if we give the patient all the appropriate information and they have capacity and make the decision not to go, obviously we would safety-net them and give them appropriate advice and we need to be clear it is not our role, where the correct course of clinical action is to go for further assessment, to allow anything else to interfere with our professional advice to that patient. LBP asked whether we need to check this out more because the conveyance rates seem to be going down and down which could be good or not so good and was worried because of the thought of having to sit outside a hospital for 10 hours especially if staff have done it the day before, that there will be changes in behaviour because the situation has been so enduring and this is patient's safety which will suffer. JW added the first point, is this is multi-factorial including steming from paramedic training which has not kept up with what is expected from paramedics so the traditional training is still the emergency side of things and that is where the majority of the training lies and we have not actually taught our staff to make all the safe non-conveyance decision-making from their basic training. The second point is 'we' meaning from the public, to society, to clinicians, to the NHS to the government have lost the value of the 999 call so when you speak to clinicians now out on the road they do not value 999 as being only true potentially life-threatening emergencies because the bulk of them are not but amongst some of the thousands of 999 and 111 calls we get through on the system is still that poorly patient group. As a Trust we have never told our clinicians not take patients to hospital when it is not the right way to go, but when clinicians are going to hospital and are queuing outside for most of their shift, it involves unconscious bias because years ago it was around convincing crews not to take the patient to hospital but now it is convincing them to take the patient to hospital when this is needed despite the delays there.	

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	When we look at serious incidents or patient safety incidents which do not meet the threshold for a serious incident, it is all there to say the patient should have gone to hospital, generally good documentation and the crew are saying it is not ACS but the 12 lead ECG is showing abnormalities therefore it is a combination of things but for JW it goes back to the fact we do not actually teach our staff to make a safe non-conveyance decisions. This is something staff pick up through experience and time and through learning which is another area where we only tend to feedback to our staff when things go wrong and not when they get it right for lots of reasons, it is being able to get that information and having the time to do it is a whole combination of things that have led us to this. What we need to remind ourselves is that this is a very small percentage because 99.9% of the time our clinicians get this very right but when we do get it wrong there is a patient at the end of it and unfortunately when we do get it wrong it can result in catastrophic consequences potentially for the patient or relatives but this much more complex than we understand and felt the paramedic education from a starting point has to be reviewed. AW added there is a human factors element to this, and it would be astonishing if there was not and we do need to include this in our thinking around further education, patient safety and how we manage these patients. • ***CG099: Head Injury Patients Discharged at Scene (reaudit 1)*** – AW said the report was 'as read' with the points to note is there are a number of patients being discharged on scene with documented red flags which are significant, and we need to look at the whole process of discharging patients on scene and review the training. There is no doubt this is a really difficult area because a number of our head injury patients are agitated due to alcohol or drugs making it difficult to make a decision around capacity and to decide what the safest safety netting system is, and this will be brought back as part of presenting the action plans. AW was aware the Clinical Audit Manager and other colleagues are frustrated at the moment because of their capacity because actually what our clinical audit department should focusing on is around prevention and how do we prevent coming back to these audits and seeing the same issues again and again. • ***CG100: Feverish Illness Discharged at Scene (reaudit 1)*** – AW stated this is a group of patients which have a huge list of conditions from self-limiting minor temperature rises to life threatening conditions such Sepsis. The findings show there were 6 patients that did not have any red flags documented there was insufficient evidence when looking for the source of infection and asking questions. AW stated in terms of all of these audits, it has been asked for them to be reaudited on a faster timeframe than we would have done normally for example if the review was 12 months this will be 6 months and if it was 6 months this will be 3 months but it does depend the actions and how quickly they will have an effect.	

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	AW had escalated the risks associated with non-conveyance as a national patient safety issue and there are capacity issues across the clinical directorate in terms of fixing these problems and improving patient safety which will need to be considered as an organisation internally including at Board. MF stated this discussion in itself shows the value of the clinical audit programme as it is sometimes taken for granted that everyone has a well-run audit programme and they do not and over the last couple of years with everything going on, many people have paused clinical audit programmes and clinical audit activity so it is great to see WMAS has not because it is only by doing this work we can rectify what we need to do in terms of improving quality and safety, etc. It is that we are looking at certain areas in the clinical audit programme that we know there are issues as it is not about looking at the ones that demonstrate we are a great organisation which is another issue with clinical audit programmes sometimes. MF was really happy to see these audits and well done to everyone involved noting the points raised and all the issues that we need to uncover and work on those are clear for the committee who agree and will look forward to seeing those improvements in the re-audit and was unsure whether this would be achieved 6 or 3 months because these things take time to be imbedded and would prefer to wait 12 months and see the actual changes imbedded properly before reauditing. The point about pressures has already been made and that is around the way we work and the points made by JW which were really good around people's approaching and how it has changed over the years. Last point MF made was there is an opportunity when we see through audit an opportunity for improvement in the case in the head injury audit with substance misuse and alcohol there is without a doubt there will be quite high numbers of those individuals and said previously the opportunities to work with other organisations because this is not just managed in the NHS is key in how to use those links and there is significant funding in the local authority space, but the new drugs strategy is the biggest thing the government has put forward and there is an opportunity here to work not just on this but on frequent continuous callers as talked about in 111 and 999 as lot of those will substance misuse or alcohol related calls to there are opportunities to improve pathways, streamline, etc and was happy to discuss further with colleagues outside the meeting.	
	Resolved:	
	That the contents of Clinical Audit Reports CG096: Salbutamol MDI (reaudit 1), CG098: Non-Traumatic Chest Pain Discharged at Scene (reaudit 1), CG099: Head Injury Patients Discharged at Scene (reaudit 1) and CG100: Feverish Illness Discharged at Scene (reaudit 1) be received and noted.	
	4.6 DRAFT Quality Account	
	The DRAFT Quality Account had been submitted.	

ITEM	Quality Governance Committee (QGC) Meeting 21 March 2022	ACTION
	PW gave a brief outline of the Quality Account advising the salient points are covered on the cover sheet. This is the first working draft version of the Quality Account which has intentionally been shared showing the 'tracked changes' and who has been asked to update which section to show complete openness to committee members. There is still quite a lot of content to be received and ordinarily at this time of the year, some updates are not fully complete because it is close to the end of the year, therefore, it has been requested any further updates need to be completed by 5 April to enable the sharing of the first external draft of Quality Account with external stakeholders on 7 April to allow them to review and provide their responses by early May. A stakeholder engagement event was held last week and PW wanted to acknowledged the time and support given from colleagues which was very much appreciated. The event was well attended by Health, Overview & Scrutiny Committees (HOSCs), Healthwatch Groups, Commissioners and Local Councils and recorded which can be shared with committee members who might be interested. There are a few useful links that PW can make with the conversations from this meeting for example the last item on clinical audit and the updates given by AW will be reflected in the clinical audit section and give this is an external document it is important that we sense check the content and it is framed correctly and accurately for external scrutiny. The priorities for next year are outlined within the Quality Account and was the key focus of the engagement event last week. There was a really good discussion on the priorities, 1 of which has had a 'deep dive' today and JB and CCL were at the meeting so we were able to go into some of the plans to incorporate clinical governance of IEUC within the Quality Account next year and that ties in with some of the discussions that have been had today and will be useful links with some of the work going on within this group. The document is not intended to be read in detail at this stage but PW wanted to be sure the committee was updated and have an opportunity to be kept on top of the developments. It was noted that the committee will need to sign off the Quality Account at the next meeting before it goes for final approval. The last point to raise, is a number of comments were received formally on last year's Quality Account which have all been captured in the document and PW will need to do some grouping and slimming down of the context and provide some more up to date responses to some of the comments. There is still a lot of work to be done in terms of layout and formatting to ensure the document flows but PW will keep the committee up to date. VK advised 'for information' in terms of the engagement event it was interesting that the local authorities were the most presented and we were well supported by our Lead Commissioner which you would not expect but that is how it played out.	

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	MK felt the document presented provided the committee with enough awareness and was happy to receive VK's comment as it assures that there are links into the non-NHS and the local authority is there in the way we are trying to progress in the future.	
	Resolved:	
	That the contents DRAFT Quality Account be received and noted.	
	4.7 Stab Vest Trial Report	
	The Stab Vest Trial Report had been received. CK wanted to draw attention to its route to QGC noting the report had been received at Learning Review Group on 24 January, Executive Management Board and then Trust Board on 23 February 2022. It was requested at Trust Board to have sometime to consider the approach hence why it has been brought here to QGC to allow this to take place. The remainder of the report is 'as read'. MF felt the report was great and provides a good understanding, but queried when looking at the questionnaire responses, it would suggest most people in the sample seem to be in favour broadly speaking. However, when asked the question if they would continue to wear the vest voluntary there only seems to be 2 people that have continued to do this after the trial and is this correct and felt the information was slightly confusing to be married up. Also, could CK provide a reminder on where we are in comparison to other Trust's approaches on this is there anyone else doing it or what have they done. In response, CK apologised for the confusion around the number of that are still using, appreciating that is only went out to 22 people to begin and 17 completed responses, the vast majority still to continue to wear a stab vest but this is not a mandatory approach now and in essence there has been 1 keen individual who will make a risk assessment on each property they go to and decide whether or not to wear it previously during the trial is was worn for a 12 hour shift. With regards to other organisations, this was a pilot for our area given what happened to 2 members of our staff a couple of years ago and it was important to bring in the funding to be able to undertake the trial. The only other organisation CK was aware of that are wearing or do have stab vests is London Ambulance Service and from the information/feedback received back they tend to be left in the cab. LBP thanked CK for the information and it was a great pilot but was concerned we could not make any decisions based on the pilot and the nature of what was tested. What we asked for from the Board meeting is to have more a deep dive around this because we need to learn more about it and although we understand the risks and staff being stabbed it unacceptable it is around about what it says to the patient.	

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	LBP was concerned in particular about the elderly patients that we care for and how they would feel with paramedics going in with stab vests which can look quite confrontational so there was quite a bit of discussion at the Board about it and MD gave an example of doing something quite the opposite when dealing with challenging behaviours because of the provocation of this kind of image and what that brings. LBP did not know what the answer it but felt we need to design something more robust before we can get to a decision around what we are going to do around this what it our policy to make sure it does all the things we want to do. AW said there is a number of areas of on this, the first thing is while it is absolutely appalling what happened to our staff, this was a situation where no one predicted an attack on our staff and like other colleagues understand the risks of when expected and unexpected risks have occurred but if we are to address the issue which is the unexpected attack on staff this is something we need to go back to this. The other area to consider which goes back to research and evidence, it that it is well known it is enthusiasts that volunteer for this type of trial which is great but AW's reading of the responses is there is a mixed range of use from the enthusiasts on the trial and some did not complete it. The other thing to note is that we are in a period of increasing cost improvement and financial restrictions and this would involve a significant about of money so we need to be clear about the benefits if we are to go ahead with this and the criteria for going ahead with it and if we are to go ahead with it and the risks of not going ahead with in other areas of practice which involve our staff not just clinically but generally. AW agreed with LBP that we are not in a position given the information from the report, to make a definitive recommendation and we need to think about what further information what would lead us to a position to be able to do that. MF thought these were all good comments and asked where this goes next or what are the next steps for CK and his team or does the report need to be taken to the Board. MD felt it was not up to QGC to make that decision and although it can receive and note the report felt that it might be in the remit of other groups/committees to make a decision on it and QGC to seek assurance on it. LBP felt one of the issues is around the patient experience related to seeing clinical staff in stab vests, which may be a red flag and it does need to go elsewhere and when it is agreed that we are where we need to be that this committee is assurance that the patient experience element has been thought about.	
	Resolved:	
	That the contents of the Stab Vest Trial Report be received and noted.	

ITEM	Quality Governance Committee (QGC) Meeting 21 March 2022	ACTION
03/22/05	**Risk**	
	5.1 Board Assurance Framework (BAF)	
	The Board Assurance Framework (BAF) had been circulated. MWB advised there had been a few changes made to the BAF since the last review highlighting himself and MD are a meeting to go through the changes to the format of the BAF report in terms of potentially reporting the higher risks of 20 above and changing the formatting to make it clearer to understand the significant risks of the organisation. MD added MWB is coming under a lot of pressure from the Internal Auditors to make the BAF longer, and felt the focus needs to be on what the BAF is which is a functional document to create a Board dialogue and some BAFs do not describe the risks of other organisations as few are reporting hospital handover delays as a risk score of 25 despite the fact patients are dying because of that. MF referred to the risk around the online resuscitation training noting this was brought to the People Committee and there is cross over into Quality Governance Committee and asked with several of the COVID-19 restrictions being lifted there was discussions around the opportunity to return to face-to-face because of the nature of this training and the benefits compared to online training and is that to be reviewed. MWB replied it will be reviewed accordingly as per the Trust's risk assessment in response to the COVID-19 restrictions being relaxed. MF sought clarification on the risk score for the 111 clinical call queuing and MWB confirmed this is a score of 16 and the call stacking risk assessment is scored at 25. MD clarified when we talk about the call stacking these are calls that have been assessed and the patient is waiting for an ambulance so relates to the incident stacking and not call stacking.	
	Resolved:	
	That the Board Assurance Framework be received and noted.	
	5.2 EPR2 Risk Assessment	
	The EPR2 Risk Assessment had been submitted. MWB gave a brief outline of the risk assessment, advising updates were still waiting to be received from the EPR Project Lead and the Clinical Audit Manager and welcomed any comments from a quality and patient safety aspect to send through upon review. MF asked since the risk assessment was written has there been any progression in the trajectory of improvement of issues described in the document. MWB believed there had been because the EPR Project Lead is undertaking work regularly on improving this and is waiting for the evidence and data to support the updates.	
	Resolved:	
	That the contents of the EPR2 Risk Assessment be received and noted.	

ITEM	Quality Governance Committee (QGC) Meeting 21 March 2022	ACTION
03/22/06	**Governance/Compliance and Regulation**	
	6.1 Update on the Ockenden Report	
	The Update on the Ockenden Report had been received. SH said the report referred to the Ockenden Report one year on, reminding the initial report was released on 10 December 2020 following an inquiry into the maternity care provided at Shrewsbury & Telford Hospital as a result of a letter received from bereaved families raising concerns about significant harm and deaths of babies and mothers between 2000 and 2019. Of the 1,862 cases identified, in total 250 cases of these have reviewed and other cases reviews are ongoing with a second report due to be published no later than 24 March 2022. WMAS does not provide full maternity services, this Inquiry primarily was aimed at Hospital Trusts who provide full Maternity services including very complex and high risk medical needs. Many of the recommendations identified were not related to ambulances services or urgent care providers, but our Trust agreed women and their families using maternity services deserve the best of NHS maternity care no matter where they are. Out of the 7 immediate actions, WMAS responded to, 4 of which we felt applied to the Trust and this document has since become the dynamic document to which all Ockenden related actions are logged. The 4 actions responded to relate to 'enhanced safety' which means that all our maternity serious incidents are being shared with our local maternity network systems. The second action was 'listening to women and their families', and although the Trust has mechanisms to gather service user feedback a specific maternity services survey has been implemented to gather this information and is live on our website. The Trust has a recognised Non-Executive Director (LBP) as a Board Level Champion for maternity services as well. The third action relates to staff training and working together and although this has been quite difficult with the pandemic and also being the only Midwife in the Trust providing direct maternity practice development which used to be provided in person at the different Hubs before the pandemic but since the Ockenden report was released SH has been working collaboratively with some of our local Trusts in providing some CPD simulation videos which collaborate between paramedics and midwives and we now have some ongoing observations shifts on delivery suites where are staff are attending and receiving some very good direct involvement in maternity care. The last action was around 'informed consent' and we now have information and testimonials that are active on the website that give our service users a lot more information about what to expect from WMAS as an ambulance service when they make the 999 call. Thankfully as a Trust, one year on, we have been able to confirm that despite the sustained pressure through the pandemic the organisation has completed all the work against the 4 immediate actions.	

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	There were a few other issues within the report that were not essentially immediate actions but WMAS now reports to NHS England on a daily basis to enable Midwives to provide accurate and up to date information to women to make an informed choice about the places of birth that could potentially be impacted by WMAS as an ambulance service depending on our response times and also the Heads of Midwifery to make strategic decisions about whether to continue or reinstate their home birth services based on estimated response times versus patient safety. The second part of this report is scheduled to be released later on this week but not later than 24 March 2022. AW stated a lot of work has been done during this year and suggested this is another area to do a 'deep dive' due to the significant amount of work being done on next year's action plan which SH was not asked to report on this time, but QGC would be interested in this. AW had contributed to some of this work and just wanted the opportunity to update some of the comments on the introduction before it is submitted to Board. This was a good summary and a massive amount of work being done and it is real tribute to this organisation that MD, SH and others have led our role as part of the Ockenden report and we have families that the Trust is still in contact with years on who were deeply affected by the tragedies involved in the report. MF suggested looking at the Schedule of Business for the year ahead on the different areas we want to do 'deep dives' to ensure we have enough time at meetings to discuss them properly. LBP commended all the work that had been done given everything that has gone on with COVID and the pace it has carried on. The training is fantastic and the fact that SH has been able to get some training for the paramedics is great. LBP liked the idea of having a schedule of deep dives and making sure this is one on the agenda as it is expected there will be more bad reports to come out that state of maternity services and the more, we can do on this the better as we need to be on the front foot.	
	Resolved:	
	That the contents of the Update on the Ockenden Report be received and noted.	
	6.2 Measuring Organisational Learning	
	The Report on Measuring Organisational Learning had been submitted. MWB said this is a report that had been submitted to the Executive Management Board and is for review any comments. A subsequent paper will be submitted to each committee on how to apply some of the learning and for some further guidance. It is clear there are some measures of actual learning that we need to implement and whether that less harm, less incidents, greater opportunity by taking risk, etc and this needs to be included in some of our committees.	

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	The Trust Secretary is looking at updating the terms of reference for each committee/group and the paper will go to each committee/group for their views on how best to apply for that committee/group. MWB welcomed any comments/feedback on the report. MF said it was positive to see a plan and it will be good to see how these actions progress through in each of the committees/groups.	
	Resolved:	
	That the Report on Measuring Organisational Learning be received and noted.	
	6.3 Serious Incident Report	
	The Serious Incident Report had been received. MD would take the report 'as read' but wanted to highlight the increase in the number of serious incidents this year compared to previous years and the significant number of serious incidents where delayed responses is the root cause of serious harm that the patient has experienced. LBP understood the predominant reasons around this because of the health system and the way it operates but asked are we assured enough there is nothing else we can do, as you always think is there anything more we could have done, should have done, are we pushing far enough or fast enough on the other areas around this. It is clear there is a common pattern for the serious incidents increases and generally we are not getting there on time because the ambulances are unavailable waiting to get patients into the emergency departments. In response, MD said the one thing that we are not doing which is significant, is not looking at risk and serious incidents as whole health and social care systems and we know that the hospitals will not let us put the patients on the hospital corridor because of the risk of cross-infection but what no one is assessing including the CQC is whether that risk of cross-infection is less actually than the risk of the patient dying because there is no-one with them when they are having their heart attack. Therefore until we can see system risks as a system from start to finish and the other thing looking at the national figures every hospital has 150 patients on average that should not be there (no "medical reason to reside") so there is the risk of the elderly patient waiting for their care home more than the patient who cannot be responded to because the ambulance cannot offload the previous patient. MD stated that the system indicators are not being looked at and just trying to eliminate risk one small part of the healthcare system. LBP agreed as that is what she felt it seem like. MF agreed with MD's point but the difficulty is that it needs the whole system to agree to that approach and CQC have done that in other areas of healthcare for a number of years whether they refused to look at the system and the risks associated with some of this and hopefully with the move to ICS's that might help improve as currently is it about us bearing that tension and the risks it creates at this moment.	

ITEM	Quality Governance Committee (QGC) Meeting 21 March 2022	ACTION
	MF said it has been talked about moving to do thematic reviews which is absolutely the right thing to do but are we happy with this approach if we getting up to 200 serious incidents a year and is it still manageable because we have gone from individual report management to thematic review management and if the numbers still keep increasing then that in itself is still not manageable therefore are we happy with this approach and how are the staff that are leading the investigations involved MD confirmed a thematic review is normally the review of 10 serious incidents which all meet the criteria but felt that we have gone past a thematic review as we are now at the point where it is obvious that if a patient waits a certain amount of time they are going to come to harm therefore unless something changes going forward there will be definite patient harm and did not really understand why people are not understanding this because in the health service we continue to accept these things month in month out and the CQC are doing nothing about it and it is not on any integrated care system risk register not even at a low number and did know how bad things have to get for someone to say let's stop doing the post mortem on this and start doing the antemortem on this, as it is very frustrating for all of us within the system that are constantly investigating things that are so obviously going to go wrong that they almost do not need investigation as the causes are so obvious. AW said the short answer is "no we are not happy", which is an understatement and a bit of a reality check because if we have gone from around 75 a year to over 200 incidents a year actually something has got to give in terms of capacity as we have not seen a proportionate increase in senior clinicians in the capacity for the risk system to manage this and in reality the question is where does the accountability and responsibilities of this lie and could argue these are ICBs' or regional level responsibilities and they should be replying to these families because most of these SIs are about people who have died. The reality is that we are going to have to "cut our cloth to fit" what we have and to look at what we can do internally in our organisation to fix the patient risks associated with all our serious incidents and we still have a number of clinical serious incidents which are very small numbers but at some point we are going to have to make really difficult decisions and if that system change is not in place regionally and even nationally we need to say what can we actually do to improve patient safety and focus on the more clinical aspects and probably send shorter reports to the Commissioners and our Coroners and other organisations who are also accountable for patient safety across subregional, regional and national system levels will also need to be accountable for these responses because if a quarter of our fleet is held outside Acutes Trusts and there is not a huge amount we can do about that given that we are continuing to drive down conveyance through the use of alternative care pathways, then we will need to feed our information into other systems and apologise to patients which is hugely distressing for everyone involved in these reviews to see this ongoing and escalating level of harm.	

ITEM	Quality Governance Committee (QGC) Meeting 21 March 2022	ACTION
	VK referred to systems and ICS's advising our Lead ICS Black Country and West Birmingham has a patient safety summit arranged next week with the Black Country and Birmingham system partners specifically on hospital handover delays partly driven by WMAS registering our BAF risk assessment through the ICS so they recognise the risk but that is only 1 of the 6 ICS's. There is a session with NHS England this week in relation to a national letter sent out to the ICS's asking them to tell them what they are doing about reducing hospital handover delays and the regional office have sent WMAS the letter and we have suggested having a conversation with the NHS England about those responses and whether it will make a difference or not. On the CQC, they are still legally having to regulate registered providers rather than whole systems and if they did, they would start to unpick the balance of risk that people are achieving or not. WMAS do share specific risks and problems with the CQC so they have awareness and take the appropriate action. VK added this has not had the traction is should have done, abut when the Stoke Coroner had issued a Prevention of Future Death (PFD) notification on the back of a long response time back in January and JW attended that inquest and did a good job of making the Coroner aware of the cause and effect and how these things are linked into one another. JW said just on the back of the case VK mentioned, he attended the inquest, and it was clear the Coroner was initially considering issuing a PFD to WMAS but once JW had explained the system and only because of the strength of the investigation report and all mitigating actions taken as an ambulance service the organisation avoided receiving a PFD. JW wanted to make the point as someone who does these investigations which go out to the families, the Trust has had 202 to date which will probably nearer 210 by the end of the financial year. About 100 of these relate to the delayed response and we are on our sixth thematic review and we are not learning anything new since the first thematic review was conducted and are spending a lot of time investigating and providing the evidence and assurance which means the impact on the team is that it does not give the ability to address any other learning. There is statutory requirement for duty of candour having to provide the family with answers and a level of assurance of what we are doing, the majority of these cases have a Coroner's inquest attached and the Coroners across our area are rightly interested in delayed responses. It is difficult as the work from the investigations does pay off in terms of providing the evidence and assurance to the Coroners but because it is a small team we not concentrating as much as we should be on addressing these problems across the patch.	
	Resolved:	
	That the contents of the Serious Incident Report be received and noted.	

ITEM	Quality Governance Committee (QGC) Meeting 21 March 2022	ACTION
	6.4 Data Sharing & Protection Toolkit (DS&PT) Report	
	The Data Sharing & Protection Toolkit (DS&PT) Report had been circulated. CK stated the report was 'as read' and confirmed the Trust does not need to be 100% compliant to use the NHS data but it is really important to have the toolkit substantiated when uploading it to NHS Digital. Tenderers will ask for it and it is the best way of protecting staff and patient data.	
	Resolved:	
	That the contents of the Data Sharing & Protection Toolkit (DS&PT) Report be received and noted.	
03/22/07	**Documents for Approval/Discussion**	
	None raised.	
03/22/08	**Chair's Reports from Working Groups**	
	8.1 Learning Review Group (LRG)	
	The Chair's Report from the meetings held on 21 February and 24 January 2022 and Action Logs of 24 January 2022 and 22 November 2021 had been submitted. The contents of the Chair's Report and Action Log were taken 'as read'. MF said it was positive that medicines management is being strengthened internally communications and processes and asked if anyone attended the National Controlled Drugs Action Sub-Group as it is an opportunity to understand some of the issues on staff and risks and build good relationships as CQC chair that meeting. MD was unsure but felt it would be appropriate for the Medicines Management Support Officer/Delegated Accountable Officer to attend these meetings.	
	Resolved:	
	That the Chair's Report from the meetings held on 21 February and 24 January 2022 and Action Logs of 24 January 2022 and 22 November 2021be received and noted.	
	8.2 Health, Safety, Risk & Environment (HSRE)	
	The Chair's Report from the meeting held on 20 January 2022 and Action Log of 15 November 2021 had been received. The contents of the Chair's Report and Action Log were taken 'as read'.	
	Resolved:	
	That the Chair's Report from the meeting held on 20 January 2022 and Action Log of 15 November 2021 be received and noted.	
	8.3 Professional Standards Group (PSG)	
	The Chair's Report from the meetings held on 28 February & 31 January 2022 and Action Logs of 31 January 2022 and 29 November 2021 had been submitted.	

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	In CC's absence, the contents of the Chair's Report and Action Log were taken 'as read'. NVH highlighted the common theme in terms of risks is the hospital handover delays and the impact this is having on patient and the ability to get to patients.	
	Resolved:	
	That the Chair's Report from the meetings held on 28 February & 31 January 2022 and Action Logs of 31 January 2022 and 29 November 2021 be received and noted.	
03/22/09	**Schedule of Business**	
	The Schedule of Business had been received.	
	Resolved:	
	That the Schedule of Business be received and noted.	
03/22/10	**Any Other Urgent Business**	
	None raised. LBP thanked MF for chairing the meeting and gave thanks to everyone's hard work so the committee had time to do some reflections and was struck by the 111 demand, as it has become like a virtual Emergency Department which feels like a massive challenge ahead to find the model that works whilst continuing to manage COVID and find new ways to deliver better care.	
03/22/11	**New or Increased Risks highlighted from the meeting**	
	No new or increased were highlighted at the meetings, as those discussed are 'live' risks which are being discussed regularly at committee/group meetings and at the Executive Management Board and Board of Directors meetings. There being no further business, the Chair declared the meeting closed at 13.00 pm.	
03/22/12	**Date and Time of the next meeting**	
	Wednesday 18 May 2022 at 10.00 am via Microsoft TEAMS	

These minutes were agreed as accurate on Wednesday 18 May 2022

West Midlands Ambulance Service
University NHS Foundation Trust

Minutes of the Performance Committee
held on 22 February 2022, 9am, via Microsoft Teams

Present:	MK	Mushtaq Khan, Non-Executive Director (Chair)
	CC	Craig Cooke, Director of Strategic Operations and Digital Integration
	PJ	Paul Jarvis, Head of Strategic Finance
	AW	Adam Winstanley, Head of Operational Finance
	JB	Jeremy Brown, IEUC Director
	MB	Michelle Brotherton, Non-Emergency Services Delivery Director
	JA	Joanne Antcliff, Head of Procurement
	PW	Pippa Wall, Head of Strategic Planning
	MB	Matt Brown, Head of Risk
	DS	Donna Stevenson, EA to Director of Finance (Minutes)

	Meeting held on 22 February 2022	ACTION
02/22/01	**Welcome and Apologies**	
	Apologies were received from Wendy Farrington-Chadd, Claire Finn, Narinder Kooner, Nathan Hudson, Remone Williams.	
02/22/02	**Minutes of the Meeting of the Performance Committee held on 26 October 2021**	
	Resolved: The minutes of the Performance Committee meeting held on 26 October 2021 were agreed.	
02/22/03	**Matters Arising**	
	• **Terms of Reference** – these were reviewed by the Committee and agreed for onward submission to the Board. • **Risk Tracker** – to be updated with any new risks identified.	**DS** **DS**
02/22/04	**Finance Report Month 9 and 10**	
	AW outlined the Finance pack to the Committee. Key points to note are: • Year to date position at M10 reported a £0.7m surplus which is line with plan. • Forecast position at M10 is a £3.2m surplus, which is better than break even plan, this is due to additional income, apprenticeship levy and reduction in recruitment. • Income position - £5.5m favourable reported at Month 10 due to the impact of pay award and funding from ICS to cover WMAS deficit position.	

- Expenditure - including Operating Expenditure and Finance Costs - is £5.6m adverse year to date. Overtime costs are high at £ 15.7m ytd. It is expected that if recruitment is increased next year there will be a reduction in overtime costs.
- Additional income - £45m of additional non-recurrent income received.
- Capital Plan of £16.6m and Capital Expenditure of £12.4m at Month 10. Full Year forecast expenditure is £16.6m.
- Cash - £53m closing cash balance and this level is expected to remain to the end of the year.
- CIP programme is on plan to be delivered by the year end.

Budget Setting and Planning/Financial Improvement 2022-23

PJ outlined the budget paper that will be submitted to EMB today. There is a significant pressure in the system next year due to loss of non-recurrent income. Efficiencies in 2022/23 comprise 1.1% tariff efficiency plus 0.63% 'convergence' efficiency adjustment, applicable to Black Country ICS income only. These total £4.4m. In addition, efficiencies applied in 2021/22 H2 but delivered non-recurrently in year, increase the savings requirement in 2022/23 by £4.3m the combined total to be identified/delivered is **£8.7m.**

Income - the Income budget for 2021-22 stands at £396.6m and for 2022/23 the budget is forecast at £365.8m, mainly due to non-recurrent loss of income (this includes ICS additional funding, 999 and 111 income, Winter pressures money and reduction in Covid income).

Tariff - 1.7% tariff inflation for next year comprising 2.8% growth and efficiency of 1.1% resulting in savings to be made of £4.4m.

Expenditure – 2021-22 £374.5m total due to rebasing of budgets. Budget for 2022/23 is £405.3m. This also includes assumption of 2% for pay award and a 1.25% National insurance rise. After taking out financial efficiencies required of £8.7m the budget totals **£396.6m.**

Cost Pressures
AW outlined some of the key pressures to the Committee as follows –
Additional pay costs for additional staffing.
Non pay – IT £1.2m with ongoing recurrent costs.
PTS £9.2m – majority around taxis due to social distancing.
E&U management - £3.2m – increased fuel costs and Sandwell hub.

Developments
AW said these include :
Computer software purchases.
PTS additional recruitment

	E&U Management – recruitment of additional staff. PJ outlined the next steps to the Committee and said discussions have commenced with the Black Country ICS regarding income negotiations. PJ said these negotiations are critical. Also, the Trust will need to look at overtime and staffing. The overtime spend is approx. £1.5m per month. AW also pointed out that the Trust is no longer able to fine other Trusts for delays at hospitals. PJ also said the Senior Efficiency Group has been developed to include senior Ops membership and will strive to identify and deliver efficiencies. **H2 Update** PJ said that H2 process has now ceased for 2022-23 and the H2 plan was submitted in November 2021. For 2022-23 non recurrent income for service pressures received last year will need to be renegotiated going into next year. **Finance Risk Log** PJ outlined the Finance risks to members which were recently reviewed by the Senior Finance Team. Risks to note are:- • Senior Finance team changes and Efficiency Programme – PJ said with C Finn moving to NHSEI and AW leaving in April to take up a Deputy Director of Finance position this leaves a significant risk to the Trust when there is a challenging and considerable efficiency programme to be delivered in 2022-23. PJ said he will be meeting with MB next week to review the Finance risks. MK requested that the Finance Risk log is kept under constant review.	
	Resolved: a) The Committee received and noted the report. b) Finance Risks to be reviewed.	**PJ**
02/22/05	**Operational Performance Pack**	
	JB presented the Ops report to the Committee on behalf of NH. JB said the biggest challenge at the moment is the number of hospital delays, therefore, crews are seeing 3 patient contacts per shift rather than the usual 5 or 6 contacts. Surge 3 and Surge 4 are regularly activated. Demand is stable but the delivery of the service is affected due to insufficient crews in the system due to hospital handover delays.	

	More HALOs have been introduced to try and release crews from hospitals. Worcester Royal and Shrewsbury Hospitals noted has having some of the worst handover delays. • PDRs for E&U Ops stand at 91% and will be completed by the end of the year. • PDRs for Clinical Supervision shifts are 90% complete and will also be complete by the year end. • Sickness – has been driven by the pandemic and was 8% during January, and 4.5% ytd. • Mandatory Training – 71% complete. • Roster changes – currently working with each hub to finalise roster profiles to match demand. • National AQIs – JB pointed out that WMAS is currently not the best performing Trust nationally and this is mainly due to stacking too much work due to our inability to handover at hospitals. CC said January was extremely challenging due to Omicron pressures, but things have improved into February, but the pressure continues.	
	Resolved: **a)** The Committee received and noted the Operations Report.	
02/22/06	**IEUC Report**	
	JB outlined the IEUC Report to the Committee. The following items were highlighted:- • Replacement of the ICCS for a new control room solution (CRS) - training is underway and IT equipment is being replaced – this will go live in April 2022. • 111 call answering has shown a significant improvement. Several staff are being dual trained. • Clinical Validation Team – it was pleasing to note that Hear and Treat for January was 15%. • CAD – new version of CAD due to go live this week. • Call volumes by category – a small reduction in January for Category 1 and 2 calls. • Recruitment - clinical recruitment remains a challenge. • Sickness stands at 8.21% ytd which is the lowest nationally for 999 and 111 call centres. • 2-minute delays – slight decrease during January.	

	• Call answering performed well during January. • January saw a decrease in 111 call volumes compared to those through previous Covid waves, but activity was still higher than pre Covid and an additional 8,100 calls were answered during January in comparison to December. MK asked if the type of calls received are causing staff stress and asked if anything was put in place to improve this. JB said a lot of support is available from the supervisors and any offensive behaviour is passed to the Police for prosecution. MK pointed out that clinical staff recruitment remains an ongoing challenge and asked if there was any way this could be addressed. JB said he would report back to next meeting.	
	Resolved: a) The Committee received and noted the IEUC Report.	
02/22/07	**Commercial Services Report - Confidential**	
	MB outlined the report to the Committee. • Activity is now back at pre-covid levels – only 85% of outpatient activity. • 20% above activity on discharges, which demonstrates pressures in the system. • Renal – 5% fluctuation. • Social distancing – PTS are using a lot of taxis – the model is still 3 patients per car/taxi. Going forward there are no current changes. Current rules are: One metre plus distancing, patients and staff wear masks and staff wear full level of PPE. • KPIs – all KPIs have been achieved across contracts in January which was pleasing to note. During December only one KPI was not achieved (91% compared to the 95% target). • Birmingham Renal activity has been a challenge, especially regarding patients who have Covid requiring dialysis. • Warwickshire Healthcare Logistics – this contract has been moved in house – 14 staff and 12 vehicles have been affected by this. • Recruitment for vacancies is ongoing - 85 vacancies. Working closely with the recruitment team to address this. • Sickness for January was 6.0%, of which Covid was around 3%. • PDRs are at 99.1% completion, only long-term sick and maternity are outstanding. • Mandatory training is 85% complete to date and mandatory workbooks are 95.5% complete. These will be completed by the end of March.	

	Resolved: a) The Commercial Services report was reviewed and accepted by the Committee	
02/22/08	**Service Contracts and Agreements**	
	JA presented the report to the Committee, and said a key item is to examine contracts and spending with a simpler more straightforward approach to Procurement. The Procurement Policy and Procedures have been re-drafted and updated in order for them to be simpler for colleagues to use by splitting into 2 parts and providing specific application guidance in line with the Standing Financial Instructions. JA said she would share these with the Committee to get feedback. These can then be rolled out and awareness training provided. JA said a paper will also be going to SEG this week regarding the above.	
	Resolved: a) The Report was received by the Committee. b) Procurement Procedures to be circulated to the Committee for comment.	**JA**
02/22/09	**Strategic Update**	
	PW outlined the Strategy paper to the Committee and said this is the first update since the Board review in October 2021. There are three strategies that have not been included - Operations and Finance which are still under review (and PW and VK will work with relevant Directors to progress these) and the Estates Strategy which was only recently approved in January. PW also said that there may be a requirement for a separate IEUC Strategy. The following red and amber items were highlighted to the Committee:- • ***Commissioning Strategy*** – amber and red relate to achievement of standards due to the extended delays at hospitals throughout the region. • ***IT Data and Digital Strategy*** – Deployment of iPads to PTS is still ongoing. Everything else was confirmed as completed or on track.	
	Resolved: a) The Committee received and noted the Strategies outlined.	

02/22/10	**Board Assurance Framework**	
	MB outlined the BAF to the Committee and pointed out the following:- Risks for possible escalation: • ORG-116 – Risks associated with undertaking resus training online • ORG-022 - Midlands Air Ambulance becoming independent from WMAS Changes to the BAF since the last review: **SO 1 Safety, Quality and Excellence** • EP-019 - Impact on all Trust functions because of Pandemic Influenza (updated to reflect COVID-19) • H&S-012 - Risk of staff suffering serious injury because of stab/ballistic weapons, as a result of lack of PPE (stab vests) – The Pilot has been undertaken and a report on the success of the Pilot will be presented to EMB and Board (23/2/22) for a decision to be made on the stab vests being rolled out to the Trust. • HARTOD11 - Marauding Terrorist Attack Deployment – it was decided that this should remain as high risk. **SO 2 A great place to work for all -** No changes **SO 3 Effective Planning and use of resources** - No changes, but MB will review the Finance risks next week with PJ. **SO 4 Innovation and Transformation** • ORG-082 and ORG-083 – awaiting update on whether these are still relevant. • ORG-087 – Proposed changes to Urgent and Emergency Care Quality and Access Standards will result in new set of measurement metrics – this is ongoing. **SO 5 Collaboration and Engagement** • ORG-084 – awaiting update. The frequency of reviews means that the BAF has often had many more updates since paper submission and since the submission of this paper the following Red risks were noted:- • **PS 074** - Risks associated with extensive Hospital Breaches, Delays and Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents. • **EOC 016 -** Increase in stacking of calls during times of high demand – both 111 & 999 calls, delay to patient treatment and performance failure.	

	Resolved: a) The Committee received and noted the BAF.	
02/22/11	**New Risks Identified at the Meeting**	
	MK asked if there was any significant escalation to any of the risks or any new risks identified and the following were noted: **Operations** – • CC said as discussed earlier a combination of Operational and Financial pressures going forward into next year **Finance** – • As raised earlier – Senior Finance Team and management of Efficiency Programme.	
02/22/12	**Schedule of Business**	
	The Schedule of Business was received and noted by members.	
02/22/13	**Any Other Urgent Business**	
	There was no other urgent business.	
02/22/14	**Dates and times of Future Meetings 2022-23**	
	• 26 April 2022 • 28 July 2022 • 27 October 2022 • 23 January 2023 • 23 February 2023 • 25 April 2023 • 25 July 2023 • 24 October 2023 Commencement time: 9am	**All**

The meeting closed at 1045 hours.

Action Points – Performance Committee February 2022

Minute	Details	To be actioned by	Complete/ Incomplete	Evidence
10/21/09 02/22/03	Terms of Reference – approved by the Committee	**DS**	**Completed**	*Terms of Reference forwarded to PH, 22.2.22.*
02/22/03	Risk Tracker – to be updated.	**DS**	**Complete**	*Risk tracker updated*
02/22/04	Finance Risks – to be reviewed regularly	**PJ**		
02/22/08	Procurement Procedures to be circulated to the Committee for comment.	**JA**	**Complete**	*Circulated 22.2.22.*

Date of next meeting – 26 April 2022

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 16 MONTH: MAY 2022 PAPER NUMBER: 13

Board of Directors Schedule of Business	
Sponsoring Director	Prof. Ian Cumming
Author	Governance Director & Trust Secretary
Purpose	The Board are requested to review the contents of the attached and approve the schedule of business for the year ahead.
Previously Considered by	Not Applicable
Report Approved By	The Chair of the Board of Directors

Executive Summary

The workplan of the Board is attached, also included are those development sessions that are considered appropriate for members of the Board of Directors to maintain their knowledge and skills.

The workplan of the Trust should also align with the workplans of its Committees and will require review in line with any changes in the governance structure and the Terms of Reference of the Committees.

The schedule of business aligns with the Assurance Map recently produced by the Internal Audit and presented to the Audit Committee and EMB. The Schedule will be kept under review.

Related Trust Objectives/ National Standards	All Trust Objectives
Risk and Assurance	The Code of Governance states that it is the Chair's responsibility for ensuring that directors (and governors) receive accurate and timely and clear information that is appropriate for their respective duties The Chair should ensure that the Board receives timely and considered papers, this schedule is a means of establishing specific standards in the preparation of the board papers. Without a robust schedule of business The Board would function inadequately without appropriate and timely information.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 16 MONTH: MAY 2022 PAPER NUMBER: 13

Legal implications/ regulatory requirements	The schedule as aimed at ensuring compliance with all regulatory requirements
Financial Implications	The schedule of business should be influenced by the Trust's financial and strategic planning and also compliance regimes to which the Trust is subject.
Workforce Implications	Workforce matters, such as the Staff Survey are included in the schedule of Business.
Communications Issues	Dates of Board of Directors meetings are advertised on the website and key partners are advised of the dates.
Diversity & Inclusivity Implications	Equality Impact Assessment complies: Equality Impact Assessment is not applicable and will be undertaken in relation to projects and programmes.
Quality Impact Assessment	Not applicable for this report
Data Quality	The schedule is influenced by the reporting and planning requirements of the Trust.
Action required The Board of Directors are requested to review the contents of the schedule attached and if appropriate approve the schedule of business for the year ahead.	

	Board Schedule of Business		Lead	25/05/22	29/06/22 Board Briefing	27/07/22	Aug 22	28/09/22 Board Briefing	26/10/22	30/11/22 Board Briefing	Dec 22	25/01/23	22/02/23 Board Briefing
Standing Items													
Apologies			Chair	✓		✓			✓			✓	
Declarations of Interest			Chair	✓		✓			✓			✓	
Minutes of Previous Meetings			Chair	✓		✓			✓			✓	
Board Action Log			Chair	✓		✓			✓			✓	
CEO report			ACM	✓		✓			✓			✓	
Risks arising from meetings			All	✓	✓	✓		✓	✓	✓		✓	✓
Care Quality and Safety													
Annual reports	Patient Experience Report	Report through QGC	MD	✓		✓							
	EDI Annual Report	Report through PC	MR			✓							
	Safeguarding Report	Report through QGC	MD	✓		✓							
	Infection, Prevention and Control Report	Report through QGC	MD	✓		✓							
	Patient Safefy, Duty of Candour and Serious Incidents Report	Report through QGC	MD	✓		✓							
	Research and Development Report	Report through QGC	CC	✓		✓							
	Medicinces Management Report	Report through QGC	MD	✓		✓							
	Accountable Officer for Controlled Drugs Report	Report through QGC	MD	✓		✓							
	Annual staff survey report	Report through PC	CB			✓							
	Physical and Verbal Assaults to Staff Report	Report through QGC	CC/JK	✓		✓							
	Better Births Annual Report	Report through QGC	MD	✓		✓							
	Annual Report on Health and Safety, including fire safety	Report through QGC	MD/MB	✓		✓							
	Making Every Contact Count Annual Report			✓									
	Medicines Management Annual Report			✓									
	Controlled Drugs Annual Report			✓									
	Emergency Preparedness Annual Report			✓									
	Security Management Annual Report			✓									
	Learning from Deaths Annual Report			✓									
	Freedom to Speak Up Bi-annual Report		MD						✓				
Quality Impact Assessment Report (and also any Equality Impact Assessment) Relating to CIP			KR/PW										
Governance													
Annual Governance Statement as part of the Annual Report		Confidential	KR	✓									
Annual Budget (including capital programme and CIP programme) - Draft			KR										✓
Annual Budget (including capital programme and CIP programme) - Final			KR										
Review Board Assurance Framework and Significant Risks			MD/MB	✓		✓			✓			✓	
Annual Review of Risk Appetite Statement			MD/MB									✓	
Review of Register of Seals		Confidential	PH	✓					✓				
Minutes from Commitee Meetings	Audit Committee		WFC	✓		✓			✓			✓	
	Annual Report of Audit Committee		WFC			✓							
	Performance Committee		MK	✓		✓			✓			✓	
	Quality Governance Committee		LBP	✓		✓			✓			✓	
	People Committee		MF	✓		✓			✓			✓	
	Remuneration and Nominations Committee		IC	✓		✓			✓			✓	
Review of Terms of Reference to Committees of the Board			PH										
Annual Review of Self Assessement of Committees of the Board and their membership			PH										
Review of Goverance structure of the Trust			PH										
Staff Survey Action Plan Quarterly Review		Report through PC	CB			✓			✓				
Staff Survey Action Plan Annual Outcome Report		Report through PC	CB	✓									
Procurement Workplan		Report through AC	KR										

Review Leases due to IFRS16												
Executive Scorecard (Review Feb, Approve March)		VK										✓
Update on the implementation of the PWC recommendation										✓		
NHS Resolution Annual Scorecard	Confidential	MD										
Update on NARU - KP to attend		KP	✓									
Serious Incidents report	Included in MD/AW report	MD/ST	✓		✓			✓			✓	
Claims & Coroners Report	Confidential	MD/MK			✓			✓			✓	
Communications Report & Data Pack (Quarterley update)	To be reported through EMB Repo	MM			✓			✓			✓	
Communications Report & Data Pack (Annual update)		MM	✓									
Trust Information Pack												
Regular performance KPI based exception reports covering:			✓		✓			✓			✓	
Finance including CIPS and Capital Programme		KR	✓		✓			✓			✓	
Governance & Security Indicators		CK	✓		✓			✓			✓	
Nursing & Clinical Indicators		MD	✓		✓			✓			✓	
Operational Key Perforamnce Indicators		CC	✓		✓			✓			✓	
Workforce Indicators		CB	✓		✓			✓			✓	
Strategy & Engagement												
People Strategy		CB						✓				
Operational Strategy		CC										
Clinical Strategy		MD										
Quality Strategy		MD										
Stakeholder Engagement Strategy		VK/MM										
Commissioning Strategy		MD										
Commercial Services Stragegy		MB										
Operating Model		CC					✓					
HART, Academy, West Brom Estate Strategy		CC					✓					
FTSU Strategy and Self-Assessment and Board Development Session		VK					✓					
Risk Management Strategy		MD										
Fleet Strategy		CC										
Research Strategy		CC										
Commissioning Intentions		MD						✓				
Operating Plan (NHSI Submission)		VK									✓	
Finance Strategy		KR										
IT Strategy		MD/CC										
Procurement Strategy		KR										
Sustainability Strategy		CC										
HWB Strategy		CB										
EDI Strategy		CB										
Security Management Strategy (Oct 2024)		CK						✓				
5 Year Strategic Plan		VK		✓								
Regulatory, Guidance or Contractural												
Annual Audit Letter ISA 260	Confidential	Auditors	✓									
Annual report and accounts	Confidential	KR	✓									
Quality Account Approval		PW/VK	✓									
Review of Register of Interests - Directors		PH	✓									
Data Security and Protection Toolkit (March - review, June - submission)		CC/CK		✓								
GDPR/Data Protection Officer Report	Forms part of Trust Information Pack	CC/CK										
Learning From Deaths Report	Included in MD/AW report	MD/ST	✓		✓			✓			✓	
Workforce Race Equality Standard data report for publishing		CB			✓			✓				
Workforce Disability Equality Standard data report for publishing		CB			✓							

Gender Pay Gap data report for publishing		CB									✓	
Trade Union Facility Time Regulations report for publishing		CB		✓								
Professional Registration and Medical Revalidation Assurance		CB			✓							
Licence Conditions		PH	✓									
Annual Meeting of Members - Agenda Approval		PH	✓									
Board Developments												
Safeguarding and Prevent	Nicola Albutt	Chair		✓								
General Data Protection Regulation (GDPR)	Chris Kerr	Chair		✓					✓			
Directors role in Inclusion and Diversity	Mohammed Ramzan	Chair										
WRES Updates and Training	Mohammed Ramzan	Chair		✓								
Patient Safety, Duty of Candour and Serious Incidents	Simon Taylor	Chair										
Research Development	Andy Rosser	Chair		✓					✓			
Downside Scenerio Planning	Mark Docherty/Karen Rutter	Chair										✓
Miscellaneous Items												
Winter Plan		CC										
Festive Plan		CC							✓			
Quality Improvement Update		VK			✓							
Going Concern Review		KR										