



West Midlands Ambulance Service
University NHS Foundation Trust



Wolverhampton Health Scrutiny Panel March 2021



Mark Docherty
Director of Nursing &
Clinical Commissioning

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Head of Strategic
Planning

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Information Pack

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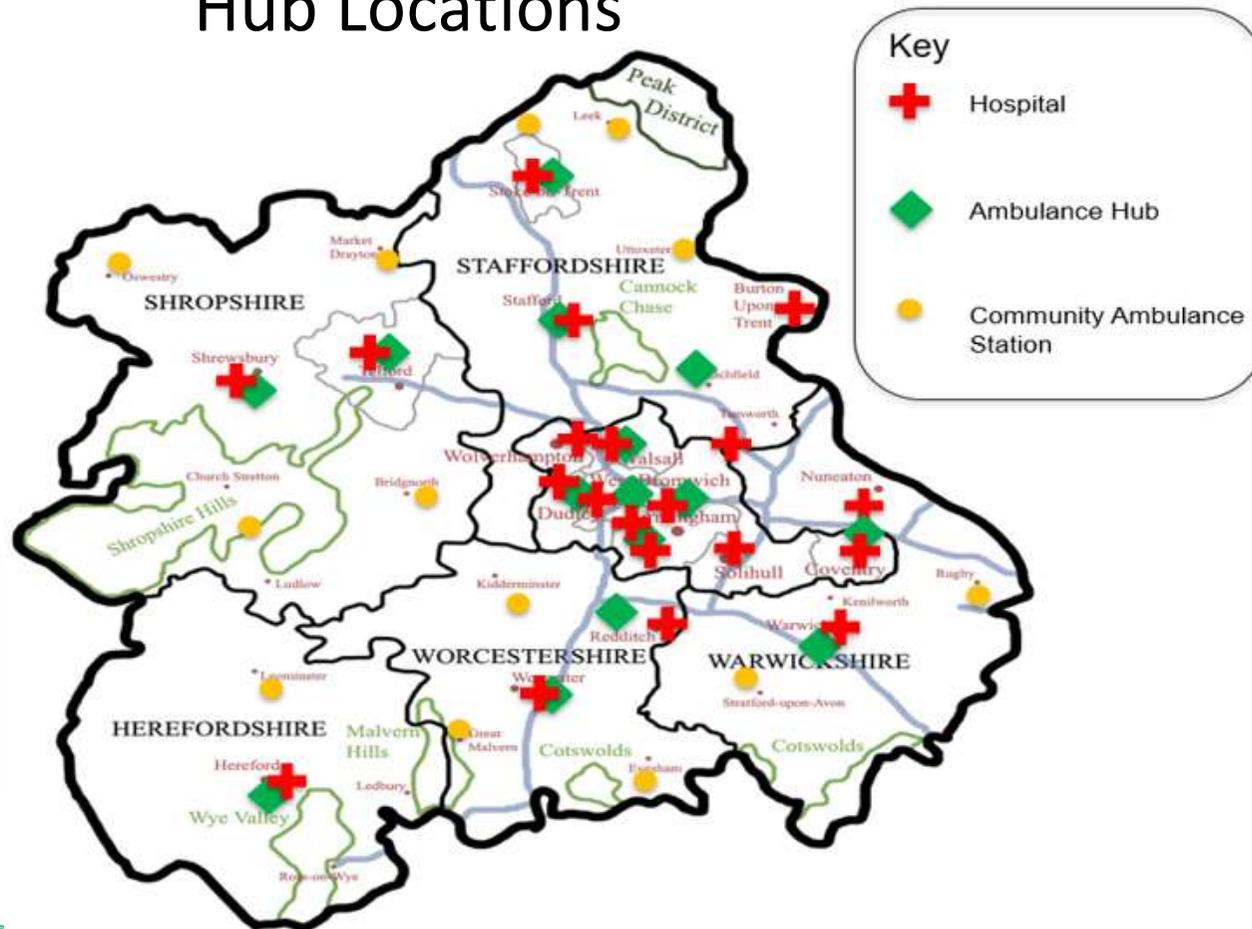
Firmographics

- Established in July 2006 merging with Staffordshire in October 2007
- 5.6 million population (Circa 10.5% of the English population)
- Over 5,000 square miles, 80% rural
- Approaching 5,000 999 calls per day
- 7,500 111 Calls per Day at weekends
- Circa 700,000 Emergency patients conveyed per year
- 1 million Patient Transport journeys annually
- £350 million budget
- Fleet of over 850 vehicles and access to 5 helicopters
- More than 6,500 Staff and 1,000 Volunteers





Hub Locations





West Midlands Ambulance Service

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Vision

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

Values

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

Strategic Objectives

Strategic Objective 1:
Safety, Quality and Excellence

Our commitment to provide the best care for all patients

Strategic Objective 2:
A great place to work for all

Creating the best environment for staff to flourish

Strategic Objective 3:
Effective planning and use of resources

Continued efficiency of operation and financial control

Strategic Objective 4:
Innovation and Transformation

Developing the best technology and services to support patient care

Strategic Objective 5:
Collaboration and Engagement

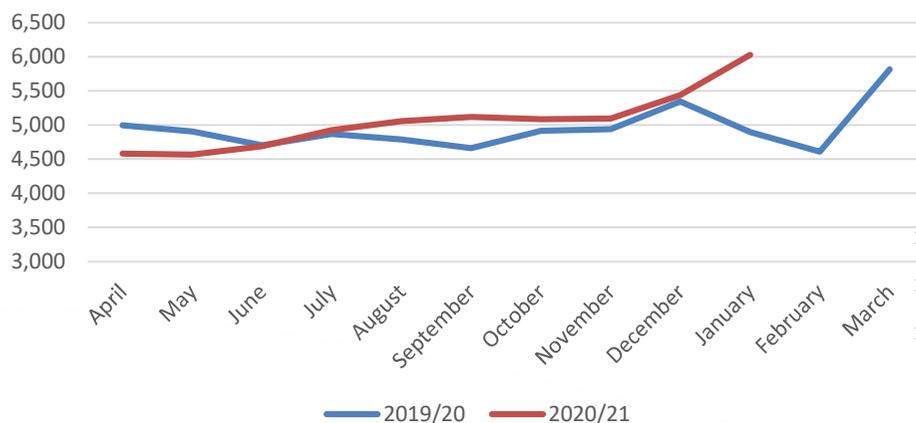
Working in partnership to deliver seamless patient care

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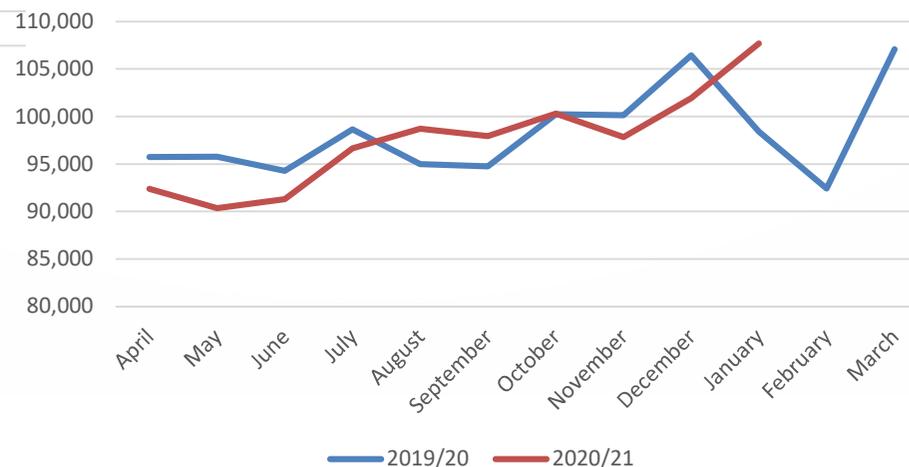


Wolverhampton and WMAS Activity (Incidents) Comparison 2019/20 and 2020/21

Activity Comparison 2019/20 vs 2020/21 -
Wolverhampton CCG



Activity Comparison 2019/20 vs 2020/21 - WMAS





Wolverhampton Performance April to January 2020/21

Standard (Mean): 7 Minutes Standard (90 th): 15 Minutes Category 1	ytd		
	Inc Total	Mean	90th
NHS Wolverhampton CCG	3,299	6:01	10:04
WMAS (inc Out Of Area)	62,108	6:57	12:04

Standard (Mean): 18 Minutes Standard (90 th): 40 Minutes Category 2	ytd		
	Inc Total	Mean	90th
NHS Wolverhampton CCG	21,812	10:37	17:56
WMAS (inc Out Of Area)	412,242	12:49	23:31

Standard (90 th): 120 Minutes Category 3	ytd		
	Inc Total	Mean	90th
NHS Wolverhampton CCG	16,280	29:16	65:46
WMAS (inc Out Of Area)	330,855	33:06	73:58

Standard (90 th): 180 Minutes Category 4	ytd		
	Inc Total	Mean	90th
NHS Wolverhampton CCG	876	45:40	115:11
WMAS (inc Out Of Area)	18,335	43:54	101:39



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Call Answering

Call answer times (seconds) January 2021							
Ambulance Service	Calls answered	Total	Mean	Median	90th centile	95th centile	99th centile
England	777,570	7,590,749	10	1	28	66	130
West Midlands	89,013	75,352	1	0	0	2	25

	Number of Calls Waiting for 2 Minutes or More							
	April	May	June	July	August	September	October	Year to Date
West Midlands	4	8	3	3	12	1	5	36
England (Mean)	242	20	44	63	54	109	142	674

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Conveyance Rates

April 2020 to January 2021

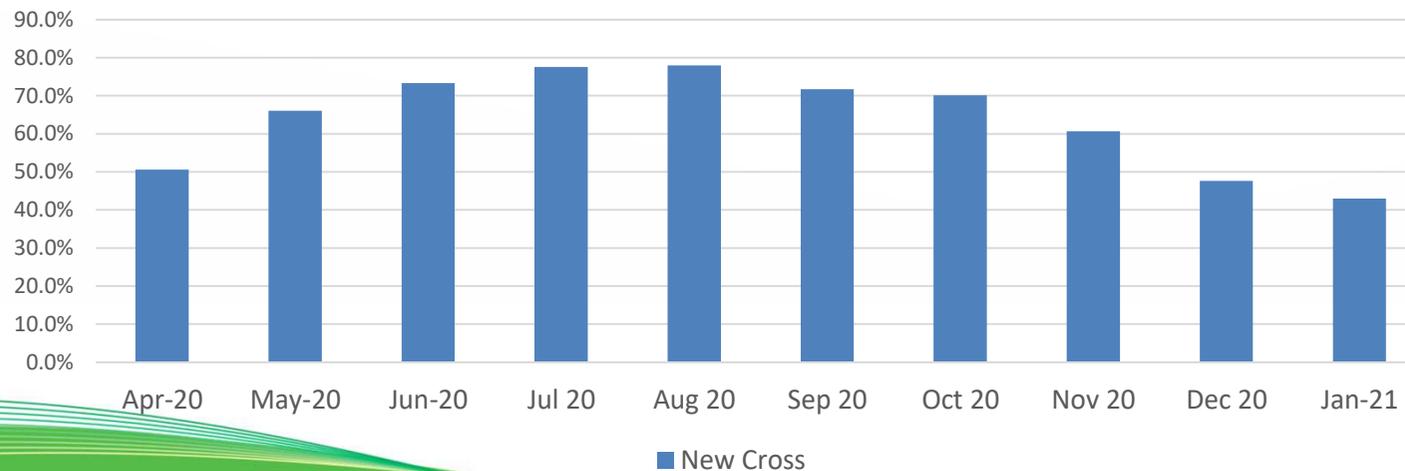
Year To Date	Hear & Treat		See & Treat		See & Convey		Conveyed To ED		Conveyed To Non ED		
	CCG	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
NHS Wolverhampton CCG		2,421	5.4%	18,228	40.7%	24,092	53.8%	23,016	51.4%	1076	2.4%
WMAS Total		42,085	4.9%	362,674	41.9%	461,556	53.3%	426,221	49.2%	35,335	4.1%



Hospital Handover Trends

		Apr-20	May-20	Jun-20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan-21
New Cross	Average Duration	16:31	14:29	13:35	13:15	13:06	14:03	15:39	21:06	32:30	35:46
	Cases in 15 min Target	1514	2356	2847	3169	3177	2919	2945	2425	1998	1801
	Cases Out of Target	1479	1210	1037	916	894	1149	1251	1573	2193	2392
	% in Target (15 mins)	50.6%	66.0%	73.3%	77.6%	78.0%	71.8%	70.2%	60.7%	47.7%	43.0%

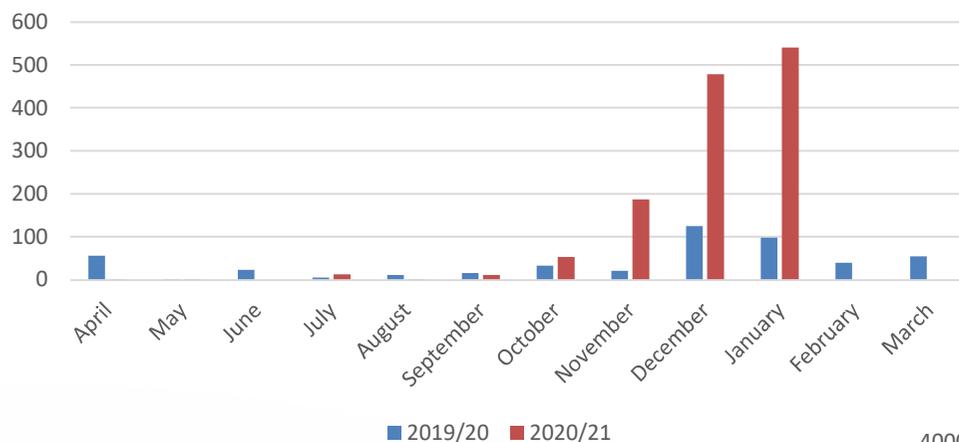
Percentage of Hospital Handovers Within 15 Minute Target
April 2020 to January 2021 New Cross



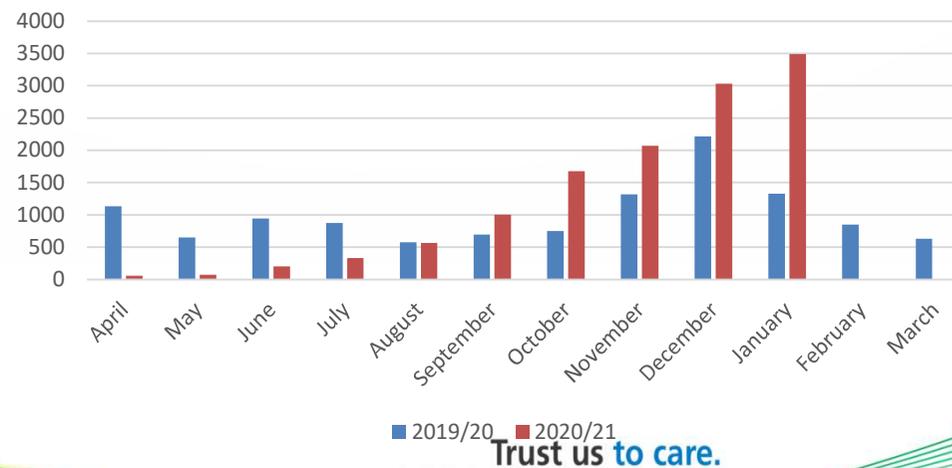


Over Hour Handover Delays New Cross Compared with WMAS

Over Hour Hospital Handover Delays (New Cross)



Over Hour Hospital Handover Delays (WMAS)





Picture: General contact PPE



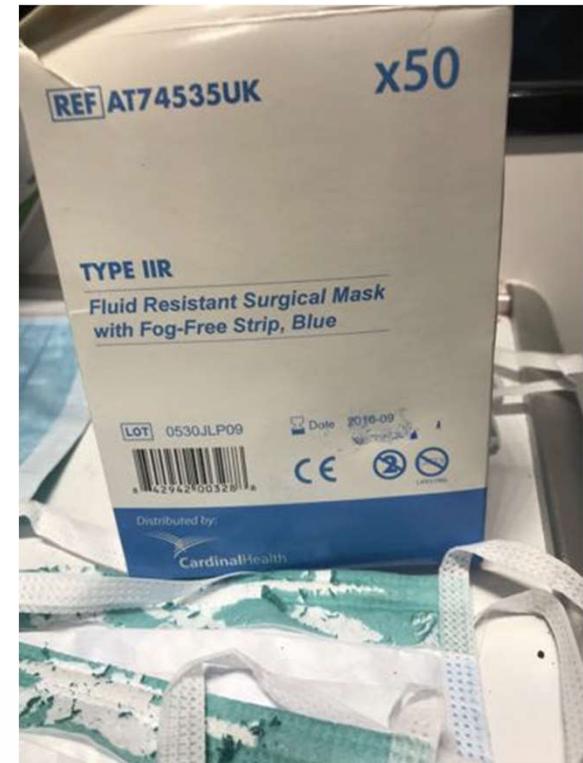
Picture: AGP and High-Risk Area PPE



Picture: Aprons delivered (left) vs aprons required (right)



Picture: Poor fit of aprons



Picture: Out of date disintegrating masks

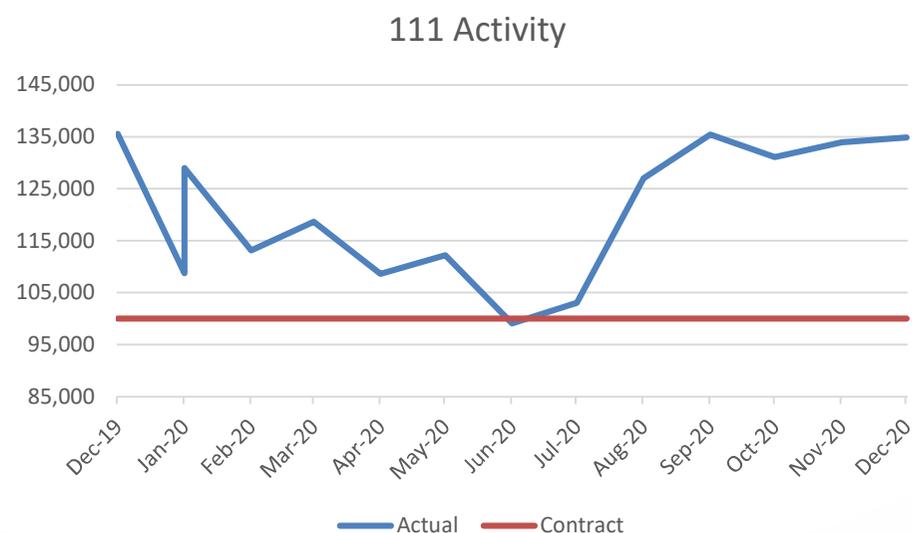


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	Actual	Contract
Dec-19	135,576	100,000
Jan-20	108,743	100,000
Feb-20	113,129	100,000
Mar-20	118,619	100,000
Apr-20	108,577	100,000
May-20	112,212	100,000
Jun-20	99,107	100,000
Jul-20	103,056	100,000
Aug-20	126,957	100,000
Sep-20	135,381	100,000
Oct-20	131,099	100,000
Nov-20	133,917	100,000
Dec-20	134,827	100,000
Jan-20	128,991	100,000



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Winter Initiatives

- Minimising absences, with continued implications from sickness, self isolation and shielding
- Dual training of call handlers to cover both 111 and 999 services as a key enabler for an efficient and dynamic operating model to respond to the inevitable fluctuations in demand across both services.
- Delivery of national expectations of the “Think 111 First” programme, rolled out to the agreed areas and timescales to ease the pressure on emergency departments throughout the winter period.
- Implementation of robust plans to ensure the maximum staff to manage increased call volumes and respond to patients at the busiest period of the year.



COVID (Including staff increase)

Testing

- Rigorous Test and Trace processes in place
- Serology (anti-body blood Tests to nearly 7,000 colleagues)
- Lateral Flow Test Roll out across the Trust
- Partnership with UHB for PCR Testing
- Symptomatic Family Member Testing
- Vaccination Figures



From the beginning of the Covid-19 Pandemic

WMAS dealt with unpredictability and a priority shift of conditions contacting the service

- Increase in demand in 111 (reaching 16,000 calls in one day at peak around 500% higher than contracted)
- A different approach to patient interactions with 999 responses requiring careful diagnosis among widespread concern throughout the community
- A requirement for donning and doffing of PPE for every case, creating delays on scene and when handing over at hospital
- Social distancing requirements on every site
- A recruitment requirement never seen across 999 or 111 before to support all areas of critical operations
- Full Command and control arrangements including 24/7 National Co-ordination Centre



Continued Changes in Working Practice

- Remote working and meetings, utilising Microsoft Teams as standard
- Non clinical staff deployed to work from home, freeing up office space for call centre staff
- Perspex screens installed between call takers' desks
- Staff temperature taken on arrival
- Hand sanitiser and anti-bacterial wipes remained available on every work station
- Hourly scheduled wipe down of all desk positions in our control centres
- Increase of cleaning schedule
- Social distancing measures across all trust sites
- Face masks mandated if social distancing unable to be achieved



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Financial Implications

All NHS Trust were moved onto a block contract for the first half of the current financial year to facilitate 'business as usual' as far as possible. There was separate financial support to cover Covid expenses, however this has now been ceased and each organisation is expected to operate through winter with existing funding allocations.

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Business As Usual

- In-house psychotherapists '**Mental Wellbeing Practitioners**' (MWP) and **The Listening Centre**
- Mental Wellbeing and suicide prevention information and signposting resources accessible
- **Staff Advice & Liaison Service** (SALS) peer volunteers accessible face-to-face and remotely

Staff Health and Wellbeing

COVID-19 additional response:

- Regular contact and welfare checks undertaken with staff self-isolating or shielding
- Protocols to proactively protect members of Black, Asian and Minority Ethnicity (BAME) staff and patients, personal letter from Chief Executive to all BAME staff offering support routes and priority testing
- Use of Trust communications channels to regularly disseminate mental wellbeing signposting, guidance and promotion of digital mental health products currently free to the NHS workforce.
- Access to the weekly briefing and associated clinical and operational notices available to all staff whether in work or at home.
- Online moderated therapeutic community and access to online synchronous text-based counselling sessions with a qualified counsellor
- Liaison with additional NHS Therapy Services to expedite workforce access to treatments when distress is reactive to Covid-19

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Testing

- Testing available for both symptomatic and asymptomatic staff, and symptomatic members of household including children through home testing
- Testing takes place within 24 hours of request or identification, through drive through or home test where required
- Testing booking in process is transacted, 7 days per week
- Antibody serology testing carried out for over 6,000 staff
- Twice weekly testing taking place for all staff



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Covid-19 Second Surge And Winter Flu

- Request from NHS England to recruit additional staff as a Trust with a proven track record for delivery - over 500 staff recruited and trained since March
- Over 1400 staff working within the control rooms have continued to maintain a safe and effective 999 service
- A very different demand profile. Monday and Tuesday busiest days in 999. Mornings in 111 now busier than most evenings
- Flu vaccination programme for staff commenced early and rolled according to availability of vaccine
- Clinical Managers carrying out additional shifts in control room, and ready for redeployment to operational shifts
- Lessons learned from all ambulance Trusts being collated and disseminated by Association of Ambulance Chief Executives and National Ambulance Resilience Unit

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New Ways of Working

- Access to health is moving away from the primary care model
- Clinicians working remotely from home
- Video consultations across the health system and opportunities to do so with patients
- Access to primary care records and direct GP Bookings
- Think NHS111 First – Expected reduction in unheralded Emergency Department attendance by 20%, Improved Pathways for patients, increased availability of direct bookings into GP, Out of Hours and Emergency Department services
- Improved national integration
- Forged partnerships internally and externally

Vehicles

- Newest fleet in the country, no E&U or PTS vehicles over 5 years old - with the latest available satellite navigation software installed
- A further 300 vehicles to be deployed over the coming three years. This year's delivery has been brought forward by 3 months to allow the flexibility of over resourcing to cover for further spikes in Covid-19.
- The new DCA's will conform to the latest Euro 6d emissions standard, with the Adblue additive which has required infrastructure changes to our sites to accommodate bulk storage and delivery on our sites.



- Significant investment in Major Incident Fleet upgrade

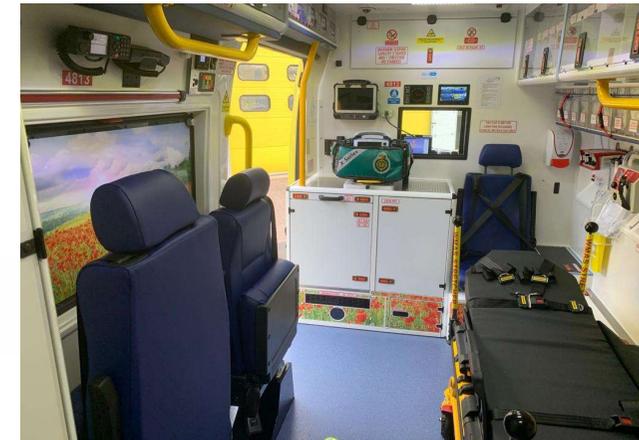


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First all electric emergency ambulance in the country is currently in trial



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Digital Developments

- Having successfully implemented a Trust wide electronic patient record, the Trust has worked hard to further develop the system to provide innovative solutions to enable the staff to deliver the best patient care. This includes:
 - Connection to diagnostic equipment
 - Methods of establishing safe alternatives to conveying to Emergency Departments including access to:
 - Directory of Services
 - Primary care records
 - Video via OPAL+ in Birmingham / Solihull
 - Automated transmission of key information to primary care and coroners
 - End of Life care plan notification and flagging
 - Online clinical guidance on EPR and personal mobile devices





Digital Developments

- Dual training of 999 and 111 call handling
- Connection of datasets to provide insight into variations of clinical care and outcomes
- National register of defibrillators and their availability so that rapid deployment can be facilitated
- Introduction of digital stock control and Make Ready Systems
- Digitisation of HR Records
- Digital solution to manage major incidents. Pilot site for integration with Airbox (asset management system)

Future developments will include:

- Safeguarding referrals from EPR
- Integration of 111 and 999 services



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How Can We Really Save More Lives?

This is one of the reasons the Trust is working so hard to train more members of the public in CPR. This year on 'Restart a Heart Day', we trained over 67,000 people in the skill.



We have also seen the number of defibrillators rise significantly and have worked closely with the British Heart Foundation on the new national defibrillator network, the Circuit, which is being rolled out by the British Heart Foundation. This will map the location of every defibrillator in the West Midlands and then the rest of the country. The dispatchers within our control centres will have access to this data and be able to direct members of the public to these lifesaving machines.



The Trust is currently recruiting for Community First Responder volunteers to boost capacity and response times throughout the region.

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Maternity Developments



Introduction of Cuddle Pockets

Sands
The charity for bereaved parents

Sensitive and effective communication

Health care professionals can have a positive influence on how parents and families experience their care even if their baby dies.

Parents often replay every detail of what happened around their baby's death and in the following weeks. Good communication can't take away the pain parents and families feel but it can reduce the impact of trauma, both in the short and long term.

Team Wellbeing

The death of a baby can have a profound and stressful impact on the staff who cared for the baby and family.

It's important to remember your own wellbeing and consider that of your team. Make time for reflection and to debrief, focus on learning lessons and not blame. You and your team members may need support, be kind to yourself and your team and remember self-care.

Sands' helpline is for anyone affected by the death of a baby, including health care professionals.

Communicate Sensitive

- Consider the setting**
Consider the setting where you talk to families. Ensure the room is private, quiet and comfortable.
- Introduce yourself**
Introduce yourself, "Hello, my name is..."
- Use the baby's name**
- Ask the parents preference**
Ask whether the parents would prefer to be called by their first names, or 'mum' and 'dad'
- Speak gently and kindly, conveying compassion**
- Sit down, use eye contact, and do not rush**
- Express understanding**
Express understanding for the enormity of the situation and your sympathy and regret. Say "I'm sorry"

Communicate Clearly

- Take time**
Take time to gather your thoughts and be well informed about all options available
- Be gentle, clear and honest**
- Avoid too much medical terminology**
- Consider your language**
Ensure that parents understand what is being presented to them
- Be clear about next steps**
- Listen carefully**
Listen carefully to what parents say, and try to answer questions clearly and honestly

Support
t: 0808 164 3332
e: helpline@sands.org.uk
Download the app at sands.org.uk/app

sands.org.uk
Facebook, Twitter, Instagram, YouTube icons

produced in partnership with

Maternity Developments



Introduction of The TransWarmer® Mattress



Ockenden Report

WMAS has reviewed the report and identified the following actions to provide assurance that our services are safe and robust:

Area	Actions Identified by WMAS
Enhanced Safety	WMAS to share maternity incidents or concerns with Local Maternity Systems
Listening to Women and their families	Development of a maternity specific survey and consideration of identifying a Non Executive Board level champion
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	WMAS to add information to Trust website about: <ul style="list-style-type: none"> – 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



Quality Account Priorities 2020/21

Service	Priority	Overview of Progress
Emergency and Urgent	Safe Discharge on Scene	<ul style="list-style-type: none"> • Volume of incidents related to discharge on scene (12) are consistent with the previous year (11) • Discharge on scene audits ongoing to be concluded by March • Recontact rates show an overall reduction during the year • Surveys moved online due to pandemic
Patient Transport Services	Safe Transportation of Patients	<ul style="list-style-type: none"> • Incident reporting has been maintained, with an overall rise in incidents reported for PTS. Virtually all harm related incidents are categorised as low harm. Where Serious Incidents are reported rigorous investigations are carried out • Reduction in complaints compared to previous year
111	Ensure appropriateness of calls that are transferred to 999	<ul style="list-style-type: none"> • Overall reduction in volume of calls transferred from 111 to 999 • Increasing proportion of calls being clinically validated has not been implemented as planned due to extreme levels of demand due to the pandemic • Reduction in formal complaints



Quality Account Priorities 2021/22

The national planning arrangements are currently delayed, this includes the dissemination of the guidance for the Quality Account.

In the absence of the guidance, WMAS has begun working on the document but has not yet confirmed its priorities as these may be determined by the guidance. Currently, we expect that the priorities will include:

- NHS111 – patient experience survey
- Family and Friends Test (continuation for PTS) based upon new guidance
- Maternity services
- Cardiac arrest management
- Frailty

We would welcome your thoughts on these areas of proposed priorities. Once the national guidance is available, the Trust will establish some online engagement sessions to which all HOSC representatives will be invited



Integrated Care System (ICS) Priorities

- WMAS covers 6 STPs (which will all transition into Integrated Care Systems). We must continue to deliver a regional service, whilst working with geographical boundaries and priorities of more local services. The challenge of meeting healthcare needs both in rural and urban areas will remain a priority across all healthcare sectors
- WMAS is implementing more structured engagement with nominated representation in key forums so that we can operate as a proactive partner at all levels:
 - We have influenced consultation both nationally and locally
 - Our Chairman is engaged with ICS Chairs
 - The Board of Directors have been actively briefed and are looking at embrace changes as they develop
 - We have actively participated in conversations around ICS development and are keen to develop and promote a Lead ICS model for the region.
- Future commissioning arrangements still unknown
 - Perhaps through a Lead ICS, or Specialised Commissioning?
 - Level of performance measurement to be determined (ICS level or more granular?)

Trust us **to care.**



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Please don't hesitate to contact us on the email addresses below if you have any questions about the information included within this pack

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Thank you

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