

Healthy Staffordshire Select Committee

Monday, 8 June 2020

10.00 am

Virtual/on-line at <https://staffordshire.public-i.tv/core/portal/home>

NB. Members are requested to join the Teams meeting through their Outlook calendar booking (click on the link "Join Microsoft Teams Meeting").

Also, please ensure Laptops/Tablets are fully charged prior to the commencement of the meeting.

John Tradewell
Director of Corporate Services
29 May 2020

A G E N D A

PART ONE

1. **Apologies**
2. **Quorum (6 required)**
3. **Declarations of Interest**
4. **Minutes of meeting held on 3 February 2020** (Pages 1 - 6)
5. **West Midlands Ambulance Service University NHS Foundation Trust - Reconfiguration of Staffordshire First Responders Service** (Pages 7 - 40)

Presentation/report by Trust Chief Executive

NB. Mark Docherty, Executive Director of Nursing & Clinical Commissioning to be in attendance
6. **Work Programme 2020/21** (Pages 41 - 44)

To consider the rolling work programme for the Municipal Year (draft attached)
7. **Date of next Meeting - Monday 6 July 2020 at 10.00 am, virtual/on-line**
8. **Exclusion of the Public**

The Chairman to move:-

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A of the Local Government Act 1972 (as amended) indicated below.

PART TWO

(all reports in this section are Exempt)

Nil

Membership

Charlotte Atkins	David Leytham
Adam Clarke	Johnny McMahon (Chairman)
Tina Clements	Paul Northcott (Vice-Chairman)
Janet Eagland	Kath Perry
Ann Edgeller	Jeremy Pert
Richard Ford	Bernard Peters
Maureen Freeman	Carolyn Trowbridge
Phil Hewitt	Ross Ward
Barbara Hughes	Ian Wilkes
Janet Johnson	Victoria Wilson
Dave Jones	

Scrutiny and Support Manager: Nick Pountney Tel: (01785) 276153

Member and Democratic Services Manager: Chris Ebberley (01785) 276164

Minutes of the Healthy Staffordshire Select Committee Meeting held on 3 February 2020

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	David Leytham
Ron Clarke	Paul Northcott (Vice-Chairman)
Tina Clements	Jeremy Pert
Janet Eagland	Bernard Peters
Ann Edgeller	Bob Spencer
John Francis	Carolyn Trowbridge
Phil Hewitt	Ross Ward
Barbara Hughes	Alan White
Janet Johnson	Ian Wilkes
Trevor Johnson	
Val Jones	

Note by Clerk: Members of the Safe and Strong Communities Select Committee were invited to attend the meeting and speak, at the discretion of the Chairman, on item No. 4 on Agenda – “Autism Implementation Plan”.

Apologies: Ann Beech, Adam Clarke, Richard Ford, Maureen Freeman, Dave Jones, Jason Jones, Kath Perry, Paul Snape, Victoria Wilson and Mike Worthington

PART ONE

46. Declarations of Interest

Mrs. Charlotte Atkins declared an interest in Item No. 4 on Agenda – “Autism Implementation Plan”, owing to her daughter having been diagnosed with Autism.

The Chairman declared an interest in all matters included on the Agenda as they related to services for the deaf/hard of hearing owing to a diagnosis he had received for this condition.

47. Minutes of meeting held on 28 October 2019

RESOLVED – That subject to Paragraph 6, Page 4 being amended to provide greater clarity as follows, the minutes of the meeting held on 28 October 2019 be confirmed and signed by the Chairman:-

“Following the merger of the former Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSOTP) and South Staffordshire and Shropshire Healthcare NHS Foundation Trust, four operating arms had been established within the new organisation ie (i) Children and Families Services ; (ii) Staffordshire and Stoke-on-Trent Services; (iii)

Specialist Services and; (iv) Telford and Wrekin Services. Whilst strategic oversight of the four arms was maintained centrally, the structure enabled greater flexibility to respond to operational issues as they arose. Furthermore, under these arrangements it was expected that partnership working with other service providers in their areas would be developed”.

48. Autism Implementation Plan

The Committee considered a joint report of the Deputy Leader and Cabinet Member for Health, Care and Wellbeing and Cabinet Member for Children and Young People (Appendix A to the signed minutes of the meeting) (i) informing them of the draft Staffordshire Autism Implementation Plan 2020-2023 which had been prepared following adoption of the County Council’s Staffordshire Whole Life Disability Strategy (WLDS), in June 2018 and; (ii) seeking pre-decision scrutiny of the policies/procedures contained in the draft Plan.

The meeting was attended by the Deputy Leader and Cabinet Member for Health, Care and Wellbeing who presented the report.

The WLDS aimed to ensure that people with any disability (i) were able to do things for themselves as much as they could with a focus on ability rather than disability; (ii) were as independent as they could be for as long as they could and; (iii) used what was available in their communities first rather than using paid for services.

The draft Autism Plan (i) aimed to encourage all services and organisations to ‘think autism’ so as to maximise opportunities to help people live fulfilling lives and feel part of society and; (ii) bring together the various organisations which funded and provided care and support so that services were configured in such a way as to best meet the needs of Autistic people using the scarce resources available

During the full and wide-ranging discussion which ensued, a Member sought details of current waiting times for people wishing to access Autism services. In reply the Director of Health and Care undertook to contact Clinical Commissioning Groups in this respect and forward the information on to the Member in due course.

Members then commented/gave their views on the draft proposals, as follows:- (i) efforts should be made to maintain engagement by Clinical Commissioning Groups in order to ensure that the Plan could be implemented in a timely manner; (ii) there should be a greater emphasis on the role of the NHS in particular in meeting the needs of people with Autism through staff training and awareness raising; (iii) the importance of developing an Autism friendly culture with all stakeholder organisations should be highlighted in the Plan; (iv) the transport needs of people with Autism should be considered as part of their assessment process; (v) there should be consideration of the various dangers faced by people with Autism in respect of exploitation, safeguarding and the Prevent Agenda; (vi) the Authority’s commitment to work with the Department for Work and Pensions should also include Job Centre Plus; (vii) the commitment to work with Criminal Justice Services should include identification of how the needs of people with Autism could be embedded within the system; (viii) an awareness of the needs of people with Autism should be raised within schools, particularly at Primary level and; (ix) all Stakeholders (including District and Borough Councils) should commit

to share relevant information regarding people with Autism, where necessary to ensure successful delivery of the plan.

The Chairman then thanked the Deputy Leader and Cabinet Member for an interesting and informative presentation and the opportunity to provide pre-decision scrutiny on a key area of the Authority's health and wellbeing policy.

RESOLVED – (a) That the report be received and noted.

(b) That the above-mentioned comments comprise the Committee's formal response to the County Council's draft Staffordshire Autism Implementation Plan 2020-2023.

49. Future Model of Carers' Services

The Committee considered a report of the Deputy Leader and Cabinet Member for Health Care and Wellbeing (Appendix B to the signed minutes) regarding a draft report and recommendations to be made to Staffordshire County Council's Cabinet at their meeting on 19 February 2020, following a review of carers' services in the County.

The meeting was attended by the Deputy Leader and Cabinet Member for Health, Care and Wellbeing who presented the report.

'All Together for Carers' was a carers strategy for Staffordshire which had been developed jointly with the five Staffordshire Clinical Commissioning Groups (CCGs) and adopted in the Autumn of 2019. The Strategy included a commitment to review services for carers and, if necessary, develop a new service model and explore options for its delivery. Following engagement with stakeholders to evaluate current provision/pathways, a draft revised model had been prepared and was to be considered by the Council Council's Cabinet at a forthcoming meeting. However, in the meantime, the Committee had invited to provide pre-decision scrutiny of the proposals in order to assist Members in their decision-making process.

During the full and wide-ranging discussion which ensued, a Member questioned the reasons for the decline in financial payments made to carers over recent years, in the absence of a corresponding decline in need. In response the Director of Health and Care referred to improvements in partnership working which had enabled carers to receive support from alternative sources and undertook to provide the Member with further information on these payments, in due course.

Members then commented/gave their views, on the draft proposals, as follows:- (i) there should be further consideration of the options for young carers to contact service providers via alternative channels eg the World Wide Web, email etc; (ii) there should be further consideration of the information needed by "Local Members", District and Borough Councillors so that carers could be better signposted to relevant sources of information or services; (iii) current engagement with schools should be expanded to include liaison with Special Education Needs and Disabilities Hubs to support awareness raising and identification; (iv) Primary Care Services including social prescribers should understand where to signpost carers for help and support; (v) mitigation of the various risks highlighted in the report should be a priority.

In reply the Deputy Leader and Cabinet Member for Health, Care and Wellbeing undertook to liaise with Cabinet Support Member for Learning and Employability as necessary and take account of the above-mentioned views/comments in the final report to Cabinet.

The Chairman then thanked the Deputy Leader and Cabinet Member for an interesting and informative presentation and the opportunity to provide pre-decision scrutiny on a key area of Authority's health and wellbeing policy.

RESOLVED – (a) That the report be received and noted.

(b) That the above-mentioned views/comments comprise the Committee's formal response to the draft report and recommendations regarding a future model for carers' services in Staffordshire.

50. Staffordshire Clinical Commissioning Groups (CCGs) - Update

The Committee considered a report of the Clinical Commission Groups (CCGs) Accountable Officer (Appendix C to the signed minutes) regarding various matters which had been raised with him by the Chairman in his letter dated 20 December 2019 including:- (i) the proposed merger of the CCGs (which he understood was not now taking place) and their commissioning intentions going forward; (ii) scrutiny of out of County care provision received by Staffordshire residents and; (iii) General Practitioners' concerns regarding Integrated Care Proposals.

The meeting was attended by Marcus Warnes, Staffordshire CCGs Accountable Officer who presented the report.

The Committee heard that the CCGs intended to continue developing a strategic commissioning function within an Integrated Care System (ICS) involving three locality-based divisions which aligned with the ICS partnerships in the north, south-east and south-west of the County. Their commissioning intentions were in-line with the Long-Term Plan for the NHS and would be set out in a Local Plan to be published in the Spring of 2020. However, whilst the commissioning of services would be co-ordinated to ensure inequalities across the area and unwanted variations were addressed, there might be occasions where local sensitivities would need to take priority.

With regard to scrutiny of out of county provision, they learned that over half of CCGs acute activity was with hospitals outside Staffordshire. However, well developed contracts and systems had been implemented by the CCGs to monitor quality and performance of services including:- (i) Locality Based Multi-Disciplinary Teams which met bi-monthly; (ii) Financial Triangulation meetings which met monthly; (iii) meetings of the Contract Management Executive Team which met monthly; (iv) Contract Steering Groups meetings which met monthly and; (v) the Quality Teams at Trusts which reported monthly to their Governing Bodies, so that appropriate remedial action could be taken, where necessary.

With regard to GP concerns over Integrated Care Proposals (ICP) the Committee learned that CCGs had held their first ICP Development Workshop on 26 November 2019 to which representatives of General Practice and Primary Care Networks had

been invited to attend and further workshops were planned. The aim of ICPs was to encourage providers to come together, where possible, to share contracting arrangements that allowed strategic Commissioners to focus on outcomes and give providers the freedom and autonomy to develop and deliver services to meet them. However, commissioning of General Practice was currently delegated to CCGs and therefore could not be delegated further to individual practices.

The Chairman then thanked the Accountable Officer for an interesting and informative presentation and requested that the Committee be kept informed of any significant developments in the three areas mentioned above.

RESOLVED – (a) That the report be received and noted.

(b) That the Committee keep a watching brief on the matters raised by the Chairman in his letter to the Clinical Commissioning Groups (CCGs) Accountable Officer dated 20 December 2019.

51. District and Borough Health Scrutiny Activity

The Committee considered a report of the Scrutiny and Support Manager giving a summary of the health scrutiny activity which had been undertaken by Staffordshire District and Borough Councils under the standing joint working arrangements, since their previous meeting.

During the discussion which ensued Members expressed disappointment that most District/Borough Council had not provided a written update for inclusion into the summary report. They also noted that, in some instances, where this was the case, representatives of the Authorities concerned were unavailable to give a verbal update too. Therefore, they requested the Scrutiny and Support Manager to:- (i) remind all District/Borough Health Scrutiny Officers that, Under the Code of Joint Working Arrangements – Local Authorities (and having regard to the recommendations of the Francis Report), District/Borough Councils had committed to the General Working Principle of Co-operation including a willingness to share knowledge and maintain links and; (ii) request that they submit short written updates in time to be included into summary reports to future meetings highlighting that verbal updates would no-longer be taken owing to constraints on the Committee's time.

RESOLVED – (a) That the report be received and noted.

(b) That the Scrutiny and Support Manager pass on the views/requirements of the Committee to District/Borough Health Scrutiny Officers with regard to future District/Borough Health Scrutiny Updates, as set out above.

52. Work Programme

The Committee considered their rolling Work programme for 2019/20 (Appendix D to the signed minutes).

During the discussion which ensued the Chairman highlighted the proposed inclusion of a review of Urgent Care provision in the County in their Work Programme. The need for

this Review had been raised by the Deputy Leader and Cabinet Member for Health, Care and Wellbeing at a Health Triangulation Meeting held on 15 January 2020 having regard to current Delayed Transfer of Care Statistics for the County and certain quality issues which had arisen. He went on to outline the proposed Terms of Reference for the review and expressed support for its inclusion into their current Work Programme.

A Member raised her concern regarding a lack of scrutiny given to West Midlands Ambulance NHS Foundation Trust's recent changes to their Rapid Response service in the Cheadle area. She referred to significant concern locally over the removal of 4x4 Rapid Response vehicles previously based in Staffordshire Moorlands, particularly owing to the predominantly rural terrain of the District and the difficulties in relying solely on conventional ambulances in this locality. She went on to express her view that the decision to remove these vehicles had been based on flawed statistics and therefore requested the Committee hold the Trust to account for their decision at a future meeting. In reply, the Chairman informed them of (i) Staffordshire County Council's Leader's response to the above-mentioned service reconfiguration and; (ii) Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel's decision to include the matter in their current Work Programme. He therefore went on to propose that further consideration by the Committee be deferred pending the outcome of the District Council's work and that an additional item be included in their Work Programme at that juncture, if it was found to be necessary.

The Scrutiny and Support Manager informed them that in light of the above-mentioned Review of Urgent Care it was proposed the informal Primary Care information gathering session which had been planned for February 2020 be postponed until Autumn 2020.

RESOLVED – That the proposed changes to their Work Programme as set out above be agreed.

Chairman



West Midlands Ambulance Service
University NHS Foundation Trust



Healthy Staffordshire Select Committee



Mark Docherty
Executive Director of Nursing &
Clinical Commissioning

Trust us to care.





West Midlands Ambulance Service
University NHS Foundation Trust



Information Pack



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
- 6,500 Staff and 1,000 Volunteers
- 5 x Helicopters



Trust us to care.



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

Strategic Objectives

Achieve Quality and Excellence

Accurately assess patient need and direct resources appropriately

Establish market position as an Emergency Healthcare Provider

Work in Partnership

Strategic Priorities

Business as Usual

New Models of Care

Business Opportunities

Prevention

Values

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

Trust us to care.



Overview

- Only Ambulance Service to consistently achieve all national targets
- Only CQC rated “Outstanding” Ambulance Trust
- WMAS remains the top performing service in the country on multiple measures
- Achieving statutory financial duties. Segmentation 1 (one of only 2)
- Lowest reference cost
- No Paramedic vacancies – circa 2,500 nationally
- Lowest sickness absence rate in country
- Lowest attrition in the country circa 200 per year
- Only Ambulance Service with a Paramedic on every Ambulance
- Best fleet in the country. No vehicle over 5 years old



Staffordshire Activity 2019/20



Contract Monitoring Report - March 2019/2020

Assigned Incident Volume Against Contract Volume

		variance: Red = 'above contract' Green = 'within contract'												
		Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	ytd
NHS North Staffordshire CCG	actual	3,309	3,317	3,241	3,368	3,235	3,275	3,578	3,613	3,734	3,365	3,191	3,366	40,592
	contract	3,127	3,367	3,247	3,448	3,207	3,207	3,327	3,367	3,568	3,608	3,247	3,367	40,088
	variance vol +/-	182	-51	-6	-79	28	68	251	246	166	-243	-56	-2	504
	variance % +/-	5.82%	-1.51%	-0.20%	-2.30%	0.86%	2.13%	7.55%	7.31%	4.66%	-6.74%	-1.73%	-0.05%	1.26%
NHS Stoke on Trent CCG	actual	5,149	5,198	5,044	5,437	5,205	5,179	5,476	5,714	6,037	5,232	5,060	5,505	64,234
	contract	5,123	5,517	5,320	5,648	5,254	5,254	5,451	5,517	5,845	5,911	5,320	5,517	65,678
	variance vol +/-	26	-319	-276	-212	-49	-76	25	197	191	-679	-260	-12	-1444
	variance % +/-	0.51%	-5.79%	-5.19%	-3.75%	-0.93%	-1.44%	0.45%	3.57%	3.27%	-11.49%	-4.89%	-0.21%	-2.20%
NHS Cannock Chase CCG	actual	2,176	2,133	2,188	2,304	2,177	2,149	2,290	2,333	2,465	2,273	2,119	2,296	26,902
	contract	2,105	2,266	2,185	2,320	2,159	2,159	2,239	2,266	2,401	2,428	2,185	2,266	26,981
	variance vol +/-	72	-133	3	-17	18	-10	50	66	64	-155	-66	29	-79
	variance % +/-	3.41%	-5.88%	0.12%	-0.73%	0.85%	-0.46%	2.24%	2.92%	2.67%	-6.40%	-3.03%	1.29%	-0.29%
NHS East Staffordshire CCG	actual	1,907	1,882	1,785	1,928	1,883	1,864	1,964	2,065	2,242	1,949	1,943	2,228	23,639
	contract	1,748	1,882	1,815	1,927	1,793	1,793	1,860	1,882	1,994	2,017	1,815	1,882	22,408
	variance vol +/-	159	-1	-30	1	91	71	104	183	248	-67	128	346	1231
	variance % +/-	9.09%	-0.04%	-1.68%	0.04%	5.05%	3.98%	5.60%	9.71%	12.41%	-3.35%	7.03%	18.37%	5.49%
NHS South East Staffs and Seisdon and Peninsular CCG	actual	3,632	3,478	3,403	3,652	3,465	3,312	3,562	3,779	3,964	3,627	3,335	3,595	42,805
	contract	3,461	3,728	3,594	3,816	3,550	3,550	3,683	3,728	3,950	3,994	3,594	3,728	44,376
	variance vol +/-	171	-249	-191	-165	-85	-238	-121	51	14	-366	-259	-132	-1571
	variance % +/-	4.94%	-6.69%	-5.32%	-4.31%	-2.39%	-6.71%	-3.29%	1.38%	0.36%	-9.17%	-7.21%	-3.55%	-3.54%
NHS Stafford and Surrounds CCG	actual	2,443	2,596	2,496	2,749	2,546	2,508	2,489	2,723	3,020	2,608	2,498	2,556	31,232
	contract	2,310	2,487	2,398	2,546	2,369	2,369	2,458	2,487	2,635	2,665	2,398	2,487	29,610
	variance vol +/-	133	109	98	202	177	139	31	236	385	-57	99	69	1622
	variance % +/-	5.76%	4.39%	4.09%	7.95%	7.49%	5.87%	1.28%	9.48%	14.59%	-2.12%	4.13%	2.77%	5.48%
CCG Total	actual	95,729	95,764	94,258	98,638	94,974	94,751	100,224	100,146	106,448	98,424	92,421	107,110	1,178,887
	contract	89,710	96,611	93,160	98,911	92,010	92,010	95,461	96,611	102,361	103,511	93,160	96,611	1,150,127
	variance vol +/-	6,019	-847	1,098	-273	2,964	2,741	4,763	3,535	4,087	-5,087	-739	10,499	28,760
	variance % +/-	6.71%	-0.88%	1.18%	-0.28%	3.22%	2.98%	4.99%	3.66%	3.99%	-4.91%	-0.79%	10.87%	2.50%



Staffordshire Performance 2019/20

Category 1	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	2,219	7:30	13:17
NHS Stoke on Trent CCG	3,786	6:06	9:48
NHS Cannock Chase CCG	1,463	8:24	13:55
NHS East Staffordshire CCG	1,359	8:25	15:19
NHS South East Staffs & Seisdon Peninsular CCG	2,315	8:31	14:16
NHS Stafford and Surrounds CCG	1,738	7:02	12:03
WMAS (inc Out Of Area)	69,463	6:57	12:05



Staffordshire Performance 2019/20

Category 2	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	17,432	14:49	26:55
NHS Stoke on Trent CCG	29,503	11:51	20:32
NHS Cannock Chase CCG	12,357	15:24	25:15
NHS East Staffordshire CCG	10,876	17:50	33:00
NHS South East Staffs & Seisdon Peninsular CCG	19,163	15:23	25:48
NHS Stafford and Surrounds CCG	13,725	13:26	24:04
WMAS (inc Out Of Area)	541,941	13:20	24:37



Staffordshire Performance 2019/20

Category 3	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	14,748	35:00	77:56
NHS Stoke on Trent CCG	21,425	33:38	78:20
NHS Cannock Chase CCG	8,993	42:06	90:40
NHS East Staffordshire CCG	7,437	40:05	87:00
NHS South East Staffs & Seisdon Peninsular CCG	13,957	46:29	103:17
NHS Stafford and Surrounds CCG	10,848	33:28	75:01
WMAS (inc Out Of Area)	373,779	45:22	103:43



Staffordshire Performance 2019/20

Category 4	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	969	42:19	97:38
NHS Stoke on Trent CCG	1,021	46:09	111:57
NHS Cannock Chase CCG	470	66:35	151:16
NHS East Staffordshire CCG	448	51:06	112:39
NHS South East Staffs & Seisdon Peninsular CCG	778	65:08	147:10
NHS Stafford and Surrounds CCG	563	47:29	112:42
WMAS (inc Out Of Area)	16,523	61:15	149:39



999 Call Answering Performance

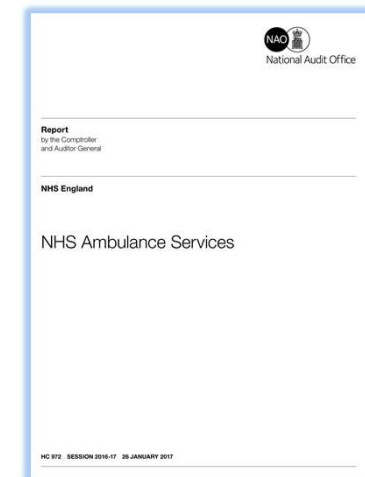
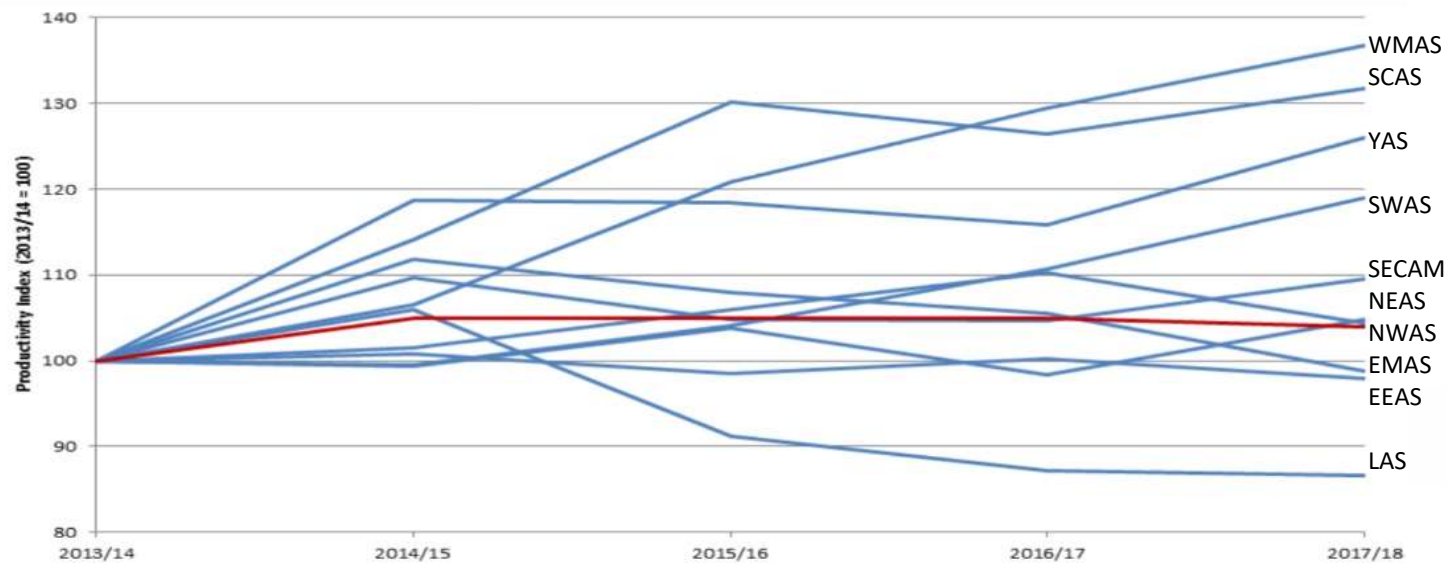
Trust	April	May	June	July	August	September	October	November	December	January	YTD Total
WMAS	14	13	23	22	33	25	20	55	55	7	267
EoE	83	84	195	378	115	129	179	187	259	67	1676
EMAS	35	43	39	93	66	128	84	139	57	64	748
LAS	238	319	1271	1828	2144	2398	2827	991	731	809	13556
NEAS	70	60	36	83	50	105	105	137	96	39	781
NWAS	538	404	702	624	768	888	530	855	532	680	6521
SCAS	254	301	457	743	224	404	417	267	239	51	3357
SECAMB	225	57	115	304	143	107	141	109	60	12	1273
SWAST	177	185	254	561	554	489	561	402	382	86	3651
YAS	88	54	15	50	63	34	50	201	139	75	769
IoW	26	48	51	64	44	25	22	17	17	7	321
Scotland	678	950	1940	1947	2075	1614	1536	1957	2232	701	15630
Wales	85	85	128	240	231	152	117	172	47	2	1259



Overview

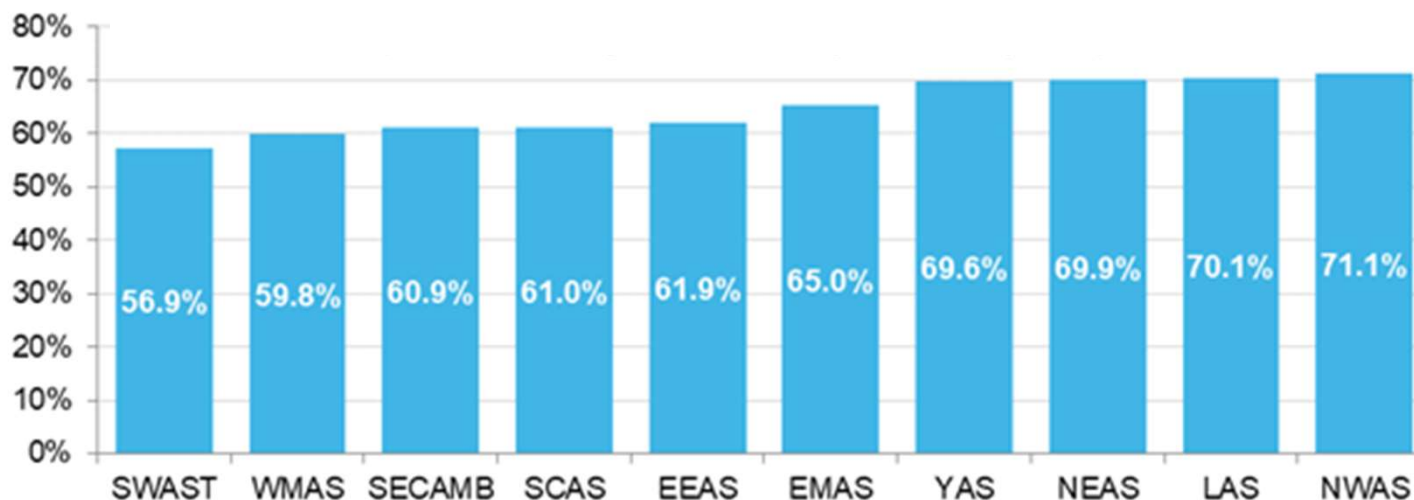
- The Trust has always been at the forefront of innovation and two reports, one from the National Audit Office and one from Lord Carter for NHS Improvement, both rated WMAS as the most efficient service in the country, with lowest costs and highest performance.

Ambulance Productivity - Lord Carter Report





Patients conveyed to all health care settings



Source- Lord Carter Report 2018



Care Quality Commission

Outstanding 

Rated Outstanding for the second time in 2019



Ratings

Overall rating for this trust

Outstanding

Are services safe?

Good

Are services effective?

Outstanding

Are services caring?

Outstanding

Are services responsive?

Outstanding

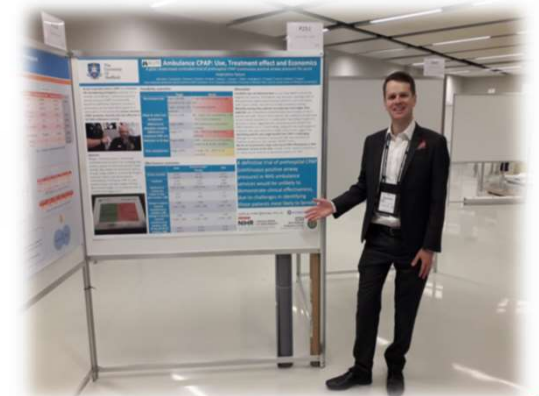
Are services well-led?

Outstanding

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↔	Outstanding ↔	Outstanding ↔	Outstanding ↑	Outstanding ↑↑	Outstanding ↑
Patient transport services	Good ↑	Good ↑	Good ↔	Good ↔	Good ↑	Good ↑
Emergency operations centre	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017
Resilience	Good	Outstanding Jan 2017	Not rated	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Overall	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

University Accreditation

- The only University Accredited Ambulance Service in England
- Establish the Ambulance Service as a graduate entry profession
- Research contributes to saving more lives
- WMAS hosted Ambulance National Research Conference
- All 5 universities have signed the university MOU
- Increasing evidence base to inform future best practice
- Major incident command training i.e.
 - Master's Degree
 - Doctoral students
 - NARU command training and competency accreditation
- Leadership MSc and MBA's



Trust us to care.

Investment

- The Trust is the only ambulance service to have a paramedic on every ambulance
- In 2019-20, we have recruited 78 graduate paramedics and 310 student paramedics
- Next year (2020-21), our plan is to recruit at least a further 90 graduate paramedics and 160 student paramedics
- Over the last 12 months, the Trust Board agreed to invest £1.5 million to increase the size of the A&E ambulance fleet
- An additional 15 ambulances were brought in taking the A&E fleet to 480. This is a programme that has been ongoing for some time
- Only the previous year, the Trust increased the number of double crewed ambulances to 450, but due to the huge increases in incidents, it was felt that that number needed to be increased still further
- This is continuously under review. In practical terms, the Trust puts out over 400 crews at peak times



Trust us to care.



The Hubs

Our Hubs have dedicated:

- Changing rooms
- Learning areas for staff
- Training rooms
- Better facilities including Quiet Rooms
- Access to their Operations Manager on site 24 hours a day
- Make Ready, restocking and cleaning
- Mechanics



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Make Ready

- Make Ready Hubs maximises the use of ambulances and clinical staff time to respond to patients
- A team of mechanics and vehicle preparation operatives who clean, restock and service ambulances so that Paramedics are immediately available for staff to respond to incidents
- Traditional ambulance stations, as used by many other services require clinicians to take time out from treating patients to clean and restock their ambulances and response cars, thus reducing the amount of time they are available to respond to patients. WMAS has a dedicated team on every hub



Trust us to care.

Ambulance investment

- WMAS has significantly increased the number of ambulances and reduced the number of response cars
- For example, five years ago, we would have had around 200 ambulances and 120 cars on duty at peak
- Today, it is over 400 ambulances and a handful of specialist resources such as doctors and critical care paramedic on cars
- There are no Paramedic rapid response cars in the region

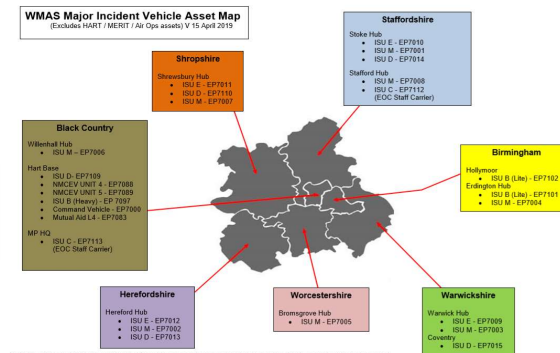


Vehicles

- Newest fleet in the country, no E&U or PTS vehicles over 5 years old- with the latest available satellite navigation software installed



- Significant investment in Major Incident Fleet upgrade





Operating Model

- In 2017 NHS England introduced the Ambulance Response Programme. This changed the way in which ambulance services were measured. The Programme primarily focuses on the outcome for patients. Previously, the standards focused on stopping the clock as the main way of monitoring performance
- As a result of this change, WMAS has significantly increased the number of ambulances and reduced the number of response cars
- The Trust is now sufficiently busy that ambulances, once they leave the hub at the start of their shift, will only return for a mealbreak, go out again for the second half of their shift and then only return at the end of it
- It therefore makes no sense to plough money into buildings that are rarely if ever used other than at the beginning or end of shifts
- The fact that we remain the only ambulance service to be consistently exceeding performance standards would suggest that this policy is working



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Operating Model

- On average, over the last 15 years, demand has increased by 5% per annum
- West Midlands Ambulance Service respond to over 1 million incidents, answering about 1.3 million 999 calls per annum
- Despite this, the Trust has worked tirelessly to drive down costs so that as much money as possible can be invested in ambulances and paramedics, so that patients get the best care possible
- Part of this has been to look at the estate that we have and whether it still represents value for money



Operating Model

We now have slightly longer to respond to a stroke patient, but it has to be an ambulance that gets there. Previously a rapid response car could have got there quickly but the single paramedic then had to wait for a back-up ambulance to arrive to transport the patient to hospital.

What the statistics clearly show is that stroke patients now get to definitive treatment at a hyperacute stroke unit more quickly than they did before, thus giving the patient a better outcome, even though it takes a couple of minutes longer for the initial response to arrive.

This also applies to major trauma cases. In addition, the current model is also more efficient as only one vehicle is sent rather than two as the ambulance is able to assess and transport if appropriate.



Trust us to care.

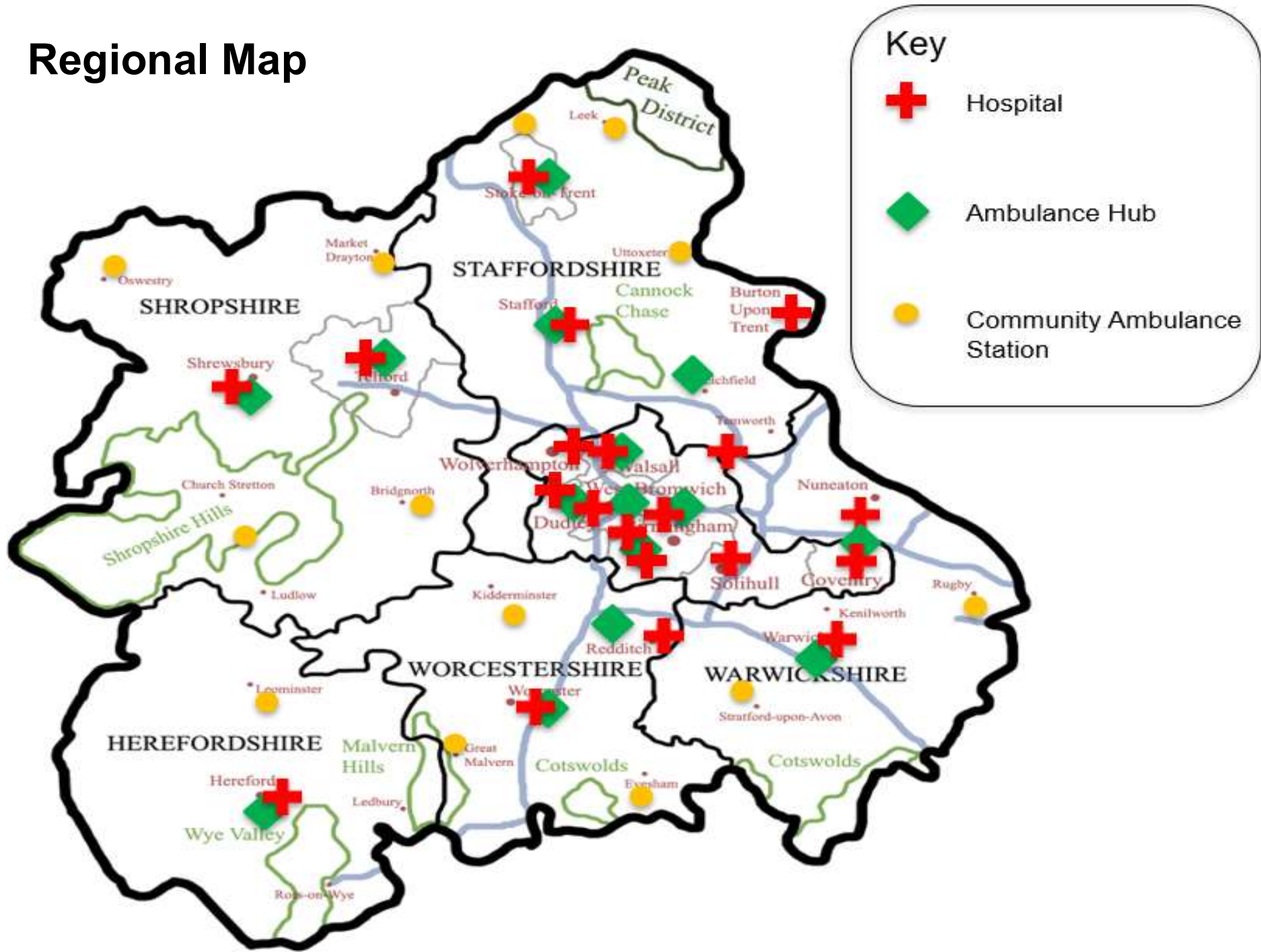
Operating Model

- Buildings do not save lives; Paramedics with Ambulances do
- The Trust Board has been very clear that it wishes to maximise the resources available for patients while minimising the amount of money spent on other items
- As a result, we have been closing community ambulance stations where they are simply no value for money, investing the money saved into additional Paramedics and ambulances



Trust us to care.

Regional Map





Assistance from around the region

Between the 1st April 2019 to 19th Jan 2020:

The number of cases
Staffordshire Crews
responding outside of
Staffordshire 11,348



Number of cases non
Staffordshire Crews
responding in
Staffordshire 18,695

Trust us [to care.](#)



How Can We Really Save More Lives?

The Trust has listened to the comments of local people who have raised concerns that lives could be lost in the case of say a cardiac arrest.

In reality, we know from the data that currently there is no certainty that a Cheadle car would be available in the area. Even if it was, the one thing that will save more lives than any number of ambulances or cars is members of the public learning CPR (cardiopulmonary resuscitation) and an increase in the number of defibrillators in the town.

A Category one call requires us to reach 50% of calls in 7 minutes and 90% in 15 minutes. Early CPR and defibrillation will substantially improve survival rates.

For every minute after the heart stops beating and no-one is doing CPR, the chance of survival drops by 10%.



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. Last October on 'Restart a Heart Day', we trained over 60,000 people in the skill.



We have also seen the number of defibrillators rise significantly. We are also proud to be the lead site for 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.





Community First Responders



Improvements to CFR Provision

Background

Ambulance services have operated with Community First Responders (CFRs) for many years in mainly rural areas and they play a vital role in responding to the highest priority 999 calls whilst paramedics are en-route. These volunteers have been in place since the 1990s and were originally set up to respond to cardiac arrest cases. Today, thousands of members of the public across the UK have trained and respond to patients every single day and have repeatedly helped save lives.

While there is a little variation, the most common scope of practice for CFRs is to be trained in CPR (cardio-pulmonary resuscitation), defibrillation using an automated machine along with basic first aid skills. Currently, around 400 of the 500 CFRs in the West Midlands have this level of training; this includes a number of CFRs in Staffordshire. This model is also in place in most of the country.

Staffordshire

Although Staffordshire initially followed the same model as all other ambulance services, they developed enhanced schemes that were based mainly in the most rural locations. The volunteers agreed to undertake extensive additional training which allowed them to use a range of drugs and also undertook training that allowed them to use vehicles that looked the same as ambulance response cars and were equipped with Battenberg livery as well as blue lights and sirens. However, they were not able to claim the same exemptions as ambulance staff e.g. breaking the speed limit or going through a red light, as their level of training was not to the same level. This inevitably led to confusion amongst some road users.

In the legacy arrangements there are still 68 enhanced level CFRs in Staffordshire who are able to use a range of drugs including adrenaline, aspirin, GTN, salbutamol, glucagon and Entonox to patients. There are still 56 who use blue lights. Just 48 are dual trained in both use of blue lights and the use of additional drugs.

Changes in Legislation

The decision to change the scope of practice in Staffordshire was taken due to changes in legislation. Section 19 of the Road Traffic Act, which was originally enacted in 2006, will come into force later this year. The Government took representations from a wide range of individuals and groups, including CFRs, but has concluded that the changes will go ahead. These are:

- CFRs, along with a number of other groups, will no longer be able to use blue lights. This change also brings changes to all blue light services including the ambulance service.
- CFR schemes may not use green and yellow Battenberg livery. The Trust is encouraging them to use a green and orange livery, which we specifically designed to meet the legislation and give them their own identity. It was introduced around four years ago and has been adopted by a number of other ambulance services.

These changes have nothing to do with West Midlands Ambulance Service. While it is true that we are implementing these changes before the deadline, we want to make sure that this is done in a controlled manner which protects CFRs and patients alike.

Removal of drugs

Whilst it is true that we are removing certain drugs from CFRs, the number of times they are used is extremely small. In 2019, there were circa 200,000 incidents in Staffordshire of which CFRs attended just under 5,200. Of the six drugs being removed, only 98 patients received drugs from one of the CFRs. It is also worth noting that the removal of these drugs from the CFRs does not mean that the patient won't get those drugs, it is just that it will be given by the ambulance crew as they do in 99.95% of cases currently.

There is also a misconception on whether these drugs are 'lifesaving'. While all those being removed from the CFRs are useful and good for patient care, none are required to be given immediately. An ambulance will always be sent if a CFR is dispatched and they always carry these drugs e.g. GTN and aspirin for a heart attack patient. Equally, the adrenaline carried is for anaphylaxis patients, who almost all carry their own 'epi-pen' which the CFRs are trained to find and use.

The reason the numbers of times these drugs are given is so small is down to the speed at which CFRs are backed up by WMAS paramedic ambulance crews. For Category 1 calls in Staffordshire, an ambulance will back up a CFR in on average in seven minutes, 54 seconds; for a Category 2 call, that time is 13 minutes, 41 seconds. In most cases, the CFRs don't have a chance to take the patient's history and do their basic checks before the ambulance crew arrives so in almost all cases, patients will not see any difference in the care they are given.

Enhanced Training

The Trust has been working with Futurequals, one of the UK's most progressive awarding and end-point assessment organisations, to develop a new and improved training package which, for the first time, will provide a regulated qualification. It also means that all CFRs in the West Midlands will be trained to the same level by the Trust's Education and Training team, based at the National Ambulance Training Academy in Brierley Hill, the only education centre of its kind to be rated 'Good' by Ofsted, the highest rating possible.

The changes will not only protect patients with the enhanced clinical governance arrangement but will ensure CFRs are also protected through the qualification and training improvements.

Future of CFRs

We are aware that some enhanced CFRs will be disappointed by the changes after having worked so hard to gain their qualification; some may indeed choose to stop responding. However, we are aware of a number of people who were put off training as a CFR by the advanced nature of the schemes in Staffordshire. We fully expect to increase the numbers of CFRs operating within the West Midlands due to the changes being introduced.



West Midlands Ambulance Service

University NHS Foundation Trust



Community First Responders



West Midlands Ambulance Service
University NHS Foundation Trust



How will we use CFRs in the future?

We have a clear and well thought through plan on how CFRs can continue to play a lifesaving role within the West Midlands. We are committed to targeting their time to responding to the most seriously ill patients, in the way that tens of thousands of CFRs throughout our country do on a daily basis; the way in which these schemes were initially set up. Moving forward they will only be sent to Category 1 and 2 patients. This will allow us to make a real difference to the clinical care provided to patients and save lives.

Increasing Number of AEDs

The Trust continues to promote the use and availability of publicly accessible AEDs in the community. Last year, we took part in the Resuscitation Council / British Heart Foundation 'Restart a Heart' program where WMAS staff work with CFRs to teach basic life support to the wider public. Last year we trained 67,000 people basic lifesaving skills.

Conclusion

CFRs play a key role in protecting local communities, particularly in rural areas and we are incredibly proud of the work that they do; they truly are lifesavers. We want to enhance that by increasing the number of CFRs, using a consistent model of response, so that we can save even more lives.



Community First Responders



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COVID Update – Levels of Hospital Conveyance

March 2020			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 Stoke on Trent CCG	5,727	4,968	329	6.6%	2,480	49.9%	2,159	43.5%	1,855	37.3%	304	6.1%
NHS Cannock Chase CCG	2,445	2,088	130	6.2%	968	46.4%	990	47.4%	915	43.8%	75	3.6%
NHS East Staffordshire CCG	2,440	1,985	135	6.8%	864	43.5%	986	49.7%	827	41.7%	159	8.0%
NHS South East Staffs & Seisdon Peninsular CCG	3,946	3,239	170	5.2%	1,499	46.3%	1,570	48.5%	1,460	45.1%	110	3.4%
NHS Stafford and Surrounds CCG	2,700	2,294	114	5.0%	1,072	46.7%	1,108	48.3%	983	42.9%	125	5.4%
CCG Total	116,394	95,941	6,708	7.0%	41,385	43.1%	47,848	49.9%	44,146	46.0%	3,702	3.9%



West Midlands Ambulance Service
University NHS Foundation Trust



Any questions?

Thank you

Trust us to care.

WORK PROGRAMME – 8 June 2021

Healthy Staffordshire Select Committee 2020-2021

This document sets out the work programme for the Healthy Staffordshire Select Committee for 2020/21.

The Healthy Staffordshire Select Committee is responsible for:

- Scrutiny of matters relating to the planning, provision and operation of health services in the Authority's area, including public health, in accordance with regulations made under the Health and Social Care Act 2001 and subsequent guidance.
- Scrutiny of the Council's work to achieve its priorities that Staffordshire is a place where people live longer, healthier and fulfilling lives and In Staffordshire's communities people are able to live independent and safe lives, supported where this is required (adults).

Link to Council's Strategic Plan Outcomes and Priorities

Be healthier and more independent

A joined up approach to **Health, Care and Wellness** that encourages people to take responsibility for their own health and plan for their future, so that we can support those who really need it.

We review our work programme from time to time. Sometimes we change it - if something comes up during the year that we think we should investigate as a priority. Our work results in recommendations for NHS organisations in the county, the County Council and sometimes other organisations about how what they do can be improved, for the benefit of the people and communities of Staffordshire.

Councillor Johnny McMahon

Chair of the Healthy Staffordshire Select Committee

If you would like to know more about our work programme, please get in touch with Nick Pountney, Scrutiny and Support Manager on 01785 276153 or nicholas.pountney@staffordshire.gov.uk

In Staffordshire, the arrangements for health scrutiny have been set up to include the county's eight District and Borough Councils. The Healthy Staffordshire Select Committee is made up of elected County Councilors and one Councillor from each District or Borough Council. In turn, one County Councillor from the Committee sits on each District or Borough Council overview and scrutiny committee dealing with health scrutiny. The Healthy Staffordshire Select Committee concentrates on scrutinising health matters that concern the whole or large parts of the county. The District and Borough Council committees focus on scrutinising health matters of local concern within their area.

Work Programme 2020-21

Date	Topic	Background/Outcomes	
Committee Meetings, Reviews and Consultations			
		Background	Outcomes from Meeting
15 April 2020 (additional meeting)	Modernising Adult Social Care Programme. An update, containing an evaluation of the introduction of the service. Member: Alan White Officer: Richard Harling/Amanda Stringer		Meeting cancelled
May/June 2020 TBC (Informal Meeting)	Staffordshire Health and Care Green Paper - - Informal Workshop		
Scrutiny Review (Public session July 2020 TBA)	Urgent Care and Delayed Transfer of Care.	Item raised at Triangulation meeting.	Currently on-hold
8 June 2020	Community First Responders – Reconfiguration by West Midlands Ambulance Service University NHS Foundation Trust		
6 July 2020	(i) Staffordshire Healthwatch Contract Update Member: Alan White Officer: Wendy Tompson/Jackie Owen (ii) CCG – Financial Exception Report Officer: Clinical Commissioning Groups	Requested at 16 September 2019 meeting	
10 August 2020			
14			

September 2020			
26 October 2020			
30 November 2020			
1 February 2021			
16 March 2021			

Suggested Items	Background	Possible Option
Role of Community Hospitals	The Committee wish to explore the role of the Community Hospitals within the wider Health Economy	North of the County – Part of the consultation with the Joint Committee with Stoke on Trent South of the County – Part of the STP consultation
Consideration of the range of approaches to sharing information between PCTs (Now CCGs) and education.	Referral from the Education Scrutiny Committee Closing the Gap Scrutiny Review. Scrutiny and Support Manager to undertake further work and report to the Committee	

Chairman's Activity			

Working Groups/ Inquiry Days/Briefing Papers :

Membership

Johnny McMahon (Chairman)
Paul Northcott (Vice-Chairman)
Charlotte Atkins (Shadow Vice-Chairman)

Tina Clements
Janet England
Phil Hewitt
Dave Jones
Kath Perry
Jeremy Pert
Bernard Peters
Carolyn Trowbridge
Ross Ward
Victoria Wilson

Borough/District Councillors

Ann Edgeller (Stafford)
Maureen Freeman (Cannock)
Richard Ford (Tamworth)
Barbara Hughes (Staffordshire Moorlands)
Adam Clarke (East Staffordshire)
Janet Johnson (South Staffordshire)
David Leytham (Lichfield)
Ian Wilkes (Newcastle-under-Lyme)

Calendar of Committee Meetings

at County Buildings, Martin Street, Stafford. ST16 2LH
(at 10.00 am unless otherwise stated)

15 April 2020 (additional meeting) – Meeting Cancelled

8 June 2020

6 July 2020

10 August 2020

14 September 2020

26 October 2020

30 November 2020

1 February 2021

16 March 2021

NB: In considering their work programme for the year, Members are advised to have regard to the likelihood of referrals from Corporate Review Committee arising from the Covid-19 epidemic.