APPENDIX 1

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Birmingham and Solihull joint HOSC meeting

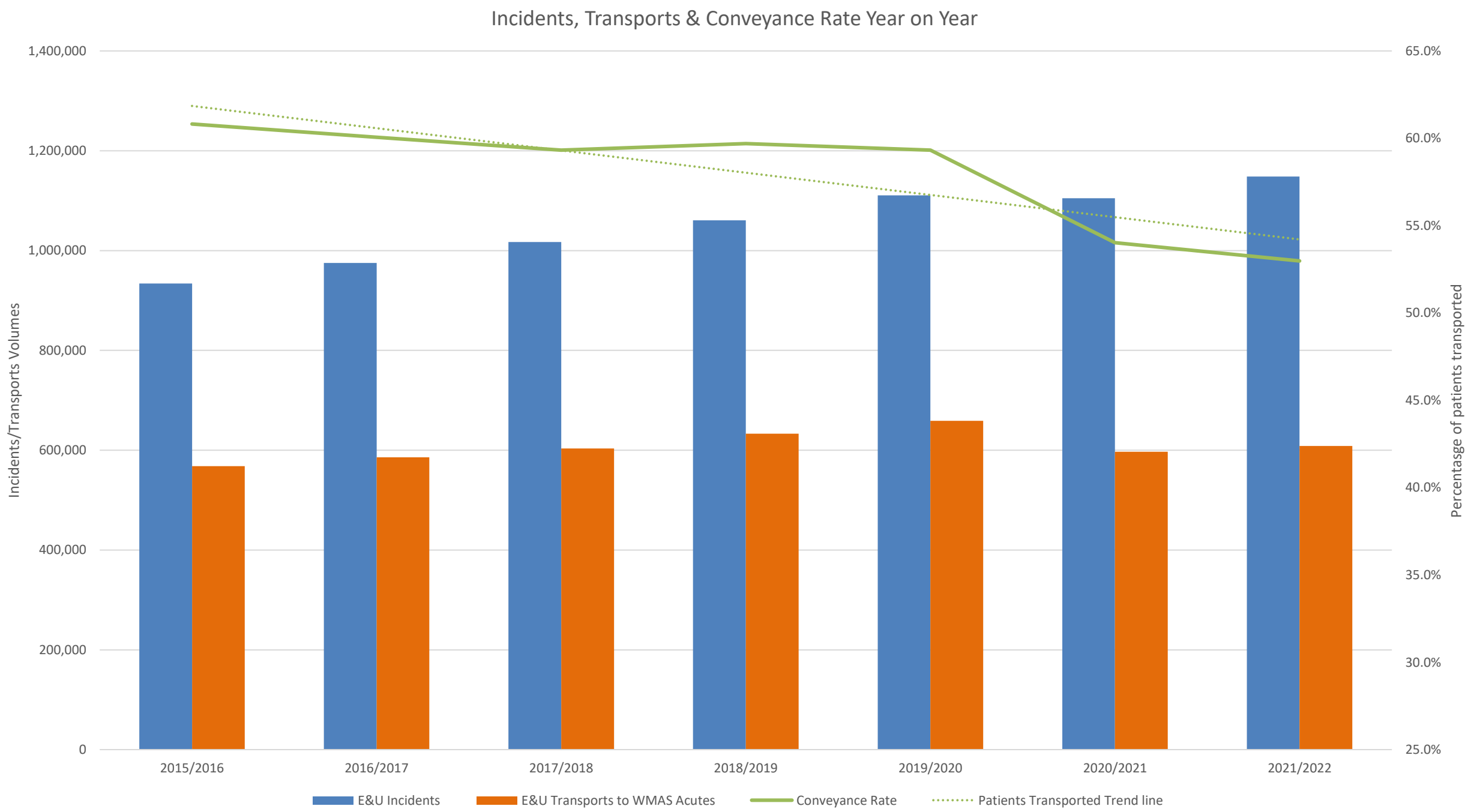
Vivek Khashu – Strategy and Engagement Director

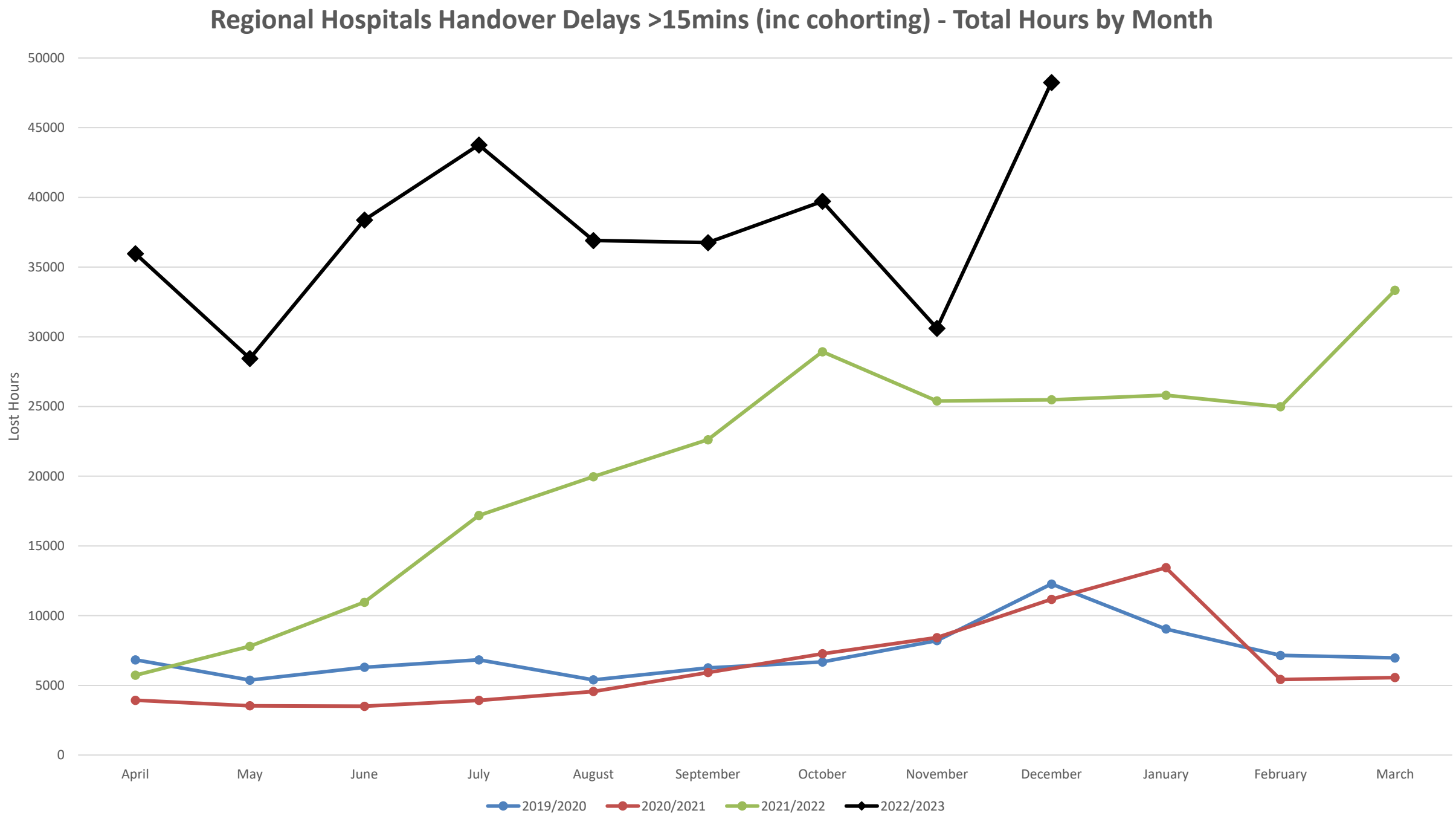
Mark Docherty – Director of Nursing and Clinical Commissioning

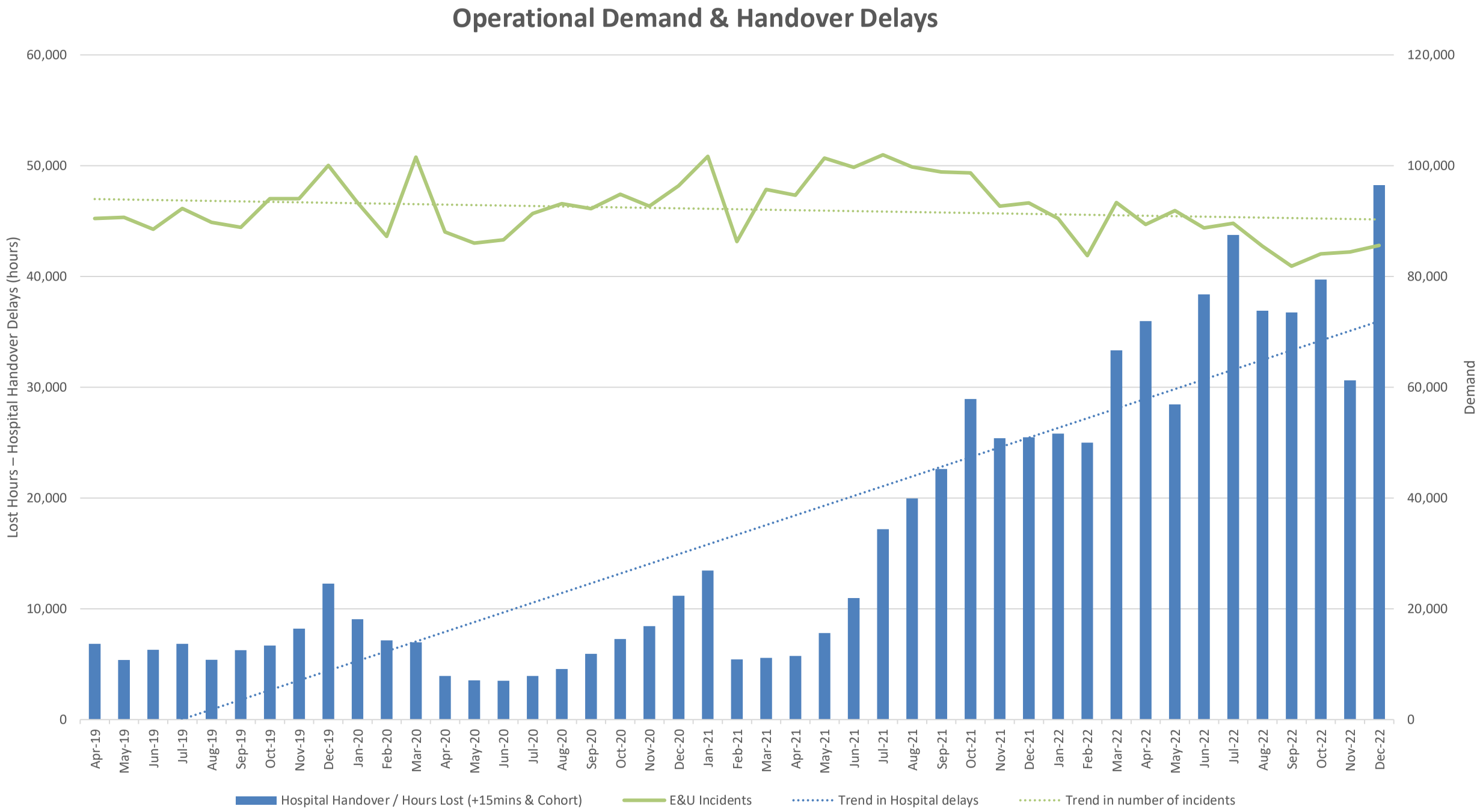
Trust us to care.

Content

- What has happened, over the last three years
- Activity and conveyances to hospitals
- Lost hours to handover delays and response times by call category
- Profile of SIs, numbers and type and why
- Actions taken by WMAS
- High impact actions by WMAS or WMAS with partners to make the difference
- The outcomes from an WMAS perspective
- Concluding remarks


Incidents, Transports & Conveyance Rate Year on Year
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
Incidents/Transports Volumes
65.0%
60.0%
55.0%
50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
Percentasge of patients transported
2015/2016
2016/2017
2017/2018
2018/2019
2019/2020
2020/2021
2021/2022
E&U Incidents
E&U Transports to WMAS Acutes
Conveyance Rate
Patients Transported Trend line


Regional Hospitals Handover Delays >15mins (inc cohorting) - Total Hours by Month
Lost Hours
50000
45000
40000
35000
30000
25000
20000
15000
10000
5000
0
April
May
June
July
August
September
October
November
December
January
February
March
2019/2020
2020/2021
2021/2022
2022/2023


Operational Demand & Handover Delays
Lost Hours – Hospital Handover Delays (hours)
Demand
60,000
50,000
40,000
30,000
20,000
10,000
0
120,000
100,000
80,000
60,000
40,000
20,000
0
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
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Jun-21
Jul-21
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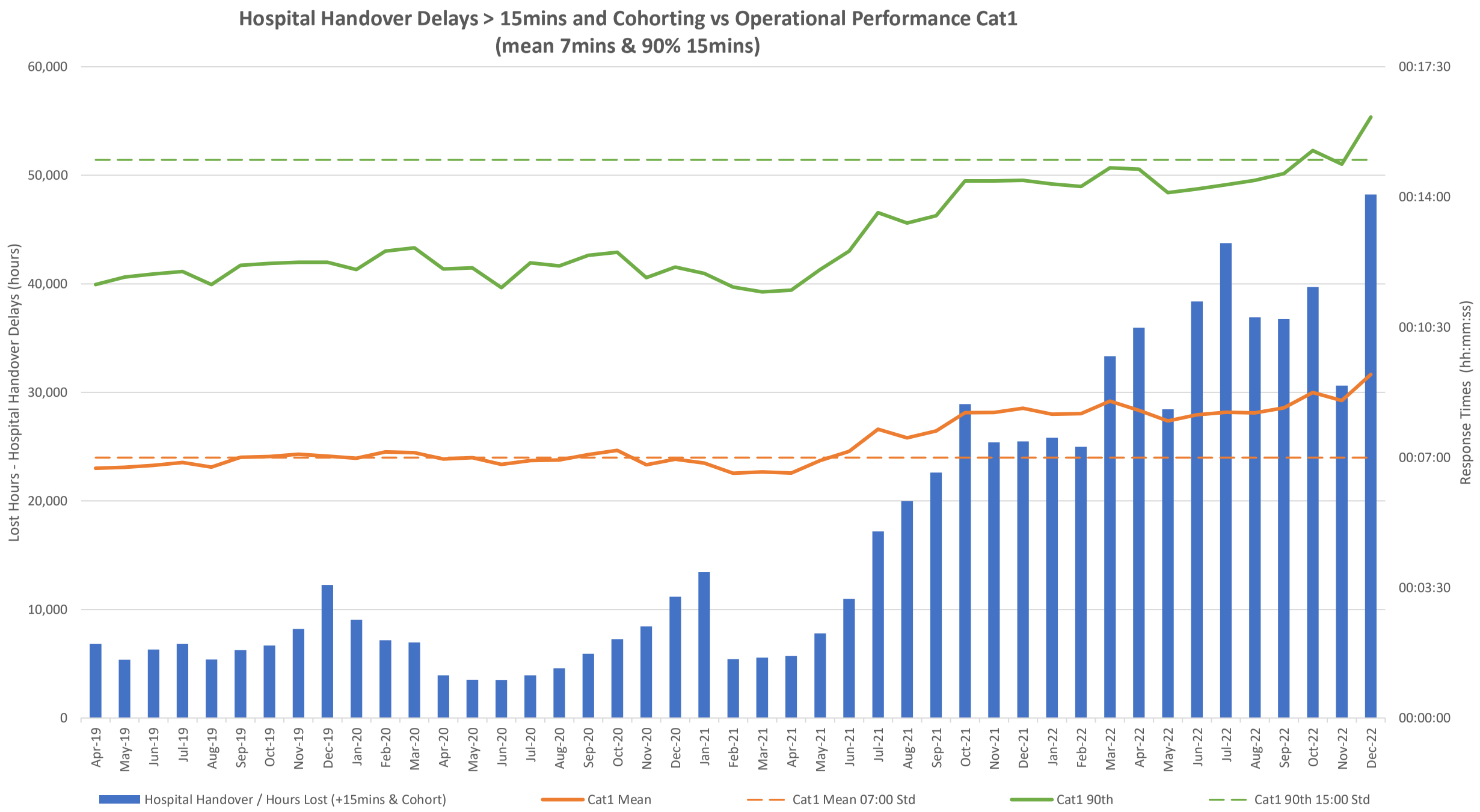
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Hospital Handover / Hours Lost (+15mins & Cohort)
E&U Incidents
Trend in Hospital delays
Trend in number of incidents


Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat1
(mean 7mins & 90% 15mins)
Lost Hours - Hospital Handover Delays (hours)
Response Times (hh:mm:ss)
60,000
50,000
40,000
30,000
20,000
10,000
0
00:17:30
00:14:00
00:10:30
00:07:00
00:03:30
00:00:00
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
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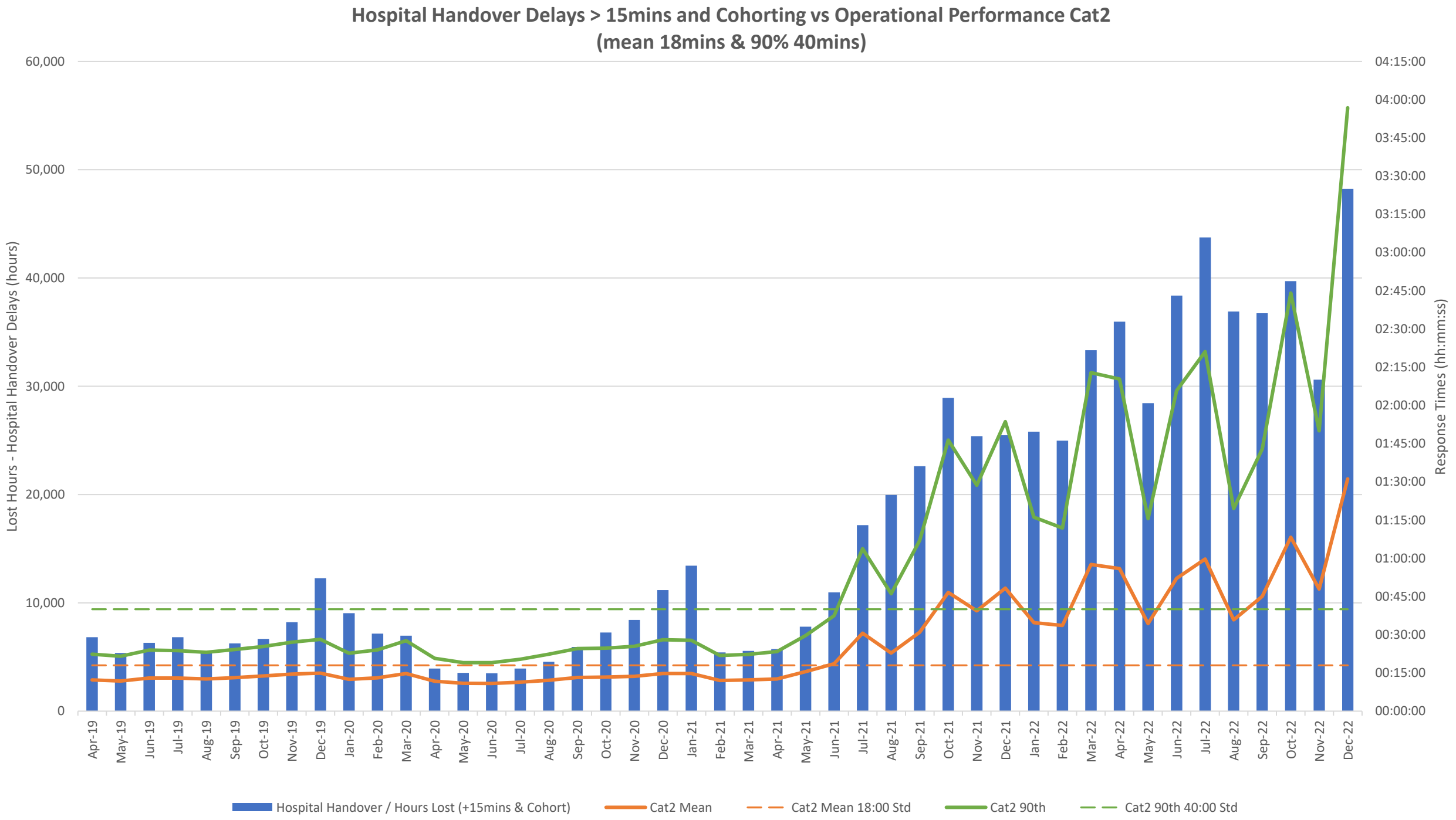
Sep-22
Oct-22
Nov-22
Dec-22
Hospital Handover / Hours Lost (+15mins & Cohort)
Cat1 Mean
Cat1 Mean 07:00 Std
Cat1 90th
Cat1 90th 15:00 Std


Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat2
(mean 18mins & 90% 40mins)
Lost Hours - Hospital Handover Delays (hours)
Response Times (hh:mm:ss)
60,000
50,000
40,000
30,000
20,000
10,000
0
04:15:00
04:00:00
03:45:00
03:30:00
03:15:00
03:00:00
02:45:00
02:30:00
02:15:00
02:00:00
01:45:00
01:30:00
01:15:00
01:00:00
00:45:00
00:30:00
00:15:00
00:00:00
Apr-19
May-19
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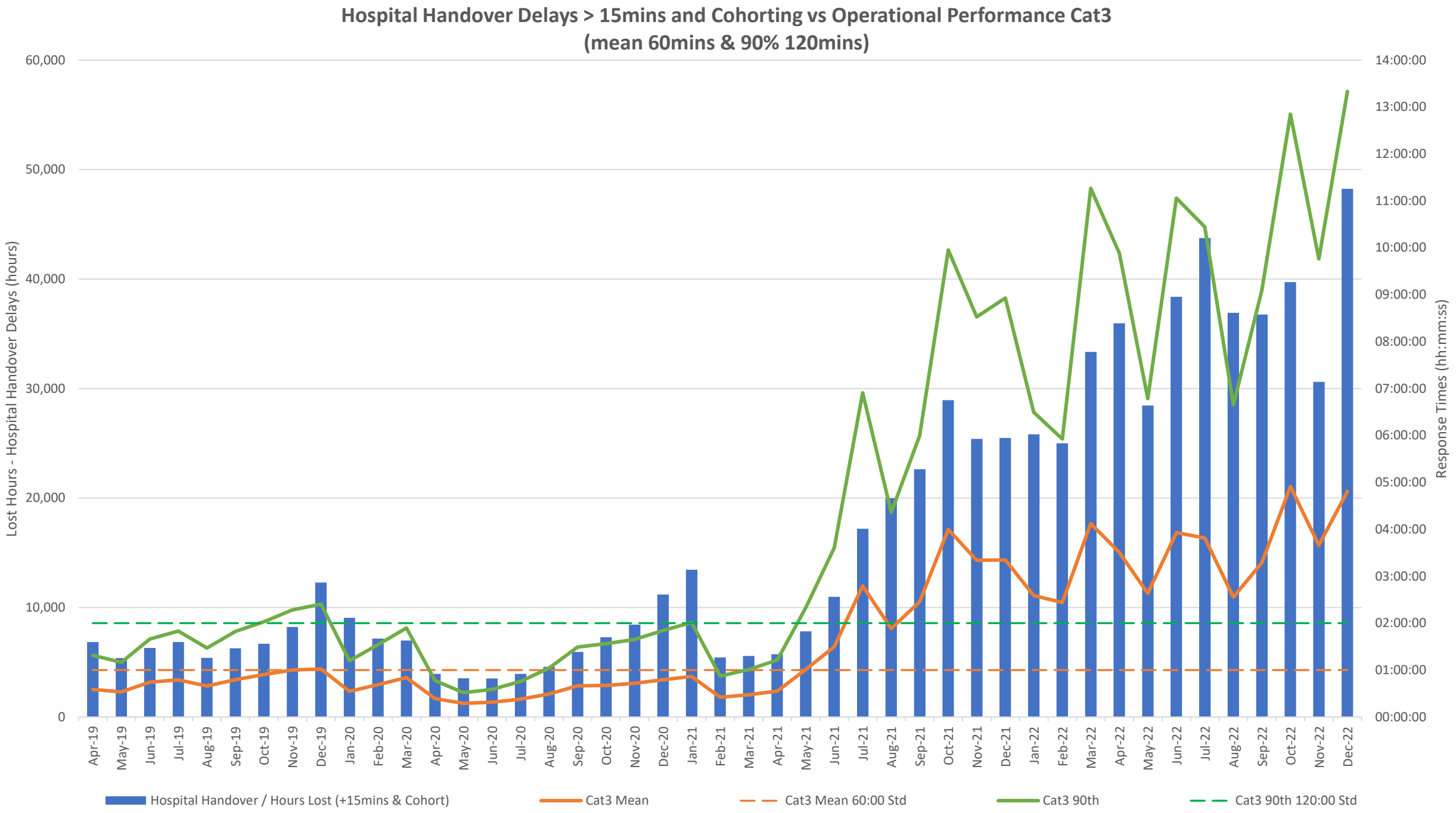
Oct-22
Nov-22
Dec-22
Hospital Handover / Hours Lost (+15mins & Cohort)
Cat2 Mean
Cat2 Mean 18:00 Std
Cat2 90th
Cat2 90th 40:00 Std


Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat3
(mean 60mins & 90% 120mins)
Lost Hours - Hospital Handover Delays (hours)
Response Times (hh:mm:ss)
60,000
50,000
40,000
30,000
20,000
10,000
0
14:00:00
13:00:00
12:00:00
11:00:00
10:00:00
09:00:00
08:00:00
07:00:00
06:00:00
05:00:00
04:00:00
03:00:00
02:00:00
01:00:00
00:00:00
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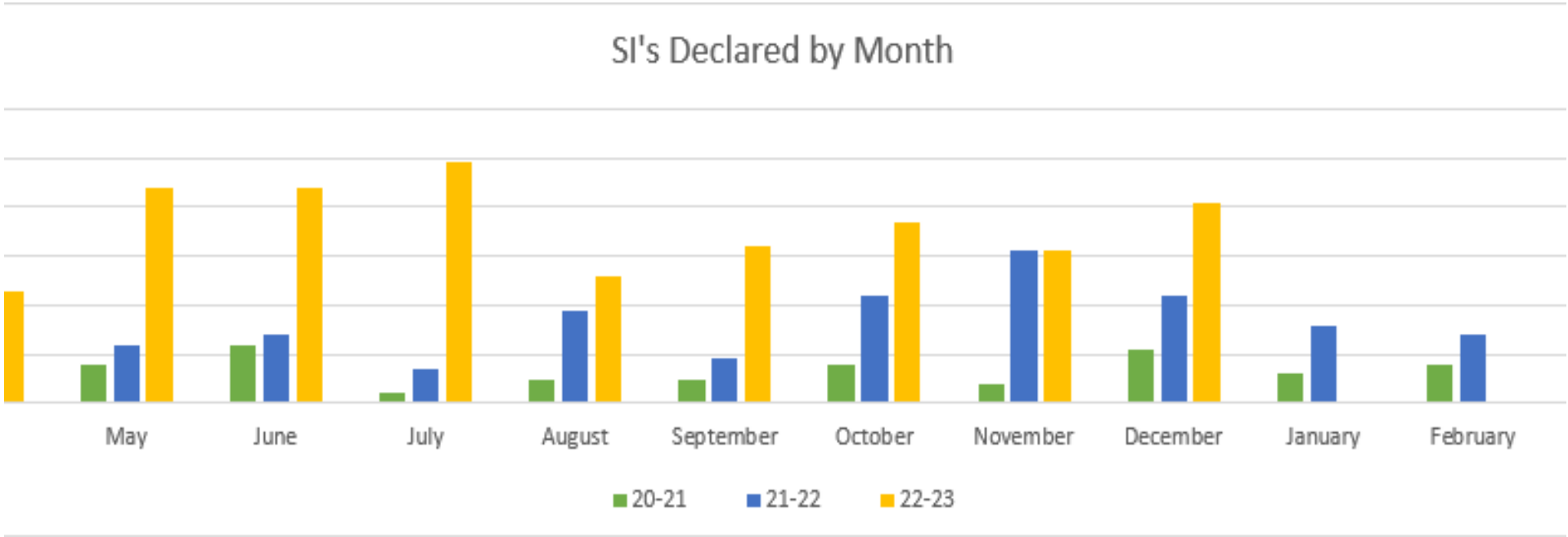
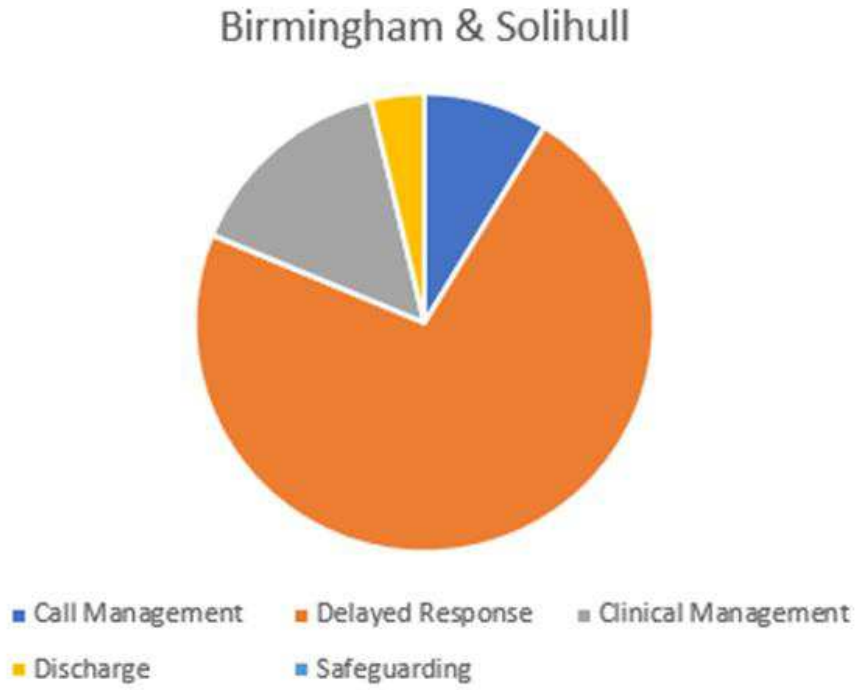
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Hospital Handover / Hours Lost (+15mins & Cohort)
Cat3 Mean
Cat3 Mean 60:00 Std
Cat3 90th
Cat3 90th 120:00 Std

Profile of Serious Incidents over the last three years



As handover delays have increased, response times have deteriorated, our Serious Incidents have exponentially increased, 2021/22 now going into 2022/23

What is the breakdown of the rising number of Serious Incidents in BSOL ?



Patients see per shift

	Arden	B'ham	BCtry	Shrop	Staff	H&W	WMAS
Jan 18	6.529	6.537	6.655	6.251	7.02	5.767	6.523
Sept 22	4.105	3.459	4.399	2.704	3.144	3.650	3.601

There are secondary harms associated with poor response times, for example the rising number of "duplicate calls", abuse towards call assessing staff, patient facing contacts from our staff have also halved (see table) linked to risks on maintaining clinical skills.

What actions have we taken – governance and partnership working?

1. Director input into respective Integrated Care Systems (ICS) and A&E Delivery Boards including systems escalation calls daily
2. Escalation of two risks on Board Assurance Framework (BAF) to 25 – Handover delays and ambulance response times, monthly monitoring by Quality Governance and performance committees and the Board of Directors (in public)
3. Reflection of our BAF risks in our host ICS BAF – triggering ICS level patient safety summits which the CQC have joined
4. Strong partnership working with ICS quality team and lead commissioner on risk, safety, SI process and learning, the lead CCG / host ICS is supportive.
5. Proactive engagement with Health Overview and Scrutiny Committee Meetings.
6. Whole regional engagement with partners on Urgent Community Response and receiving patients from WMAS to reduce dispatch – 100s of patients every month now being referred prior to ambulance dispatch.
7. Duty of candour exercised – including frequent meetings with affected families and speaking out with the media
8. Proactive Engagement with NHSE / CQC on risks regional teams, including regional clinical forums
9. Engagement with regional groups such as Emergency Medicine Doctors jointly with Acute Trust CEO
10. Completion of new risk assessments e.g. harm due to prolonged periods on stretchers, clinical validation, impact of regular surge contingency enactment and regular review and increase of existing risks, hospital delays, stacking of incidents, Trust performance. Risks are reviewed more regularly due to their significant impact.
11. Close engagement between the Board of Directors with Governors and staff side union reps.
12. Briefing of the CQC national NHSE Urgent and Emergency Care team and our regional inspection team

What have we done in terms of improvement?

1. Clinical validation Team mobilised July 2021 – now have best in sector Hear and Treat (H&T) numbers
2. H&T/Alternative Pathway, 13% through See & Treat, and 23% through See & Convey
3. Head of Hospital flow now embedded within the Trust, attending meetings with partners and articulating areas of risk which need addressing by Acutes , as well as managing HALO provision to ensure the delays are mitigated where possible
4. Use of the rapid handover protocol to reduce risk to outstanding emergencies
5. Increasing use of “intelligent conveyance” to balance pressures and delays
6. Development of a CAD portal which enables the transfer of cat 3 and 4 work electronically in Urgent Community Response, utilisation of alternatives rising, for example, Black Country ICS breaking records
7. Controlled pilot of clinical validation of cat 2 calls to prioritise dispatch
8. Visibility – Chair and CEO visiting hubs, exec team spending time with our staff across the region
9. Nationally leading on non conveyance (best in country CCG patch in Staffordshire)
10. Primary research in Birmingham on falls in nursing homes published but importantly led to investment in training and equipment across Birmingham within nursing homes.
11. PTS delivering support to prompt hospital discharge to support patient flow
12. Recruitment plan in for the forthcoming year increased including ongoing recruitment of IEUC staff, student paramedics, CFRs in all areas
13. Additional recruitment into 111 to recover performance – which reduces the risk of unheralded presentations to EDs
14. Best in country 999 call answering performance (the very first risk to a patient, not getting a call answered promptly)
15. 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.
16. Significant package on staff wellbeing, mental health and support in place and expanding further still

Of everything we have done, what have been the high impact changes from WMAS perspective?

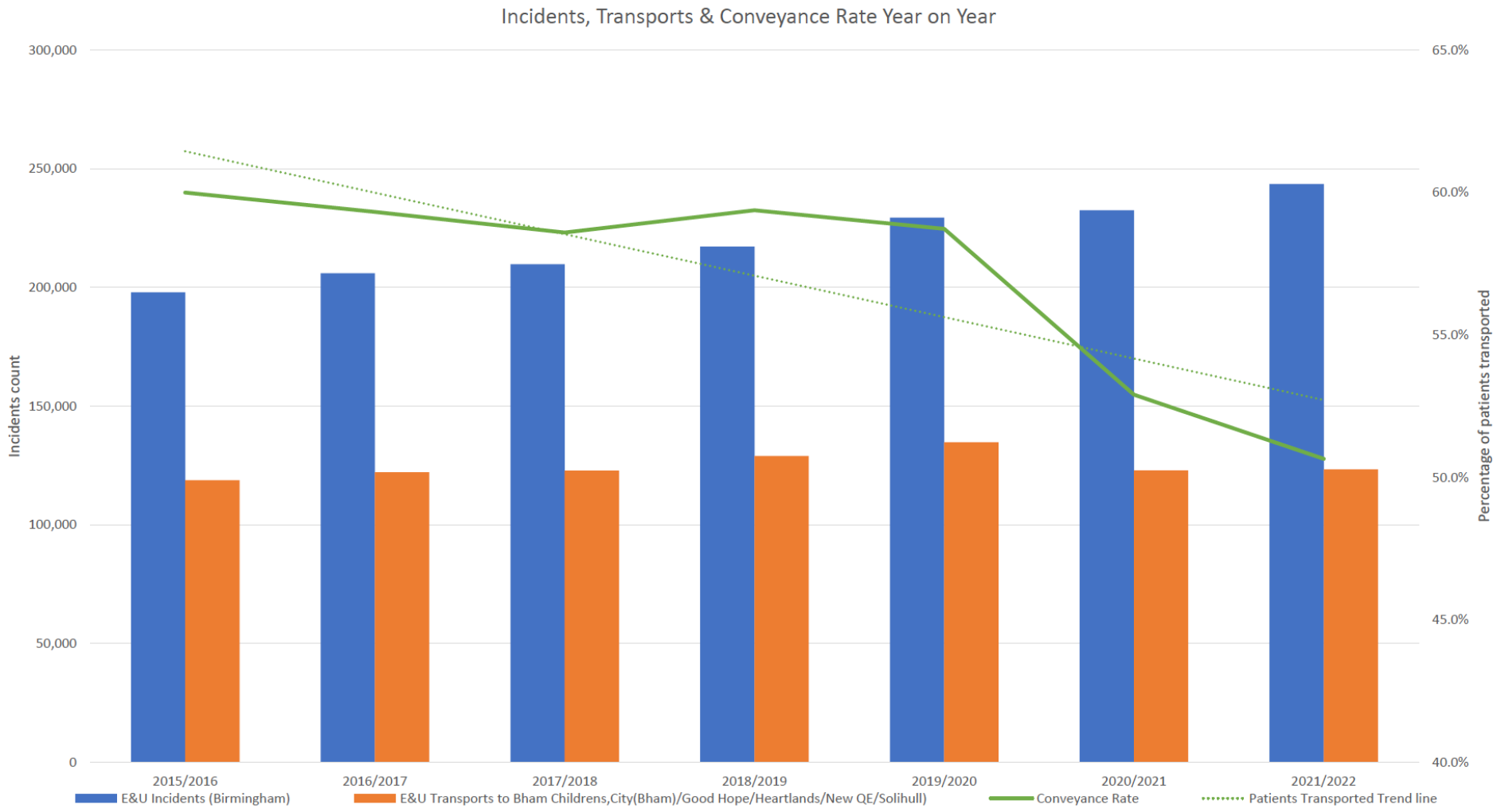
- WMAS have sustained the best call answering performance in the country, patients aren't waiting to have a 999 call answered, the only ambulance service in the country to have a paramedic on every ambulance
- Introduction of the Clinical Validation Team in July 2021 – we have improved the numbers of patients being managed over the ‘phone’ from 3.5% to c20%
- SWBH receiving c10 ambulances per day out of UHB to balance waits
- Introduction of WMAS CAD portal in July 2022 – 100s of patients now electronically referred into alternative pathways each day across the region
- Implementation of the BCHC NHS Trust Urgent Community Response – receiving 30-40 patients from WMAS, avoiding an ambulance dispatch
- Multi-million pound ICB investment September 2022 - Implementation of the Ambulance Decision Areas 24/7 across the 3 UHB sites – an ICB supported join initiative with UHB to provide ambulance staff to ED to undertake the receival and initial assessment of patients to release individual ambulances – 72 whole time equivalent staff, consisting of paramedics and care assistants.
- Further ICB additional investment enabling the recruitment of additional Ambulance Hospital Liaison Officers and ambulance care assistants, to provide 24/7 support to the UHB hospitals on ambulance handover and patient safety.

The net effect and the ask of partners?

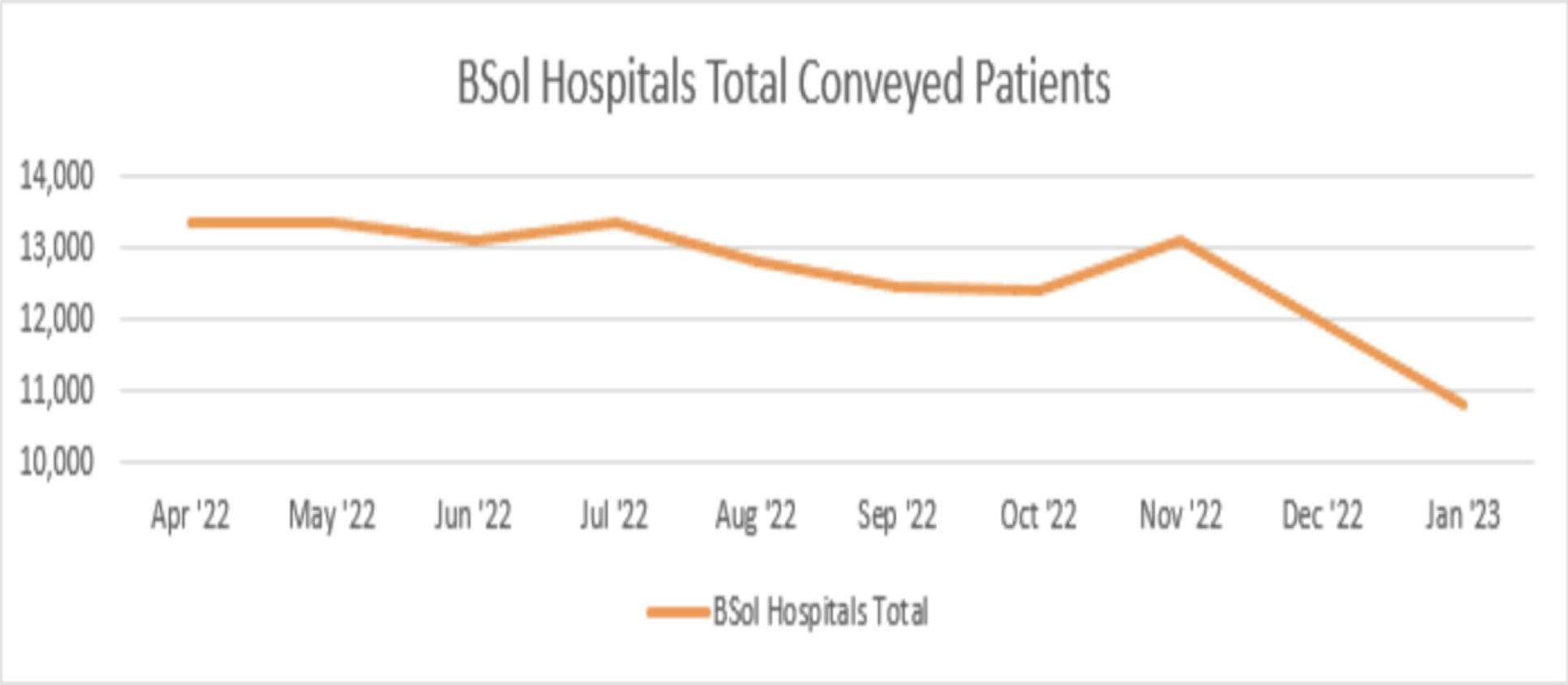
December 2022			Hear & Treat		See & Treat		See & Convey		Conveyed To ED		Conveyed To Non ED	
ICS	Call Volume	AQI Incident Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
NHS BIRMINGHAM AND SOLIHULL ICS	39,424	20,303	5,187	25.5%	5,828	28.7%	9,288	45.7%	8,573	42.2%	715	3.5%
NHS BLACK COUNTRY ICS	30,914	19,680	3,401	17.3%	6,163	31.3%	10,116	51.4%	9,613	48.8%	503	2.6%
NHS COVENTRY AND WARWICKSHIRE ICS	21,133	11,999	2,352	19.6%	3,693	30.8%	5,954	49.6%	5,585	46.5%	369	3.1%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	16,602	9,244	1,650	17.8%	2,603	28.2%	4,991	54.0%	4,684	50.7%	307	3.3%
NHS SHROPSHIRE, TELFORD AND WREKIN ICS	11,178	5,943	1,247	21.0%	1,891	31.8%	2,805	47.2%	2,536	42.7%	269	4.5%
NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	29,903	15,052	3,326	22.1%	4,622	30.7%	7,104	47.2%	6,363	42.3%	741	4.9%
ICS Total	149,154	82,221	17,163	20.9%	24,800	30.2%	40,258	49.0%	37,354	45.4%	2,904	3.5%

Birmingham and Solihull Integrated Care System has the lowest ambulance conveyances rates out of the six ICSs we cover – the hospitals receive the lowest proportion of ambulances Vs calls received

Despite rising numbers of 999 calls within the Birmingham and Solihull area, fewer patients are being brought to hospital by ambulance



WMAS are taking fewer and fewer patients to hospitals, which is the 'ask' of our partners.



Concluding remarks.

- WMAS has a track record of meeting or exceeding all of its response times standards.
- As the NHS ‘opened’ back in may / June 2021, nationally, regionally and including Birmingham and Solihull, the sector has witnessed a rising tide of congestion, increasing handover delays and reducing the ability for the ambulance services to respond.
- Our Serious Incidents have tracked the growth in handover delays and our growing inability to respond to patients, as response times have deteriorated, our serious incidents have significantly increased, which do include severe harm and death
- WMAS has been well supported by both the ICS and UHB, but the problem of congestion and occupancy across the Emergency Care pathway is one which WMAS alone cannot compensate for or resolve, due to the scale of the problem and its impact.