

# MINUTES OF BROOKE OVERVIEW AND SCRUTINY COMMITTEE

6 APRIL 2017

## PRESENT:

**Members of the Committee:** Councillors Claire Edwards (Chair), Mrs A'Barrow, Cade, Mrs Garcia and Sandison

**Officers:** Rob Back (Head of Growth and Investment), Raj Chand (Head of Communities and Homes) and Veronika Beckova (Democratic Services Officer)

**In attendance:** PC David Brown (Warwickshire Police), Sue Green (Deputy Director of Nursing and Quality, West Midlands Ambulance Service) and Nick Andrews (Rugby Youth Council)

## 29. MINUTES

The minutes of the meetings held on 16 February 2017 were approved and signed by the Chair.

## 30. APOLOGIES

Apologies for absence from the meeting were received from Councillors Miss Lawrence, Mrs New and Mrs O'Rourke.

## 31. RUGBY YOUTH COUNCIL

The committee received a verbal report from Nick Andrews updating the committee on the work of the Rugby Youth Council, MYP and VOX. The main points were as follow:

This year's campaign will focus on the LGBTQ+ community and homophobia. All campaigns require funding and this year, a grant application was made to the Police and Crime Commissioner. The application was successful.

2017/18 is the last year that Nick Andrews can stand and he will be personally campaigning on mental health. Nick is currently gathering up information to be able to hold a conference in March 2018 to bring schools and services together.

**RESOLVED THAT** – the committee thanked Nick Andrews for his update and attendance.

## 32. WEST MIDLANDS AMBULANCE SERVICE

The committee received a verbal update (Part 1 – Agenda Item 4) from Sue Green, Deputy Director of Nursing and Quality.

Selected pages of the draft West Midlands Ambulance Service (WMAS) Quality Account 2016/17 were circulated at the meeting and are attached at Annex 1. Due to the size of the document, the full version will be published separately once available.

The following points were raised:

### ***Ambulance Response Programme***

The WMAS is one of three ambulance services taking part in the Ambulance Response Programme (ARP) which aims to improve response times to critically ill patients. It will make sure that the best, high quality, most appropriate response is provided for each patient first time.

There are three key elements of the programme:

- The use of a new pre-triage set of questions to identify those patients in need of the fastest response at the earliest opportunity (Nature of Call).
- Dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical needs (Dispatch on Disposition).
- A new evidence-based set of clinical codes that better describe the patient's presenting condition and response/resource requirement.

The ARP is now at the end of its testing phase.

The time-based ambulance response categories prior to the ARP were:

RED 1 – 8 minutes  
GREEN 2 – 19 minutes  
GREEN 4 – 20+ minutes

The revised time-based ambulance response categories are:

Category 1 – 8 minutes  
Category 2 – 19 minutes  
Category 3 – 30 minutes  
Category 4 – 90+ minutes

All NHS ambulance services must currently respond to 75% of RED 1 emergency calls (immediately life threatening) within 8 minutes and 95% within 19 minutes of an ambulance being requested by the clinician on scene. The clock stops when the first ambulance service-dispatched emergency responder arrives at the scene of the incident. In Rugby, 75% was never achieved.

### ***Response times for Rugby – June 2016 until March 2017***

- In June 2016, when the Ambulance Radio Programme was introduced, there were 55 incidents attended at CV21, CV22, CV23. 75% of the 55 incidents were attended to within 11 minutes 46 seconds. Within the remaining 25% of the 55 incidents, the longest a patient waited was 28 minutes 51 seconds (unverified data).
- In July 2016, the 75th centile was 9 minutes and 13 seconds.
- From 1 until 11 October 2016, the 75th centile was 13 minutes.
- From 12 until 31 October 2016, the 75th centile was 8 minutes (slight categorisation change).
- From June 2016 until March 2017, the longest that any job took to attend to was 32 minutes.

To meet the needs of the population, the WMAS has also reconfigured its vehicle fleet. Only about 20 Rapid Response Vehicles (front loaded model) are left across the organisation.

**Community First Responders** are volunteers used by the ambulance service and are a great asset to the organisation. Across the 5,000 square miles covered by the WMAS, there are about 800 to 1,000 of volunteers. CFRs do not attend Road Traffic Collisions, incidents involving children under two/violence/etc. The WMAS puts a great emphasis on their governance and training. Most CFRs are aiming to train with the ambulance service and this gives them an understanding of the service. The WMAS does recruit from CFRs.

The Deputy Director of Nursing and Quality informed the committee that going forward more detail for individual areas may be available as the electronic patient record has been implemented. As part of the WMAS priorities, Public Health receives a detailed report on jobs by postcode so that they know what to target with their agenda.

The committee was also made aware that the WMAS is the first ambulance service in England to receive an outstanding rating from the Care Quality Commission (CQC).

During the update, the following questions were asked:

*What area does the West Midlands Ambulance Service cover?*

The WMAS serves a population of 5.6 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Staffordshire, Warwickshire, Coventry, Birmingham and Black Country conurbation.

Comparing to the size of the area, WMAS has a very small management team: one board, one senior management team, local area managers and a general manager in each of the areas. Coventry, Warwickshire and Staffordshire have merged and are now under one manager. As the regions emergency ambulance service, WMAS respond to around 3,000 '999' calls each day. 94% of the 3,000 calls a day are electronic reporting.

*What vehicle would a Community First Responder attend in? Is there a scheme in Rugby?*

They don't have blue lights. All CFRs are local to their area and usually live within five miles of that area. Some schemes are charitable, have their own car and are supported by the local community. The WMAS helps with the equipment. There is a scheme in Rugby.

*Why does a '111' call seem to lead to automatic admission at Walsgrave?*

The WMAS does not manage '111' calls but we work closely together. Any '111' calls that come across to the WMAS are automatically included in the stats. We are commissioned to respond to everything that they send over to us.

*There are concerns about no direct access to the Caludon Centre and the need to go through A&E. Surely, direct access would take some pressure off the A&E.*

Our crew is very good at assessing patients' mental health state. On a back of an ambulance, the crew is not able to determine underlying issues such as an infection or carry out blood tests.

The WMAS has a mental health car in Birmingham and in Solihull. In Birmingham, there is a police officer, a mental health nurse and a paramedic in the car. The project has been in place for about three years. As the WMAS is commissioned by 22 different CCGs, services provided depend on the commissioning arrangements. Some areas don't meet the level of need for a mental health car.

*It's a real concern that care homes don't accept people over the weekend and are calling the WMAS to lift patients.*

Care homes have a legal responsibility to carry out risk assessments, state out what they will do if anything happens and have arrangement in place for every patient.

*Do you have recourse if a care home is a 'repeat offender'?*

No but arrangements have been made with the CQC. The WMAS will write to the relevant care home reminding them of their legal duty under the Health and Social Care Act and the Health and Safety at Work Act to ensure the safety of the people living in their residential home, care home or nursing home and that we have arrangements in place to inform the CQC. This can affect the care home's CQC rating which can in turn have a knock on effect if people are considering a home for their relatives.

Another issue is the amount of care homes that don't commence CPR (qualified and unqualified staff). In this instance, the WMAS would also make an official complaint to the care home. CQC is also made aware of any care home that refuses to commence CPR.

We also generate a frequent callers' report. If somebody calls more than three times in a six week period, it starts to flag on our system.

*Are you using the standby points for ambulances? Also, you are building a new ambulance station in Southam. Will that cover Rugby Borough?*

We have a completely dynamic deployment of ambulances. If the standby points are in use, the ambulance will not be there for very long. People are moved into the area so it is likely that they are being used. It's rare to keep ambulance in the ambulance stations. Generally, they don't respond from the hubs or ambulance stations. They respond from strategic points dotted around.

*What are the biggest challenges that the WMAS is facing?*

The biggest challenges are the financial situation at present and rise in activity.

**RESOLVED THAT** – Sue Green be thanked for her presentation and attendance.

### 33. HATE CRIME IN RUGBY

The committee received a presentation (Part 1 – Agenda Item 5) from PC David Brown, Warwickshire Police. A copy of the presentation is attached at Annex 2 to the minutes.

**Hate crime** is a crime motivated by racial, sexual or other prejudice, typically involving violence.

**Hate incident** is any incident which the victim, or anyone else, thinks is based on someone's prejudice towards them because of their race, religion, sexual orientation, disability or because they are transgender.

During the presentation, the following additional points were made:

#### **Hate Crime Performance**

- The Hate Crime Unit was set up in September/October 2016.
- In early 2017, the highest satisfaction rates were recorded.
- The whole experience of hate crime reporting and follow up has seen a huge improvement.

#### **Victim Management Unit**

Due to the success of the Hate Crime Unit in terms of the figures and victim satisfaction, the Victim Management Unit was started where three more crimes are being dealt with: burglary dwelling, vehicle crime and violent crime. Hate crime always takes precedence.

During the presentation, the following questions were asked:

*Does a completed Hate Crime Satisfaction Survey go back to the investigating officer?*

The process is linked to the Home Office but if a bad survey is received, it is investigated and so are persistent offenders in terms of officers.

*What help and advice is given to victims in terms of collecting evidence?*

We would always encourage victims to collect evidence. If it is an ongoing thing, like a neighbour dispute, we encourage anything that will protect them: keeping diaries, CCTV, witnesses, etc. With repeat victims, Safer Neighbourhood Teams get involved for joined approach.

*Does the process in place lead into reduction of actual hate crime?*

The unit probably does not prevent hate crime. However, we can identify emerging trends or patterns within communities. We are reacting to crime and trying to make sure that the victim gets a good service. It's down to patrol officers and plain clothes CIDs to try to do the preventative work. However, it's down to the unit to identify patterns and dispatch resources as necessary.

*What is the trend locally since Brexit?*

Rugby is a very diverse town but there has been a slight drop. 44 incidents of hate crime were recorded in Rugby District from October 2016 to December 2016. From January to March 2017, the numbers have decreased with 35 incidents being recorded. A large portion of the incidents are racially or religiously aggravated offences in public places. If a victim perceives it as a hate crime, we act upon it. There is also a massive emphasis on ethically recording crime from the Home Office.

*Young people are willing to understand racial and religious discrimination. Most young people would be willing to receive some form of education on the broad spectrum of discrimination.*

Police Community Support Officers, with the help of Warwickshire Police Cadets, have recently presented to schools on hate crime. As a society and a community and as individuals and organisations, we need to do more to prevent hate crimes. We all have a responsibility.

**RESOLVED THAT** – PC David Brown be thanked for his presentation and attendance.

#### **34. REVIEW OF THE WORLD RUGBY HALL OF FAME**

The committee received a report (Part 1 – Agenda Item 6) concerning the one page strategy for the review of The World Rugby Hall of Fame.

The group's main task will be to make recommendations to Cabinet on future development of the attraction.

The committee agreed the content of the draft one-page strategy.

The first meeting will be held on Tuesday 18 April and the focus will be on free community days.

**RESOLVED THAT** – the one-page strategy be agreed.

#### **35. COMMITTEE WORK PROGRAMME**

The committee received a report (Part 1 – Agenda Item 7) concerning the progress of task group reviews within its remit and the forward work programme.

**RESOLVED THAT** –

- (1) the Homelessness review report be circulated to members of the sub-group prior to submission to Cabinet in June;
- (2) the fixed term tenancies be removed from the work programme; and
- (3) the forward work programme and progress in the review be noted.

**CHAIR**



# West Midlands Ambulance Service **NHS**

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## Quality Account 2016-17



## Part 2 - Priorities for 2017/18

In deciding our quality priorities for 2017-18 for improving patient experience, patient safety and clinical quality. We have listened to what our patients and staff are telling us through engagement events, surveys, compliments, complaints and incident reporting. We have assessed our progress during the year against last year's priorities and have agreed where priorities need to continue to ensure a high-quality service is maintained and continues to improve.

The Trust Priorities for 2017/18 are summarised below.

### Patient Experience

- Educate Trust clinicians and implement the ReSPECT form in order to improve understanding and treatment of patients with specific care plans such as those people at the end of their life
- Work with partner agencies to provide improved care pathways for patients ie mental health and end of life
- Increase Friends and Family Test feedback

### Patient Safety

- Improve timeliness of response based on clinical need
- Reduce the risk of harm to patients whilst in our care
- Deliver the objectives set within our Sign up to Safety pledge (specific to top 5 risks identified through learning)

### Clinical Effectiveness

- Improve the level of care delivered as measure by national Ambulance Quality Indicators
- Use the learning from external regulator reports to improve further
- Ensure 'Learning from Deaths' through mortality reviews takes place





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## Patient Experience

Priority	WHY WE HAVE CHOSEN THIS priority	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
1. ReSPECT education and implementation	This is a new initiative being trialled and is likely to be rolled out across the NHS	The care and treatment of patients with complex needs and end of life plans.	Staff will take part in the trial proactively and feedback from WMAS will influence the national introduction of the tool.
2. Work with partner agencies to provide improved care pathways for patients ie mental health and end of life	The Health & Social care system is complicated for patients to understand and navigate. We hope to make the transfer of care easier and more effective for patients at their most vulnerable times.	To ensure initiatives to improve patient care across organisations is seamless.	The Trust can evidence support for cross agency working. Patients are positive in their feedback.
3. Increase Friends and Family Test (FFT) feedback	The Trust has experienced difficulty in obtaining high numbers of FFT feedback.	Learning from patients on what works well and what doesn't is crucial to improving the service.	Improved FFT feedback
Patient Experience	<b>How we will monitor progress:</b>		
	1. Training will be monitored through quarterly reports		
	2. Clinical Quality Commissioning meetings (minutes) will reflect WMAS proposals and engagement		
	3. FFT reports to internal meetings up to and including Trust Board and for website publication via Learning Review quarterly reports.		
<b>Responsible Lead:</b>			
1. Head of Education & Training and Consultant Paramedic – vulnerable people			
2. Medical Director and Consultant Paramedics			
3. Deputy Director of Nursing & Quality and Head of Patient Experience			
<b>Date of completion:</b> March 2018			



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## Patient Safety

	PRIORITY	WHY WE HAVE CHOSEN THIS PRIORITY	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
PATIENT SAFETY	1. Improve timeliness of response based on clinical need	The Trust is part of the Ambulance Response Programme trials.	Sending the right response first time based on clinical need will ensure patients receive an appropriate response within a timeframe to meet their specific needs.	Performance indicators are currently being agreed with the Department of Health – once agreed the Trust will demonstrate improved patient outcomes.
	2. Reduce the incidence of harm to patients whilst in our care	Harm whilst rare, does remain a theme particularly during moving and handling	The moving and handling of patients will not cause harm	Reduced number of harm to patients whilst in our care.
	3. Deliver the objectives set within our Sign up to Safety pledge (specific to top 5 risks identified through learning)	During the year, we identify various risks that could result in harm to patients. We don't routinely publish the learning for all risks managed.	Improved shared learning	The Trust Website and Quality Accounts will contain more 'you said we did' relating to our top Patient Safety risks.
<p><b>How we will monitor progress:</b></p> <ol style="list-style-type: none"> <li>1. ARP is monitored by the Trust Board of Directors and Commissioners – reports included in Board papers</li> <li>2. The Learning Review Group (LRG) monitors incidence of patient harm in its quarterly reports – published internally and on our website</li> <li>3. The LRG quarterly reports will include reference to top risks and their management – published internally and on our website</li> </ol>				
<p><b>Responsible Lead:</b></p> <ol style="list-style-type: none"> <li>1. Emergency Services Director</li> <li>2. Deputy Director of Nursing &amp; Quality and Head of Patient Safety &amp; Safeguarding</li> <li>3. Deputy Director of Nursing &amp; Quality and Head of Patient Safety &amp; Safeguarding</li> </ol>				
<p><b>Date of completion:</b> March 2018</p>				



# West Midlands Ambulance Service **NHS**

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## Health and Wellbeing

Working in partnership with union colleagues the Trust continues to develop a Health and Wellbeing Strategy and action plan to ensure that health and well-being of staff is supported.

Health & wellbeing is seen as embracing the whole person's physical and mental health both inside and outside of the workplace. It is a feeling of physical, emotional and psychological wellness rather than absence of ill health and disease.

As an NHS Trust health & wellbeing applies as much to our employees as it does to the people we serve so it's important we ensure our staff are fully supported and protected. This enables our employees to flourish and reach their full potential which in turn enables the Trust to achieve the best possible care for our patients

Workforce Performance	2014/15 Baseline	2015/16 Target	2015/16 Year end
Strive to achieve sickness absence levels by March 2016 that retain best performance in the top quartile when benchmarked against all English ambulance trusts	4.70%	Top Quartile	3.71%
Reduce long term absence rate of over 28 days to 2.5% by 31 March 2016	2.98%	2.50%	2.28%
Increase Paramedic skill mix levels towards a 70% target by 2016/17 to enable more patients to be treated at scene of which:	57.60%	54.00%	52.10%
Paramedic skill mix (excluding student paramedics in training)			69.96%
Student Paramedics in training - progressing towards University			487
Student Paramedics in training - completing studies with University			150
Average time from advert to appointment is maintained at less than 14 weeks	12 weeks	Less than 14 weeks	13 weeks
Increase the Ratio of BAME staff appointed from BAME staff shortlisted	N/A	Less than 1:1.74	1:2.04
Actively promote and support West Midlands universities to increase year on year the number of BAME paramedic graduates to be reflective of the communities we serve, and monitored through Contract Review and HEI Consortium	N/A	Increase year on year	
Managers have attended a Leadership Programme or are supported to complete an Engaging Leaders Programme (5 year development plan covering 2013/14 to 2018/19)	48 people	42 people	50
Increase the number of staff with reviewed PDPs in place	43.30%	85.00%	91.09%
Staff are supported to receive necessary mandatory clinical update training according to our training needs analysis	63.80%	85.00%	87.72%
Annually deliver programmes according to the agreed Training Days Analysis (TDA) Plan	89.90%	85.00%	



# West Midlands Ambulance Service



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## Part 3 - Review of Performance against 2016-17 Priorities

	Priority	Progress	How we did
Patient Experience	<b>Deliver Making Every Contact Count (Public Health) Education</b>	Education provided to all Clinical Team Mentors who have provided 49% of clinical staff with a supervision shift where MECC is addressed. The remaining staff are booked to have supervision shifts before the 31 March 2017.	Achieved
	<b>Continue to work with Public Health to reduce health inequalities</b>	The Trust now provides non-patient identifiable data to Public Health England on a daily basis which is assisting them to determine planning and priorities for the future. Once fully analysed and reported on this may be progressed nationally.	Achieved
	<b>Engage with Rural Communities</b>	The Trust engagement vehicle and team has visited all counties within the Trust to attend local events and talk with public. The CEO and Director of Nursing have met with local community representatives from rural areas of Staffordshire. Community First responders have agreed to speak with their local communities and have been provided with feedback documentation. Work with Healthwatch has not been progressed as much as the Trust hoped and therefore work will continue in this area as part of the Trusts Engagement Plans for 2017/18	Partly achieved and Ongoing

Patient Safety	<p><b>Reduce the risk of falls that result in harm when assisting with mobilising patients in our care</b></p>	<p>Education provided to Patient Transport Staff as part of Mandatory training. All staff have either attended Mandatory training (61%) or are planned to attend before 31 March 2017</p>	<p>Achieved</p>
	<p><b>Reduce the risk of harm that occurs to patients in wheelchairs (skin tears, bruises etc)</b></p>	<p>Education provided to Patient Transport Staff as part of Mandatory training. All staff have either attended Mandatory training or are planned (61%) to attend before 31 March 2017. Trust wheelchair provision has been reviewed and improved.</p>	<p>Achieved</p>
	<p><b>Reduce the risk of harm by utilising the most appropriate safety restraints</b></p>	<p>The Trust has worked with providers of child safety restraints to ensure a more appropriate system for babies under 5kg in weight. New restraints have now been purchased to ensure restraints are now available for under 5kg to Adult. The Trust has introduced new signage for ambulances that reminds staff and parents that child restraints need to be used.</p>	<p>Achieved</p>

# Warwickshire: Hate Crime Overview April 2017

**Presented by:** PC 1951 David BROWN  
Victim Management Unit

# Hate Crime Definition

- Any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on a persons:
  - Race
  - Religion
  - Sexual Orientation
  - Disability
  - Transgender
  - Individual characteristics

# Increase in Focus

- Action Against hate Crime (July 2016)
- Increase in incidents since Brexit
- Increase of 60% (nationally) when compared to 2015 (year to month)
- Vulnerability of victims



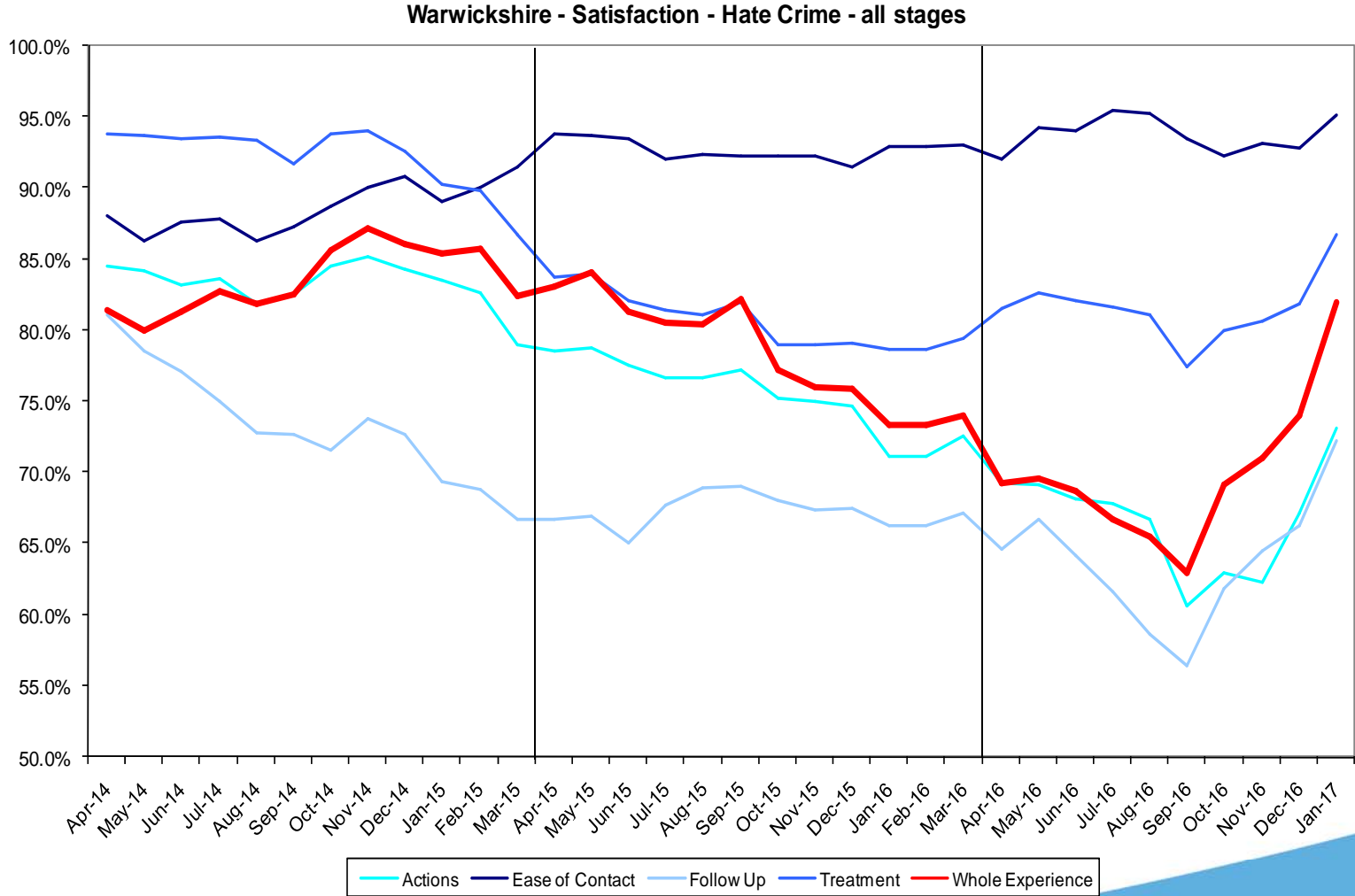
# Hate Crime Satisfaction Survey

- 6-12 weeks after reporting a hate crime survey is conducted:
- Whole experience
- Actions
- Ease of contact
- Follow up
- Treatment


# Some SSI Questions..

- Did the officer give practical help?
- Did they explain what was going to happen next?
- Did they make you feel reassured?
- Did they listen carefully to what you had to say?
- Did the police officer ask you how frequently you would like to be updated?
- Did you receive regular updates as frequently as you would have expected?
- Do you think they took the matter seriously
- Do you think they were sympathetic?

# Hate Crime Performance



# Hate Crime Procedure

- Priority incident
  - Golden hour investigation (house to house, CCTV, statements, witnesses, etc)
  - Crime report, MG11, VPS, contact plan
  - Manage the victims expectations
  - Restorative Justice
  - Duty Inspector informed
  - 48 hour visit (HCU)
  - Hate Crime Pack (HCU)
  - 4 week visit (HCU)
  - Ongoing victim updates (Patrol and HCU)
- 

# Victim Management Unit

- Development of Hate Crime Unit into Victim Management Unit to include further crimes
  - 10 dedicated police officers and 3 PCSO's county wide
  - Monitor and review all hate crime that is reported
  - Support and reinforce the investigation process
  - Ensure that all investigations are taken from patrol
  - Conduct 48 hour and 4 week engagements
  - Develop partnership working, engage with communities, develop third party reporting
  - Identify any emerging trends or patterns within communities
- 