



West Midlands Ambulance Service  
University NHS Foundation Trust



## Agenda Item 7(2)

# Quality Account 2021-22



Trust us to care.



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



# Part 1

## Introduction



## Foreword from the Chairman

Statement currently being finalised

**Professor Ian Cumming**

**Chairman**



## Statement on Quality from the Chief Executive

Statement currently being finalised

**Anthony Marsh**  
Chief Executive Officer



## Statement on Quality from the Medical Director and Executive Nurse

Statement currently being finalised

**Dr Alison Walker**  
Medical Director

**Mark Docherty**  
Director of Nursing and Clinical Commissioning /  
Executive Nurse



## Healthier Futures Partnership Statement from the Independent Chair

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

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

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

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





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

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

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

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



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

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

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



## Introduction

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

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

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

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



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

### Values

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

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



## Care Quality Commission

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

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

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



**West Midlands Ambulance Service  
University NHS Foundation Trust**

Inspection report

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Brierley Hill  
West Midlands  
DY5 1LX  
Tel: 01384215555  
[www.wmas.nhs.uk](http://www.wmas.nhs.uk)

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

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

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

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

Ratings	
<b>Overall rating for this trust</b>	<b>Outstanding</b> ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

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



## Part 2

### Priorities for Improvement 2022/23



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

### **Maternity**

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

### **Mental Health**

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

### **Integrated Emergency and Urgent Care Clinical Governance**

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

### **Utilisation of Alternative Pathways**

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

### **Developing Our Role in Improving Public Health**

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

### **Our Services**



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

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

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

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

#### 1. **Emergency and Urgent (E&U)**

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

#### 2. **Non-Emergency Patient Transport Services (NEPTS)**

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





### 3. NHS111

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

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

### 4. Emergency Preparedness:

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

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

#### Midlands Air Ambulance

In 2021 Midlands Air Ambulance Charity (MAAC) informed the Trust of their intention to seek independent CQC registration, in the same manner that the Air Ambulance Service (TAAS) currently operate. The Trust maintains a strong relationship with both organisations and has supported MAAC in gaining registration. From 1<sup>st</sup> April 2022,





WMAS will retain the MERIT

Commissioned service, staffing the MERIT vehicle and regional trauma desk, both on a 24 hour basis. The Trust continue to work closely with a range of British Association of Immediate Care Schemes (BASICS) who provide the Trust with volunteer clinical staff providing enhanced care to our most seriously ill and injured patients whilst offering invaluable training opportunities to our prehospital clinicians.

### **Commonwealth Games**

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

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

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

The Trust does not sub-contract to private or voluntary ambulance services for provision of its E&U services.

To ensure excellent business continuity in support of major incidents the Trust has agreements in place to request support from other NHS Ambulance Services.

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

The income generated by the relevant health services reviewed in 2021/22 represents **99.66%** of the total income generated from the provision of health services by the Trust for 2021/22. More detail relating to the financial position of the Trust is available in the Trust's 2020/21 Annual Report.



## Performance - Emergency and Urgent Service

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

These standards are:

### Category 1

Calls from people with life-threatening illnesses or injuries

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

### Category 2

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

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

### Category 3

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

- 120 minutes 90<sup>th</sup> centile response time

### Category 4

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

- 180 minutes 90th centile response time



## Ambulance Quality Indicators

### National Audits

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

#### 1. Care of ST Elevation Myocardial Infarction (STEMI)

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

##### Audit Element

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

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

##### Audit Element

*The Trust measures 999 Call to catheter insertion by the mean and 90<sup>th</sup> percentile.*

#### 2. Care of Stroke Patients

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

##### Audit Element

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

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

#### 3. Care of Patients in Cardiac Arrest

In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the



proportion of patients who die from out of hospital cardiac arrest. The Trust provides data to the Out of Hospital Cardiac Arrest Outcomes Registry.

Audit Element

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

#### **4. Sepsis**

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

Audit Element

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

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

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



## Local Audits

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

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

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

<b>National Ambulance Indicators</b>
Cardiac Arrest - Return of Spontaneous Circulation (Overall)
Cardiac Arrest - Return of Spontaneous Circulation (Comparator)
Cardiac Arrest - Survival to discharge (Overall)
Cardiac Arrest - Survival to discharge (Comparator)
Post-ROSC Care Bundle
STEMI Care Bundle
Stroke Care Bundle
Sepsis Care Bundle
Further information on National Indicators: <a href="#">EPR AQI Guidance</a>



## Participation in Research

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

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

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

### The following research studies have continued during 2020/21

#### **Epidemiology and Outcomes from Out of Hospital Cardiac Arrest Outcomes**

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



#### **Golden Hour (Brain Biomarkers after Trauma)**

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

#### **Resuscitation with Pre-Hospital Blood Products (RePHILL)**

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





## Major Trauma Triage Tool Study



### (MATTS)

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

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



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



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

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



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

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

Community First Responders (CFRs) are trained members of the public, lay people or off-duty healthcare staff who volunteer to provide first aid. They help ambulance services to provide emergency care for people at home or in public places. CFRs are vital in isolated rural areas. CFRs are broadly perceived to be positive, but we need evidence on how they



contribute to rural health services and how they improve care for rural communities. We aim to develop recommendations for rural CFRs, by exploring their contribution to rural care and exploring the potential for CFRs to provide new services.

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



Healthcare workers have higher risk of getting coronavirus (COVID-19 disease).

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

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



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

### **The following research studies have commenced during 2021/22**

#### **Paramedic Analgesia Comparing Ketamine and Morphine in trauma (PACKMaN)**



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

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

When a patient is seriously ill, ambulance staff may call the Emergency Department (ED) to let them know the patient is on their way. This is known as a 'pre-alert' and can help the ED to free up a trolley space or bed and get specialist staff ready to treat the patient as soon as they arrive. If used correctly, pre-alerts can help to provide better care, earlier access to time-critical treatment and improved outcomes for patients. However, if used too often, or for the wrong patients, then the ED staff may not be able to respond properly and may stop taking them seriously. This has important risks for patient safety. This study will explore how pre-alerts are being used and how their use can be improved.





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

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

## **Experiences of staff providing telephone CPR instruction**

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

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

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

## **Pre-hospital Randomised trial of MEDICATION route in out-of-hospital cardiac arrest (PARAMEDIC3)**



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



## Sustainability

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

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

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

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

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

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

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

- **Estates**  
Since 2011, the Trust has engaged in a significant programme of activity to manage and reduce our carbon footprint, mitigate our impact on air pollution which has allowed the Trust to achieve a 14.2% reduction in CO<sup>2</sup> in electricity at one of our major Hubs in 2021.
- **Fleet**  
Progress towards delivering a Net Zero NHS includes a series of achievements including the newest ambulance fleet in the country, with all vehicles less being than five years old and achieving continued weight savings.

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



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

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



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

## Data Quality

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

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



### **NHS Number and General Medical Practice Code Validity**

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

### **Data Security and Protection Toolkit**

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



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

### **Clinical Coding Error Rate**

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

### **NICE Guidance**

The Trust monitors NICE guidance to ensure relevance to the services we provide is identified. These are reported and reviewed at Professional Standards Group (PSG).



## Learning from Deaths

In March 2017, the National Quality Board (NQB) produced a framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care. At the time of publication, the applicability of the NQB Framework and how it would be applied within the ambulance services was unclear, however, from February 2018 it became a contractual obligation that implementation would commence from 1<sup>st</sup> April 2018. In July 2019, with an implementation date of January 2020, the National Guidance for Ambulance Trusts on Learning from Deaths was published that gave further clarity on how the Learning from Deaths Framework should be applied. WMAS have implemented all the requirements specified within The Learning from Deaths Framework and additionally have employed a full time Patient Safety Officer to ensure it is successfully imbedded into the learning culture of WMAS.

During the 2021/22 reporting year, the total number of deaths that occurred, while in WMAS care, was 771. This aggregate figure represents quarterly totals of:

- 158 in quarter one
- 194 in quarter two
- 222 in quarter three
- 197 in quarter four

During the 2021/22 reporting year, 560 case record reviews and 184 investigations were conducted. WMAS, although not stipulated within the National Guidance for Ambulance Trusts, have adopted the approach that where deaths have occurred while in WMAS care, all will receive a case record review. Therefore, the number of case record reviews that have been conducted will be identical to the number of deaths that have occurred while in WMAS care. This aggregate figure represents quarterly totals of:

- 158 case record reviews and 43 investigations in quarter one
- 194 case record reviews and 74 investigations in quarter two
- 222 case record reviews and 11 investigations in quarter three
- 197 case record reviews and 67 investigations in quarter four

During the 2021/22 reporting year, upon initial case record review or investigation, 77 of the 771 deaths or 9.98% were considered more likely than not to have been due to problems in the care provided to the patient. This number and percentage have been estimated as a result of each case meeting the threshold for investigation under the Serious Incident Framework, which may ultimately determine that there were no problems in the care that was provided. The aggregate figure and percentage represent quarterly totals of:

- 19 deaths or 2.49% in quarter one
- 29 deaths or 3.80% in quarter two
- 0 deaths or 0% in quarter three (patient records in this quarter were not available for review following a change of electronic system. All reporting was reinstated for quarter 4 onwards.
- 29 deaths or 3.76% in quarter four

Please note that all figures highlighted above will be updated in time for the final Quality Account to be published.



All deaths where it was considered more likely than not to have been due to problems in the care WMAS provided to the patient are managed and reported under the Serious Incident Framework. The purpose of a Serious Incident process is to identify the root cause and furthermore to establish what lessons can be learnt to prevent reoccurrence. To ensure learning occurs from the Serious Incident investigation process; actions plans are formulated, and these are instigated and monitored by the WMAS Learning Review Group.

In the previous 2020-2021 Quality Account reporting period, the following information was published that remains correct:

37 of the 891 deaths or 4.15% were considered, upon initial case record review or investigation, more likely than not to have been due to problems in the care provided to the patient.

## Performance Against Quality Indicators

To ensure patients of the West Midlands receive quality care from their Ambulance Service a set of national Ambulance Quality Indicators have been set. This helps set our policies and guidelines and develop our organisational culture that places quality at the top of the Trust agenda. The following details the figures for each and highlights the national mean percentage and position of WMAS against other Trusts.

### Operational Performance

Ambulance Services nationally have again struggled to meet both national performance targets and efficiency targets in 2020/21 but West Midlands Ambulance Service University NHS Foundation Trust has continued to perform well, consistently exceeded the national average in all measures as shown in the following table:

Category	Performance Standard	Achievement	National Average (to be published by mid April 2022)
<b>Category 1</b>	7 Minutes mean response time	7 mins 50 seconds	
	15 Minutes 90th centile response time	13 minutes 46 seconds	
<b>Category 2</b>	18 minutes mean response time	32 minutes 53 seconds	
	40 minutes 90th centile response time	72 minutes 52 seconds	
<b>Category 3</b>	120 minutes 90 <sup>th</sup> centile response time	331 minutes 48 seconds	
<b>Category 4</b>	180 minutes 90 <sup>th</sup> centile response time	384 minutes 38 seconds	

We continue to work with our Commissioners and other providers such as acute hospital colleagues to ensure improvements in the provision of healthcare for the people of the West Midlands. WMAS continues to employ the highest paramedic skill mix in the country with a paramedic present in virtually all crews attending patients every day.





WMAS considers that this data is as described for the following reasons: it has been cross checked with Trust database systems and is consistent with national benchmarking and has been audited by external auditors.

## **Ambulance Quality Indicators**

### **1. Care of ST Elevation Myocardial Infarction (STEMI)**

Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction (type of heart attack) who received an appropriate care bundle from the trust during the reporting period.

### **2. Care of Stroke Patients**

Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.

### **3. Care of Patients in Cardiac Arrest**

In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from cardiac arrest.

### **4. Sepsis**

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

## **STEMI (ST- elevation myocardial infarction)**

This is a type of heart attack. It is important that these patients receive:

- Aspirin - this is important as it can help reduce blood clots forming.
- GTN – this is a drug that increases blood flow through the blood vessels within the heart. (Improving the oxygen supply to the heart muscle and also reducing pain).
- Pain scores – so that we can assess whether the pain killers given have reduced the pain.
- Morphine – a strong pain killer which would usually be the drug of choice for heart attack patients.
- Analgesia – Sometimes if morphine cannot be given Entonox, a type of gas often given in childbirth, is used.

The Care Bundle requires each patient to receive each of the above. In addition to the care bundle the Trust measures 999 Call to catheter insertion by the mean and 90<sup>th</sup> percentile.

## **Stroke Care Bundle**

A stroke care bundle includes early recognition of onset of stroke symptoms and application of the care bundle. The Stroke Care Bundle requires each patient to receive each of the detailed interventions below:

- FAST assessment - A FAST test consists of three assessments; has the patient got Facial weakness, or Arm weakness or is their Speech slurred.
- Blood glucose - In order to rule out the presence of hypoglycaemia patients suspected of having suffered a stroke should have their blood glucose measured
- Blood pressure measurement documented - Raised blood pressure is associated with increased risk of stroke so patients suspected of having suffered a stroke should have their blood pressure assessed.

In addition to the care bundle the Trust measures 999 Call to Hospital, 999 call to CT Scan and Arrival to Hospital to Thrombolysis by the mean, median and 90<sup>th</sup> percentile.



## Cardiac Arrest

A cardiac arrest happens when your heart stops pumping blood around your body. If someone suddenly collapses, is not breathing normally and is unresponsive, they are in cardiac arrest. The AQI includes:

- Number of cardiac arrests
- ROSC (return of spontaneous circulation) on arrival at Hospital
- Survival to discharge from hospital
- Post Resuscitation care bundle

ROSC and Survival to discharge from hospital are reported within two different groups as follows:

- Overall Group
  - Resuscitation has commenced in cardiac arrest patients
- Comparator Group
  - Resuscitation has commenced in cardiac arrest patients AND
  - The initial rhythm that is recorded is VF / VT i.e., the rhythm is shockable AND
  - The cardiac arrest has been witnessed by a bystander AND
  - The reason for the cardiac arrest is of cardiac origin i.e., it is not a drowning or trauma cause.

In this element, we would expect a higher performance than the first group.

### Post Resuscitation Care Bundle

- 12 lead ECG taken post-ROSC
- Blood glucose recorded?
- End-tidal CO2 recorded?
- Oxygen administered?
- Blood pressure recorded?
- Fluids administration commenced?

Care bundles include a collection of interventions that when applied together can help to improve the outcome for the patient.

## Sepsis

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

- Observations assessed?
- Oxygen administered where appropriate?
- Fluids administration commenced?
- Administration of fluids recorded
- Hospital pre-alert recorded?





## Year-to-date Clinical Performance AQI's

Ambulance Quality Indicators	Mean (YTD)							Last National Average	Highest	Lowest
	WMAS (15-16)	WMAS (16-17)	WMAS (17-18)	WMAS (18-19)	WMAS (19-20)	WMAS (20-21)	WMAS (21-22)			
STEMI Care Bundle	77.99%	81.17%	81.01%	95.97%	97.14%	95.56%	86.80%	76.09%	96.88%	64.85%
Stroke Care Bundle	98.19%	97.36%	95.19%	98.98%	98.66%	99.20%	98.67%	97.91%	99.77%	96.86%
Cardiac Arrest - ROSC At Hospital (Overall Group)	30.17%	29.49%	29.26%	32.31%	32.61%	25.12%	25.92%	26.00%	30.84%	21.84%
Cardiac Arrest - ROSC At Hospital (Comparator)	50.61%	45.60%	51.91%	54.93%	53.98%	44.34%	44.08%	46.16%	31.25%	59.09%
Cardiac Arrest - Survival to Hospital Discharge (Overall Group) ***	8.66%	8.94%	9.08%	11.56%	10.16%	8.15%	8.42%	9.22%	11.99%	5.30%
Cardiac Arrest - Survival to Hospital Discharge (Comparator Group) ***	24.69%	26.39%	30.43%	32.61%	27.80%	22.26%	25.93%	26.21%	50.00%	16.28%
<b>Sepsis Care Bundle</b>					83.62%	84.96%	88.95%	83.02%	90.16%	87.86%
<b>Post Resuscitation</b>					69.33%	69.68%	66.90%	76.89%	74.04%	60.75%
	<p>* The Trust is permitted to re-submit nationally reported clinical data to NHS England twice a year. This is to allow for data to be accessed from hospitals for outcome data and to ensure a continual validation of data can be completed. The figures in the above table are therefore subject to change.</p> <p>** Due to changes in the reporting of national Ambulance Clinical Quality Indicators, not all AQIs will be reported monthly. Future figures will be reported as per the new National AQI Timetable.</p> <p>*** Survival to discharge data is reported at 30 days. At time of compiling report 30-day period had not passed therefore ytd figures may not be completely accurate.</p>									

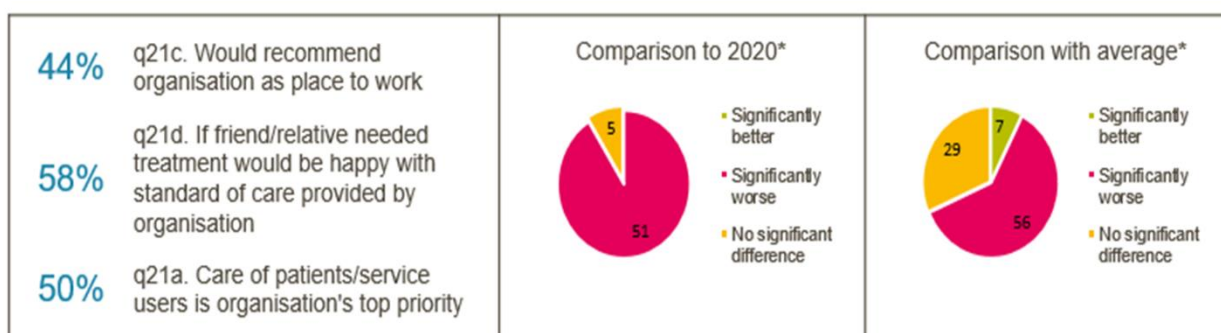
### Clinical Data Notes

- STEMI, Stroke, Cardiac Overall, Cardiac Comparator, Survival Overall, Survival Comparator YTD is based on April 2021 to February 2022.
- POST ROSC YTD is currently based on 4 Submissions of April 2021, July 2021, October 2021, January 2022.
- Sepsis YTD is currently based on 3 submissions of June 2021, September 2021 and December 2021.



## What our Staff Say

The National NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted since 2003. It is a survey that asks NHS staff in England about their experiences for working for their NHS organisations. It provides essential information to employers and national stakeholders about improvements required in the NHS. At West Midlands Ambulance Service this survey took place in the third quarter from 20<sup>th</sup> September to 26<sup>th</sup> November 2021. The survey was conducted by Picker Europe Ltd and once again the Board of Directors took the decision to run a census. The survey was conducted electronically for accessibility and to maintain confidentiality and anonymity. 6884 staff were eligible to take part in the 2021 staff survey and 3028 staff returned a completed survey compared to 3724 in 2020. The response rate for WMAS is 44% compared to 56% in the 2020 survey. The average response rate for all Ambulance Trusts is 57% and across the NHS is 48%.



An overview of the 2021 staff survey results reported by our contractor is shown below.

The first chart in the image above shows the number of questions that are better, worse or with no significant difference compared to the organisation's results in 2020. It is to be noted that some questions could not be compared as they were recently added in the 2021 survey, or some questions were changed during the redevelopment of the questionnaire. The second chart shows the number of questions that are better, worse or with no significant difference compared to other Ambulance Trusts in the 2021 survey.

From 2021 the NHS Staff Survey has been re-developed to align with the [People Promise](#) in the [2020/21 People Plan](#). Changes to the questionnaire were made following consultation with various participating organisations (including WMAS) and reviews led by the Staff Experience and Engagement team at NHS England and NHS Improvement, with the support of the Staff Survey Advisory Group, the Survey Coordination Centre, and academic experts. Reporting of staff survey results is based around the seven People Promise elements along with measures on Staff Engagement and Morale.

People Promise element	Sub-scores
Promise 1: <i>We are compassionate and inclusive</i>	P1.1: Compassionate culture P1.2: Compassionate leadership P1.3: Diversity and equality P1.4: Inclusion
Promise 2: <i>We are recognised and rewarded</i>	[No sub scores]
Promise 3: <i>We each have a voice that counts</i>	P3.1: Autonomy and control P3.2: Raising concerns



People Promise element	Sub-scores
Promise 4: <i>We are safe and healthy</i>	P4:1 Health and safety climate P4:2 Burnout P4:3 Negative experiences
Promise 5: <i>We are always learning</i>	P5.1: Development P5.2: Appraisals
Promise 6: <i>We work flexibly</i>	P6.1: Support for work-life balance P6.2: Flexible working
Promise 7: <i>We are a team</i>	P7.1: Team working P7.2: Line management
Measure	Sub-scores*
<i>Staff Engagement</i>	E.1: Motivation E.2: Involvement E.3: Advocacy
<i>Morale</i>	M.1: Thinking about leaving M.2: Work pressure M.3: Stressors (HSE index)

The theme scores that were being reported in previous years, has ceased from 2021. The table below presents the results of significance testing conducted on the theme scores calculated in both 2020 and 2021. Note that results for the People Promise elements are not available for 2020. The table details the organisation's theme scores for both years and the number of responses each of these are based on. The final column contains the outcome of the significance testing: (↑) indicates that the 2021 score is significantly higher than last year's, whereas (↓) indicates that the 2021 score is significantly lower. When there is no comparable data from the past survey, you will see N/A.

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			6.4	2910	N/A
We are recognised and rewarded			4.9	2985	N/A
We each have a voice that counts			5.7	2866	N/A
We are safe and healthy			5.3	2906	N/A
We are always learning			4.4	2740	N/A
We work flexibly			4.9	2968	N/A
We are a team			5.6	2928	N/A
Themes	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
Staff Engagement	6.3	3678	5.6	2992	↓
Morale	6.2	3651	5.3	2980	↓

The new summary reports are shown below. People Promise elements and theme scores are calculated on key questions from the survey. For most elements/themes, this includes a series of sub-score categories as well. The maximum possible score is 10 (all respondents answer most positively) and the lowest possible score is 0 (all respondents answer most negatively).



Section	Description	Organisation Score
People Promise element 1: We are compassionate and inclusive	Compassionate culture sub-score	6.2
	Compassionate leadership sub-score	5.7
	Diversity and equality sub-score	7.3
	Inclusion sub-score	6.0
	We are compassionate and inclusive score	6.3
People Promise element 2: We are recognised and rewarded	We are recognised and rewarded score	4.8
People Promise element 3: We each have a voice that counts	Autonomy and control sub-score	5.5
	Raising concerns sub-score	5.8
	We each have a voice that counts score	5.6
People Promise element 4: We are safe and healthy	Health and safety climate sub-score	5.0
	Burnout sub-score	4.0
	Negative experiences sub-score	6.7
	We are safe and healthy score	5.3
People Promise element 5: We are always learning	Development sub-score	5.6
	Appraisals sub-score	2.9
	We are always learning score	4.2
People Promise element 6: We work flexibly	Support for work-life balance sub-score	4.8
	Flexible working sub-score	4.7
	We work flexibly score	4.8
People Promise element 7: We are a team	Team working sub-score	5.8
	Line management sub-score	5.3
	We are a team score	5.5
Theme: Staff Engagement	Motivation sub-score	6.0
	Involvement sub-score	4.9
	Advocacy sub-score	5.7
	Staff Engagement Score	5.5
Theme: Morale	Thinking about leaving sub-score	5.5
	Work pressure sub-score	5.0
	Stressors (HSE index) sub-score	5.3
	Morale score	5.3



This chart shows the organisation's score for each of the People Promise elements and compares it with the benchmark group (all average, best and worst scores).



<b>Best</b>	7.1	5.6	6.6	5.6	4.9	5.6	6.4	6.3	5.5
<b>Your org</b>	6.4	4.9	5.7	5.3	4.4	4.9	5.6	5.6	5.3
<b>Average</b>	6.6	5.1	5.9	5.3	4.4	4.9	5.9	5.9	5.3
<b>Worst</b>	6.0	4.4	5.2	4.9	3.3	4.4	5.2	5.3	4.6
<b>Responses</b>	2,910	2,985	2,866	2,906	2,740	2,968	2,928	2,992	2,980



### Top WMAS scores compared to 2020

The most improved score compared to 2020 is:

Trust 2021	Trust 2020	Most improved scores
78%	76%	R13d. Last experience of physical violence was reported

The Top 5 WMAS scores recorded against the Picker Average are:

Trust Average	Picker Average	Top 5 scores VS Picker Average
87%	68%	R19a. Received appraisal in the last 12 months
62%	52%	R3h. Have adequate materials, supplies and equipment to do my work
63%	71%	R3i. Enough staff at organisation to do my job properly
60%	67%	R10c. Don't work additional unpaid hours per week for this organisation, over and above contracted hours
78%	73%	R13d. Last experience of physical violence reported

### Bottom Scores compared to 2020

The most declined scores within WMAS compared to 2020 are:

Trust 2021	Trust 2020	Most declined scores
30%	54%	R3i. Enough staff at organisation to do my job properly
44%	63%	R21c. Would recommend organisation as place to work
58%	75%	R21d. If friend/relative needed treatment would be happy with standard of care provided by organisation
50%	65%	R22c. I am not planning on leaving this organisation
36%	50%	R22a. I don't often think about leaving this organisation



The Bottom 5 WMAS scores against the Picker Average are:

Trust Average	Picker Average	Bottom 5 scores vs Picker Average
45%	63%	R11e. Not felt pressure from manager to come to work when not feeling well enough
48%	58%	R28b. Disability: organisation made adequate adjustments to enable me to carry out my work
50%	59%	R21a. Care of patients/service users is organisation's top priority
47%	56%	R9d. Immediate manager takes a positive interest in my health & well-being
48%	57%	R9e. Immediate manager values my work

Staff Engagement

	2017	2018	2019	2020	2021
Best	6.4	6.5	6.6	6.7	6.3
Your org	6.1	6.3	6.3	6.3	5.6
Average	6.1	6.2	6.3	6.3	5.9
Worst	5.5	5.7	5.8	5.8	5.3
Responses	2,277	2,990	3,374	3,678	2,992

Morale

	2018	2019	2020	2021
Best	5.9	6.0	6.2	5.5
Your org	5.9	6.0	6.2	5.3
Average	5.5	5.5	5.7	5.3
Worst	4.7	4.9	5.1	4.6
Responses	2,967	3,357	3,651	2,980

Workforce Race Equality Standard

- a) Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months

	2017	2018	2019	2020	2021
White: Your org	51.0%	48.4%	49.1%	48.6%	51.3%
BME: Your org	43.5%	37.7%	37.9%	45.2%	49.1%
White: Average	49.7%	46.5%	45.8%	43.5%	44.1%
BME: Average	39.4%	37.8%	41.2%	44.3%	39.4%
White: Responses	2,022	2,666	3,030	3,127	2,539
BME: Responses	108	183	198	325	222

Average calculated as the median for the benchmark group





b) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

	2017	2018	2019	2020	2021
<b>White: Your org</b>	29.7%	29.2%	25.5%	23.9%	26.8%
<b>BME: Your org</b>	39.6%	31.3%	24.9%	26.5%	35.0%
<b>White: Average</b>	27.5%	27.1%	25.5%	24.1%	23.8%
<b>BME: Average</b>	32.0%	31.0%	26.2%	31.1%	29.5%
<b>White: Responses</b>	2,022	2,657	3,025	3,123	2,538
<b>BME: Responses</b>	106	182	197	325	223

Average calculated as the median for the benchmark group

c) Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

	2017	2018	2019	2020	2021
<b>White: Your org</b>	49.6%	48.9%	51.9%	51.3%	44.7%
<b>BME: Your org</b>	34.3%	36.6%	47.7%	40.5%	36.6%
<b>White: Average</b>	49.3%	48.9%	51.2%	51.3%	47.7%
<b>BME: Average</b>	33.2%	36.7%	34.6%	39.5%	40.2%
<b>White: Responses</b>	2,016	2,660	3,035	3,162	2,580
<b>BME: Responses</b>	108	183	199	328	224

Average calculated as the median for the benchmark group

d) Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months

	2017	2018	2019	2020	2021
<b>White: Your org</b>	10.7%	10.0%	8.8%	8.6%	11.4%
<b>BME: Your org</b>	22.7%	17.9%	15.8%	20.7%	22.6%
<b>White: Average</b>	10.3%	10.0%	8.8%	8.6%	10.0%
<b>BME: Average</b>	18.3%	17.7%	15.8%	16.7%	15.8%
<b>White: Responses</b>	2,031	2,661	3,009	3,158	2,577
<b>BME: Responses</b>	110	184	196	329	226

Average calculated as the median for the benchmark group

### Workforce Disability Equality Standard

a) Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months

	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	52.3%	55.0%	52.5%	59.8%
<b>Staff without a LTC or illness: Your org</b>	46.9%	46.9%	46.8%	48.0%
<b>Staff with a LTC or illness: Average</b>	52.3%	52.5%	47.5%	51.2%
<b>Staff without a LTC or illness: Average</b>	45.8%	44.9%	42.1%	41.6%
<b>Staff with a LTC or illness: Responses</b>	526	671	771	737
<b>Staff without a LTC or illness: Responses</b>	2,296	2,606	2,722	2,061

Average calculated as the median for the benchmark group

b) Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months

	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	31.0%	24.8%	25.3%	28.8%
<b>Staff without a LTC or illness: Your org</b>	16.6%	13.3%	11.7%	14.0%
<b>Staff with a LTC or illness: Average</b>	28.4%	23.2%	22.1%	19.2%
<b>Staff without a LTC or illness: Average</b>	13.8%	13.3%	11.2%	11.1%
<b>Staff with a LTC or illness: Responses</b>	523	666	767	730
<b>Staff without a LTC or illness: Responses</b>	2,277	2,596	2,711	2,041

Average calculated as the median for the benchmark group



c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	24.7%	25.1%	23.1%	27.6%
<b>Staff without a LTC or illness: Your org</b>	16.3%	14.5%	13.5%	15.3%
<b>Staff with a LTC or illness: Average</b>	26.5%	25.9%	23.1%	23.9%
<b>Staff without a LTC or illness: Average</b>	16.3%	15.7%	14.7%	15.3%
<b>Staff with a LTC or illness: Responses</b>	522	665	771	728
<b>Staff without a LTC or illness: Responses</b>	2,276	2,601	2,713	2,039

Average calculated as the median for the benchmark group

d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	46.2%	46.4%	46.2%	43.5%
<b>Staff without a LTC or illness: Your org</b>	44.0%	47.1%	48.5%	49.1%
<b>Staff with a LTC or illness: Average</b>	40.4%	44.6%	46.2%	46.4%
<b>Staff without a LTC or illness: Average</b>	40.6%	41.2%	45.6%	45.3%
<b>Staff with a LTC or illness: Responses</b>	305	392	444	480
<b>Staff without a LTC or illness: Responses</b>	1,094	1,266	1,250	1,033

Average calculated as the median for the benchmark group

e) Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	41.4%	48.5%	45.7%	35.8%
<b>Staff without a LTC or illness: Your org</b>	49.2%	52.0%	51.3%	46.5%
<b>Staff with a LTC or illness: Average</b>	41.8%	45.3%	45.3%	39.4%
<b>Staff without a LTC or illness: Average</b>	49.3%	52.0%	52.0%	49.3%
<b>Staff with a LTC or illness: Responses</b>	529	670	775	744
<b>Staff without a LTC or illness: Responses</b>	2,288	2,610	2,753	2,099

Average calculated as the median for the benchmark group

f) Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	61.3%	58.2%	54.6%	64.6%
<b>Staff without a LTC or illness: Your org</b>	50.5%	44.3%	44.9%	50.5%
<b>Staff with a LTC or illness: Average</b>	45.3%	41.6%	38.3%	39.2%
<b>Staff without a LTC or illness: Average</b>	33.1%	32.3%	30.8%	29.3%
<b>Staff with a LTC or illness: Responses</b>	429	531	582	615
<b>Staff without a LTC or illness: Responses</b>	1,363	1,566	1,371	1,230

Average calculated as the median for the benchmark group

g) Percentage of staff satisfied with the extent to which their organisation values their work

	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	27.6%	26.7%	28.3%	16.9%
<b>Staff without a LTC or illness: Your org</b>	36.0%	39.9%	38.1%	26.5%
<b>Staff with a LTC or illness: Average</b>	25.3%	27.8%	29.1%	20.8%
<b>Staff without a LTC or illness: Average</b>	36.0%	38.9%	37.9%	29.3%
<b>Staff with a LTC or illness: Responses</b>	525	670	775	745
<b>Staff without a LTC or illness: Responses</b>	2,290	2,611	2,762	2,105

Average calculated as the median for the benchmark group

h) Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



	2018	2019
<b>Staff with a LTC or illness: Your org</b>	60.6%	56.4
<b>Staff with a LTC or illness: Average</b>	60.3%	58.8
<b>Staff with a LTC or illness: Responses</b>	292	36

Average calculated as the median for the benchmark group

i) Staff engagement score (0-10)

	2018	2019	2020	2021
<b>Organisation average</b>	6.2	6.3	6.3	5.5
<b>Staff with a LTC or illness: Your org</b>	5.7	5.8	5.8	4.9
<b>Staff without a LTC or illness: Your org</b>	6.3	6.4	6.4	5.7
<b>Staff with a LTC or illness: Average</b>	5.7	5.9	6.1	5.5
<b>Staff without a LTC or illness: Average</b>	6.4	6.4	6.4	6.1
<b>Organisation Responses</b>	2,990	3,374	3,678	2,992
<b>Staff with a LTC or illness: Responses</b>	529	671	778	747
<b>Staff without a LTC or illness: Responses</b>	2,300	2,616	2,765	2,106

Average calculated as the median for the benchmark group



## Equality and Diversity

### Diversity and Inclusion

The Trust has its core Diversity and Inclusion running through all business streams of the Trust. Over the last year there have been a range of themes and workstreams where work has continued to advance the equality and inclusion agenda. These themes are:

- EDS2-Better Health Outcomes for All
- WRES Workforce Race Equality Standard
- Recruitment – implementation of the NHS 6 Point action plan
- Public Sector Equality Duty
- Specific Duties
- Equality Objectives
- Diversity & Inclusion Steering Group
- Staff networks
- National Ambulance Diversity Group [NADG]
- National LGBT Group
- WDES Workforce Disability Equality Standard
- Gender Pay Gap



### Equality Delivery System 2 (EDS2)

The main purpose of the Equality Delivery System 2 (EDS2) is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. Using the NHS Equality Delivery System 2 provides a way for the organisation to show how it is performing doing against the four goals.

1.	Better health outcomes
2.	Improved patient access and experience
3.	A representative and supported workforce
4.	Inclusive leadership









In 2020/21, WMAS undertook assessment of goal 3, moving away from previous years where all the goals were assessed. A similar path has been followed for 2021/22. Due to organisational and system pressures because of Covid 19, it was appropriate that all resources were concentrated on dealing with the pandemic. For 2021/22 it was agreed by the Executive Management Board (EMB) that the organisation would concentrate on one goal, that being goal 1: Better Health Outcomes for All. There are several benefits with this approach as follow:

- 1) Assessments are not rushed, and a more qualitative and in-depth analysis takes place which results in actions to improve the service.
- 2) Assessors are not over-burdened with information and assessments are not rushed.
- 3) Setting realistic goals and action plans which lead to transformational change
- 4) Making EDS2 work as a tool to effect organisational change, as it was originally intended, as opposed to a tick box exercise.



Having gathered the evidence, an internal process assessment and grading took place, results of which are featured in the report which will be published on the WMAS Equality and Inclusion internet page.

There are four grades in the EDS2 framework which can be given as follows:

Purple			Excelling
Green			Achieving
Amber			Developing
Red			Undeveloped

### **What did we do?**

It was agreed that procurement would be the service area where evidence would be gathered and subsequent EDS2 assessment would take place and grading undertaken for 2021/2022. It has been acknowledged that the past year has been challenging for all the NHS in responding to the COVID-19 pandemic and in that regard WMAS, like all ambulance services, has had a unique challenge due to the nature of the service, in dealing with the pandemic and responding to the ever-increasing demand and pressures as a result.

Procurement, contracting, and subsequent monitoring is an essential tool, if used effectively, in gaining assurance that providers are meeting their obligations under the Equality Act 2010, both as an employer and service provider. The head and deputy head of purchasing and contracts have actively agreed for their service to be addressed and provided evidence in the form of procurement overarching governance documents, NHS Terms and Conditions for Supply of Goods (contract version), and PQQ questions and technical guidance including the Equality and modern slavery act questionnaire. Having gathered the evidence, an internal process assessment and grading took place.

### **Analysis and grading**

Call for evidence went out to the procurement team in respect of the current position of the service in respect of equality, inclusion and diversity in the business of the service. Senior management of the procurement team were appraised of the EDS framework and an analysis took place of the evidence that was provided. As the planning of the EDS assessment and grading had taken place in the midst and peak of the pandemic when restrictions were still in place, the actual assessment was one which was undertaken internally with the proviso that the grading process would be open to external scrutiny if requested. The report and assessment would also be made available to various network chairs and the document would be live and changes suggested would be incorporated as appropriate. The assessment team went through the evidence, and it was observed that there were areas which had equality embedded within the policy:



After assessing and analysing the evidence, the panel decided collectively that the service was at a developing stage as more work needed to be done to assure the procurement and contracts team that equality and inclusion considerations were embedded within the processes of the service. The evidence also found that certain elements of the service were on the border of achieving with one area classed as under-developed. It was therefore decided, after much deliberation and discussion that the service would be graded as **Developing**. It was also acknowledged that with an effective action plan and through further advice, support and guidance from the Diversity and Inclusion lead, the service could move from **Developing** to **Achieving** within 12 months, provided the elements within the action plan were delivered.

It should also be noted that the EDS3, a revised and much leaner framework is due to replace EDS2 in 2023. WMAS will adopt this as per instructions from NHSEI. For now, not all outcomes within EDS2 are relevant to the Ambulance service so a more practical approach was undertaken in the application of the framework for this assessment.

### **Workforce Race Equality Standard (WRES)**

The aim of the Workforce Race Equality Standard (WRES) is designed to improve workplace experiences and employment opportunities for Black and Minority Ethnicity (BME) people in the National Health Service (NHS). It also applies to BME people who want to work in the NHS. The Trust supports and promotes the WRES, encouraging BME staff to reach their full potential through equality of opportunity. The Trust aims to recruit a workforce that is diverse and representative of our communities. The WRES is a tool to identify gaps between BME & White staff experiences in the workplace. These are measured through a set of Metrics. The metrics are published annually in conjunction with an Action plan. The data and action plan was published in 2021 and progress has been made against those actions and monitored by the Diversity, and Inclusion Steering Group.

### **Recruitment**

The Trust makes every effort to recruit a workforce that is representative of the communities we serve. The Trust has a Positive Action statement on all job adverts encouraging applications from people with disabilities and BME backgrounds. A diverse workforce research tells us provides better patient care, to compliment the WRES the Trust is keen to encourage BME applicants particularly for the role of Paramedic. To achieve this, aim the Trust has enhanced its recruitment programme by the following:

- Employing a Recruitment Engagement Officer with emphasis on encouraging BME applicants.
- Marketing materials have been developed using staff BME role models i.e., pop up stands that can be used for events.
- Literature is reflective of the diversity of the Trust.





- Staff who are involved in the recruitment process must undergo training involving;
  - Value Based Recruitment
  - Equality & Diversity
  - Equality Act 2010 and the law
  - Unconscious Bias
  - Interview skills
  - Co-mentoring for BME staff
- The Trust now has a more modern recruitment web site to attract potential applicants.
- The Recruitment department offers support for BME applicants through the pre-assessment programme.
- All BME applicants are monitored from the point of application to being successful at assessment.

2021 has been challenging just like 2020 in respect of using diverse methods of recruitment like going out into the communities and attending events. For 2022 and beyond, with the lifting of restrictions and through a risk analysis, it is envisaged that the recruitment team will venture out into the communities the Trust serves, in order to attract the best and diverse staff

### **Public Sector Equality Duties (PSED)**

The Equality Duty is supported by specific duties (Public-Sector Equality Duty (section 149 of the Act), which came into force on 10 September 2011. The specific duties require public bodies to annually publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives. Public bodies must in the exercise of its functions, have due regard in the need to;

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.





Through the adoption of the NHSE&I mandated standards such as the; Equality Delivery System (EDS); Workforce Race Equality Standard (WRES); Accessible Information Standard (AIS); and Workforce Disability Equality Standard (WDES), WMAS is able to demonstrate how it is meeting the three aims of the equality duty.

**Specific Duties**

The Specific Duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives and to publish information about their performance on equality, so that the public can hold them to account. The Specific Duties require the Trust to:

- Publish information to show compliance with the Equality Duty at least annually
- Set and publish equality objectives at least every four years

The Trust publishes this information annually on the website.

**Equality Objectives**

The Trust is required under the “Specific Duties” to prepare and publish equality objectives which help to further the aims of our Equality Duty. The objectives must be published every four years and this year WMAS has continued to deliver on the Equality Objectives. A full report on progress on the Equality Objectives will be included in the annual PSED report in 2022.

Equality Objectives 2020-2024

**Objective 1 Equality Standards**

Our commitment to meeting the Equality Standards set by NHS England will be demonstrated by the implementation and monitoring of the following standards:

- Workforce Race Equality Standard
- Accessible Information Standard
- Equality Delivery System 2
- Workforce Disability Equality Standard
- Gender Pay Gap Reporting

**We will do this by:**

- Implementing and strengthening our approach to the NHS Equality Delivery System 2 (EDS2)
- Continuing to develop our response to the Workforce Race and Disability
- Equality Standards (WRES) (WDES)
- Investigate the experiences/satisfaction of staff through further surveys and focus groups
- Keep invigorating and supporting the staff equality networks to ensure they are aligned with our strategic equality objectives

**Objective 2 Reflective and diverse workforce**

We will enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse staff across the Trust

**We will do this by:**

Target local and diverse communities in recruitment campaigns

- Review our people policies to ensure that there is appropriate fairness
- Support managers and teams to be inclusive
- Work closely with external partners and providers (e.g., university paramedic programmes) to ensure diversity among the student group, and appropriate course content
- Ensure the recruitment and selection training programme informs recruiting staff and managers of their legal duties under the Equality Act 2010

**Objective 3 Civility Respect**

Ensure all our Board leaders, senior managers, staff, contractors, visitors and the wider community are aware of



the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it

**We will do this by:**

- Develop and deliver an internal communication campaign on civility and respect in the workplace. Develop a system where all cases of bullying or harassment are clearly recorded as such, and monitored to identify any trends or patterns across the Trust
- Capture good practice from our partners and peers to improve our diversity and Inclusion performance, e.g., working collaboratively with the NHS Employers' National Ambulance Diversity Forum and Regional Diversity Groups

**Objective 4 Supportive Environment**

Ensure our leadership is committed to creating an environment that promotes and values equality and diversity and this is embedded in all we do

**We will do this by:**

- Delivering diversity and inclusion training to all members of the Board of Directors and Council of Governor's
- Ensuring all our leaders have specific diversity & inclusion objectives in their annual objectives with performance discussed during their appraisals
- Board and Committee reports include an equality impact analysis

**Diversity and Inclusion Steering Group**

The Trust supports a "Diversity & Inclusion Steering Group" with representation from a diverse range of staff from across the Trust who are representative of the various roles and departments within the organization. This group is chaired by the CEO. The Diversity & Inclusion Steering Group meets every three months to consult and drive the Diversity & Inclusion agenda forward.

**Staff Groups**

• **Proud @ WMAS Network:**

This network is for Lesbian, Gay, Bisexual & Transgendered staff and is supported by "Straight Ally's" which is a concept developed by Stonewall. The Network is represented at Pride marches and the Trust is a member of the Ambulance Sector National LGBT group. The Network provides support for all LGBT staff and raises issues at national level where appropriate.

• **The BME Network**

The BME Network is expanding. Progress has been made by developing Terms of Reference and electing a new committee. The Network has been actively engaged in a culture change programme as part of the implementation plan for the WRES.

• **A Disability and Carers Network** was launched in July 2020 and supported the recommendations for action in the WDES.

• **A Women's Network** was launched in 2021 to support the Gender Pay Gap Action plan. The Trust ran a Springboard Women's Development Programme in 2019, a second cohort in 2020 and a third cohort is currently underway in 2021.

• **National Ambulance Diversity Group (NADG)** The Trust is represented on the national group and attends the meetings regularly. It is a forum of shared knowledge and expertise which drives the Diversity & Inclusion agenda at a national level.

• **Military Network.** The Military network was formed to recognize staff who are serving reservists, veterans, cadet instructors and families of serving personnel. The Trust celebrates various military events and WMAS achieved the employer Gold Award in 2019 by the Defence Employer Recognition Scheme.



### **Workforce Disability Equality Standard (WDES)**

The NHS Equality and Diversity Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2019. NHS England has launched this. This has now been implemented and published by the Trust. An action plan has been developed which is being monitored by the Diversity and Inclusion steering group.

### **Gender Pay Gap**

Since 2017 there has been a statutory requirement for all organisations with 250 or more employees to report annually on their gender pay gap.

West Midlands Ambulance Service NHS University Foundation Trust is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. These regulations underpin the Public-Sector Equality Duty and require the relevant organisations to publish their gender pay gap data annually, including:

- mean and median gender pay gaps;
- the mean and median gender bonus gaps;
- the proportion of men and women who received bonuses; and
- the proportions of male and female employees in each pay quartile.

The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings, while equal pay is about men and women being paid the same for the same work.

There is a requirement to publish the data on the Trust's public-facing website by 31 March 2022

A full gender pay report and key data analysis, that highlights the key variations for different occupational groups, and the actions that will be taken to improve these findings has been published. An action plan has been developed to address the gaps progress against those actions is being monitored by the Diversity and Inclusion Steering group.



## Health and Wellbeing

### National Wellbeing Framework

In January 2022 a new NHS National Wellbeing Framework was launched. This is very different from the previous framework with a diverse range of sections;

- Framework Dashboard
- Personal Health & Wellbeing
- Relationships
- Fulfilment at Work
- Environment
- Managers & Leaders
- Data Insights
- Professional Wellbeing Support

Phase 1 was to complete the first section the outcomes are automatically measured which provides a basis for the Trust action plan. This needs to be in place by October 2022. Other new frameworks have been developed which also need to link into the National HWB Framework the below all relate to Mental Health & Suicide

- Ambulance Self Audit AACE
- AACE Assessment Matrix
- Mental Health at Work Commitment [Trust signed up 2022]
- Preventing Suicide in Ambulance Sector Local Improvement Plans WMAS
- Mental Health & Suicide Strategy WMAS [Under Development]
- Mental Health Continuum AACE [released 10<sup>th</sup> March]

### Health & Wellbeing Champions

Over the last 12 months the opportunities for training & development for Champions has been excellent. NHSI & NHS England have developed two sets of training each one to run over a six-month period. Champions could choose which suited their needs best

The courses have been advertised to all of our Champions which now totals 112 in number. In addition, further in house development opportunities HWB Champions have had are;

- Menopause Advocates
- To be able to complete Health Checks
- Suicide Lite awareness course
- Mental Health First Aiders course

### Weight Management

Slimming World continues to be extremely popular with an additional 150 sets of vouchers plus 30 online vouchers having been used. After lockdown many staff found that they had put weight on and had not ate healthily, so wanted to kickstart their efforts.

All vouchers have now been used and an additional 100 have been purchased through NHSI/NHS England funding. Although the NHS Programmes are also advertised and offered our staff prefer Slimming World and in particular the group sessions.



## **Physical Activities**

Physical activity programmes are frequently advertised in the Weekly Brief from discounts to apps.

- Doing it right is an NHS platform that was designed in conjunction with the Royal Wolverhampton NHS. This programme covers cardiovascular workouts, Pilates, Yoga, Gentle exercise and salsa dance type programmes that children can join in with. Its totally free and has been nationally acclaimed.
- Be Military Fit a new NHS platform offering a mixture of not only exercise but nutrient, hydration and sleep. Last week Bear Grylls hosted a session and over 600 NHS staff took part. This new platform has a limited life span currently a survey is underway to see if its worth continued funding.
- NHS Fitness Studio Exercise this offers different types of exercise for all levels of fitness. It also offers variety in terms of what's available.
- Walsall MBC offer a 15% discount to all WMAS staff which is regularly advertised and covers all of their centres.

## **Mental Health First Aid Courses**

Currently all Trust MHFA trainers have had to reapply to get their licences back and must complete an online course and exam which they have to pass to be reinstated. This was due to the fact that courses haven't been delivered over the last two years due to demand on WMAS. An extension has been requested due to technical issues at MHFA, this has been granted until 1<sup>st</sup> April to allow everyone to complete the 4 hour programme.

The MHFA are not running any new instructors' programmes until January 2023 as they are reviewing the two-day programme. In the interim due to unexpected funding BlackCountry Health care are going to deliver 6 courses in May & June at very reduced costs. The dates are as follows.

1. Thur 19<sup>th</sup> – Fri 20<sup>th</sup> May
2. Mon 23<sup>rd</sup> – Tues 24<sup>th</sup> May
3. Thur 26<sup>th</sup> – Fri 27<sup>th</sup> May
4. Tues 7<sup>th</sup> – Wed 8<sup>th</sup> June
5. Wed 15<sup>th</sup> – Thur 16<sup>th</sup> June
6. Tues 28<sup>th</sup> – Wed 29<sup>th</sup> June

Each course can hold 16 participants and priority will be given firstly to those courses that were cancelled at the last minute so there are 96 places available. The venue is likely to be Alamein House TA Centre in Dudley.

## **Suicide First Aid Courses**

WMAS is the first ambulance service in the country to use National Centre for Suicide Prevention, Education and Trainings (NCSPET). The Trust has funded 13 instructors' places. The course was run from 14-18 March and involved a four-day course followed by individual delivery of the "Suicide Lite" course [awareness course] which will be assessed online. A module also has to be submitted to the City and Guilds governing body, as it's a recognised qualification at that level. The first set of courses were delivered on the 18<sup>th</sup> March face to face on a reduced numbers basis. This allowed 24 staff to participate. The course is nationally recognised and certificated and will be recorded on OLM. Once qualified the SFA Instructors will also be able to deliver the one-day course which is "Suicide First Aiders" whereby



participants will be issued with the lanyard similar to the MH First Aiders. The aim will be that the Suicide Lite is delivered first and then staff can move on to become Suicide First Aiders if they want. This will allow the instructors to fulfil their NCSPET requirements as instructors. The courses will commence in April to allow the instructors to be assessed whilst delivering the course online. The expectation is that all instructors will be fully qualified by the beginning of May. Online courses will be advertised to targeted audiences to enable the assessments in the first instance and then will be opened up to all across the Trust. To date 6 courses have been delivered with further dates in April so far 40 staff have participated with excellent feedback.

## **SALS**

SALS Adviser numbers had been dropping due to staff retiring etc A brand new cohort is due to start their training in April 2022 which will provide an additional 29 Advisers. This will take the total up to 63 Advisers providing a 24/7 service. The new SALS Advisors will be mentored to start with and will pick up additional training for the role.

## **Menopause**

The Trust invested in 24 staff being trained to be Menopause trainers. The training had been placed on hold due to demand on resources. The first course delivered was to the HR team last week. Worcester will be delivering their first course 21<sup>st</sup> March. Dates will be sent out for staff to participate and their attendance will be recorded on OLM in the very near future.

## **Family Liaison Officers**

The next course will take place 28&29 April 2022 due to many FLO's having retired or moved on. The course will accommodate 17 staff and is currently full. This will also become a Trust resource for our own staff who die suddenly to provide support for their families should it be requested. The training programme has been developed and Cruse are providing a tailored made bereavement programme funded by NHSI/NHS England.

## **NHSI Funding**

All ambulance services received funding in December 2021 for HWB with the emphasis that it needed to be spent or allocated by 31<sup>st</sup> March 2022. The bids had to achieve the objectives set by NHSI. To date the following initiatives have been undertaken;

- Slimming World Vouchers x 2 batches to cope with demand
- Suicide First Aid Instructors course 13 new instructors
- New Health & Wellbeing web site
- 2 full sets of Health Check equipment.
- Gym equipment 3 bikes, two rowing machines, two pop up mini marques all have arrived.
- MHFA courses x 6 May /June this will allow 96 staff to attend





- Marketing goods for the roadshow.
- Renewal of Instructors MHFA Licences.
- Family Liaison Officers Course to incorporate the staff element. 28/29 April
- 2 x Health Check Equipment to allow for more members of staff to have a health check the Trust now has 3 full sets.

## **Mental Health**

The Mental Wellbeing Practitioners have seen a steady increase in patients. One member of the team has left and this has obviously had an impact.

An initiative that is being worked on is a new charity lead initiative called 'Just B' which provides support to staff as part of the pandemic support response, with the following points:

- Charity is part of the Royal Foundation. Very proactive on Mental Health.
- Just B offers to contact members of staff by phone for a 20 minute conversation with a trained volunteer, to see if staff need any extra assistance.
- Staff can opt out in advance.
- Conversation is to identify how each staff member is doing, their resilience and coping strategies. If staff are identified as needing support, they can have an additional session with the charity to go through support options – information will be given on internal Trust support and external support available.
- Designed to be a proactive service.
- Anonymous data and dashboard are provided to the Trust, with an overview of how staff are feeling. Follows all relevant data protection and initiative is fully funded. Data collected is basic demographics: age, gender, work role. No names and doesn't identify specific roles if that would make the individual identifiable.
- A pilot of the scheme was undertaken at EMAS to positive feedback.
- Volunteers are trained the same as the Samaritans and that this is a proactive information sharing service not counselling. The script is very much on listening and giving people time to be heard on how they are feeling.
- Scheme is for 12 months.

## **Dog Visits**

The Trust have had a variety of dog visits from Police dogs to Chihuahuas. Strict criteria are adhered to and this always goes down well with staff and normally raises morale. At present we are looking for a more formalised approach across the Trust.

## **Physiotherapy**

The Trust has tried to recruit our own Physiotherapists unfortunately applicants were not at the standard we required. The Physiotherapy service is currently being provided by our Occupational Health Provider "Team Prevent" which is working well. They are able to provide clinics across the Trust at a variety of locations.





## **Flu Vaccination**

The Trust achieved a 75% flu vaccination rate. Although this is lower than the previous year its possibly due to the fact that staff were being encouraged to be Covid vaccinated as a priority.

## **Participation**

The Trust is also involved with the following groups etc;

- National Ambulance Wellbeing Forum
- ICS Trailblazer Group [National Framework]
- Step into Health Group [Military national]
- HWB team leader Toolkit Designer group [Leadership Academy]



## Freedom to Speak Up

West Midlands Ambulance University NHS Foundation Trust (The Trust) is committed to ensuring that staff have the confidence to raise concerns and to know that they will be taken seriously and investigated. At work, it is reasonable that staff may have concerns from time to time, which normally can be resolved easily and informally. However, when staff have serious concerns about unlawful conduct, financial/professional malpractice, or risk to patients/others it can be daunting to speak up about this. Therefore, the Freedom to Speak up (Whistleblowing) policy aims to give staff the assurance that concerns will be listened to and to outline a fair and easy process for staff to raise concerns at work. In order to deliver high quality patient care and protect the interests of patients, staff and the organisation, the Trust aims to encourage a culture of openness and transparency, in which members of staff feel comfortable about raising legitimate concerns. It is hoped that by providing clear procedures and channels for staff to raise concerns, issues can be addressed at the earliest opportunity, in the most appropriate way, so that positive steps can be taken to resolve them and reduce future risk.

### FTSU Guardian

Until 1 March 2022, the Trust's current guardian was Barbara Kozłowska, Head of Organisational Development. The role has since been taken up by Pippa Wall, Head of Strategic Planning. The Guardian is a member of the West Midlands Guardian Network, and the National Ambulance Network (NAN), ensuring that good practice is followed and shared.

### FTSU Ambassadors

There are currently 41 trained ambassadors around the region. They receive 2 half-days' training each year as part of their mandatory updates. In 2021/2022 a series of development sessions were planned by the Guardian but regrettably did not take place due to surge levels. However bi-monthly drop-in sessions were held for updates, and for discussion of case studies, ensuring the ambassadors knowledge is current. A poster showing *ambassadors'* photographs and locations is displayed in each area.

### Governance

There are number of ways in which assurance is provided for FTSU:

- Quarterly returns to National FTSU Guardian's Office
- Quarterly reports to WMAS Learning Review Group, and bi-annual reports to the People Committee, Executive Management Board and Board of Directors
- FTSU NHS Improvement Self-assessment conducted in 2018/19 and reviewed annually at Board of Directors Strategy days, last reviewed April 2021
- Training is in place for all staff at all levels as per the National Guardian's Office guidelines.

### Promotion

A poster with details of the FTSU Guardian, Executive (ED) and Non-Executive (NED) leads is on display in all areas.

A SharePoint site has been established, accessed through the Trust's E-Nav Moodle site and intranet - Treble 9.



### How Staff May Speak Up

The many ways in which staff are able to speak up are outlined in the Freedom to Speak Up (Whistleblowing) Policy which was updated September 2019. The policy includes flow-charts to determine how concerns can be raised and how they are dealt with.

### Concerns Raised 2021/22

FTSU Ambassadors addressed 174 approaches from staff wishing to obtain information about FTSU in quarters 1 – 3 (Q4 being collected), to discuss informally a concern or to seek advice on how best to deal with their issue. The main themes arising were:

1. Middle management
2. Bullying and harassment

**Eleven formal concerns have been raised and investigated year-to-date, and all but one are closed.**

The focus of the Trust's actions is to ensure that our managers have the confidence, skills and knowledge to welcome and deal with concerns as and when they arise, so that staff feel positive in raising any concerns with them. There are several routes available within the Trust, by which staff can raise concerns. FTSU therefore adds to these well-established reporting arrangements



## Coronavirus (COVID 19) Progress and Priorities

The Covid-19 pandemic has been hugely challenging for the Trust and the wider NHS. This is in the main due to a combination of variations in demand, staff sickness and absences, and hospital handover delays. The three peak waves of Covid saw the Trust under perhaps the most pressure it has ever experienced. The pandemic leaves a legacy of challenge for the NHS, which it will be heavily focussed on in the coming years.

A specific COVID risk register has been developed which has identified several risk assessments related to new risks as a result of the pandemic. These are linked to various directorates and processes across the Trust including Operations, Integrated Emergency and Urgent Care, Patient Transport Services, Human Resources, Infection Prevention and Control and their impact on the whole organisation. These have been regularly reviewed throughout the pandemic when any changes have occurred with national guidance and practices. Where risks increased/decreased based on incident reporting, impact on staff and resourcing through test and trace and COVID Secure and other factors which influence the risk. The Risk Assessments are all supported via a robust approach to safety notices, action cards and guidance. These are frequently and accurately updated to reflect the current stance to ensure that all staff are kept up to date and able to undertake their job safely. This approach has meant that the safety of our Staff and Patients has continued to remain paramount throughout the pandemic whilst the Trust still provided a world class service and adhered to its vision, values and strategic objectives.



## Part 3

# Review of Performance against 2020-21 Priorities



Our priorities for 2021-22 were based upon the following overarching priorities:

## Cardiac Arrest Management

There are three elements that are reported for Cardiac Arrest:

- Return of Spontaneous Circulation (ROSC) at hospital
- Survival to discharge post resuscitation
- A care bundle for treatment given post Return of Spontaneous Circulation (ROSC) is achieved on scene following a non-traumatic cardiac arrest. The care bundle includes a 12 lead ECG, Blood Glucose, End-tidal CO<sub>2</sub>, Oxygen administered, Blood pressure and fluids administered

Whilst still delivering very safe and highly effective patient care, reports from the last year have shown a reduction in performance.

## Maternity

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

## Reduction in the Volume of Patient Harm Incidents During Transportation (PTS)

Any incidents or near misses which occur during the care and transportation of patients are reported and investigated. Actions are implemented which may require a change of practice or further training for staff to reduce the likelihood of a similar incident occurring again. We included this priority in our Quality Account for 2020/21 and have monitored the trends throughout the year. The year-to-date comparison with the previous year demonstrates a slight reduction in both harm and no harm incidents, however the latest reporting period (Quarter 3) represented an increase compared to the same period in the previous year. With regard to Serious Incidents, these numbers are always very low, and there is a notable decrease in these numbers this year

## Learning from our Patients' Feedback

The new Family and Friends Test (FFT) national guidance is now in place. The Trust is keen to maximise responses and learning from patients and plans to implement some short surveys at the end of calls from patients:

**111** Following the introduction of "Think 111 First", we would like to gain a better understanding of the experience of patients during and after the call; and determine whether the outcome achieved met the patients' needs. The Trust is required to report twice per year based upon a mandatory set of questions. These questions will be included, along with other locally agreed questions, in an online survey. The survey will be introduced through a recorded message at the end of the patient's initial call (there may be a need to tailor the message to specific types or categories of call). The specific arrangements and timing for the survey will be confirmed during Quarter 1. This will include a decision as to whether it is possible to implement a short telephone-based survey, with an onward link to the website for patients who are happy to complete the full survey; or whether the message at the end of the call is purely a recorded announcement for the full online survey.



**PTS** Due to the regularity of calls from some of our patients (renal for example), it has been decided to implement a telephone survey for one week per quarter. This will provide trends as the year progresses, and the ability to select each survey week to ensure that, as far as possible, different patients are included in each survey. In quarter 1, a test week will be established to ensure that the survey runs smoothly and generates sufficient responses. This will provide assurance of the technical process, the responses and the reporting arrangements. Following this, a survey week will be identified during each quarter to ensure sufficient time for inclusion in the Quarterly Quality Account report. Any responses to the online survey will be collated and reported alongside the telephone survey results. In line with the rules on social distancing, we will consider our options for carrying out targeted surveys by post / email or using discharge / renal coordinators





Throughout 2021-22, our progress towards each of the above priorities was reported through the governance committee structure. Our achievements are summarised as:

<b>Cardiac Arrest Management</b>	
<b>Patient Safety</b>	<p><b>Measurement</b></p> <ul style="list-style-type: none"> <li>Review and ensure completion of actions/recommendations arising from serious incidents</li> <li>Conduct a review of all serious incidents relating to the management of cardiac arrest to identify strategic themes and make recommendations</li> <li>Improved training and support for clinicians attending patients requiring cardiopulmonary resuscitation</li> </ul>
<p><b>Summary of Achievement</b></p> <ul style="list-style-type: none"> <li>The Trust has a very thorough and successful investigation process for all serious incidents, with direct input from senior clinicians. Monthly reporting and recommendations logs remain in place for all serious incidents.</li> <li>Cardiac Arrest Management was incorporated into the training plan for 2021/22. Courses completed by the end of December 2021 (PTS workforce figures used for % at 30/9/21) were: <ul style="list-style-type: none"> <li>1732 (48.65%) E&amp;U staff completed Statutory and Mandatory face to face training</li> <li>2314 (65.00%) E&amp;U staff completed Statutory and Mandatory Workbook</li> <li>876 (86.22%) PTS Staff completed Statutory and Mandatory face to face training</li> <li>939 (92.42%) PTS Staff completed Statutory and Mandatory Workbook</li> </ul> </li> </ul>	
<b>Clinical Effectiveness</b>	<p><b>Measurement</b></p> <ul style="list-style-type: none"> <li>Improvement in the national quality indicator for Return of Spontaneous Circulation (ROSC) through implementation of actions to improve patient safety in cardiac arrest management</li> <li>Increase public awareness of the importance of CPR and early defibrillation in the chain of survival</li> <li>National post ROSC Care AQI – include audit figures to demonstrate improvement to above national average</li> </ul>
<p><b>Summary of Achievement</b></p> <ul style="list-style-type: none"> <li>National Ambulance Quality Indicator performance shows: <ul style="list-style-type: none"> <li>A 0.8% increase on overall ROSC at hospital over the year</li> <li>A 0.27% increase on overall discharge to survival– this is the ultimate aim to have a person leave hospital after their cardiac arrest.</li> <li>A 2.8% decrease in post resuscitation over the year</li> </ul> </li> <li>The Trust has completed the following to further improve cardiac arrest management: <ul style="list-style-type: none"> <li>Quality improvement programmes</li> <li>Mandatory education sessions on the management of cardiac arrest</li> <li>Cardiac arrest checklists</li> <li>Regular messages are shared on social media in relation to the importance of CPR and early defibrillation. A sample of recent messages are shown on the next page.</li> <li>The Trust has consistently achieved above 68% for the care bundle in post ROSC management: <ul style="list-style-type: none"> <li>Mandatory education sessions on the management of cardiac arrest and post ROSC care</li> <li>Post ROSC checklist</li> </ul> </li> </ul> </li> </ul>	
<b>Patient Experience</b>	<p><b>Measurement</b></p> <ul style="list-style-type: none"> <li>Learning from experience and excellence</li> <li>Disseminating best practice</li> </ul>
<p><b>Summary of Achievement</b></p> <p>Following thorough investigation, all incidents are discussed at our Learning Review Group, which is attended by a core group of clinicians from across the Trust. This ensures an open and</p>	



transparent process to enable key learning points are highlighted and that recommendations are agreed and acted upon.

**Progress Towards Target Outcome:**

The target was to reduce the number of serious Incidents relating to the management of cardiac arrest. This was to be achieved through all of the measures described above, to ensure robust governance, training and public awareness.


**Current Status**

Sample of social media messaging to promote CPR and early defibrillation:

**Officialwmas** 22 Oct 2021 · 🌐

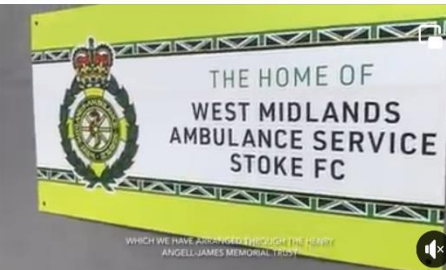
Shaunna Farley - Friday 22nd October - 10.00am. Bosses at West Midlands Ambulance Service (WMAS) are urging defibrillator owners to register their devices on a new national database called The Circuit so that more lives can be saved. Each year in the West Midlands, there are around 3,700 out-of-hospital cardiac arrests, yet just 7% of those patients will survive. However, if the patient gets immediate CPR and early defibrillation the chance of survival can more than double!...

<https://wmas.nhs.uk/2021/10/22/wmas-urge-people-to-register-defibrillators-on-the-circuit/>



**Officialwmas** 27 Jul 2021 · 🌐

WMAS Stoke FC are the proud owners of a new defibrillator thanks to [Henry Angell-James Memorial Trust](#) and they've ensured it is available to all of the community and everyone who uses the facilities at Norton Sports in Stoke on Trent, which includes Stoke City FC - Women and [Staffordshire Police](#)




**Officialwmas** 1 Jan · 🌐

Looking for a #NewYear resolution? Why not learn how to save a life through CPR.

When a person's in cardiac arrest it's vital they receive help immediately.

Anyone can do it; you don't need formal training, but it can increase confidence to step in.


<https://wmas.nhs.uk/do-you-know-cpr/>



**Officialwmas** 24 Feb · 🌐

If you've got a defibrillator in your workplace, school or local community, register it with The Circuit so that we know it's available to help save lives! 💕

<https://wmas.nhs.uk/register-you-defibrillator-with-the-circuit/>




**Officialwmas** 5 Feb · 🌐

Every single day our crews arrive to find cardiac arrest patients already receiving bystander CPR 💕.

This helps gives patients the best chance of survival.

Would you know what to do? If not, now is the perfect time to learn 🙌.

<https://wmas.nhs.uk/do-you-know-cpr/>





## Maternity

<b>Patient Safety</b>	<b>Measurement</b> Development of processes to ensure strong governance arrangements, sharing of information and that lessons learned are responded to and embedded in Trust practices	
<b>Summary of Achievement</b> <ul style="list-style-type: none"> <li>- All maternity Serious Incidents are shared with local maternity networks</li> <li>- Successful implementation of red pre-alert phone at trial maternity units</li> <li>- Board level champion for maternity services</li> <li>- Regular articles published for staff regarding maternity audit results</li> <li>-</li> </ul>		
<b>Clinical Effectiveness</b>	<b>Measurement</b> Enhanced arrangements for staff training and sharing of information	
<b>Summary of Achievement</b> <ul style="list-style-type: none"> <li>- Transwarmer and cuddle pocket video launched</li> <li>- New maternity clinical care procedure</li> <li>- Virtual Training session “Born Too Soon” and collaborative training event with Birmingham Womens Hospital</li> <li>- Maternity placements for qualified ambulance clinicians with local Trusts</li> <li>- Triangulation of information from complaints, serious incidents and other events to develop trends and themes</li> <li>- Development of maternity champions at each hub</li> </ul>		
<b>Patient Experience</b>	<b>Measurement</b> Improved methods of receiving feedback from patients in relation to maternity services	
<b>Summary of Achievement</b> <ul style="list-style-type: none"> <li>- Dissemination of survey for maternity services</li> <li>- Planned work for Quarter 4 - launch of maternity services page on WMAS website to include information on what to expect when calling 999 for pregnancy or childbirth and links to online maternity survey once complete</li> </ul>		
<b>Progress Towards Target Outcome:</b> Supporting the delivery of high-quality care for women during pregnancy, childbirth and the postnatal period, taking into account changing clinical guidelines, best practice and recommendations.		<b>Current Status</b>



## Safe Transportation of Patients (PTS)

Patient Safety	Measurement <ul style="list-style-type: none"> <li>Maintain incident reporting and learning from these incidents with a planned reduction in the number of 'harm' incidents and the level of harm.</li> </ul>
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### Summary of Achievement

The Trust has continued to promote the need to report any incidents that occur whilst patients are in our care. Following an increase in reported incidents during 202/21, we have continued to monitor the trend of incidents during 2021/22. The increase was due, in part due to the crews being reminded of the importance of reporting, along with the challenges that all staff have faced since the start of the pandemic.

At the time of reporting, (December 2021), there had been an increase in incidents where harm had occurred from 89 in 2020/21 to 104 in 2021/22 (an overall rise of 16.9%). It is important to note that the volume of incidents remains extremely low in comparison to overall activity, which has continued to rise steeply as the NHS has restored elective activity in the latter stages of the pandemic. The total journeys carried out by the PTS service in the same period was 530,141 in 2020/21, which rose to 640,551 in 2021/22, representing a rise of 20.8%.

	Harm Incidents	Total Journeys	Number of Journeys per Harm Incident
Q1 2020/21	32	149585	4675
Q2 2020/21	30	182860	6095
Q3 2020/21	27	197696	7322
Q4 2020/21	TBC	TBC	TBC
<b>YTD</b>	<b>89</b>	<b>530141</b>	<b>5957</b>

	Harm Incidents	Total Journeys	Number of Journeys per Harm Incident
Q1 2021/22	41	208697	5090
Q2 2021/22	39	214789	5507
Q3 2021/22	24	217065	9044
Q4 2021/22	TBC	TBC	TBC
<b>YTD</b>	<b>104</b>	<b>640551</b>	<b>6159</b>

During the course of the year, where any harm was reported, all but three (95%) were reported as low harm. One incident has been investigated under our Serious Investigation procedure, in comparison to three in the previous year.

We will continue to learn from any incidents that do occur, ensuring that staff training is updated to reflect any new trends in practice or skills.

<b>Progress Towards Target Outcome:</b> The Trust planned to continue to learn from incidents and to educate staff when particular trends emerge, with the target of reducing the trend of incidents of all severity. The overall volume of incidents has risen slightly but to a lesser degree than the rise in overall incidents, resulting in a proportionate reduction for the year to date.	<b>Current Status</b>
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## Learning from Patients' Feedback

Patient Experience	Measurement <ul style="list-style-type: none"> <li>- <b>111</b> - Introduce survey at the end of the telephone call. This will provide a link to an online survey which will include a simple set of questions to meet both national and local quality improvement requirements</li> <li>- <b>PTS</b> - Introduce survey at the end of the telephone call, during one survey week each quarter. There will be advice to progress to a more detailed online survey which will run concurrently.</li> <li>- Consider opportunities to carry out further targeted surveys through our Discharge or Renal Coordinators</li> </ul>
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### Summary of Achievement

During quarter 1, the development of the telephony system was taking place, however, as we have never utilised technology in this way, a technical issue was encountered with the database connection.

During Quarter 2, the post-call survey was tested on the IT Support Desk for approximately 1 month, and results were successfully logged. For the 111 survey, the required questions were to be confirmed in order that the survey could be established. The questions for the PTS survey were agreed, and following successful testing, implementation in a live manner was agreed for one of the Trust's contracts.

During quarter 3, A technical issue has developed with the post call survey (affecting both PTS and 111). This is currently being investigated by the supplier, and the expected date for resolution has not yet been confirmed.

- Quarter 1 - 47 responses received to date via our 111 online survey
- Quarter 2 - 20 forms of feedback relating to the Non Emergency Patient Transport Service (FFT Survey, Small Patient Survey and PTS Survey)
- Quarter 3 - 2 responses received in Quarter 3 via our 111 online survey with 49 response YTD. 14 forms of feedback relating to the Non-Emergency Patient Transport Service (FFT Survey, Small Patient Survey and PTS Survey) in quarter 3

### Progress Towards Target Outcome:

The overall intention was to increase response and subsequent learning from patient surveys. Despite our best intentions and efforts to establish the post-call surveys, this has not been possible during this year, however the technology and design work is in place, and once the issue has been fixed, we will continue to ensure that the surveys are in place during the coming financial year.

**Current Status**



## Service-based Annual Reports 2021/22

Whilst the above tables represent the overall progress in relation to the quality priorities that were established for 2021/22, the following reports are available on our website which contain further details of the work in each of these corporate and clinical departments.

- Controlled Drugs and Medicines Management
- Infection Prevention & Control
- Better Births
- Patient Experience
- Safeguarding (including Prevent)
- Making Every Contact Count
- Emergency Preparedness
- Equality, Diversity & Inclusion
- Security and Physical Assaults
- Health, Safety and Risk
- Patient Safety
- Clinical Audit and Research

The Annual Report in respect of the Data Security and Prevention Toolkit will be available later in the year, in conjunction with the national guidance for 2021/22.



## Patient Safety

Reporting, monitoring, taking action and learning from patient safety incidents is a key responsibility of any NHS provider. At WMAS, we actively encourage all our staff to report patient safety incidents so that we can learn when things go wrong and make improvements.

A positive safety culture is indicated by high overall incident reporting with few serious incidents which we continue to achieve. Encouraging staff to report near misses allows us the opportunity to learn lessons before harm occurs.

Analysis of all incidents takes place and is supported by triangulation with other information such as complaints, claims, coroners' inquiries, clinical audit findings and safeguarding cases. These are discussed monthly at the Learning Review Group (LRG). The meeting is chaired by the Director of Clinical Commissioning and Service Development and attended by clinicians from across the organisation. Themes and trends are reported quarterly to the Quality Governance Committee and the Trust Board of Directors.

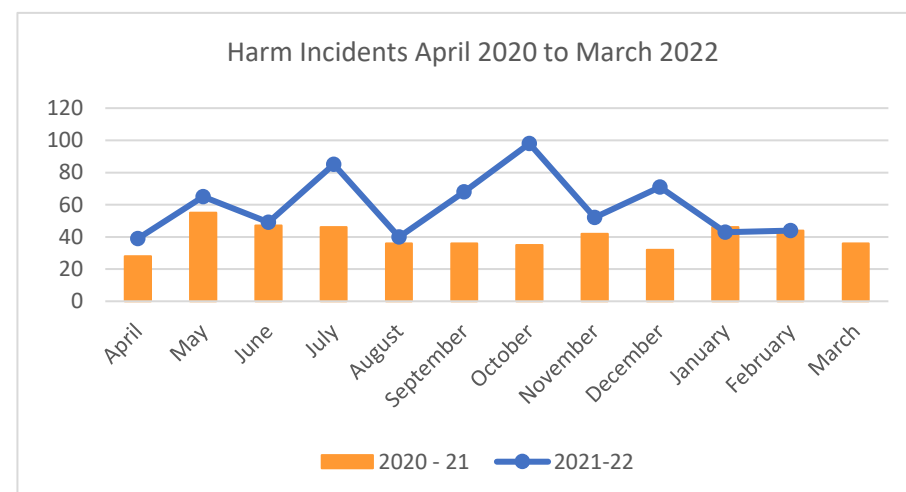
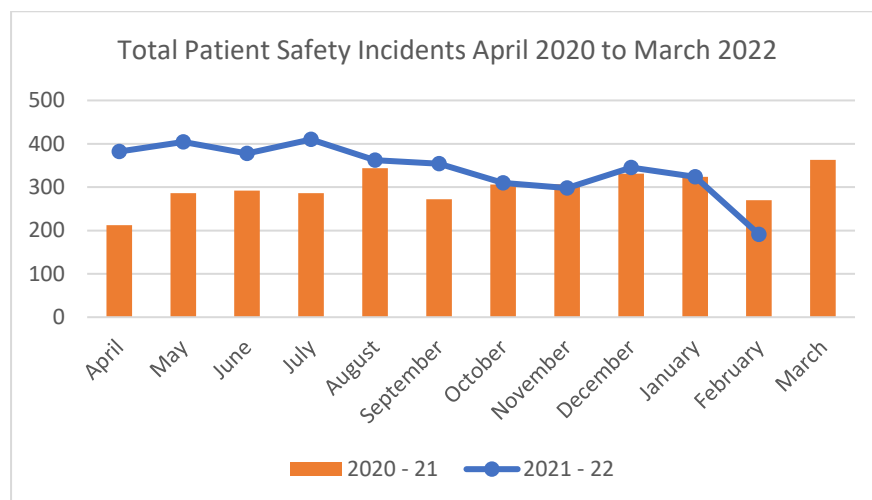




### Total Number of Patient Safety Incidents reported by Month

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
<b>Harm</b>	39	55	49	85	40	68	98	52	71	43	44		644
<b>No Harm</b>	343	339	329	325	322	286	212	245	271	278	147		3097
<b>Total</b>	382	394	378	410	362	354	310	297	342	321	191		3741

The total number of incidents reported during 2021-22 (to the end of February) have increased from the previous year by 19.7% (from 3,125 to 3,741). This includes complaints and NHS to NHS concerns as well as staff reporting through the internal electronic reporting system. There were fluctuations corresponding to the various stages of national lockdown and local restrictions as the pandemic progressed. Patient harm events (644) accounted for 17.2% of all incidents reported during 2021/22. **Commentary to be updated once March figures are finalised.**





### Themes (Patient Safety/Patient Experience/Clinical Audit)

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

The top trends for severe harm incidents, relate to delayed ambulance responses, which directly correlate to the increased hospital handover delays.

### Serious Incidents

All serious incidents are investigated using Root Cause Analysis methodology to determine failures in systems and processes. This methodology is used to steer away from blaming individuals, to ensure the organisation learns from mistakes and that systems are reinforced to create a robustness that prevents future reoccurrence.

Between April 2021 and February 2022, the Trust registered 172 cases as serious incidents, compared to 72 in the previous year. **To be updated when March figures are available, with rationale relating to the increased cases.** The proportion of serious incidents is consistent with activity and has remained so for the last four years. Following investigations into serious incidents the Trust identified the following key trends and themes in relation to the discharge of patients on scene, for patients with the conditions;

- Sepsis
- STEMI / NSTEMI
- Stroke

Additionally, root cause analyses have identified a common theme, which is related to Crew Resource Management and communication.

The Trust has not had cause to report any Never Event incidents.

### Top Patient Safety Risks

- Missing equipment/drugs and/or out of date drugs on vehicles that have been through the make ready system.
- Incidents when transferring/moving patients during transport.
- Failure to interpret clinical findings and act on appropriately.
- Administration of medicines – wrong route and inappropriate dosage.



### Duty of Candour

The Trust promotes a culture of openness ('just' culture) to ensure it is open and honest when things go wrong, and a patient is harmed. Being open is enacted in all incidents where harm is caused no matter the severity to ensure this culture is carried out.

NHS providers registered with the Care Quality Commission (CQC) are required to comply with a new statutory Duty of Candour, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour which relates to patient harm events considered to have caused moderate harm or above. This regulation requires a more formal process of ensuring that incidents are investigated at an appropriate level and that being open and honest with the patient and/or their families is completed.

The introduction of a Patient Safety section of the Trust website supports the Trust Duty of Candour requirements and allows greater openness and sharing about when things have gone wrong and what the Trust has learnt and is doing to put things right and improve.

The Trust Duty of Candour/Being Open policy is available via the Trust website or directly from the Freedom of Information Officer.

The policy details the arrangements the Trust has in place for staff and managers and the Trust Learning Review Reports published on the Trust Website and presented to the Board of Directors each quarter identifies compliance with our statutory duties.



## Safeguarding 2021/22 update to be added before final publication

In 2020/2021 West Midlands Ambulance Service has continued to ensure the safeguarding of vulnerable persons remains a priority within the organisation and the trust is committed to ensuring all persons are protected at all times through embedded policies, procedures, education and literature. All staff within WMAS are educated to report safeguarding concerns to the single point of access Safeguarding Referral Line. This enhanced training and promotion of the need to make referrals, coupled with the overall rise in calls to both 111 and 999 contribute to an annual increase in referrals.

### Safeguarding Referral Numbers

	Adults		Children	
	Referrals	% Variance from Previous Year	Referrals	% Variance from Previous Year
<b>2016/2017</b>	21386		4534	
<b>2017/2018</b>	21130	-1.2%	4756	4.9%
<b>2018/2019</b>	23206	9.8%	5631	18.4%
<b>2019/2020</b>	31639	36.3%	9232	63.9%
<b>2020/2021</b>	39926	26.2%	14082	52.5%

Currently there are 27 Safeguarding Boards across the West Midlands and engagement continues to develop with WMAS, in addition to contribution to Child Death Overview Panels, Domestic Homicide Reviews, Safeguarding Adult Reviews, Serious Case Reviews, Social Care and Prevent panels and networks.

The Safeguarding Manager is the Prevent lead for the trust and ensures compliance with contractual obligations through reporting via Unify2 to NHS England. In addition, close links have been established with NHS England and Police to ensure Prevent is a key priority within our safeguarding agenda.

The Trust is committed to ensuring all Paramedics are trained to level 3 in Safeguarding, which will refresh and enhance the knowledge of our staff in respect of best practice and current legislation.



## Patient Experience

The key themes for Patient Advice and Liaison Service (PALS) and formal complaints relate to:

- **Timeliness of 999 ambulance and Patient Transport Service Vehicles** - there is a delay or perceived delay in the arrival of a 999 ambulance or response vehicle, or there is a delay in the arrival of a Non-Emergency Ambulance to take a patient to and from their routine appointment.
- **Professional Conduct** - that the patient or their representative feels that the attitude or conduct of the attending ambulance staff, or call taker was not to the standard that they would expect.
- **Loss/Damaged-** the patient or their representative feels that they have lost personal belongings whilst in our care.

### Complaints

Complaints are an important source of information about patients' views regarding the quality of services and care provided by the Trust. All staff are encouraged to respond to complaints and concerns raised by patients and relatives in an effective, timely, and compassionate way.

The Trust has received 505 complaints raised so far (1 Apr- 29 Mar) compared to 350 2020/21. The main reason relates to clinical timeless (response) raised.

Breakdown of Complaints by Service Type YTD:

	2020/21	2021-2022	% Variance 20/21 – 21/22
<b>EOC</b>	35	176	402.9
<b>EU</b>	248	215	15.3
<b>PTS</b>	34	54	58.8
<b>Air Ambulance</b>	0	0	0
<b>Other</b>	1	12	1,100
<b>IUC</b>	32	48	50
<b>Total</b>	<b>350</b>	<b>505</b>	<b>44.3</b>

### Upheld Complaints

The table below indicates that of the 505 complaints, 123 were upheld & 89 part upheld. If a complaint is upheld or part upheld, learning will be noted and actioned locally and will also be reported to the Learning Review Group for regional learning to be identified and taken forward as appropriate.



National Reason	Justified	Part Justified	Not Justified	TBC	Total
Attitude and Conduct	7	14	22	12	55
Call Management	8	9	21	16	54
Clinical	13	29	79	25	146
Eligibility	0	1	3	0	4
Info Request	2	2	17	5	26
Lost/Damaged	1	0	1	0	2
Other	0	0	1	4	5
Out of Hours	1	0	0	0	1
Patient Safety	3	2	2	3	10
Response	87	28	30	44	189
Safeguarding	1	4	5	2	12
<b>WMAS</b>	<b>123</b>	<b>89</b>	<b>181</b>	<b>111</b>	<b>505</b>

### Patient Advice and Liaison Service (PALS) Concerns (data 1 Apr – 29 Mar)

This year has seen an increase in concerns with 2482 concerns raised in 2021/22 compared to 2109 in 2020/21. The main reason for a concern be raised is ‘timeliness (response)’.

### Learning from complaints / PALS

You said	We did
IUC why was a call back not received on the number requested	the number was noted but not available through the computer aided dispatch system. Learning has been identified and this requires both a technical and training solution, the responsible leads have been made aware for a case study and case review
PTS a concern that staff were allegedly not wearing masks	An article in the Trust Weekly Briefing went out to all staff to remind them of their responsibility
Patients that use the Non Emergency Patient Transport who don't have a timely pick up or require a specific vehicle	Notes added to the computer system
Patients mobility incorrectly booked by an external source	On review of the system the external booking office did not have the ability to select the mobility type, the system was updated



**Ombudsman Requests**

The majority of complaints were resolved through local resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2021/22 – 14 independent reviews were carried out, (1 case was part upheld), compared to 3 independent reviews in 2020/21.

**Patient Feedback / Surveys**

The Trust received 132 completed surveys via our website, relating to the Patient Transport Service. The table below outlines the response by survey type.

**Friends and Family Test**

The FFT question is available on the Trust website: **‘Thinking about the service provided by the patient transport service, overall, how was your experience of our service?’**:

Response (YTD)	Small Survey	FFT Survey	PTS Survey
Very Good	19	29	10
Good	2	56	1
Neither Good or Poor	1	4	1
Poor	0	0	0
Very Poor	1	1	3
Don't Know	0	4	0
<b>Total</b>	<b>23</b>	<b>94</b>	<b>15</b>

**Discharge on Scene Survey:**

8 responses were received relating to patients who have been discharge to the location the 999 call was made.

**Emergency Patient Survey:**

104 responses received in 2021/22

**Compliments**

The Trust has received 1883 compliments in 2021/22 compared to 1834 in 2020/21. It is pleasing to note that the Trust has seen an increase in positive feedback.

**Governance**

Patient Experience reports monthly to the Learning Review Group (LRG) which focuses on ‘trend and theme’ reports. The LRG reports to the Quality Governance Committee and reports any issues relating to assurance; any risks identified; and key points for escalation. The Trust Board receive monthly data on formal complaints and concerns through the Trust Information Pack.





## Single Oversight Framework

This Framework was introduced by NHS Improvement in 2016 as a model for overseeing and supporting healthcare providers in a consistent way. The objective is to help providers to attain and maintain Care Quality Commission ratings of ‘Good’ or ‘Outstanding’, meet NHS constitution standards and manage their resources effectively, working alongside their local partners. This is done by collating information relating to achievement of the following key themes:

Theme	Aim
<b>Quality of Care</b>	To continuously improve care quality, helping to create the safest, highest quality health and care service
<b>Finance and Use of Resources</b>	For the provider sector to balance its finances and improve its productivity
<b>Operational Performance</b>	To maintain and improve performance against core standards
<b>Strategic Change</b>	To ensure every area has a clinically, operationally and financially sustainable pattern of care
<b>Leadership and improvement capability (well-led)</b>	To build provider leadership and improvement capability to deliver sustainable services

Since maintaining its overall rating of Segmentation 1, since the SOF was introduced, WMAS has recently been rated within segmentation 2, due to the significantly increased operational pressures and the impact on response times. The Trust is working closely with the Care Quality Commission and local integrated care systems to jointly address the factors that are affecting patient care throughout the system.

Category	Performance Standard	Achievement April 2021 to March 2022
<b>Category 1</b>	7 Minutes mean response time	7 mins 50 seconds
	15 Minutes 90th centile response time	13 minutes 46 seconds
<b>Category 2</b>	18 minutes mean response time	32 minutes 53 seconds
	40 minutes 90th centile response time	72 minutes 52 seconds
<b>Category 3</b>	120 minutes 90 <sup>th</sup> centile response time	331 minutes 48 seconds
<b>Category 4</b>	180 minutes 90 <sup>th</sup> centile response time	384 minutes 38 seconds



## Listening to feedback

Each year our commissioners and stakeholders provide feedback in relation to the content of the Quality Account. We received many very positive comments in response to the 2021/22 report, a selection of which are listed below:

To be added to final version

Additionally, we would like to provide responses to some of the other comments that were fed back to us in response to the draft report for 2020/21:

To be added to final version



## **Annex 1 Statements from External Stakeholders**

**Commissioners  
Local Healthwatch Organisations  
Overview and Scrutiny Committees**



# Statement from the Lead Commissioning Group

To be added to final version



## Statement from Local Healthwatch Organisations

To be added to final version

## Statement from the Council of Governors

To be added to final version



## Annex 2 - Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2021 to March 2022
  - papers relating to quality reported to the Board over the period April 2021 to March 2022
  - feedback from commissioners dated xxxxx
  - feedback from governors dated xxxx
  - feedback from local Healthwatch organisations dated xxxxx
  - feedback from Overview and Scrutiny Committee dated from xxxx
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated xxxxx.
  - the [latest] national staff survey published
  - the Head of Internal Audit's annual opinion of the Trust's control environment. This was discussed and agreed at the Trust's Audit Committee in May 2021, attended by Internal and External Auditors.
  - CQC inspection report dated 22/08/2019
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Professor Ian Cumming  
Chairman  
Date: xxxxxx

Professor Anthony Marsh  
Chief Executive  
Date: xxxxx



## Annex 3: The External Audit Limited Assurance Report

National guidance has been updated for 2021/22 Quality Account as follows:

**There is no national requirement for NHS trusts or NHS foundation trusts to obtain external auditor assurance** on the quality account or quality report, with the latter no longer prepared. Any NHS trust or NHS foundation trust may choose to locally commission assurance over the quality account; this is a matter for local discussion between the Trust (or governors for an NHS foundation trust) and its auditor. For quality accounts approval from within the Trust's own governance procedures is sufficient.

WMAS' Audit Committee is an established sub committee of the Board of Directors, which is attended by the Trust's external auditors. Each year, the Quality Account is presented to this committee for review. This process will take place as part of the review and approval process prior to publication.





## Annex 4: Glossary of Terms

### Glossary of Terms

Abbreviation	Full Description
<b>A&amp;E</b>	Accident and Emergency
<b>AFA</b>	Ambulance Fleet Assistant
<b>ARP</b>	Ambulance Response Programme
<b>AQI</b>	Ambulance Quality Indicators
<b>BASICs</b>	British Association of Immediate Care Doctors
<b>CCGs</b>	Clinical Commission Groups
<b>CFR</b>	Community First Responder
<b>CPO</b>	Community Paramedic Officer
<b>CPR</b>	Cardio Pulmonary Resuscitation
<b>CQC</b>	Care Quality Commission
<b>CQUIN</b>	Commissioning for Quality and Innovation
<b>COVID-19</b>	Coronavirus Pandemic
<b>CSD</b>	Clinical Support Desk
<b>DCA</b>	Double Crewed Ambulance
<b>E&amp;U</b>	Emergency & Urgent
<b>EMB</b>	Executive Management Board
<b>EOC</b>	Emergency Operations Centre
<b>FAST</b>	Face, Arm, Speech Test
<b>GP</b>	General Practitioner
<b>HALO</b>	Hospital Ambulance Liaison Officer
<b>HART</b>	Hazardous Area Response Team
<b>HCAI</b>	Healthcare Acquired Infections
<b>HCRT</b>	Healthcare Referral Team
<b>IGT</b>	Information Governance Toolkit
<b>IM&amp;T</b>	Information Management and Technology
<b>IPC</b>	Infection Prevention and Control
<b>JRCALC</b>	Joint Royal Colleges Ambulance Liaison Committee
<b>KPIs</b>	Key Performance Indicators
<b>MERIT</b>	Medical Emergency Response Incident Team
<b>MINAP</b>	Myocardial Infarction Audit Project
<b>NED</b>	Non-Executive Director
<b>NHSP</b>	National Health Service Pathways
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>NRLS</b>	National Reporting & Learning System
<b>OOH</b>	Out of Hours
<b>PALS</b>	Patient Advice and Liaison Service
<b>PDR</b>	Personal Development Review
<b>PRF</b>	Patient Report Form
<b>NEPTS</b>	Non – Emergency Patient Transport Service
<b>QIA</b>	Quality Impact Assessment
<b>ReSPECT</b>	Recommended Summary Plan for Emergency Care and Treatment
<b>RIDDOR</b>	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
<b>ROSC</b>	Return of Spontaneous Circulation
<b>RRV</b>	Rapid Response Vehicle
<b>SI</b>	Serious Incident
<b>SOF</b>	Single Oversight Framework
<b>STEMI</b>	ST Elevation Myocardial Infarction
<b>STP</b>	Sustainability and Transformational Partnerships
<b>VAS</b>	Voluntary Aid Services
<b>WMAS</b>	West Midlands Ambulance Service University NHS Foundation Trust
<b>YTD</b>	Year to Date



## Further Information

Further information and action plans on all projects can be obtained by contacting the lead clinician named on the project.

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given in the Quality Report to be published in June.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service University NHS Foundation Trust  
Ambulance Headquarters  
Millennium Point  
Waterfront Business Park  
Brierley Hill  
West Midlands  
DY5 1LX

You can also find out more information by visiting our website: [www.wmas.nhs.uk](http://www.wmas.nhs.uk)

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370**.

