**DRAFT**

**Quality Account 2020-21**

Trust us to care.

# Contents

*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

==To be provided w/c 10/5/2021==

# Statement on Quality from the Chief Executive

Welcome to the West Midlands Ambulance Service University NHS Foundation Trust's Quality Account which reviews the year 2020-21 and sets out our priorities for 2021-22. This account is an assessment of the quality-of-care patients receive when they are being assessed and treated by our staff. This report details our continued commitment to delivering the very best care for our patients.

As I look back over the last twelve months, the single factor which has influenced our activities, finances, workforce and operational planning relates to the impact of the COVID-19 pandemic. As an emergency service, our organisation forms a critical part of the national infrastructure in the event of any incident which affects the general public and COVID-19 has been no exception to that arrangement. Our Board of Directors and senior command team have followed national protocols and made proactive decisions to procure the best equipment and implement arrangements to ensure the safety of our staff and patients. We have taken decisions to support the front line in every way possible: for significant periods of the year, we have boosted our staffing levels, both on the front line and in our control rooms. We were able to increase our fleet to keep pace with the inevitable rise in demand. A key development was being able to scale up our ability to keep pace with the amount of personal protective equipment that our staff needed to keep themselves safe whilst dealing with COVID-19 cases. I am proud that we can ensure that our staff were never short of this vital equipment. We also implemented comprehensive arrangements to keep office-based staff safe, including social distancing arrangements, the introduction of screens between desks, the wearing of masks, increased cleaning schedules, and detailed risk assessment to support staff. Where staff have been required to shield, isolate or work from home, arrangements have been made to both keep the staff safe and ensure resources were in place to effectively maintain service delivery.

It is worth noting that the pandemic began less than three months after we successfully introduced the 111 service. The demand on this service has been incredibly high from the start and throughout the year, as many patients were unable to access their GP or were encouraged to ring as a result of the pandemic or the introduction of 111 First. Despite this, we have delivered the service very successfully, with calls answered more quickly than many other 111 services in the country. Furthermore, we have integrated the call handling of 111 and 999 calls, to maximise our clinical expertise and ensure that calls are answered in the most efficient way.

Our Non-Emergency Patient Transport Services have also been under significant pressure, due to the social distancing arrangements that have had to be introduced. Despite this, we have continued to ensure that patients arrive at their appointments and are collected for discharge in a timely manner, supporting the best patient flow through the hospitals at such a challenging time. Indeed, the measures put in place have meant that the PTS Service met every performance metric every month across the entire year.

Over the course of the year, we have managed almost 1.2 million emergency incidents, answered around 1.5 million 111 calls and transported more than 752,000 patients to and from appointments.  We have continued to respond to emergency and urgent calls in the timeliest manner, achieving all national response standards.  At the end of this most exceptional of years, I am immensely proud of every member of the staff for their dedication and commitment to working through such a difficult time, supporting each other and continuing to deliver outstanding care for our patients across the West Midlands.

We are developing our own strategy which will shape the development path for our organisation and the services we provide over the next five years and have already begun implementing changes despite the challenges that we have faced over the last year.  We are very proud to be the first Trust in the country to have introduced a full suite of all-electric vehicles.  This included becoming the first Trust in the country to use a 100% electric double-crewed emergency ambulance, non-emergency patient transport ambulance and we have also introduced some electric support vehicles.  This trial demonstrates our continued commitment to reducing our carbon footprint.

Looking forward to the next twelve months, we have identified our quality priorities which are based upon our own assessment of where we can develop and improve our core services, ensuring the clinical effectiveness of our care and the safety and experience of our patients.  We will also be delivering the largest ambulance hub of its kind in the country, which will be located in the heart of the Black Country.  This will provide a modern base for our frontline operational teams, Emergency Preparedness staff, a supply hub and the home of the National Education & Training Academy.  This will come online in time for the Commonwealth Games which will take place in Birmingham in 2022.

To the best of my knowledge the information contained in this report is an accurate account.  On behalf of West Midlands Ambulance Service, I would like to present this Quality Account.  We welcome your feedback and if you have comments on this document or the Trust in general, we would be pleased to hear from you.

**Anthony Marsh**
**Chief Executive Officer**

# Statement on Quality from the Medical Director and Executive Nurse

<mark>To be provided w/c 10/5/2021</mark>

**Dr Alison Walker**
**Executive Medical Director**

**Mark Docherty RN MSc BSc (HONS) Cert MHS**
**Executive Director of Nursing and Clinical Commissioning**

# HEALTHIER FUTURES PARTNERSHIP
## Statement from the Independent Chair

Serving a population of around 1.5 million people, our partnership is the collaboration across local authorities, NHS bodies and the voluntary and community sector to:

a)  improve the health of our population by reducing inequalities in health outcomes and improving the quality of and access to services
b)  attract more people to work in health and care in our region through new ways of working, better career opportunities, support and the ability to balance work and home lives
c)  work together to build a sustainable health system that delivers safe, accessible care and support in the right locations, in order to get the greatest value from the money we spend.

After an unprecedented year, my biggest reflection is of pride in our heath and care workforce, together with gratitude for all those who have gone above and beyond to care for people at their most vulnerable and protect many more from the impact of COVID-19. Through the challenges of the last 12 months the strength, the compassion, commitment and determination of our people has been outstanding. On behalf of our partnership, thank you for all that you have done and continue to do.

As COVID-19 pressures start to ease, NHS organisations will face the new challenge of restoring services. Whilst we need to ensure people are seen for the care they need in as timely a way as possible; we also have to guarantee that our NHS workforce are supported to rest, decompress and recover from a year of unprecedented demands placed upon them physically and emotionally. Our People Board is focusing on the wellbeing support required to ensure help and assistance are provided for those who were there for so many people when they were needed most.

For local government partners the challenge of enabling communities and people to safely go about their daily lives is key. Testing capacity and support for local businesses will play a vital part in this, as will support for people and families who need extra help to manage their new circumstances.

This year, more than ever, the voluntary and community sector has played a really important role, helping people to stay connected to communities and building resilience in the darkest of times. The kind spirit of a few has shone through our communities and been a lifeline for many.

Perhaps the greatest example of our partnership working has been our vaccination programme which continues at pace. Operating from over 30 vaccination locations we rapidly moved through the cohorts of eligibility, starting with those most vulnerable. Whilst uptake has been generally high, we have seen some areas of concern. We know the lower uptake in some areas will be due to a number of factors, including confidence in the vaccine, convenience of access and also complacency with regard to whether people feel the need to be vaccinated. We also know that COVID-19 has disproportionately impacted on our Black, Asian and Minority Ethnic communities and that worryingly, the uptake of the vaccine is also much lower amongst these groups.

To respond to these challenges, we are increasing our efforts to get the right information to people and have where necessary changed the mode of vaccine delivery to improve accessibility. Working with Public Health in each place, we have also created a network of community champions, as well as working with community and faith leaders and also trusted community voices, to help deliver the right messages.

Our partnership exists to benefit local people, and through our continued collaboration and working together, I am confident we can deliver truly integrated health and care services of which everyone in the Black Country and West Birmingham can be justifiably proud. I would like to thank all health and care colleagues throughout our system for their commitment, dedication and hard work during the past year and for their help in bringing this ambition closer to being realised.

**Jonathan Fellows**
**Independent Chair**
**Black Country and West Birmingham Integrated Care System**

# Introduction

We have a vision to deliver 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 must be 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.

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.

We understand, as a provider organisation, that to continue to improve quality it is essential that our patients and staff are fully engaged with our plans and aspirations. In recent months, we have been carefully reviewing our Strategic Plan and developing our ambitions for the future. We remain committed to our current 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"**

We continue to promote the values which represent the professionalism, courtesy and respect that are demonstrated on a daily basis by every member of the Trust. Through our recent review, we have taken the opportunity to add an additional value to reflect our responsibility to deliver our service in an environmentally sustainable manner.

**Values**

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

Having agreed the following new Strategic Objectives in 2019/20, we have been developing our implementation plans which will take effect from 2021/22 and are reflected in our quality priorities as detailed in this account:

| Strategic Objective 1: Safety, Quality and Excellence | Strategic Objective 2: A great place to work for all | Strategic Objective 3: Effective planning and use of resources | Strategic Objective 4: Innovation and Transformation | Strategic Objective 5: Collaboration and Engagement |
|---|---|---|---|---|
| Our commitment to provide the best care for all patients | Creating the best environment for staff to flourish | Continued efficiency of operation and financial control | Developing the best technology and services to support patient care | Working in partnership to deliver seamless patient care |

# 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, confirms the Trust maintained its overall rating of Outstanding.

**CareQuality Commission**

## West Midlands Ambulance Service University NHS Foundation Trust

**Inspection report**

Unit 9
Waterfront Business Park, Dudley Road
Brierley Hill
West Midlands
DY5 1LX
Tel: 01384215555
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

| Overall rating for this trust | Outstanding ☆ |
|---|---|
| Are services safe? | Good 🟢 |
| Are services effective? | Outstanding ☆ |
| Are services caring? | Outstanding ☆ |
| Are services responsive? | Outstanding ☆ |
| Are services well-led? | Outstanding ☆ |

Whilst we have been rated, again, as Outstanding, the inspectors did identify some minor areas for regular focus. Where actions were required, these have been completed and all areas remain under regular review.

# Part 2


# Priorities for Improvement 2021/22

We have assessed our progress against the agreed priorities for 2020/21 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 2021/22 for improving patient experience, patient safety and clinical quality, we have listened to our patients, staff and other stakeholders. We have done this through 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:

## Cardiac Arrest Management

**Rationale**:

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 C02, 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.

**Target Outcome:**

Reduction in the number of Serious Incidents relating to the management of cardiac arrest.

| Domains | Actions |
|---|---|
| Patient Safety | <ul><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> |
| Clinical Effectiveness | <ul><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> |
| Patient Experience | <ul><li>Learning from experience and excellence</li><li>Disseminating best practice</li></ul> |

## Maternity

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

| Target Outcome |
| --- |
| To support the Trust's plans to develop innovation and best practice, our Clinical Manager for Maternity Services has developed a detailed work plan which supports skills development for staff, interaction with the wider health community and increasing communication with patients. |

| Domains | Actions |
| --- | --- |
| Patient Safety | Response to and embedding lessons learned from reviews of maternity care provision throughout the NHS including the Immediate and Essential Action's (IEA) highlighted within the Ockenden Report.<br>• share maternity incidents or concerns with Local Maternity Systems<br>• Identification of a Non-Executive Board level champion for maternity services |
| Clinical Effectiveness | Development of staff training and quality assurance in respect of application of skills through:<br>• Availability of training videos and webinars on e-learning portal<br>• Develop the role of Link Paramedic in Midwifery on each hub to act as a local resource<br>• Development of a programme for maternity case reviews |
| Patient Experience | • Introduction of an online survey for maternity services<br>• Inclusion of information on Trust website about:<br>   o  When it is appropriate to use an emergency ambulance in maternity situations<br>   o  An overview of what to expect from the Trust<br>   o  Information about safe conveyance of mothers and their babies<br>   o  The need for the patient to provide their electronic pregnancy record to WMAS staff on arrival |

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

| Rationale: |
| --- |
| 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 |

| Target Outcome |
| --- |
| The Trust will continue to learn from incidents when they do occur and to educate staff when particular trends emerge. In order to ensure that incidents of all severity continue to show a reducing trend, we will continue to monitor this trend throughout the next financial year. |

| Domains | Actions |
| --- | --- |
| Patient Safety | Maintain incident reporting and learning from these incidents with a planned reduction in the number of 'harm' incidents and the level of harm. |

# Learning from our Patients' Feedback

**R**ationale:

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 co-ordinators

**Target Outcome**

Increased response and subsequent learning from patient surveys

| Domains | Actions |
|---|---|
| Patient Experience | - **111 -** 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<br><br>- **PTS**<br>  o 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.<br>  o Consider opportunities to carry out further targeted surveys through our Discharge or Renal Co-ordinators |

## 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 and a variety of Community Ambulance Stations 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 2020/21, West Midlands Ambulance Service University NHS Foundation Trust provided the following three 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   13.4 per cent
- Advice to attend treatment centre   10.6 per cent
  - Of which Emergency Department Referrals (8.64 per cent)
- Referral to Primary Care or other Service   55.3 per cent
- Referral to other service   6.4 per cent
- Self-care advice   14.4 per cent

3. **Emergency Preparedness:**

This is a small but vitally important section of the organisation which deals with the Trust's planning and response to significant and major incidents within the region as well as co-ordinating a response to large gatherings such as football matches. It also aligns all the Trust's Specialist assets and Operations into a single structure. Such assets include the staff, equipment and vehicles from the Hazardous Area Response Team (HART), Air Operations, Specialist Operations Response Team (SORT) and the Mobile Emergency Response Incident Team (MERIT). The department constantly arranges training for staff and ensures the Trust understands and acts upon intelligence and identified risk to ensure we keep the public safe in terms of major incidents. The past year has again seen the Trust invest significant time and money in replacing its major incident fleet and equipment, provided annual Commander training and updates to over 200 staff and Managers, trained 350 staff as Specialist Operations Response Team Operatives (SORT), commenced work on the Commonwealth Games 2022, worked in partnership with Midlands Air Ambulance Charity to launch a second critical care car in Worcestershire, responded to significant flooding along the River Severn and introduced drone technology. These are just a few examples of our continuing progression and investment in services

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. More than 560 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 2019/20 to support Non – Emergency Patient Transport Services particularly during the introduction of new contracts. Sub-contractors are subjected to a robust governance review before they are utilised.

The income generated by the relevant health services reviewed in 2020/21 represents 99.66% of the total income generated from the provision of health services by the Trust for 2020/21. 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 90th 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 90th 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 <u>or</u> 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.

<u>Audit Element</u>
*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.

<u>Audit Element</u>
*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 2020-2021.

| Theme | Ref | Clinical Audit Title | Audit |
|---|---|---|---|
| Drug Administration | CG002 | **PGD Audit** | ReAudit 4 |
| | CG080 | **Administration of Morphine Audit** | ReAudit 4 |
| | CG091 | **Adrenaline Administration** | ReAudit 1 |
| | CG092 | **Naloxone Administration** | ReAudit 1 |
| | CG093 | **Pre Hospital Thrombolysis** | ReAudit 1 |
| | CG094 | **Activated Charcoal** | Initial Audit |
| | CG095 | **Co-amoxiclav administration** | Initial Audit |
| | CG096 | **Salbutamol MDI** | Initial Audit |
| Locally Identified Concerns | CG043 | **Management of Paediatric Pain** | ReAudit 4 |
| | CG059 | **Management of Head Injury** | ReAudit 4 |
| | CG061 | **Maternity Management** | ReAudit 3 |
| | CG084 | **Post Intubation Documentation Audit** | ReAudit 3 |
| | CG089 | **Post-partum haemorrhage (PPH) management** | ReAudit 1 |
| | CG097 | **Falls >=65 discharged at scene** | Initial Audit |
| | CG098 | **Non traumatic chest pain >=18 years discharged at scene** | Initial Audit |
| | CG099 | **Head Injury discharged at scene discharged at scene** | Initial Audit |
| | CG100 | **Feverish Illness in children discharged at scene** | Initial Audit |
| | CG101 | **Post RSI Sedation audit** | Initial Audit |
| NICE | CG040 | **Deliberate Self Harm** | ReAudit 6 |

### Feverish Illness in Children Discharged at scene

There has been increasing interest in the process, practice and behaviour of ambulance clinicians when discharging patients at scene. There has been a trend in patient safety incidents following discharge at scene. The Trust has previously completed discharge at scene audits which whilst helpful have not provided an end-to-end review of the patient care.

Feverish illness in children is a common presentation to prehospital clinicians and whilst the vast majority of cases will be self-limiting viral conditions there is a risk of missing significant illness in this patient group who are difficult to fully assess in the prehospital environment.

The aim of the audit is to provide assurance that the discharge on scene of patients under the age of 16 presenting with feverish illness by WMAS clinicians is clinically safe and appropriate.

The audit highlighted the need to improvement the assessment and documentation of these patients and therefore an action plan has been developed including, education and promotion of the appropriate assessment using the NICE guidance, promoting the online resource "Spotting the sick child" and publication of the audit results.

**Co-amoxiclav Administration**

Following an update to the national clinical guidance for the management of open fractures in the pre-hospital environment the Trust introduced Co-amoxiclav under a Patient Group Directive (PGD) as part of the care provided to patients.

This audit has been completed to provide assurance that the drug is administered in compliance with the PGD.

The objectives of the audit are to identify trust compliance with PGD-011, identify areas for improvement and feedback to staff on levels of compliance.

Since the introduction of the drug into the Trust it has been administered to 161 patients which demonstrates all these patients have received the best evidenced care for their condition.  It was identified that compliance to the standards have been affected by documentation and therefore an action plan has been developed to ensure improvement.  The action plan includes publishing the audit reports with further education highlighting the areas of improvement and re-iterating the importance for clinicians to adhere, and document adherence, to the PGD.  A process will also be developed to address non compliance with PGDs with individual clinicians.

## Participation in Research

During 2020/21, 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 patients receiving relevant health services provided by WMAS in 2020/21 that were recruited during that period to participate in research approved by a Research Ethics Committee was 1412.  During this period the Trust participated in 14 research studies, of which 13 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 (OHCAO)**

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 disproportionally 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.

**Out of Hospital Cardiac Arrests Secondary to Non-Judicial Hanging Injury**

Retrospective review of existing data regarding out of hospital cardiac arrests occurring as a result of hanging, to understand the injuries sustained and complications encountered by healthcare professionals during pre-hospital resuscitation.

**Pre-Hospital ECG in Acute Coronary Syndromes PHECG2)**

This project builds on previous work by the study team, which found that one in three eligible patients did not receive a PHECG, but those that did had a lowered risk of short-term death. Women, the elderly and people with more complex health status were less likely to receive PHECG. The dominant treatment for heart attack at the time of our earlier analysis was 'clot buster' drug therapy (fibrinolysis). In this study we will update that work, in the context of the shift in recent years to a more interventional strategy for treatment of heart attack (angioplasty and stents) and explore reasons for variations in practice -highlighting opportunities to improve care and outcomes.

**Paramedic Identification of Patients with End of Life Care Needs**

This study aims to discover whether ambulance paramedics report that they currently refer patients to their General Practitioners (GPs) specifically to assess whether that patient may benefit from EOLC. It also aims to determine ambulance paramedics' awareness of the GSF PIG and their attitudes towards the appropriateness of performing this role in their clinical practice.

**The Pre-hospital Evaluation of Sensitive Troponin study (PRESTO)**

When a patient calls emergency ambulance services for chest pain and a heart attack is suspected, the patient is taken to hospital. In the hospital the patient usually undergoes blood tests, both on arrival and up to 12 hours later before the diagnosis of heart attack can be excluded. With the best available laboratory-based tests for a biomarker called troponin, it may soon be possible to exclude this diagnosis as soon as 3 hours after arrival in the hospital. However, clinicians still have to wait for 1-2 hours for the results of laboratory-based tests. Point of care troponin tests are now available and could potentially be used in the ambulance. It is not known whether use of these point of care tests can exclude the diagnosis of a heart attack at the time of paramedic arrival to patients. If they could, we may be able to safely reduce the number of patients being taken to hospital and unnecessary hospital admissions.

**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 - An Evaluation Using Linked Data (STRETCHED)**

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?

**Promoting Staff Wellbeing in UK NHS Ambulance Personnel - What Works and How Can We Do Better?**

Ambulance service workers have some of the highest rates of sickness absence in the NHS. We don't know why ambulance workers are off sick more than other workers, but some researchers think that it might be due to mental health problems. This study looks at the differences in reported sickness between the ten ambulance services in England. We will also look at what is included and what is missing from the policies that the ambulance services use to support their staff with poor mental health.

**The following research studies have commenced during 2020/21**

**PIONEER**

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.

# Sustainability

### Environmental & Sustainability Report

The Trusts has an obligation to work in a way that has a positive effect on the communities we serve. The Trust has taken this very seriously, in working to towards sustainability means spending public money well, the smart and efficient use of natural resources, designing for sustainability, planning to improve performance, reducing output, such as waste, vehicle emissions which impact on the environment.

The Trust hopes that the work it has undertaken will be viewed as a demonstration of consideration of the social and environment impacts, ensuring the legal requirements of the Public Services (Social Value) Act (2012) are achieved

In order to embed sustainability within the Trust it is important for us to detail where in our process procedures sustainability feature.

| Area | Is sustainability Considered? |
|---|---|
| Travel | Yes |
| Business Cases | Yes |
| Procurement | Yes |
| Suppliers Impact | Yes |
| Facilities Management | Yes |
| Energy | Yes |
| Waste Management/ Recycling | Yes |
| Water | Yes |
| Bio Diversity | Yes |

The Trust has recently approved a strategy which sets out to the commitment to implement, for our organisation, the NHS target of Net Zero carbon footprint.


### Good Corporate Citizenship

The Trust reviews its progress against the milestones within the NHS Good Corporate Citizenship (GCC) Assessment model (SDU[1], 2012). Behaving as a good corporate citizen can save money; benefit the population health and can help reduce health inequalities. Many measures that improve health also contribute to sustainable development and vice versa.

The model identifies targets for achieving success through good management and planning. It identifies key areas for action and has been used as the basis for this strategy. Annual assessments will help the Trust to remain on target to help support strong, healthy and sustainable communities.

The Trust is registered on the Good Corporate Citizenship website and completes self-assessments to demonstrate our progress. Due to pressures imposed by the pandemic, the planned review in 2021 is currently overdue. This will be rescheduled and completed as soon as possible, the results will be reported within the 2021/22 Quality Account.

| Theme | May 2011 | June 2012 | March 2016 |
|---|---|---|---|
| Travel | 20% | 41% | **46%** |
| Procurement | 48% | 50% | **55%** |
| Facilities Management | 37% | 35% | **48%** |
| Workforce | 83% | 81% | **83%** |
| Community Engagement | 56% | 56% | **58%** |
| Buildings | 33% | 48% | **64%** |
| Average | 46% | 52% | **59%** |

This strategy and implementation plan will enable the Trust, our staff, providers, suppliers and stakeholders to take action to safeguard our environment and our planet. Sustainable development is common sense and it also makes good business sense.



**Energy**

The estates area is a success story with the introduction of sate of the art facilities to support the innovative make ready model over the past several years.

All new hubs have been designed to take into consideration the efficiency of the building, this is taken as a combination of three components:

> ➢ Efficiency of building services plant and equipment (including building fabric / insulation).
> ➢ How the building in run / maintained (including occupancy levels).
> ➢ If sustainable energy sources are used.

Each building is assessed and given a 'BREEAM' (Building Research Establishment Environmental Assessment Method) rating.

Some of our recent projects that engage innovative plant and equipment include LED lighting and hybrid water systems using air source heat pumps with a secondary source as back up. Additionally, areas of buildings which remain empty for periods, motion sensors to rooms have been installed switching lights when not in use, this will be an accumulative benefit as the level of energy will be reduced with lighting being turned off.

The new Hubs have been designed to achieve a 'good' bream rating. This has been determined by selection of heating plant, lighting and installation of a small array of roof mounted PV's (photovoltaic solar panels) on each site.

## Fleet

The increase in demand for our services has increased the mileage our E & U fleet covers, during the period between 2013/14 & 2019/20. This is demonstrated in the graph to the right, showing:

**Mileage DCA & RRV Fleet - Millions**



- ➤ 74% increase in front line emergency ambulance mileage
- ➤ 84% decrease in rapid response vehicle mileage
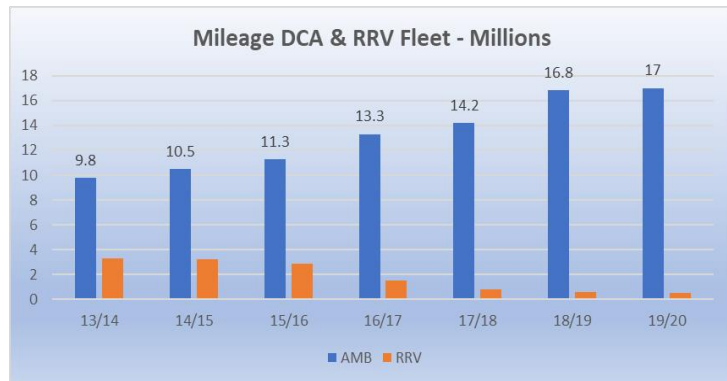
We have invested heavily in our fleet over the past 7 years – we are the only ambulance service in the country to operate a 5 year replacement policy for our front line fleet. During the benchmarking exercise undertaken in 2017/18 by NHSI, our model was proven to deliver the lowest whole life cost and has been the basis for the national work to drive standardisation across the country.

If we hadn't taken to the decision to invest in this area and continued to operate older emission standard vehicles we have calculated our $CO_2$ emissions would be 1608 tonnes higher than they were in 2019/20.

With the imminent implementation of the Ultra-Low Emission Zone which requires vehicles that do not comply to the stringent Euro 6 emission standards, a testament to our fleet improvement plan is all frontline vehicles that will operate in this area are fully compliant with these requirements

In 2018 we engaged in a tender process for the conversion of our frontline emergency ambulance – one of the main requirements in our specification was the delivery of weight savings to both reduce operating costs and their environmental impact. Vehicles from this contract started to arrive with us in 2019, they weigh 160kgs less than their predecessors and are delivering a 16.6% reduction in NOx and a 6.9% reduction in $Co_2$ emissions compared to the previous variant.

We do not underestimate the size of challenge that lies ahead in this area though – through 2019/20 we engaged with external partners to design, build and commission into service the countries first Zero Emission emergency front line ambulance. Following a period of testing this vehicle entered full operational service in December 2020 responding to 999 calls in the north Birmingham area and is performing well.

# 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 2020/21 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 2020-21 (version 3), however due to the requirements to respond to the Coronavirus Pandemic, NHSE have set the submission deadline as June 2021. Reports are provided to the Executive Management Board regarding achievement of toolkit requirements as well as the Quality Governance Committee for assurance. The Trust's Head of Governance and

Security reports to the Executive Director of Strategic & Digital Integration 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 2020/2021 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 1st 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 2020/21 reporting year, the total number of deaths that occurred, while in WMAS care, was 891. This aggregate figure represents quarterly totals of:

- 256 in quarter one
- 172 in quarter two
- 230  in quarter three
- 233 in quarter four

During the 2020/21 reporting year, 891 case record reviews and 116 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:

- 256 case record reviews and 33 investigations in quarter one
- 172 case record reviews and 22 investigations in quarter two
- 230 case record reviews and 29 investigations in quarter three
- 233 case record reviews and 32 investigations in quarter four

During the 2020/21 reporting year, upon initial case record review or investigation, 37 of the 891 deaths or 4.15% 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:

- 9 deaths or 3.52% in quarter one
- 3 deaths or 1.74% in quarter two
- 9 deaths or 3.91% in quarter three
- 16 deaths or 6.87% in quarter four

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 2019-2020 quality account reporting period, the following information was published that remains correct:

> 25 of the 722 deaths or 3.46% 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 |
|----------|---------------------|-------------|------------------|
| **Category 1** | 7 Minutes mean response time | 6 Minutes 54 Seconds | 7 Minutes 05 Seconds |
| | 15 Minutes 90th centile response time | 12 Minutes 0 Seconds | 12 Minutes 28 Seconds |
| **Category 2** | 18 minutes mean response time | 12 Minutes 42 Seconds | 20 Minutes 34 Seconds |
| | 40 minutes 90th centile response time | 23 Minutes 15 Seconds | 41 Minutes 51 Seconds |
| **Category 3** | 120 minutes 90$^{th}$ centile response time | 70 Minutes 47 Seconds | 2 Hours, 9 Minutes 19 Seconds |
| **Category 4** | 180 minutes 90$^{th}$ centile response time | 98 Minutes 34 Seconds | 3 Hours, 5 Minutes 34 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 90th 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 90th 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

  o Resuscitation has commenced in cardiac arrest patients

- Comparator Group

  o Resuscitation has commenced in cardiac arrest patients AND
  o The initial rhythm that is recorded is VF / VT i.e. the rhythm is shockable AND
  o The cardiac arrest has been witnessed by a bystander AND
  o 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 $CO_2$ 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 | WMAS (15-16) | WMAS (16-17) | WMAS (17-18) | WMAS (18-19) | WMAS (19-20) | WMAS (20-21) | Last National Average | Highest | Lowest |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Mean (YTD) | | | | | |
| STEMI Care Bundle | 77.99% | 81.17% | 81.01% | 95.97% | 97.14% | 95.71% | 76.97% | 97.95% | 94.00% |
| Stroke Care Bundle | 98.19% | 97.36% | 95.19% | 98.98% | 98.66% | 99.28% | 98.04% | 99.76% | 98.31% |
| Cardiac Arrest - ROSC At Hospital (Overall Group) | 30.17% | 29.49% | 29.26% | 32.31% | 32.61% | 25.09% | 25.46% | 34.44% | 18.30% |
| Cardiac Arrest - ROSC At Hospital (Comparator) | 50.61% | 45.60% | 51.91% | 54.93% | 53.98% | 44.53% | 47.47% | 57.50% | 35.19% |
| Cardiac Arrest - Survival to Hospital Discharge (Overall Group) *** | 8.66% | 8.94% | 9.08% | 11.56% | 10.16% | 7.05% | 7.87% | 11.21% | 2.48% |
| Cardiac Arrest - Survival to Hospital Discharge (Comparator Group) *** | 24.69% | 26.39% | 30.43% | 32.61% | 27.80% | 20.24% | 23.71% | 29.41% | 9.38% |
| **Sepsis Care Bundle** | | | | | 83.62% | 84.87% | 81.08% | 87.10% | 81.03% |
| **Post Resuscitation** | | | | | 69.33% | 66.67% | 74.42% | 68.81% | 64.96% |

\* 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.

\*\* 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.

\*\*\* 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.

*Clinical Data Notes*

- *STEMI, Stroke, Cardiac Overall, Cardiac Comparator, Survival Overall, Survival Comparator **YTD** is based on April 2020 to March 2021*
- *POST ROSC YTD is currently based on 4 Submissions of April 2020, July 2020, October 2020, January 2021*
- *Sepsis YTD is currently based on 4 submissions of June 2020, September 2020, December 2020 and March 2021.*
- *Note: Increase to highest and lowest figures due to revalidation within some areas of the data.*
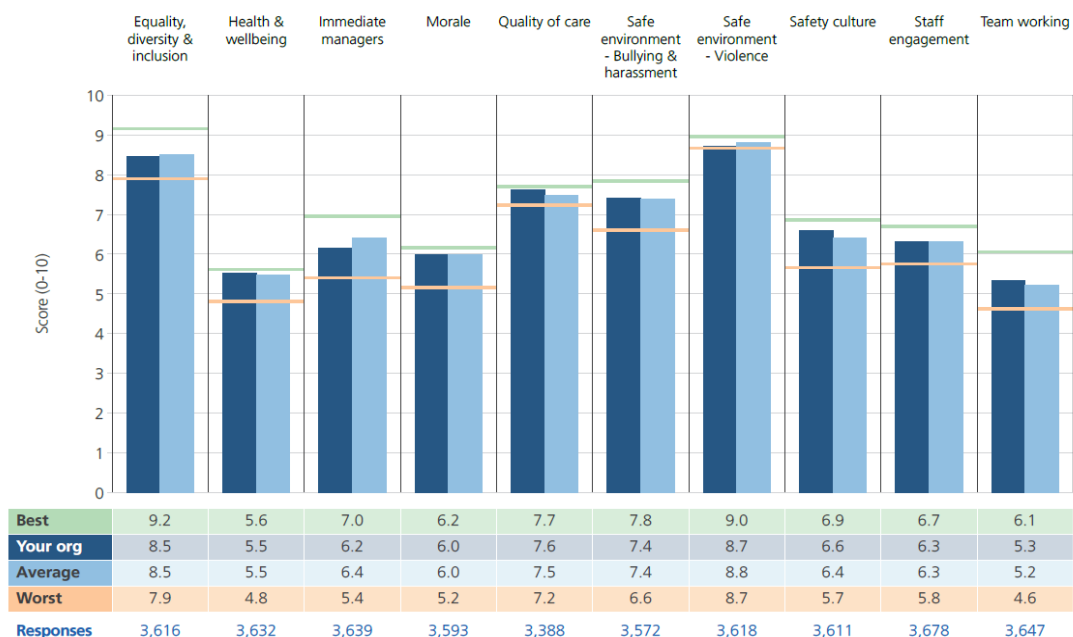
## What our Staff Say

The NHS Staff Survey 2020 was carried out from 21st September to 27th November 2020 and was conducted by Picker Institute Europe, on behalf of West Midlands Ambulance Service University NHS Foundation Trust. Same as previous years the Board of Directors took the decision to run a census. The results shown here summarise the findings from the Staff Survey 20120.

The survey was conducted electronically to maintain confidentiality and anonymity. 3724 staff returned a completed survey, giving a response rate of 56%. Although the response rate is lower than the 2019 survey, the number of staff taking part in the 2020 survey increased by 349. The average response rate for the 11 Ambulance Trusts (Including Wales) is 56%. The final national response rate for all NHS Trusts and specialist organisations that took part in the survey is 47%.

It was very pleasing to also note another considerable increase in the number of responses received from BME staff compared with previous years. 331 BME staff took part in the 2020 staff survey compared to 199 in 2019, and 184 in 2018. The staff survey results feedback focused on some key areas referred to as Key Findings. The Key Findings are further grouped into the following themes:

- Equality & diversity
- Health and wellbeing
- Immediate Managers
- Morale
- Quality of care

- Safe Environment- Bullying and Harassment
- Safe Environment- Violence
- Safety Culture
- Staff Engagement
- Team Working

The chart below gives an overview of the 2020 staff survey results by themes, compared to other Ambulance Trusts. *("Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group)*



| | Equality, diversity & inclusion | Health & wellbeing | Immediate managers | Morale | Quality of care | Safe environment - Bullying & harassment | Safe environment - Violence | Safety culture | Staff engagement | Team working |
|---|---|---|---|---|---|---|---|---|---|---|
| **Best** | 9.2 | 5.6 | 7.0 | 6.2 | 7.7 | 7.8 | 9.0 | 6.9 | 6.7 | 6.1 |
| **Your org** | 8.5 | 5.5 | 6.2 | 6.0 | 7.6 | 7.4 | 8.7 | 6.6 | 6.3 | 5.3 |
| **Average** | 8.5 | 5.5 | 6.4 | 6.0 | 7.5 | 7.4 | 8.8 | 6.4 | 6.3 | 5.2 |
| **Worst** | 7.9 | 4.8 | 5.4 | 5.2 | 7.2 | 6.6 | 8.7 | 5.7 | 5.8 | 4.6 |
| **Responses** | 3,616 | 3,632 | 3,639 | 3,593 | 3,388 | 3,572 | 3,618 | 3,611 | 3,678 | 3,647 |

Q39

The table below presents the results of significance testing conducted on this year's theme scores and those from last year. It details the organisation's theme scores for both years and the number of responses each of these are based on. The upward arrow indicates a significant increase in score compared to last year and downward arrow indicates a significant decrease.

| Theme | 2019 score | 2019 respondents | 2020 score | 2020 respondents | Statistically significant change? |
|---|---|---|---|---|---|
| Equality, diversity & inclusion | 8.5 | 3322 | 8.5 | 3616 | Not significant |
| Health & wellbeing | 5.2 | 3345 | 5.5 | 3632 | ↑ |
| Immediate managers † | 6.2 | 3347 | 6.2 | 3639 | Not significant |
| Morale | 5.9 | 3292 | 6.0 | 3593 | ↑ |
| Quality of care | 7.6 | 3120 | 7.6 | 3388 | Not significant |
| Safe environment - Bullying & harassment | 7.4 | 3319 | 7.4 | 3572 | Not significant |
| Safe environment - Violence | 8.7 | 3318 | 8.7 | 3618 | Not significant |
| Safety culture | 6.5 | 3315 | 6.6 | 3611 | ↑ |
| Staff engagement | 6.3 | 3374 | 6.3 | 3678 | Not significant |
| Team working | 5.6 | 3333 | 5.3 | 3647 | ↓ |

\* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

## Top 5 scores noted compared to 2019

*"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group*

**Q4g. Enough staff at organisation to do my job properly**
*% of staff selecting 'Agree'/'Strongly Agree'*

| | 2019 | 2020 |
|---|---|---|
| Best | 42.1% | 54.5% |
| Your org | 42.1% | 54.5% |
| Average | 27.5% | 35.8% |
| Worst | 9.8% | 15.8% |
| Responses | 3,364 | 3,674 |

**Q6a. I have unrealistic time pressures**
*% of staff selecting 'Never'/'Rarely'*

| | 2019 | 2020 |
|---|---|---|
| Best | 26.7% | 29.7% |
| Your org | 18.6% | 26.0% |
| Average | 18.6% | 23.0% |
| Worst | 14.5% | 17.9% |
| Responses | 3,350 | 3,646 |

**Q11d. In the last three months have you ever come to work despite not feeling well enough to perform your duties?**
*% of staff selecting 'Yes'*

|  | 2019 | 2020 |
|---|---|---|
| Worst | 67.8% | 56.7% |
| Your org | 63.6% | 54.5% |
| Average | 63.6% | 53.5% |
| Best | 56.0% | 40.6% |
| Responses | 3,346 | 3,632 |

**Q4e. Able to meet conflicting demands on my time at work**
*% of staff selecting 'Agree'/'Strongly Agree'*

|  | 2019 | 2020 |
|---|---|---|
| Best | 42.6% | 46.6% |
| Your org | 40.8% | 46.6% |
| Average | 37.8% | 39.1% |
| Worst | 27.7% | 30.6% |
| Responses | 3,363 | 3,671 |

**Q18c. Would recommend organisation as place to work**
*% of staff selecting 'Agree'/'Strongly Agree'*

|  | 2019 | 2020 |
|---|---|---|
| Best | 61.0% | 63.9% |
| Your org | 58.0% | 63.9% |
| Average | 51.4% | 58.1% |
| Worst | 41.7% | 40.4% |
| Responses | 3,293 | 3,601 |

# Bottom 5 scores noted compared to 2019
*"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group*

**Q4i. Team members often meet to discuss the team's effectiveness**

|  | 2019 | 2020 |
|---|---|---|
| Best | 47.1% | 44.6% |
| Your org | 32.9% | 26.9% |
| Average | 28.4% | 27.9% |
| Worst | 21.3% | 22.9% |
| Responses | 3,365 | 3,670 |

**Q4a. Opportunities for me to show initiative frequently in my role**
*% of staff selecting 'Agree'/'Strongly Agree'*

|          | 2019   | 2020   |
|----------|--------|--------|
| Best     | 71.9%  | 69.7%  |
| Your org | 64.3%  | 62.0%  |
| Average  | 62.7%  | 62.0%  |
| Worst    | 55.5%  | 52.1%  |
| Responses | 3,372 | 3,665  |

**Q5a. Satisfied with recognition for good work**
*% of staff selecting 'Satisfied'/'Very Satisfied'*

|          | 2019   | 2020   |
|----------|--------|--------|
| Best     | 50.5%  | 47.7%  |
| Your org | 42.4%  | 39.2%  |
| Average  | 39.9%  | 39.2%  |
| Worst    | 32.1%  | 31.4%  |
| Responses | 3,356 | 3,650  |

**Q4b. Able to make suggestions to improve the work of my team/dept**
*% of staff selecting 'Agree'/'Strongly Agree'*

|          | 2019   | 2020   |
|----------|--------|--------|
| Best     | 78.4%  | 72.3%  |
| Your org | 48.8%  | 45.6%  |
| Average  | 52.7%  | 50.1%  |
| Worst    | 40.7%  | 39.7%  |
| Responses | 3,371 | 3,678  |

**Q9c. Senior managers try to involve staff in important decisions**

*% of staff selecting 'Agree'/'Strongly Agree'*

|          | 2019   | 2020   |
|----------|--------|--------|
| Best     | 49.5%  | 33.4%  |
| Your org | 28.6%  | 26.2%  |
| Average  | 24.5%  | 26.0%  |
| Worst    | 18.4%  | 16.8%  |
| Responses | 3,344 | 3,634  |

## Staff Friends and Family Scores
*"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group*

**Q18c. I would recommend my organisation as a place to work**
*% of staff selecting 'Agree'/'Strongly Agree'*

|  | 2019 | 2020 |
|---|---|---|
| Best | 61.0% | 63.9% |
| Your org | 58.0% | 63.9% |
| Average | 51.4% | 58.1% |
| Worst | 41.7% | 40.4% |
| Responses | 3,293 | 3,601 |

**Q18d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation**
*% of staff selecting 'Agree'/'Strongly Agree'*

|  | 2019 | 2020 |
|---|---|---|
| Best | 78.1% | 79.7% |
| Your org | 73.5% | 75.1% |
| Average | 73.5% | 76.0% |
| Worst | 35.5% | 64.7% |
| Responses | 3,296 | 3,597 |

## Staff Engagement Score
*"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group*

The staff engagement remains unchanged since last survey. However, there is an increase in the number of staff responding positively to the staff engagement questions.

|  | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|
| Best | 6.4 | 6.4 | 6.5 | 6.6 | 6.7 |
| Your org | 6.0 | 6.1 | 6.3 | 6.3 | 6.3 |
| Average | 6.0 | 6.1 | 6.2 | 6.3 | 6.3 |
| Worst | 5.5 | 5.5 | 5.7 | 5.8 | 5.8 |
| Responses | 1,329 | 2,277 | 2,990 | 3,374 | 3,678 |

## FTSU Index
*"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group*

**Q16a. My organisation treats staff who are involved in an error, near miss or incident fairly**
*% of staff selecting 'Agree'/'Strongly Agree'*

|  | 2019 | 2020 |
|---|---|---|
| Best | 51.6% | 69.2% |
| Your org | 49.1% | 52.0% |
| Average | 49.2% | 52.0% |
| Worst | 40.4% | 36.9% |
| Responses | 2,712 | 2,959 |

Q43

**Q16b. My organisation encourages us to report errors, near misses or incidents**
*% of staff selecting 'Agree'/'Strongly Agree'*

|  | 2019 | 2020 |
|---|---|---|
| Best | 89.5% | 90.1% |
| Your org | 86.3% | 88.1% |
| Average | 84.9% | 86.7% |
| Worst | 81.2% | 77.3% |
| Responses | 3,256 | 3,506 |

**Q17a. If you were concerned about unsafe clinical practice, would you know how to report it?**
*% of staff selecting 'Yes'*

|  | 2019 | 2020 |
|---|---|---|
| Best | 96.5% | 96.3% |
| Your org | 93.1% | 93.7% |
| Average | 93.9% | 94.3% |
| Worst | 92.9% | 91.6% |
| Responses | 3,008 | 3,330 |

**Q17b. I would feel secure raising concerns about unsafe clinical practice**
*% of staff selecting 'Agree'/'Strongly Agree'*

|  | 2019 | 2020 |
|---|---|---|
| Best | 73.7% | 81.8% |
| Your org | 66.4% | 69.1% |
| Average | 66.1% | 69.1% |
| Worst | 60.6% | 58.0% |
| Responses | 3,313 | 3,605 |

# Workforce Race Equality Standard (WRES) Results
*"Average" refer to results for Ambulance Trusts benchmark group*

**Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

There is an increase of 7.3% in the response rates for BME staff reporting that they

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

have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months

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

| | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|
| White: Your org | 29.7% | 29.2% | 25.5% | 23.9% |
| BME: Your org | 39.6% | 31.3% | 24.9% | 26.5% |
| White: Average | 27.5% | 27.1% | 25.5% | 24.1% |
| BME: Average | 32.0% | 31.0% | 26.2% | 31.1% |
| White: Responses | 2,022 | 2,657 | 3,025 | 3,123 |
| BME: Responses | 106 | 182 | 197 | 325 |

There is an increase of 1.6% in the response rates for BME staff reporting that they have experienced harassment, bullying or abuse from staff in last 12 months

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

| | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|
| White: Your org | 70.0% | 73.7% | 77.0% | 77.3% |
| BME: Your org | 47.4% | 57.8% | 67.9% | 62.4% |
| White: Average | 71.3% | 73.6% | 74.7% | 77.3% |
| BME: Average | 47.7% | 59.6% | 56.6% | 62.8% |
| White: Responses | 1,428 | 1,766 | 2,043 | 2,100 |
| BME: Responses | 78 | 116 | 140 | 213 |

There is a decrease of 5.5% in the response rates for BME staff reporting that the organisation provides equal opportunities for career progression or promotion.

**Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months**

| | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|
| White: Your org | 10.7% | 10.0% | 8.8% | 8.6% |
| BME: Your org | 22.7% | 17.9% | 15.8% | 20.7% |
| White: Average | 10.3% | 10.0% | 8.8% | 8.6% |
| BME: Average | 18.3% | 17.7% | 15.8% | 16.7% |
| White: Responses | 2,031 | 2,661 | 3,009 | 3,158 |
| BME: Responses | 110 | 184 | 196 | 329 |

There is an increase of 4.9% in the response rates for BME staff reporting that they have experienced discrimination at work from manager / team leader or other colleagues in last 12 months

# Workforce Disability Equality Standard (WDES) Results

**Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

| | 2018 | 2019 | 2020 |
|---|---|---|---|
| Staff with a LTC or illness: Your org | 52.3% | 55.0% | 52.5% |
| Staff without a LTC or illness: Your org | 46.9% | 46.9% | 46.8% |
| Staff with a LTC or illness: Average | 52.3% | 52.5% | 47.5% |
| Staff without a LTC or illness: Average | 45.8% | 44.9% | 42.1% |
| Staff with a LTC or illness: Responses | 526 | 671 | 771 |
| Staff without a LTC or illness: Responses | 2,296 | 2,606 | 2,722 |

There is decrease of 2.5% in the response rates for staff with a LTC or Illness reporting that they have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months

**Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months**

| | 2018 | 2019 | 2020 |
|---|---|---|---|
| Staff with a LTC or illness: Your org | 31.0% | 24.8% | 25.3% |
| Staff without a LTC or illness: Your org | 16.6% | 13.3% | 11.7% |
| Staff with a LTC or illness: Average | 28.4% | 23.2% | 22.1% |
| Staff without a LTC or illness: Average | 13.8% | 13.3% | 11.2% |
| Staff with a LTC or illness: Responses | 523 | 666 | 767 |
| Staff without a LTC or illness: Responses | 2,277 | 2,596 | 2,711 |

No significant change was noted in the response rate compared to the previous year.

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

| | 2018 | 2019 | 2020 |
|---|---|---|---|
| Staff with a LTC or illness: Your org | 24.7% | 25.1% | 23.1% |
| Staff without a LTC or illness: Your org | 16.3% | 14.5% | 13.5% |
| Staff with a LTC or illness: Average | 26.5% | 25.9% | 23.1% |
| Staff without a LTC or illness: Average | 16.3% | 15.7% | 14.7% |
| Staff with a LTC or illness: Responses | 522 | 665 | 771 |
| Staff without a LTC or illness: Responses | 2,276 | 2,601 | 2,713 |

There is a decrease of 2.0% in the response rates for staff with a LTC or Illness reporting that they have experienced harassment, bullying or abuse from other colleagues in last 12 months.

**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 |
|---|---|---|---|
| Staff with a LTC or illness: Your org | 46.2% | 46.4% | 46.2% |
| Staff without a LTC or illness: Your org | 44.0% | 47.1% | 48.5% |
| Staff with a LTC or illness: Average | 40.4% | 44.6% | 46.2% |
| Staff without a LTC or illness: Average | 40.6% | 41.2% | 45.6% |
| Staff with a LTC or illness: Responses | 305 | 392 | 444 |
| Staff without a LTC or illness: Responses | 1,094 | 1,266 | 1,250 |

No significant change was noted in the response rate compared to the previous year.

**Percentage of staff who believe that the organisation provides equal opportunities for career progression or promotion**

| | 2018 | 2019 | 2020 |
|---|---|---|---|
| Staff with a LTC or illness: Your org | 61.9% | 69.6% | 66.4% |
| Staff without a LTC or illness: Your org | 74.7% | 77.8% | 78.3% |
| Staff with a LTC or illness: Average | 60.5% | 66.4% | 66.5% |
| Staff without a LTC or illness: Average | 74.4% | 75.8% | 78.3% |
| Staff with a LTC or illness: Responses | 354 | 467 | 533 |
| Staff without a LTC or illness: Responses | 1,508 | 1,744 | 1,803 |

There is a decrease of 3.2% in the response rates for staff with a LTC or Illness reporting that the organisation provides equal opportunities for career progression or promotion

**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 |
|---|---|---|---|
| Staff with a LTC or illness: Your org | 61.3% | 58.2% | 54.6% |
| Staff without a LTC or illness: Your org | 50.5% | 44.3% | 44.9% |
| Staff with a LTC or illness: Average | 45.3% | 41.6% | 38.3% |
| Staff without a LTC or illness: Average | 33.1% | 32.3% | 30.8% |
| Staff with a LTC or illness: Responses | 429 | 531 | 582 |
| Staff without a LTC or illness: Responses | 1,363 | 1,566 | 1,371 |

There is a decrease of 3.6% in the response rates for staff with a LTC or Illness reporting that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

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

| | 2018 | 2019 | 2020 |
|---|---|---|---|
| Staff with a LTC or illness: Your org | 27.6% | 26.7% | 28.3% |
| Staff without a LTC or illness: Your org | 36.0% | 39.9% | 38.1% |
| Staff with a LTC or illness: Average | 25.3% | 27.8% | 29.1% |
| Staff without a LTC or illness: Average | 36.0% | 38.9% | 37.9% |
| Staff with a LTC or illness: Responses | 525 | 670 | 775 |
| Staff without a LTC or illness: Responses | 2,290 | 2,611 | 2,762 |

There is an increase of 1.6% in the response rates for staff with a LTC or Illness reporting that they are satisfied with the extent to which their organisation values their work

**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 | 2020 |
|---|---|---|---|
| Staff with a LTC or illness: Your org | 60.6% | 56.4% | 61.2% |
| Staff with a LTC or illness: Average | 60.3% | 58.8% | 68.5% |
| Staff with a LTC or illness: Responses | 292 | 367 | 467 |

There is an increase of 4.8% in the response rates for staff with a LTC or Illness reporting that adequate adjustment(s) has been made by the organisation to enable them to carry out their work

## Staff engagement score (0-10)

| | 2018 | 2019 | 2020 |
|---|---|---|---|
| Organisation average | 6.2 | 6.3 | 6.3 |
| Staff with a LTC or illness: Your org | 5.7 | 5.8 | 5.8 |
| Staff without a LTC or illness: Your org | 6.3 | 6.4 | 6.4 |
| Staff with a LTC or illness: Average | 5.7 | 5.9 | 6.1 |
| Staff without a LTC or illness: Average | 6.4 | 6.4 | 6.4 |
| | | | |
| Organisation Responses | 2,990 | 3,374 | 3,678 |
| Staff with a LTC or illness: Responses | 529 | 671 | 778 |
| Staff without a LTC or illness: Responses | 2,300 | 2,616 | 2,765 |

No significant change was noted in the staff engagement score compared to the previous year.

# 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 that fell within this category:

- ➢ EDS2-workforce only
- ➢ WRES Workforce Race Equality Standard
- ➢ Recruitment
- ➢ 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
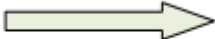
**Equality Delivery System 2 (EDS2)**

Guidance on EDS3 has yet to be published, in the meantime, through an engagement event with staff, the Trust has delivered Goal 3 relating to "empowered, engaged and well supported staff". Thich incorporates:

- • Recruitment and Selection
- • Development
- • Equal pay
- • Bullying & Harassment
- • Flexible working

The current EDS2 rating system is underpinned by a substantial number of factors which need to be evidenced to achieve one of the four ratings. Each prescribed outcome is presented by a facilitator to the audience who then discussed their views prior to making a decision on the grading and make suggestions to enable improvement. The categories used for grading are:

| Purple | ⬜ | Excelling |
| Green | ⬜ | Achieving |
| Amber | ⬜ | Developing |
| Red | ⬜ | Undeveloped |

During the staff engagement event, the above grades were applied to the following:

| | | | | | |
|---|---|---|---|---|---|
| **3.Representative & supported workforce** | 3.1 | Fair NHS recruitment and selection process lead to a more representative workforce at all levels. | 🙂(purple) | 🙂(green) | |
| | 3.2 | The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations. | 🙂(purple) | 🙂(green) | |
| | 3.3 | Training and development opportunities are taken up and positively evaluated by all staff. | 🙂(purple) | 🙂(purple) | |
| | 3.4 | When at work, staff are free from abuse, harassment, bullying and violence from any source. | 🙂(green) | 🙂(green) | 🙂(purple) |
| | 3.5 | Flexible work options are available to all staff consistent with the needs of the service and the way people lead their lives. | 🙂(green) | 🙂(green) | |
| | 3.6 | Staff report positive experiences of their membership of the workforce. | 🙂(green) | 🙂(green) | |

**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 WRES is a tool to identify gaps between BME & White staff experiences in the workplace this is measured through a set of Metrics. The metrics are published annually in conjunction with an Action plan. This was published in December 2020.   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.

**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.

**Public Sector Equality Duties (PSED)**

The Trust has evidenced how it has achieved the aims of the General Duty i.e.

- 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.

This has been achieved through our work on key areas including a positive and supportive approach to recruitment and actions taken relating to our Equality Delivery System 2 and Workforce Race Equality Standard plans. The annual report covers the Public Sector 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 an enhanced set of objectives for 2020-2024 building on the previous plan.

| Equality Objectives |
|---|

**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:**

- **I**mplementing 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 Trust, 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 were 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 Womens Network** will be 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.

**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 in the Trust.

# Health and Wellbeing

**National Wellbeing Framework**

This is the current National Health & Wellbeing (HWB) Framework model that is being used by most NHS Trusts. This provides a tool that acts as a diagnostic and a framework to work from.
The current area identified in the framework that requires work is as follows;

- Nutrition and Sugar
  - Do staff have access to nutritious food?
  - Do all staff have access to nutritious food 24/7?

The diagnostic tool grades a dashboard according to individual responses to the questions. The framework is currently under review, consultation groups have been working on the new model with emphasis towards the following;

- Physical Wellbeing
- Mental & Emotional Wellbeing
- Financial Wellbeing
- Healthy Lifestyles
- Development Potential / Sense of Purpose
- Work Life Balance
- Social Relationships and Belonging

This list is a working draft and is subject to change and further development.


**Health & Wellbeing Initiatives**

### Health Checks
Staff Health Checks had commenced prior to the COVID-19 pandemic started and had proved very popular with staff. Staff were trained to deliver the checks using equipment that Unison had purchased for the Trust for the benefit for all staff. Planning is ongoing for the health checks to recommence over the Summer months, with the aim of expanding the health checks through a mobile road show that will visit all staff sites. Centrally trained staff will be in attendance to support them trained staff trained on each site.

An online training programme is under development and will be delivered in June in preparation for the road shows to commence.

## Weight Management

Weight management support continued throughout the COVID-19 pandemic, albeit at a reduced service. Slimming World moved to an online model for groups although feedback was that staff preferred the face-to-face groups. There was an increased request from staff to access Slimming world vouchers as lockdown started to end. The Trust invested in 100 online vouchers, 97 have been issued in a 6-week period with staff wanting to start getting healthy and many conscious of their body image and the effects of excess weight on their health. As groups go back to face to face the vouchers can still be used.

## SALS

| BY NUMBER OF PEOPLE | | | | | | | 2020/21 |
|---|---|---|---|---|---|---|---|
| **Work Area** | **APRIL** | **MAY** | **JUNE** | **JULY** | **AUG** | **Count** | **%AGE** |
| E&U | 36 | 52 | 28 | 38 | 23 | 177 | 53.80% |
| EOC / 111 | 19 | 22 | 21 | 25 | 23 | 110 | 33.43% |
| PTS | 3 | 3 | 6 | 5 | 4 | 21 | 6.38% |
| STUDENT | 3 | 1 | 4 | 1 | 3 | 12 | 3.65% |
| SUPPORT | 0 | 1 | 0 | 2 | 1 | 4 | 1.22% |
| UNKNOWN | 1 | 3 | 1 | 0 | 0 | 5 | 1.52% |
| | 62 | 82 | 60 | 71 | 54 | 329 | 100.00% |

| Total by No. of People | | | | | | Count | %AGE |
|---|---|---|---|---|---|---|---|
| Traumatic Job / Work Stress | | | | | | 105 | 31.91% |
| Staff Member bereavements | | | | | | 9 | 2.74% |
| Family / relationships / Bereavements | | | | | | 56 | 17.02% |
| Health Issues / Mental Health Issues | | | | | | 64 | 19.45% |
| Assaulted by Patients | | | | | | 5 | 1.52% |
| Advice / Signposting / Support | | | | | | 23 | 6.99% |
| Bullying / Rascism / Homophobia | | | | | | 5 | 1.52% |
| Crew mate issues / Mediation | | | | | | 12 | 3.65% |
| COVID 19 | | | | | | 40 | 12.16% |
| Suicidal Ideation / Attempts | | | | | | 10 | 3.04% |
| | | | | | | 329 | 100.00% |

SALS have continued to support staff during the COVID-19 pandemic as well as meeting the demands of their own jobs. Most staff who asked for help were E&U and EOC/111. The top reasons

1. Traumatic job /Work Stress 31.91%
2. Health issues and mental health issues 19.45%
3. Family/ Relationships /Bereavements 17.02%

These results would be expected as this was at the beginning of lockdown due to anxieties around the uncertainty of the pandemic and staff experiencing family members being unwell.

**Physiotherapy**

- Total New Patients referred to the Service 486
- 10% increase in new referrals to the service compared with the previous two years
- Average referrals per month 40
- Referrals peaked in October a broad range of conditions work and non-work related - 8 of which were shoulder problems
- 36% of all referrals were off sick at the time of the referral but frequently had returned to work within 7 days.
- Total follow-up treatments booked 1200
- DNA average 5% for the year

A total of 100 face to face clinics were delivered across Trust sites following national guidelines regarding COIVD-19. This is the same number of clinics as the previous year. There were 50 remote clinics held in the 12 months April 2020 to December 2021

An additional member of staff was recruited to deliver 12 hrs per week, the post holder has subsequently left the Trust. The remaining Physiotherapist has been successful in a promotion outside of the Trust, the advert for a replacement physiotherapist is currently being processes.

Team Prevent, the Trust's Occupational Health provider, have been commissioned to provide physiotherapy treatment as an interim measure to ensure there is no disruption to staff receiving support during the recruitment process.

Key Outputs:

- Staff are contacted within 48 hours of referral.
- Are often seen at their hub
- The Service liaises with the GP in cases where staff are off sick to expedite further investigation / treatment or onward referral.
- An initial report is generated & sent to the referrer on the day of assessment together with a treatment plan and any advisory notes in terms of function.
- Staff are supported by review appointments (either face to face or remotely) as they return to work to ensure that there are no difficulties as they resume their normal shift pattern and role.

Discharge report generated includes the clinical outcome measure with an evidence-based assessment tool recording the minimal perceived clinical improvement. The recognised MPCI is an uplift of 4 points.

The in-house Service achieves an uplift of 14 points on average per case which is 3.5 times higher than the acceptable uplift. There remains no waiting list for physiotherapy.

## Mental Health

The Trust now has three Mental Wellbeing Practitioners. The newest member of staff offers a front facing triage and signposting service and ongoing referral to the other two Mental Wellbeing Practitioners [MWP] who are more specialised. Over the pandemic the MWP have provided advice, signposting literature and have provided link to a EAP service called Qwell. This provides and online mental health support accessible 24/7. On the Qwell platform staff can access;

- Free counselling
- Articles and advice
- Discussion boards
- Self-help tools
- Mood tracking
- Mental health goals

This option has proved to be very popular with staff with over 150 having accessed the service in a relatively short period of time.

Staff were also encouraged to self-refer to their local NHS Talking Therapy Services. The service specifics vary between geographical areas, but most offer a range of different therapy approaches to suit people's individual needs. You can identify your local team via this link: https://www.nhs.uk/service-search/find-a-psychological-therapies-service/

Many services are fast-tracking NHS staff appointments currently.

| Clinic based hubs | Yearly Counter |
|---|---|
| Hollymoor | 12 |
| Erdington | 13 |
| Warwick | 18 |
| Worcester | 10 |
| Stafford | 13 |
| Academy | 34 |
| | |

If staff had concerns about their mental health that were urgent, they are advised to contact their GP or their local NHS Urgent Mental Health Helpline without delay to seek support. https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

## Mental Health Training

The Trust currently has seven Mental Health First Aid Instructors and 226 trained Mental Health First Aiders. Mental Health First Aiders undergo an intense two-day course aligned to MHFA England. Courses were cancelled last year, and the new programme will commence the 5<sup>th</sup> July-14 August including 10 courses with the capacity to train 126 members of staff.

### Menopause

The Trust is reviewing ways to support women experiencing the mental and physical effects of menopause. The Trust has been advertising courses through the Black Country & West Birmingham Futures which have proved to be popular. The Trust is investing in getting 23 staff trained as "Train the Trainer" instructors to cascade further menopause awareness training across the Trust for both men and women, this will take place on the 30th June.

### Health & Wellbeing Champions

The Trust is in the positive position of having over 95 HWB Champions based across all sites. As the Trust has increased in size this has highlighted the need for additional Champions. A training programme will be delivered in June online for all new HWB champions.

### Physical Activity

During lockdown all gyms were closed, reducing access to some avenues of physical activity. Wolverhampton NHS devised an online physical activity programme "Doingourbit." Which was made available to staff. The programme provided Yoga, Pilates and Cardio workouts for all levels as well as exercise dance which children could join in with. This has proved popular with 153 staff accessing the free service.

A Walking Leaders course had been scheduled with Dudley PHE but had to be cancelled due to the pandemic. All walking leaders' courses were cancelled but are anticipated to be commencing in June 2021.

Walsall MBC has given the Trust concessions of a 15% for all their gyms, swimming pools and Leisure centres and family packages.

## Vaccinations

### FLU VACCINATIONS

The end of year uptake for the Flu vaccine was 84%, planning is due to commence imminently for the vaccination programme for 2021.

### COVID VACCINATIONS

The Trust has now closed the COVID vaccination booking cell however, staff continue to have access to book appointments directly throughout the Trust's geographical area.

As at 26th April 2021 the Trust's first dose COVID vaccination uptake for all Trust staff was at 83% (6427 staff), and 64% (4954) of staff having received both doses.

Engagement has focused on BAME employees and those in the under 25 age bracket, as analysis has highlighted that the uptake in these groups of staff has been lower. An onsite clinic at Navigation Point is also being arranged as uptake is lower with IEUC staff.

## COVID

- Staff support for those that contracted COVID-19
- The Trust procured sufficient PPE to keep staff safe.
- In house PCR swabbing with quick turn around of results, swabbing was also available to symptomatic family members.
- Over 6000 staff chose to undergo antibody serology testing, managed in-house.
- Lateral Flow kits provided for all staff to assist with early identification of non-symptomatic individuals. be able to self-monitor and provide assurance in your own home.
- Support still ongoing for staff with Long Covid.
- Strict social distancing, temperature checks on all sites, as well as face masks being mandatory when moving around all Trust sites.

# 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

The Trust's current guardian is Barbara Kozlowska, Head of Organisational Development. 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 Advocates

There are currently 31 trained advocates around the region. They receive 2 half-days' training each year as part of their mandatory updates. In 2020/2021 a series of development sessions were facilitated by the Guardian for all advocates on Teams covering case studies for new experienced advocates, Transactional Analysis, and Using a Coaching Approach in FTSU. A total of 18 advocates attended a total of 28 sessions between them. Those who were not able to attend have been completing case studies.

Since the pandemic, the Guardian has also held regular "check-ins" with the advocates to ensure they have the support they need, and to learn about the kinds of conversations they are having with our staff around the region.

A poster showing advocates' 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 February 2020
- Audits by an independent non-executive director, and Internal Audit. Audits conduced in 2019 were extremely positive, the internal audit category being "Substantial".
- 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 2020

FTSU Advocates addressed 108 approaches from staff wishing to obtain information about FTSU, 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
3. Systems and process

Twelve of these required a more detailed understanding of the issue, and two were submitted for a formal investigation.

Where no formal action was agreed with staff as being necessary, every contact was advised that should there be a need to escalate their concern in the future, it was entirely appropriate to re-engage with a member o the FTSU Advocates or the Guardian at any time.

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

Throughout the challenging circumstances created by the pandemic, we have proactively managed the response to both 999 and 111 calls, whilst supporting staff and managing all other demands concurrently. A significant command and control model was in place throughout, with many actions implemented to provide a safe working environment for staff; and sufficient highly trained staff to provide a safe service to the public. Whilst many of these arrangements will be stepped down as pressures ease, the Trust will take the opportunity to consider its priorities and actions throughout the coming year. We will pay close attention to national analyses and lessons learned from feedback given by our own staff.

As with all other actions throughout the pandemic, the Trust considered staff vaccination to be paramount for the health and protection of staff, their families and our patients. An early decision was made to prioritise older members of staff and those identified as at risk for the earliest vaccinations. All staff have since been encouraged to receive their vaccinations. This has been made possible through effective partnership working with numerous Hospital Trusts throughout the region. To date, approximately 6,405 (82 per cent) have now received their first vaccine and 4,106 (53 per cent) have already received their second. The Trust is now planning for the likely vaccination requirements in the next financial year along with the flu vaccinations.

Whilst some outbreaks have been identified on Trust sites, these have been very proactively managed and reported according to statutory protocol. Some staff have been severely impacted by the virus and whilst there have been some hospitalisations, these staff have been extremely well supported by the Trust and despite the increased risks facing our frontline staff every day, there have been no staff deaths as a result of the virus.

The Trust has established a very successful in-house Test and Trace process, which has been developed in partnership with University Hospitals Birmingham processing the tests for all staff who have either developed symptoms or been in contact with a COVID positive member of staff. This process extends to family members of staff to maximise the impact of this service.

During the pandemic, we have supported other Trusts with personal protective equipment (PPE) and have also worked with other ambulance services in relation to call handling at times of peak pressure. In May 2020 the Trust undertook a COVID-19 lessons Learnt exercise through email to gain feedback on the Trust's response to the Pandemic so far. This process was repeated in April 2021 to establish further learning. The following areas of good practice have been consistently highlighted and will continue into 2021/22:

- Proactively procuring personal protective equipment to help to keep staff and patients safe
- Effective planning and execution of the command-and-control model
- Effective arrangements for resourcing, and implementation of the Test and Trace process

# Part 3
# Review of Performance against 2020-21 Priorities

Our priorities for 2020-21 were based upon the principle of an overarching priority for each of our core services. The achievement of each of these priorities were then monitored through each of our clinical quality domains:

| | **999 (Emergency and Urgent)** | **111** | **Patient Transport Services** |
|---|---|---|---|
| | Safe Discharge on Scene | Appropriateness of calls transferred to 999 | Safe Transport of Patients |
| Patient Safety | Paramedics use a variety of information sources to facilitate decision making with regard to the best treatment for patients. The course of treatment or destination chosen for each patient should meet the patients' needs, ensuring safety at all times | Ensuring that patients receive the most appropriate response according to their presenting symptoms will support treatment in the right environment by the most appropriate healthcare professional. This will reduce the number of patients waiting for an emergency response and in some cases, may reduce the number of patients presenting at Emergency Departments | 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 plan to continue to reduce the number of patient safety incidents and serious incidents |
| Clinical Effectiveness | Once assessed by a Paramedic, the patient's onward treatment needs should be met by other healthcare providers; and should not require further intervention from WMAS. | Through a skilled clinical workforce, the revalidation of 111 calls, which are categorised as category 3 or 4, to effectively signpost patients to alternative pathways to meet their needs and requirements | The PTS service does not deliver clinical care, therefore there is no requirement for improvement to the clinical effectiveness of this service |
| Patient Experience | All patients should experience high levels of patient care and safety | The Trust will review complaints received in relation to the outcome of 111 calls which were not transferred to 999 to ensure that patient experience was not adversely affected | Our patients should experience the best treatment whilst in our care. This should be evident in all communications with patients about the care they have received |

Throughout 2020-21, our progress towards each of the above priorities was reported through the governance committee structure. At the end of the year, our achievements are summarised as:

## Safe Discharge on Scene

| Patient Safety | Measurement<br>• Number of incidents relating to the discharge of patients on scene<br>• Review of audit findings | Target<br>• Reduction in incidents throughout the year<br>• Improvements in re-audit during 2020/21 |
|---|---|---|

**Summary of Achievement**

Reduction in incidents not achieved, however, the periods are not directly comparable due to the pandemic.

During 2020/21, there were 84 serious incidents, 20 of these related to discharge on scene:

Quarter 1 = 7; Quarter 2 = 3; Quarter 3 = 2; Quarter 4 = 8 (note that 75% occurred during the peaks of the pandemic). This compares to 67 serious incidents in 2019/20, 14 of which related to discharge on scene

Activity has fluctuated significantly throughout the year as a result of COVID-19. The virus has influenced patients' behaviour and expectations along with service availability. All of which impact on demand on ambulance services and the proportion of patients that can be referred to alternative services.

The following audits have been completed. Where necessary, improvement plans have been implemented:
- Falls >=65 discharged at scene
- Head injury discharged at scene
- Feverish illness in children (<16, Temp <= 37.8) discharged at scene

The following audit has been re-designed and will be completed within Quarter 1:
- Non traumatic chest pain >= 18 years discharged at scene

| Clinical Effectiveness | Measurement<br>• Number of recontacts following discharge on scene<br>• Review of audit findings | Target<br>• Reduction in number of recontacts throughout the year<br>• Improvements in re-audit during 2020/21 |
|---|---|---|

**Summary of Achievement**
- Overall reduction achieved
- Audit findings and improvement plans implemented, as above

There has been fluctuation in the number of recontacts during year. This is due, in part, to the unpredictable level of demand during the pandemic, and the availability of services.

We have worked hard to respond to patients needs and, where possible, avoid conveyance to emergency departments. However, throughout the pandemic, many community and alternative services have not been available, which has directly contributed to a rise at times in repeat calls. It is expected that this trend will stabilise as normal services are restored through 2021-22.



Repeat Callers

| Patient Experience | Measurement<br>Ensure a higher positive experience if patients being discharged on scene compared to a negative. | Target<br>To survey 100 patients per quarter to understand their experience and if they re-contacted 999/111. Patients surveyed will be asked if they would consider attending a meeting with representatives of the Trust to discuss their experiences. |
|---|---|---|

**Summary of Achievement**

The Trust sent 437 surveys out during 20/21. With 81 responses being received. Due to restrictions, the face-to-face meeting was not possible, however all feedback has been reviewed and captured at Learning Review Group.

# Appropriateness of 111 calls that are transferred to 999

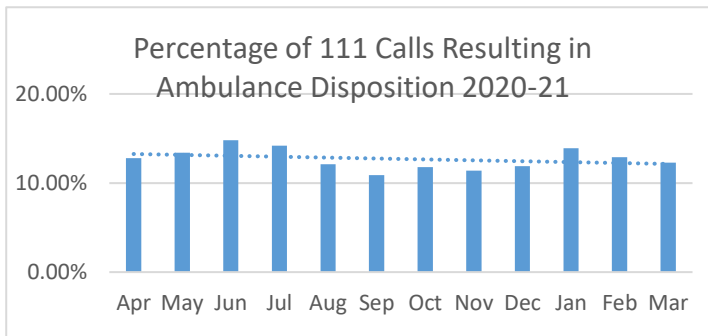| **Patient Safety** | **Measurement**<br>• Percentage of calls from 111 that are transferred to 999 | **Target**<br>• Gradual reduction throughout the year, where clinically appropriate |
|---|---|---|

**Summary of Achievement**

Gradual reduction achieved.

Analysis of total E&U activity shows the following originated from 111 in each quarters in 2020/21:

- Quarter 1 = 13.6%
- Quarter 2 = 12.3%
- Quarter 3 = 11.7%
- Quarter 4 = 13.0%

Whilst there has been fluctuation in the year, and the movement is slight, there trend overall is heading in the right direction. The focus of this priority remains about delivering the most appropriate response to patients, rather than continual reduction in those transferred for emergency response.

Percentage of 111 Calls Resulting in Ambulance Disposition 2020-21

| **Clinical Effectiveness** | **Measurement**<br>• Volume of calls that receive clinical validation<br>• Reduction in the number of recontacts within 48 hours | **Target**<br>• Clinical Validation to be increased above 80% by March 2021<br>• Re-contact target to be established once baseline has been determined |
|---|---|---|

**Summary of Achievement**

- Clinical validation averaged at 84%, exceeding the target of 80%
- We were unable to report recontact rates on the current system. This will be planned for 2021/22.

Throughout the pandemic, demand on the 111 service has been significantly above what would normally be expected. Despite the high volume of calls, we have continued to work hard to clinically validate calls that were categorized as category 3 or 4 ambulance disposition to ensure that all patients receive the best response for their symptoms. Through this effort, we were able to achieve more than 80% in 10 of the 12 months of the year:

% of 999 Dispositions Category 3&4 Validated
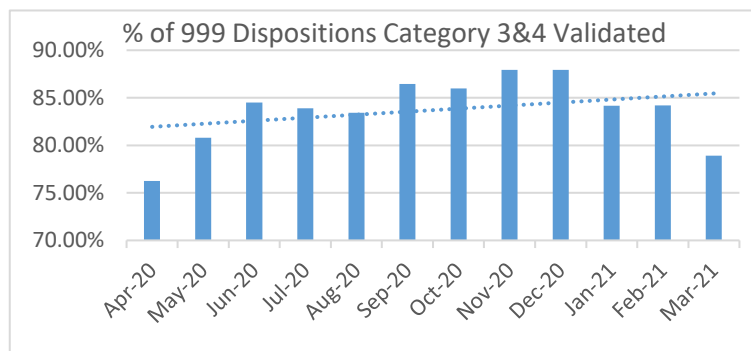
To further verify that patients receive the most appropriate response, we set out to reduce the number of people recontacting us within 48 hours. During the course of the last year, we have been unable to accurately measure this for 111. It remains within our plan to monitor this, which we will be able to achieve in 2021/22 following a planned change of IT system to match that of our 999 calls.

| Patient Experience | Measurement<br>• Number and nature of complaints in relation to treatment and outcomes | Target<br>• Overall reduction in number of complaints relating to outcome following 111 call.<br>• Reduction in number of recontacts |
|---|---|---|

The 111 service received 32 formal complaints in 20/21 compared to 34 the previous year therefore a reduction has been noted.

## Safe Transportation of Patients

| Patient Safety | Measurement | Target |
|---|---|---|
| | • Volume of reported patient harm incidents | • Maintain incident reporting and learning from these incidents with a planned reduction in the number of 'harm' incidents and the level of harm. |

**Summary of Achievement**

The Trust has continued to promote the need to report any incidents that occur whilst patients are in our care. The volume of reported incidents where no harm occurred reduced during 2019/20, but increased during 202/21. This may be 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. It is important to note that the volume of incidents is extremely low in comparison to all activity, and also the vast majority (86%) were "no harm". Where any harm was reported, all but two (98%) were reported as low harm. Three incidents have been investigated under our Serious Investigation procedure (one of these was an incident which occurred during the previous financial year.

**PTS Incident Reporting 2019/20 and 2020/21**
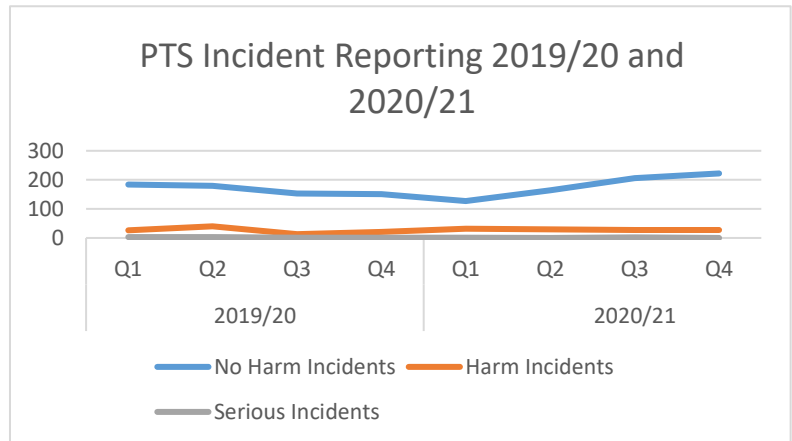


As the trend of overall incidents has continued to rise during the pandemic, we have agreed to continue to focus on this as a priority throughout 2021/22. We will continue to learn from any incidents that do occur, ensuring that staff training is updated to reflect any new trends in practice or skills.

| Clinical Effectiveness | The PTS service does not deliver clinical care, therefore there is no requirement for improvement to the clinical effectiveness of this service |
|---|---|

| Patient Experience | Measurement | Target |
|---|---|---|
| | • Volume of complaints<br>• Face to face surveys<br>• Family and Friends Test Responses | • Reduction in complaints<br>• Increase in surveys<br>• Increase in responses |

**Summary of Achievement**

**Complaints**

34 complaints were received during 2020-21 in relation to the PTS service, compared with 71 in the previous year. This represents a reduction of 52.1% and equates to 1 complaint for every 21,233 patient journeys.

**PTS Survey**

The table below indicates the ways in which the Friends and Family Test (FFT) question has been received:

| Response (YTD) | Small Survey | FFT Survey | PTS Survey |
|---|---|---|---|
| Very Good | 339 | 5 | 37 |
| Good | 4 | 1 | 7 |
| Neither Good or Poor | 0 | 0 | 4 |
| Poor | 7 | 1 | 2 |
| Very Poor | 0 | 1 | 0 |
| Don't Know | 3 | 0 | 0 |
| **Total** | **353** | **8** | **50** |

## Service-based Annual Reports 2020/21

Whilst the above tables represent the overall progress in relation to the priorities that were established in the 2018/19 Quality Account, 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 adjusted national guidance for 2020/21.

## 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-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Harm** | 28 | 55 | 47 | 46 | 36 | 36 | 35 | 42 | 32 | 46 | 43 | 33 | **479** |
| **No Harm** | 179 | 230 | 240 | 239 | 303 | 212 | 263 | 256 | 289 | 258 | 210 | 282 | **2961** |
| **Total** | **207** | **285** | **287** | **285** | **339** | **248** | **298** | **298** | **321** | **304** | **253** | **315** | **3440** |

Figures taken from the orbit report show the total number of incidents reported during 2020-21 have increased from the previous year by 8.7% (from 3,165 to 3,440). 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 (479) accounted for 13.9% of all incidents reported during 2020/21. Despite there being a noticeable rise in May, during the first peak of the pandemic, this proportion is consistent with the previous year.



Total Patient Safety Incidents 2016/17 to 2020/21 (Including Harm and No Harm)



Patient Harm Incidents 2016/17 to 2020/21
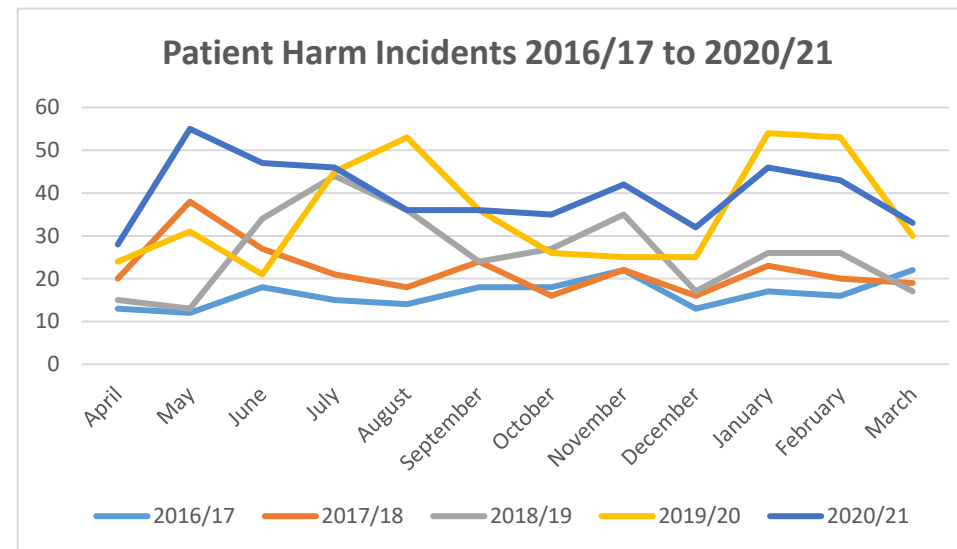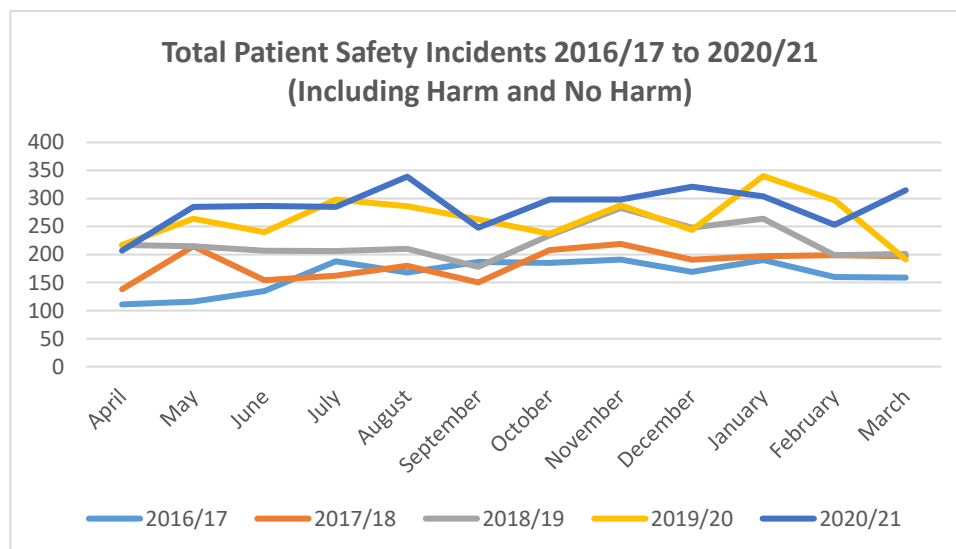
### Themes (Patient Safety/Patient Experience/Clinical Audit)

- <u>Harm Incidents</u>:
    - Continue to be associated with slips, trips and falls and collision/contact (E.G. doorframes and furniture) during transfer of patients.
    - Skin tears following removal of ECG dots
- <u>Monitoring:</u> Failure to recognise, treat and transport patients with ST-Elevation Myocardial Infarction (STEMI)
- <u>Make Ready:</u> Missing equipment or out of date drugs on vehicles that have been through the make ready system.
- <u>Delays:</u> PTS delays in attendance continue to be a theme, along with A&E response to category 3 calls.


### 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 2020 and March 2021, the Trust registered 84 cases as serious incidents. Of these, 2 were downgraded as they did not meet the threshold for serious incidents. 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

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 |
| **2016/2017** | 21386 |  | 4534 |  |
| **2017/2018** | 21130 | -1.2% | 4756 | 4.9% |
| **2018/2019** | 23206 | 9.8% | 5631 | 18.4% |
| **2019/2020** | 31639 | 36.3% | 9232 | 63.9% |
| **2020/2021** | 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:

- **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.
- **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.

**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 352 complaints raised so far compared to 323 2019/20. The main reason relates to clinical complaints raised.

Breakdown of Complaints by Service Type YTD:

|  | **2019-20** | **2020-2021** | **% Variance 18/19 – 19/20** |
|---|---|---|---|
| EOC | 62 | 34 | (54.8) |
| EU | 149 | 249 | 67.1 |
| PTS | 71 | 34 | (52.1) |
| Air Ambulance | 0 | 0 | 0 |
| Other | 6 | 3 | (50) |
| IUC | 35 | 32 | (8.6) |
| Total | **323** | **352** | **(9%)** |

This equates to;

EOC - 1 Complaint for every 39,109 calls received
E&U - 1 Complaint for every 4,478 Emergency Incidents
PTS – 1 Complaint for every 21,233 Non-Emergency Patient Journeys
IUC -  1 Complaint for every 46,692 111 calls

**Upheld Complaints**

The table below indicates that of the 310 complaints, 44 were upheld & 65 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 | 9 | 17 | 26 | 6 | 58 |
| Call Management | 1 | 3 | 16 | 2 | 22 |
| Clinical | 16 | 25 | 91 | 26 | 158 |
| Driving/Sirens | 1 | 1 | 2 | 0 | 4 |
| Eligibility | 1 | 0 | 1 | 0 | 2 |
| Info Request | 1 | 6 | 31 | 6 | 44 |
| IUC - Appointments | 0 | 0 | 1 | 0 | 1 |
| Lost/Damaged | 0 | 1 | 2 | 0 | 3 |
| Patient Safety | 2 | 1 | 3 | 2 | 8 |
| Response | 12 | 11 | 21 | 1 | 45 |
| Safeguarding | 1 | 0 | 6 | 0 | 7 |
| WMAS | 44 | 65 | 200 | 42 | 352 |

## Patient Advice and Liaison Service (PALS) Concerns

This year has seen a decrease in concerns with 2114 concerns raised in 2020/21 compared to 2140 in 2019/20. The main reason for a concern be raised is 'professional conduct'

## Learning from complaints / PALS

| You said | We did |
|---|---|
| An issue with parking at one of the hospital sites in the region following building work which resulted in a staff conduct matter. | Staff member spoken and reminded of their responsibilities. Staff Notice issued with reference to appropriate parking |
| Issue with use of PPE within the Non-Emergency Operations operational team | Crews reminded that Level 2 PPE is required for all patient contact. Referring to weekly brief |
| A patient's referral through the 111 service was not sent to the Urgent Care Centre | The staff member was spoken to about their error. A technical fix made on the Directory of services where it is not possible to reject all services in error. The fix now requires a rejection and a reason before moving on within the system |
| A 999 call was received however the computer aided dispatch system had similar addresses on the same postcode, one a house, one a flat | A note added to the computer aided dispatch system to ensure the correct address is selected if a 999/111 call is made. |

**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 2020/21 – 3 independent reviews were carried out, compared to 4 in 2019/20.

**Patient Feedback / Surveys**
The Trust received 150 completed surveys via our website, 100 relating to Emergency Services and 50 relating to the Patient Transport Service.  A targeted real time survey was undertaken of patients that use the non-emergency patient transport service where a further 353 forms of feedback were received.

**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 | 339 | 5 | 37 |
| Good | 4 | 1 | 7 |
| Neither Good or Poor | 0 | 0 | 4 |
| Poor | 7 | 1 | 2 |
| Very Poor | 0 | 1 | 0 |
| Don't Know | 3 | 0 | 0 |
| **Total** | **353** | **8** | **50** |

**Discharge on Scene Survey:**
81 responses have been received to date, with 437 surveys being sent out during 20/21. The Quality Account requirement was to target 100 patients a quarter, this has been achieved.

**Compliments**
The Trust has received 1834 compliments in 2020/21 compared to 1812 in 2019/20. 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 |
|---|---|
| Quality of Care | To continuously improve care quality, helping to create the safest, highest quality health and care service |
| Finance and Use of Resources | For the provider sector to balance its finances and improve its productivity |
| Operational Performance | To maintain and improve performance against core standards |
| Strategic Change | To ensure every area has a clinically, operationally and financially sustainable pattern of care |
| Leadership and improvement capability (well-led) | To build provider leadership and improvement capability to deliver sustainable services |

This process has confirmed WMAS' position, in each of the national publications of the Single Oversight Framework, in Segmentation 1. This signifies the Trusts afforded maximum autonomy and the lowest level of oversight with no potential support needs identified.

The following metrics were introduced in 2017/18 as part of the national Ambulance Response Programme, and have since been incorporated into the Single Oversight Framework:

| Category | Performance Standard | Achievement (April 2020 to March 2021) |
|---|---|---|
| Category 1 | 7 Minutes mean response time | 6 Minutes 54 Seconds |
| | 15 Minutes 90th centile response time | 12 Minutes 0 Seconds |
| Category 2 | 18 minutes mean response time | 12 Minutes 42 Seconds |
| | 40 minutes 90th centile response time | 23 Minutes 15 Seconds |
| Category 3 | 120 minutes 90th centile response time | 70 Minutes 47 Seconds |
| Category 4 | 180 minutes 90th centile response time | 98 Minutes 34 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 2019/20 report, a selection of which are listed below:

- we are pleased to see sustained progress and achievement of the objectives set for 2019/20, and the continued prioritisation of patient safety, clinical effectiveness, and patient experience for 2020/21.
- We welcome the continued monitoring and improvements in patient safety to minimise the risk of harm to patients and recognise the effective implementation of the Learning from Deaths Framework.
- We are pleased to see the new Strategic Objectives, which will support our key requirement for improved collaboration between WMAS and the wider health landscape, to offer close alignment to regional priorities and are keen to support the Trust in establishing work streams that help to continue to deliver the best patient care throughout the Integrated Urgent Care system as the full strategy is developed. We are similarly pleased to see the drive for innovation through research and development.
- The ambulance service touches all aspects of emergency and urgent care and is well integrated into the health and social care structures in our community.
- The Strategic Objectives for 2020/2021 embody an ambition to make progress in a wide range of activities.
- This year's Account provides an extensive overview of the year's work. The Account demonstrates how the Trust seeks feedback from those who have used the service, with the sole point of improving the service.
- The Quality Account and the Trust's public Board meetings reflect the ambition of the organisation, and the tremendous motivation and commitment shown by WMAS staff in another year of outstandingly rated service to the community they serve.
- The HOSC Chairman has highlighted the comprehensive presentations given to the Committee, which provide an exemplar for other NHS organisations.
- The HOSC Chairman has highlighted the comprehensive presentations given to the Committee, which provide an exemplar for other NHS organisations.
- From an Equality and Diversity perspective, it is pleasing to note the increase in the number of responses received from BME staff to the 2019 NHS Staff Survey compared with previous years.
- The use and promotion of the Workforce Race Equality Standard aimed at improving workplace experiences and employment opportunities for BME people in the NHS, is supported by an updated action plan and the enhanced recruitment programme in an effort to recruit a workforce representative of the community served.
- The OSC would like to commend the WMAS for their performance over the past year in the most challenging of circumstances and for continuing to maintain a high level of patient care and safety throughout.
- We note that WMAS reports the highest levels on infection control and has a policy of continuous improvement in their work.

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 2019/20:

| You Said: | "It is disappointing to note that the return of surveys to WMAS is very low in comparison to the number of patient interfaces."<br><br>"It is disappointing that the number of patient surveys is so low in the year. We would ask WMAS to consider using NHS guidelines(below), as well as more emphasis to be put on modern systems to significantly increase the number of patient responses. 'Providers should for each of the contract areas survey contacts and gather feedback'. This would increase learning, support and inform WMAS in its work. Stakeholders could be a valuable resource in this area." |
|---|---|
| **Our Response:** | We had planned to increase our engagement with patients through surveys in 2020/21, however the continued impact of the pandemic has caused difficulties in implementing our plans. Our priorities for 2021/22 will continue to focus on improving responses to surveys. For the first time, this will include implementation of telephone surveys for 111 and PTS. |

| You Said: | "In our response to the quality report in 2019/20 we asked what could be done to improve response times in our rural communities. We would propose that WMAS consider what innovations and clinical response can be brought to bear on the timely interventions and outcomes for category one and two patients" |
|---|---|
| **Our Response:** | Response times in rural areas will always present difficulties due to the large geographical area to be covered and comparatively few incidents. As a regional service, we have to carefully plan our resources to ensure the fastest response possible to all patients. We have undertaken significant recruitment:<br>• Student Paramedics to ensure that there are sufficient volumes of staff coming through training in each year. This provides resilience to account for year on year increasing activity.<br>• Community First Responders (CFRs) to boost our ability to deploy vital life saving treatment before a Paramedic crew arrives on scene. These volunteers are particularly crucial in rural areas. It is worth noting that when patients are treated initially by a CFR, our response time only accounts for the time at which the Paramedic crew arrives on scene. |

| You Said: | "The Trust had also set an objective regarding gathering feedback about patient transport services using a specific survey however the response figure reported at the end of quarter 3 is considerably less than that of the previous year." |
|---|---|
| **Our Response:** | We have continued to struggle to increase our survey activity during 2020/21 due to restrictions imposed by the pandemic. However, our priorities for 2021/22 include, for the first time, plans to carry out telephone surveys for PTS and 111. We hope that this new approach to surveys will provide new opportunities to seek direct feedback from patients. |

| **You Said:** | "When we look at the information provided in the document about patient and public involvement, we begin to be concerned that progress seems to be quite slow. We expected the trust would be able to describe more engagement reach and more pieces of work and mechanisms." |
| --- | --- |
| | "The Trust mentions developing its arrangements for improving the culture of engagement and changing responsibilities at an executive level. Leadership and culture are very important for encouraging and enabling effective patient and public engagement activity. It is important that there is shared responsibility amongst staff teams with strategic leadership, ambition and oversight." |
| | "There is no other evidence that patients and the public have been involved in the production of the Quality Account." |
| **Our Response:** | The Trust has created a new post of Strategy and Engagement Director. This post has been filled during the year, which has boosted our capacity for engagement. Our work during the year has incorporated the development of our Strategic Plan, and as part of this, we have undertaken engagement with stakeholders at a strategic level to assess the view of others in respect of our collaboration, system working and leadership. |

| **You Said:** | "Healthwatch has no direct evidence to suggest that the priorities of the provider do or do not reflect the priorities of the local population" |
| --- | --- |
| | "It would be useful if the Quality Account provided information about performance, patient safety and quality at a more local level" |
| | "Healthwatch understands the challenges in clearly presenting the Quality Account for patients and the public given the content required by NHS England. None the less the draft Quality Account is long, technically complex and the language used is not always clearly presented for patients and the public. We note that WMAS we do have some flexibility in the presentation of their response to the national standards and some of the other performance information and that they have tried to set these out more clearly in the QA." |
| **Our Response:** | The Quality Account is a Trust level document, the content of which is prescribed in national guidance. The priorities are developed through the work of our Learning Review Group, which considers all sources of information and feedback including complaints, PALS, compliments, incident reporting, risk assessments, national guidance and local system service developments. |
| | To provide information at the best level of granularity, our Quality Account refers each year, to our Department level Annual Reports. These identify in more detail the work of each department and may provide more assurance. Additionally, each meeting of our Board of Directors is presented with a Trust Information Pack which also includes more detailed performance information. These reports are available on our public website. |

| **You Said:** | We were wondering if it would be more helpful for nearby Councils to provide a joint response. |
| --- | --- |
| **Our Response:** | This is a great idea, and we would welcome the opportunity to collaborate collectively with you on matters relating to the Quality Account, in addition to our Strategic Plan and other initiatives. |

| You Said: | We would also have liked to see some analysis on the 111 service and deployment of ambulances since it has been taken over by the Ambulance Service. It was expected it would reduce the number of dispatches from the previous year and it would be interesting to see if that is the case. |
|---|---|
| Our Response: | This was one of our key priorities for 2020/21 and we have monitored this throughout the year. It is important to note that the emphasis has been on "appropriateness" of the calls transferred for emergency ambulance response, rather than "reduction". This report demonstrates that there has been a reduction, however the significant fluctuation of activity, along with changing national guidelines and public expectations through the |

| You Said: | We could find no mention in the Quality Accounts of care homes and how you make decisions to convey or avoid conveyance to hospital. Many care home residents have made advanced care plans and it would be helpful to know how in practice these are followed. |
|---|---|
| Our Response: | Our response to patients in care homes is based, as with all patients, on the clinical assessment of each patient's presenting symptoms, their medical history and their domestic and social environment. Patients in care homes may be treated on scene if the procedures and staff skillset within the home supports the patient's treatment and also if their advanced care plan directs this. We do have procedures to support care plans where they have been implemented and would be happy to discuss our arrangements in more detail, if this is of interest. |

| You Said: | There are some areas of the document where information is presented without reflection or analysis of what the information means or shows. For example the Trust reports significant increases in the number of safeguarding referrals it is making for both adults and children. This raises the questions of why is this? What does this show? Is this being taken forward in discussion with other agencies? Information such as this would be helpful. |
|---|---|
| Our Response: | Due to the scope of the Quality Account and the content which is prescribed in legislation, the document is very lengthy. We use this document to provide an overview to all of our areas of service provision and governance. We provide a list of departmental annual reports which will be available on the Trust's website. These reports provide additional detail in respect of the activity, achievements and plans within each department. |

# Annex 1 Statements from External Stakeholders

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

# Statement from the Lead Commissioning Group

# Statement from Local HealthWatch Organisations

# Statement from the Council of Governors

Once again, we have been presented with an extensive and detailed Quality Account. It is evident that a considerable amount of time and effort has been involved in its preparation.

This year has been like no other, yet West Midlands Ambulance Service has again continued to provide the best, high quality care to patients throughout the region. The work carried out by all staff, students and volunteers within the whole organisation has been nothing but extraordinary.

Following a comprehensive interview process last year, the Trust and Council of Governors welcomed Chairman, Professor Ian Cumming to the organisation on 1st April 2020. The strong leadership shown by both Chief Executive Officer, Professor Anthony Marsh and Chairman, Professor Ian Cumming throughout this unprecedented year has been second to none. This leadership goes beyond hitting targets and deadlines, which is an outstanding achievement in itself, but the safety and welfare measures that have been implemented so swiftly to help protect all staff and patients during the pandemic has been of paramount importance.

During 2020/21 the Council of Governors again went through the processes involved in the recruitment and appointment of two Non-Executive Directors. Following successful interviews, which were held in September 2020, the Council of Governors approved the appointment of Mohammed Fessal and Lisa Bayliss-Pratt as Non-Executive Directors for the Trust. Mohammed who brings clinical knowledge to the Board commenced in post from 1st January 2021 and Lisa, who also brings a wealth of clinical and educational/university knowledge to the Board was appointed into the position from 1st April 2021.

The Trust has worked tirelessly to bring an integrated 111 and 999 call system into place, and despite extremely high volumes of calls taken every single day, the service has answered 999 calls more quickly than any other service in the country.

The Non-Emergency Patient Transport Services faced its own challenges this year, particularly around social distancing arrangements on vehicles, but they have gone above and beyond too and have met each of their performance targets every month, and more importantly have got patients to their appointments safely and in a timely manner.

The Trust pushed forward with its launch of the first ever all electric ambulance in the country, which operates within Birmingham. News of further plans to launch all electric rapid response and PTS vehicles has been welcomed, and has demonstrated the commitment of the Trust to continue to reduce its carbon footprint.

It would be impossible within this short statement to highlight all of the excellent work that has been carried out and fulfilled to such a high standard throughout the organisation. All of the staff within WMAS have accomplished so many outstanding achievements.

The Council of Governors welcomes the priorities set out for
2021/22. We can see from these that the Trust is determined to remain the best performing Ambulance Service in the Country, and we look forward to hearing and seeing first-hand how the Trust progresses these.

Eileen Cox, Lead Governor and Public Governor - Staffordshire.

May 2021

# 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:
  o board minutes and papers for the period April 2020 to March 2021
  o papers relating to quality reported to the Board over the period April 2020 to March 2021
  o feedback from commissioners dated TBC
  o feedback from governors dated TBC
  o feedback from local Healthwatch organisations dated TBC
  o feedback from Overview and Scrutiny Committee dated from TBC
  o the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated TBC.
  o the [latest] national staff survey published
  o the Head of Internal Audit's annual opinion of the Trust's control environment dated TBC
  o 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                          Professor Anthony Marsh

Chairman                                       Chief Executive

Date:   26 May 2021                            Date:   26 May 2021

## Annex 3: The External Audit Limited Assurance Report

In March 2020, NHS Improvement made the decision to relax or remove some of the normal regulatory activities to allow Trusts to free up as much capacity as possible and prioritise their workload to be focused on doing what is necessary to manage the response to the COVID-19 pandemic. This included the decision to cease arrangements for externally auditing Quality Accounts.

In April 2021, NHS Improvement announced that whilst no guidance had been made available for the 2020/21 Quality Accounts, they should still be produced and published. This Account has therefore been produced according to the Trust's normal procedures; however in the absence of statutory guidance, no audit statements can be provided in respect of content of the report. Assurance is provided that the Trust's rigorous data quality processes apply to all data included within the Account and the report has been reviewed by each committee as part of standard governance procedures. Arrangements for audit will be reinstated for the Quality Account 2021/22.

# Annex 4: Glossary of Terms
## Glossary of Terms

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

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.**