



**Quality Account 2016-17**



## Contents

Part 1.....	3
Statement on Quality from the Chief Executive .....	3
Introduction .....	4
Care Quality Commission .....	5
Part 2.....	7
Priorities for 2017/18.....	7
Patient Experience .....	8
Patient Safety.....	9
Clinical Effectiveness.....	10
Our Services .....	11
Performance .....	13
Clinical Audit .....	14
Participation in Research .....	16
Sustainability.....	18
Goals Agreed with Commissioners CQUIN Indicators .....	19
Data Quality .....	20
Performance against Ambulance Quality indicators .....	21
What our Staff Say .....	24
Equality and Diversity .....	26
Health and Wellbeing .....	29
Part 3.....	31
Review of Performance against 2016-17 Priorities .....	31
Patient Safety.....	34
Sign up to Safety .....	38
Duty of Candour.....	40
Safeguarding .....	41
Patient Experience .....	42
Annex 1: Statement from the Lead Commissioning Group .....	45
Annex 2: Statement from the Council of Governors .....	46
Annex 3: Local Healthwatch and Overview & Scrutiny Committees .....	47
Annex 4 - Statement of Directors' Responsibilities .....	48
Annex 5: The External Audit limited assurance report.....	49
Annex 6: Glossary of Terms .....	50
Further Information .....	51

*Please note that information regarding each area of the Trust as described in the 2015/16 Quality Account will be available on the Trust website*



## Part 1

### Statement on Quality from the Chief Executive

We are pleased to present the West Midlands Ambulance Service NHS Foundation Trust's Quality Report which reviews 2016-17 and sets out our priorities for 2017-18.

This quality account is designed to assure our local population, our patients and our commissioners that we provide high-quality clinical care. It also shows what we are doing to improve.

As an organisation, we always strive to be the best that we can be. Not only does this mean that staff are able to provide an excellent service, it also ensures patients get the highest standard of care possible. Whilst we might think that we are doing an excellent job, it is extremely pleasing when external scrutiny shows that those outside the organisation agree.

During 2016-17 we received two tremendous pieces of news: we were rated 'Outstanding' by the Care Quality Commission and were placed in 'Segmentation One' by NHS Improvement. To receive such ratings means that we are providing the highest standards of care, have excellent finances and good use of resources, high operational performance, excellent strategic leadership and an ability to constantly improve our capability.

Whilst I am only too aware of just how hard our staff and volunteers work, day in, day out, often in very difficult circumstances I would like to take this opportunity to formally place on record my thanks to everyone associated with the Trust for everything they do to ensure we provide the highest quality of patient care. I am sure there are many grateful patients, families and friends who will join me in thanking them for their superb efforts over the past year. This is echoed by the number of 'thank you' letters, emails, tweets and Facebook posts that we have received. We are very grateful for the time taken by those who wrote them.

Once again, we have been able to maintain our position as the only ambulance service with no frontline vacancies and no use of either the private or voluntary sector. Over 300 new members of staff joined us last year increasing the level of clinical care provided to patients. Our detailed plans and not inconsiderable investment mean the future looks very bright for our organisation. I look forward to working with colleagues, our staff and volunteers to ensure the Trust continues to provide the very best patient care in the future.

To the best of my knowledge the information contained in this report is an accurate account.

*a. c. marsh.*

**Anthony C. Marsh**  
Chief Executive Officer



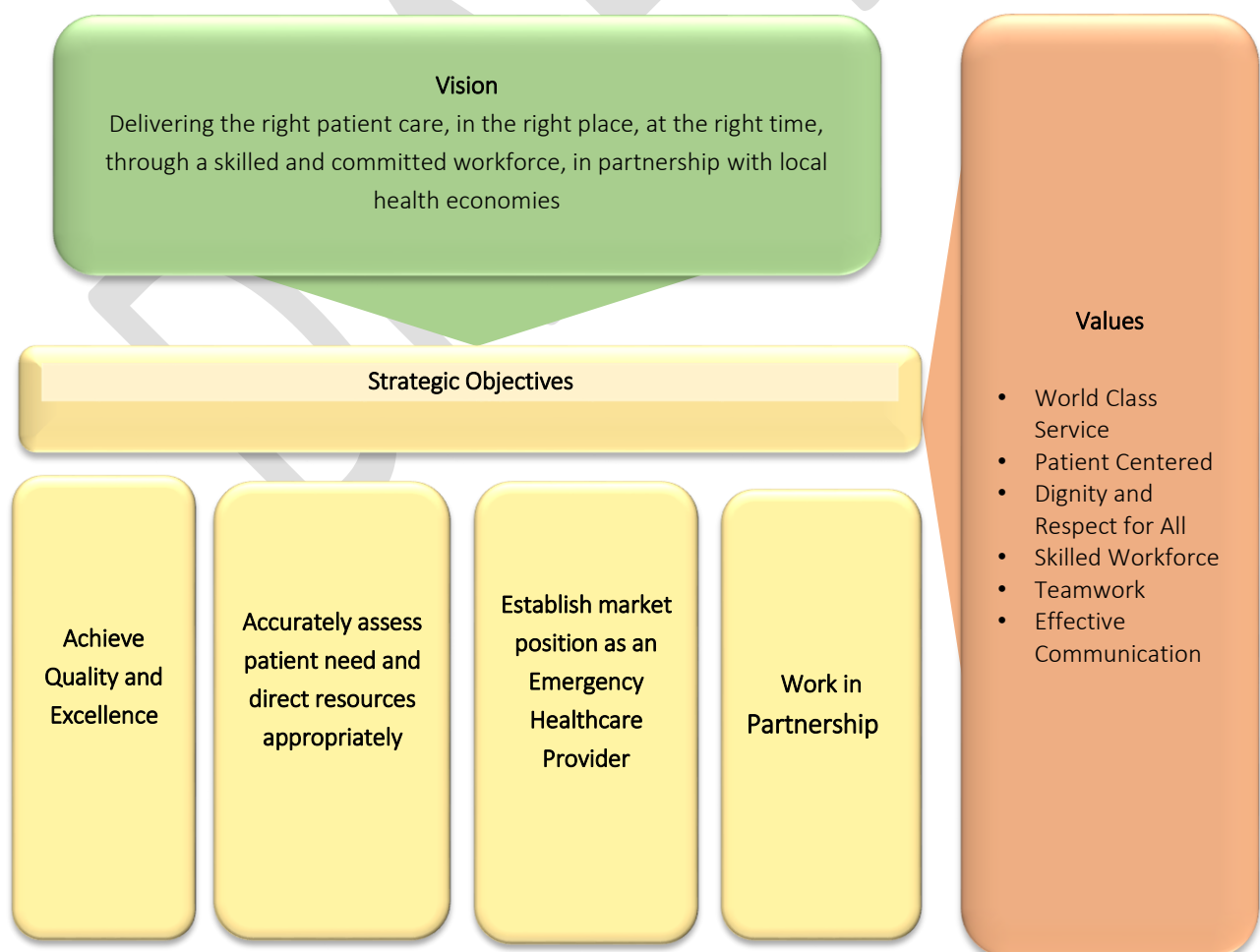


## Introduction

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 patient safety, experience and clinical outcomes.

At West Midlands Ambulance Service 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 general practitioners, mental health workers and local community groups. Together we ensure that patients remain at the forefront of service provision through uncompromising focus on improving patient experience, safety and clinical quality.

The Quality Account is a yearly report that highlights the Trusts progress against quality initiatives and improvements made over the previous year and looks forward to prioritising our ambitions for the year ahead. We understand as a provider organisation that to continue to improve quality it is essential that our patients and staff are fully engaged with the quality agenda. We continue to reinforce these through our current values.





## Care Quality Commission

The Trust is required to register with the Care Quality Commission and its current registration status is Outstanding. WMAS has no conditions attached to its registration.

The Trust has been registered with the Care Quality Commission (CQC) without conditions since 2010. WMAS] has not participated in any special reviews or investigations by the Care Quality Commission during 2016/17 and CQC has not taken enforcement action against West Midlands Ambulance Service during 2016/17.

The Trust was inspected by the CQC in June 2016. The final report available from [www.cqc.org.uk](http://www.cqc.org.uk) or the Trust website confirms the Trust achieved an overall rating of Outstanding.

CareQuality Commission  
Last rated 25 January 2017

West Midlands Ambulance Service NHS Foundation Trust

Overall rating: Inadequate, Requires improvement, Good, **Outstanding** (star icon)

Are services:

Safe?	Good
Effective?	Outstanding (star icon)
Caring?	Outstanding (star icon)
Responsive?	Good
Well led?	Good

Whilst we have been rated as Outstanding by the CQC they did identify areas for improvement mainly related to our non-emergency Patient Transport Service. The following page provides an overview of our plans that have either been implemented or are in the process of being implemented to ensure all the services we provide aim for an outstanding rating and reach a minimum level of good.



## CQC planning to improve further

What the CQC said required improving	Actions taken
The trust did not always keep proper and safe storage of medicines across PTS services.	<ul style="list-style-type: none"> <li>• Safe rectified on the one vehicle of concern next day</li> <li>• Signs on all vehicles advising keep locked and regular compliance checks initiated</li> <li>• All staff written to and no agency staff utilised</li> </ul>
The Trust must improve staff attendance at mandatory training ensuring it is monitored and actively supported.	<ul style="list-style-type: none"> <li>• The Trust exceeded its targets for attendance at mandatory training</li> <li>• Early implementation of 2017/18, aiming to complete by 30 Sept 2017</li> </ul>
Challenges around management of Prescription Only Medicines (POM's) needed to be addressed consistently across the Trust.	<ul style="list-style-type: none"> <li>• Restricted swipe access on all POMS stores</li> <li>• Audit improved from 91 - 96% in 3 months</li> </ul>
In PTS, CQC saw that staff did not always carry out equipment checks and sterile environments were not always maintained.	<ul style="list-style-type: none"> <li>• High Dependency now going through Make Ready</li> <li>• Formal load lists now in place for all vehicles</li> <li>• Announced and unannounced compliance visits</li> </ul>
PTS staff did not consistently lock ambulances when parked	<ul style="list-style-type: none"> <li>• Vehicle security has been improved and is monitored to ensure that vehicles are always locked securely.</li> </ul>
On one hub CQC saw dirty equipment within the sluice area	<ul style="list-style-type: none"> <li>• Improved cleaning schedules with regular check implemented</li> </ul>
Operational Performance varied across the Trust	<ul style="list-style-type: none"> <li>• Ambulance Response Programme to improve response based on clinical priorities</li> </ul>
PTS staff needed more mental health and bariatric training	<ul style="list-style-type: none"> <li>• Mental Health sessions delivered within the weeks following the inspection.</li> <li>• Mandatory training scheduled for 2017/18 changed to address areas identified by CQC</li> </ul>
Bariatric equipment was not always available when required	<ul style="list-style-type: none"> <li>• Bariatric vehicle and equipment increased</li> </ul>
Incident reporting, learning from incidents, risk awareness and management of risk was not consistent across the Trust	<ul style="list-style-type: none"> <li>• Increased management training and inclusion on 2017/18 mandatory training</li> <li>• Increased sharing of learning via publications, station meetings, plasma screens etc.</li> </ul>
Resilience and availability of operational middle management was a concern	<ul style="list-style-type: none"> <li>• Changes to the Trust management structure to include an increase in middle management and increased education and support to ensure clarity of role requirements.</li> </ul>



## Part 2 Priorities for 2017/18

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

The Trust Priorities for 2017/18 are summarised below.

### Patient Experience

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

### Patient Safety

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

### Clinical Effectiveness

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



## Patient Experience

Priority	WHY WE HAVE CHOSEN THIS priority	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
1. ReSPECT education and implementation	This is a new initiative being trialled and is likely to be rolled out across the NHS	The care and treatment of patients with complex needs and end of life plans.	Staff will take part in the trial proactively and feedback from WMAS will influence the national introduction of the tool.
2. Work with partner agencies to provide improved care pathways for patients i.e. mental health and end of life	The Health & Social care system is complicated for patients to understand and navigate. We hope to make the transfer of care easier and more effective for patients at their most vulnerable times.	To ensure initiatives to improve patient care across organisations is seamless.	The Trust can evidence support for cross agency working. Patients are positive in their feedback.
3. Increase Friends and Family Test (FFT) feedback	The Trust has experienced difficulty in obtaining high numbers of FFT feedback.	Learning from patients on what works well and what doesn't is crucial to improving the service.	Improved FFT feedback
<b>Patient Experience</b>	<b>How we will monitor progress:</b> <ol style="list-style-type: none"> <li>1. Training will be monitored through quarterly reports</li> <li>2. Clinical Quality Commissioning meetings (minutes) will reflect WMAS proposals and engagement</li> <li>3. FFT reports to internal meetings up to and including Trust Board and for website publication via Learning Review quarterly reports.</li> </ol>		
	<b>Responsible Lead:</b> <ol style="list-style-type: none"> <li>1. Head of Education &amp; Training and Consultant Paramedic (Vulnerable People)</li> <li>2. Medical Director and Consultant Paramedics</li> <li>3. Deputy Director of Nursing &amp; Quality and Head of Patient Experience</li> </ol>		
	<b>Date of completion:</b> March 2018		





## Patient Safety

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



## Clinical Effectiveness

Priority	WHY WE HAVE CHOSEN THIS PRIORITY	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
1. Improve the level of care delivered as measure by national Ambulance Quality Indicators (AQI)	We nationally measure quality of clinical care and always strive for improvements	Care of patients within all areas is improved.	Quality Indicators evidence improvement
2. Use the learning from external regulator reports to improve our performance further	Learning from our own CQC report and other regulator reports will help us to identify where we could improve	Learning will not be missed and patients harmed.	Action is taken to improve the care of patients
3. Ensure 'Learning from Deaths' through mortality reviews takes place	Mortality reviews in Acute Trusts have identified where care is not to required standards. Ambulance services are not required to report on mortality.	We aim to identify and develop a method for performing mortality reviews so that we can ensure the best care.	A method for mortality reviews is identified, and commenced so that learning takes place.
CLINICAL OUTCOMES	<b>How we will monitor progress:</b> <ol style="list-style-type: none"> <li>1. AQI is monitored through the Trust Governance system up to and including Trust Board of Directors – reports included in Board papers</li> <li>2. The Quality Governance Committee will monitor this via Compliance Assurance presented by senior managers/directors</li> <li>3. The Mortality review is proposed for August 2017 and is scheduled to be presented to QGC and Commissioners in September</li> </ol>		
	<b>Responsible Lead:</b> <ol style="list-style-type: none"> <li>1. Medical Director and Consultant Paramedic (Emergency Care)</li> <li>2. Deputy Director of Nursing and Consultant Paramedics</li> <li>3. Deputy Director of Nursing and Consultant Paramedics</li> </ol>		
	<b>Date for Completion:</b> March 2018		



## 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 over £200 million per annum. It employs almost 5,000 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 800 vehicles including Ambulances, Response Cars, Non-Emergency Ambulances and Specialist Resources such as Motorbikes and Helicopters.

There are two Emergency Operations Centres, located at Tollgate in Stafford and Brierley Hill in Dudley, taking around 3,000 to 3,500 emergency '999' calls each day.

During 2016 -17 West Midlands Ambulance Services Foundation Trust provided the following three core services:

### 1. **Emergency and Urgent**

This is the best-known part of the Trust and 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.

### 2. **Patient Transport Services (PTS)**

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 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, Worcestershire, Coventry & Warwickshire, North Staffordshire, Cheshire, Dudley and Wolverhampton.



### 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 and festivals. 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, Decontamination staff 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 West Midlands Ambulance Service NHS Foundation Trust has reviewed all the data available to them on the quality of care for these three relevant health services.

The Trust is supported by a network of volunteers. More than 800 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 2016/17 to support Patient Transport Services particularly during the introduction of new contracts. Sub-contractors are subjected to a robust governance review before they are utilised.

The total service income received in 2016/17 from NHS sources represents 98.35% of the total service income for the Trust. More detail relating to the financial position of the Trust is available in the Trust's 2016/17 Annual Report.



## Performance Emergency and Urgent Service

The Trust is measured nationally against **operational standards for the E&U Service**. Prior to 8 June 2016 the Trust was measured against the national standards as follows:

- **Red 1 performance**

A Red 1 priority is assigned to patients in cardiac arrest. A cardiac arrest happens when your heart stops pumping blood around your body. If someone has collapsed, is not breathing normally and is unresponsive, they are in cardiac arrest. This is a time critical priority. Ambulance services are expected to reach 75% of Red 1 calls within 8 minutes.

- **Red 2 performance**

A Red 2 priority is assigned to other types of potentially life-threatening incidents. These include stroke, difficulty breathing, major loss of blood and heart attack. A heart attack differs from cardiac arrest because the supply of blood to the heart is suddenly blocked, usually by a blood clot. These cases are serious but less immediately time critical. Ambulance services are expected to reach 75% of Red 2 calls within 8 minutes.

- **Red 19 performance**

This target relates to how quickly ambulance services get a vehicle to the scene able to transport a patient. Trusts are expected to get a patient-carrying vehicle to Red 1 and Red 2 incidents within 19 minutes in 95% of the time.

## Ambulance Response Programme

NHS England has been leading a workstream since late 2015, known as the Ambulance Response Programme (ARP). It aims to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients, particularly those with life threatening illness and injury.

In November 2015 WMAS moved onto phase 1 of the trial, which allowed more triage time within the call process for less urgent emergency calls. This additional time enables the Trust to allocate the most appropriate resource to each emergency call. It also introduced additional early questioning within the 999 system to help identify the most critically ill patients more quickly.

On 8 June 2016 WMAS moved to phase 2 of the trial, along

with two other ambulance Trusts, which introduced new clinically based call priorities, based on the patients' clinical need. These new categories, along with the benefits of Phase 1, support the dispatching of the right vehicle to provide appropriate clinical care for the patient.

The trial is subject to independent evaluation and is due for publication in summer 2017



Whilst an 8-minute target for our most critically ill patients is in place it does not directly correlate with the previous Red1 category as the patient group has changed considerably. As a result, the Trust does not publish performance against the national target and the focus of the external audit as part of the Quality Account has shifted to two other indicators. No other measures are being reported by the trial sites.

For the evaluation of the trial and the possible outcome proposals going forward not to be prejudiced prior to publication, the trial Trusts are unable to share performance data externally during the trial period, apart from the 8-minute performance target. One of the outcomes of the evaluation will be around how ambulance services should measure and report performance going forward.

### Clinical Audit

WMAS recognises the importance of ongoing evaluation of the quality of care provided against key indicators. As a member of the National Ambulance Service Clinical Quality Group (which develops National Clinical Performance Indicators and National Clinical Audits), we actively partake in both national and local audits to identify improvement opportunities. As a result, the Trust has a comprehensive Clinical Audit Programme which is monitored via our Clinical Audit & Research Programme Group. The Trust has participated in 100% of national audits and has not been required to participate in any national confidential enquiries.

The National Audits that WMAS was eligible for and participated in during 2016/17.

Audit	WMAS Eligible	WMAS Participation	*Number of Cases Submitted	Annual Number of Cases Submitted
Ambulance Quality Indicators (Clinical)	✓	100%	10976	The AQIs run 2-3 months behind for submission to the DH End of year data will be available June 2017.
Myocardial Infarction National Audit Programme (MINAP)	✓	100%	N/A – Hospitals enter data onto national database	

### Local Trust Audits

The Trust produces Local Performance indicators to support local improvements. The Trust is committed to developing links with Hospitals to access patient outcomes.	Local Audit
	Examining the Delivery of Mental Health Care
	PGD Medication Audit (previously done Medicines Management)
	Clinical Records Documentation Audit
	Care of Patients Discharged at Scene
	Management of Deliberate Self Harm
	Management of Head Injury
	Management of Obstetric Emergencies
	Management of Peri-Arrests
	Management of Paediatric Pain
	Paediatric Medicine Management
	Paediatric Patients Discharged at Scene
Administration of Morphine Audit	
Management of Asthma in Paediatric Patients	



## Learning from Audit

### National Audits

Ambulance Services are not included in the formal National Clinical Audit programme however during 2016/2017, WMAS participated in the following National Clinical Audits.

- Ambulance Quality Indicators (Clinical)
- Clinical Performance Indicators
- Myocardial Infarction National Audit Programme (MINAP)

The reports of the National Clinical Audits were reviewed by the Trust in 2016/17 and the WMAS intends to take the following actions to improve the quality of healthcare provided for patients

- Review and feedback of delays to patients arriving at a Hyper Acute Centre
- Development of performance reports from the Electronic Patient Record
- Development and introduction of individual staff performance from the Electronic Patient Record
- Communication through Trust Weekly Briefing and Clinical Times
- Documentation guidance produced

### Local Audits

Local audits were reviewed by the Trust and the Trust intends on taking the following actions to improve the quality of healthcare provided.

### Examining the Management and Treatment of Feverish Illness

During 2016-2017 the Trust undertook the third re-audit which aims to identify the quality of the management and treatment of the feverish child.

This was the third audit completed and it demonstrates continued high performance in the recording of respiratory rate, pulse rate, capillary refill time, temperature, mental status and SpO<sub>2</sub>.

Skin colour and mental status documented is shown to be well below the expected standard and is a lower compliance than on the previous audits.

The administration of anti-pyrexia medication achieves a high percentage of compliance and is consistent with the previous audit.

This latest audit has shown a significant improvement in compliance with appropriate advice documented and patients being discharged in accordance with the NICE traffic light system.

The recommended actions to improve these areas of weakness are:

- Display posters on Hubs to highlight audit and findings.
- Consideration given to discontinuing this audit or combining it with a SEPSIS audit.



### Clinical Records Documentation audit

The Trust recognises its legal and moral duty to duly complete Clinical Records to the required standards when the staff of the WMAS have been called to treat or assist patients as part of their duties; whether that be emergency, referrals or non-urgent calls.

The clinical documentation report has highlighted that the following continue to remain an issue for the Trust:

- Onset of symptoms time recorded
- Name of hospital staff patient handed over to recorded
- Pain score documented (before + after pain relief)
- Amendments crossed through with a single line and initials.

Recommendations arising from the clinical audit are as follows:

- Expand work on the documentation of onset of symptoms time to all patient groups
- Ensure staff are aware of the rationale and importance of documenting the hospital staff member handed over to
- Expand work on the documentation of pain assessment to all patient groups
- Ensure awareness of the rationale of the need to cross through any amendments with single line and initials.

### Participation in Research

The Trust continues to be committed to supporting research within pre-hospital care, thus providing evidence to support improved patient care, treatment and outcomes. To achieve this, we work with universities within the West Midlands and further afield as well as acute hospitals, pharmaceutical companies etc. We also work with the Clinical Research Network West Midlands to ensure all research we take part in complies with the Research Governance Framework to safeguard participants.

During 2016-17 the number of patients receiving relevant health services provided or sub-contracted by WMAS in 2016-17 that were recruited during that period to participate in research approved by a research ethics committee was 643.

During this time period WMAS has supported 10 portfolio studies examples of which are shown below:

#### The following studies have continued during 2016-17

##### **Epidemiology and Outcomes from Out Of Hospital Cardiac Arrest (OHCA)**

Sponsored by Warwick University and funded by the Resuscitation Council (UK) and British Heart Foundation, this project aims to establish the reasons behind such big differences nationally in outcome from cardiac arrest. It will develop a standardised approach to collecting information about OHCA and for finding out if a resuscitation attempt was successful. The project will use statistics to explain the reasons why survival rates vary between regions.





### **Brain Biomarkers after Trauma**

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

### **PARAMEDIC 2**

This trial, sponsored by Warwick University is looking at whether adrenaline is helpful or harmful in the treatment of a cardiac arrest that occurs outside of a hospital setting. Answering this question will help to improve the treatment of people who have a cardiac arrest.

Adrenaline was introduced as a treatment for cardiac arrest before clinical trials were common. Adrenaline has not been fully tested to find out if it is helpful or harmful for patients who have a cardiac arrest outside of hospital. The International Liaison Committee for Resuscitation (ILCOR) has called for a definitive clinical trial to assess the role of adrenaline.

Many research studies suggest that, while adrenaline may restart the heart initially, it may lower overall survival rates and increase brain damage and there are real concerns in the clinical and research community that current practice may be harming patients. However, the evidence is not strong enough to change current practice.

### **The following studies began during 2016-17**

#### **RIGHT-2**

It is thought that lowering blood pressure quickly after a stroke could have a beneficial effect on a patient's recovery. Therefore, this study aims to find out whether giving patients who are suspected of having a stroke, a 5mg transdermal glyceryl trinitrate (GTN) patch (a commonly used drug in patients with heart disease) as soon as possible after stroke, and then daily for the next three days, improves outcome.

This is a British Heart Foundation funded study, sponsored by University of Nottingham.

#### **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 increases if hospital patients receive blood products instead.



## Sustainability

The Trust has an important responsibility to minimise its impact on the environment, ensure efficient use of resources and maximise funds available for patient care

Embedding sustainable development into the Trust's management and governance processes is essential for the Trust to continue to deliver high quality healthcare.

The Trust Senior Efficiency Group chaired by the Chief Executive Officer meets every other month. In line with Lord Carter (2015) recommendations the group ensures that action is taken to find new ways of improving efficiency and productivity whilst ensuring high quality clinical care continues to be delivered across the organisation.

The Trust is proud of the new initiatives it has introduced to improve our buildings, fleet and equipment with energy saving technology which we envisage will produce many cost savings in the future allowing us to support the environment and provide cost savings.

The Trust has continued to see a rise in requests for services and responses to 999 calls which, coupled with the need to travel greater distances to specialist units, has resulted in an increase in our carbon footprint. We will continue to develop improvements to reduce our effect on carbon emissions whilst also maintaining a responsive and effective service.

For more information on our performance last year and how we intend to progress our full Sustainability programme during 2017/18 please see our Sustainability Report 2017/18 in Trust publications on our website.

## Goals Agreed with Commissioners CQUIN Indicators

**Commissioning for Quality and Innovation (CQUIN)** is a payment framework that enables commissioners to agree a proportion of the Trust's income to be paid on achievement of quality and innovative work to improve the quality of the Service. The Trust achieved 100% against CQUIN criteria.

A proportion of the WMAS income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between [name of provider] and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016/17 and for the following 12 month period are available electronically at [www.wmas.nhs.uk](http://www.wmas.nhs.uk)

### 2016/17 CQUIN Indicators

Indicator Name	Indicator Weighting (% of CQUIN scheme available)	Expected Financial Value of Indicator	Achieved (Qtr1-4)
1. National CQUIN - Introduction of Health and Well Being (Option B)	10.02%	£450,542	Yes
2. National CQUIN - Healthy Foods for NHS Staff and Visitors	10.02%	£450,542	Yes
3. National CQUIN - Increasing the Uptake of Staff Flu Vaccinations	10.02%	£450,542	Yes
4. Local CQUIN – Utilization of the Electronic Record	23.45%	£1,054,268	Yes
5. Local CQUIN – Paramedic Skill Mix	23.25%	£1,045,527	Yes
6. Local CQUIN –Locality Planning	23.25%	£1,045,527	Yes

The Trust CQUIN total for 2016/17 is set at 2.5% of the Trust income and equates to £4,496,948.

### 2017/18 CQUIN Indicators

**To be confirmed**



## Data Quality

West Midlands Ambulance Service takes 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 both the paper Patient Report Forms and 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 & Quality network 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 network drive.
- 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 2016/17 to the Secondary Uses service for inclusion in the Hospital Episode Statistics to be included in the latest published data.

## Information Governance Toolkit Attainment Levels

West Midlands Ambulance Service Information Governance Assessment Report overall score for 2016/2017 was 84.7% and was satisfactory from IGT Grading

## Clinical Coding Error Rate

West Midlands Ambulance Service was not subject to the Audit Commissions Payment by Results Clinical Coding Audit during 2016/2017

West Midlands Ambulance Service was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

care.data





## Performance against Ambulance 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. These help 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 the position of WMAS against other Trusts.

**All Ambulance Trusts are required to report these mandatory quality indicators:**

### Operational Performance

Ambulance Services nationally have again struggled to meet both national performance targets and efficiency targets in 2016/17 but West Midlands Ambulance Service NHS Foundation Trust has continued to perform well.

The Trust is one of three ambulance Trusts that has participated in a national trial "Ambulance Response Programme". The purpose of the trial is to determine the future of ambulance performance standards by testing the clinical viability of a set of new standards that are proposed for future roll out. Since the trial commenced on 8 June 2016, the Trust has not been subject to existing standards other than Category 1. The selection of incidents in each category within the trial differs from previous categorisation. Therefore, whilst category 1 performance is reportable, the volume and type of incidents is not comparable to the Red 1 Category reported in previous years. As a rough guide, Category 1 encompasses about twice as many calls as Red 1.

The Trust 2016-17 performance against the Category 1 standard is 66.5%. However, as a result of the changes implemented for the trial, the volume of resources that are allocated to each incident has reduced because patients are receiving the right response first time, this has impacted positively upon efficiency measures.

### Care of ST Elevation Myocardial Infarction (Type of heart attack)

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.

### 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.

### 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.

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 over 95% of crews attending patients every day.



### **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, the below is monitored for patients eligible for Primary Percutaneous Coronary Intervention (PPCI):

- Call to Balloon - 75% of patients that have PPCI should do so within 150 minutes of the initial call. This treatment is provided at a specialist heart attack centre.

### **Stroke Care Bundle**

A stroke care bundle includes early recognition of onset of stroke symptoms and application of the care bundle to ensure timely transfer to a Specialist Stroke Centre.

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

Where a patient is eligible for thrombolysis, they should be taken to a Hyper-Acute Stroke Unit within 60 minutes

### **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:

- ROSC (return of spontaneous circulation) on arrival at Hospital
- Survival to discharge from hospital

The above are reported on in two different groups as follows:



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

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

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

### Year-to-date Clinical Performance relating to STEMI and Stroke AQI's

Ambulance Quality Indicators	Mean (YTD)						
	WMAS (14-15)	WMAS (15-16)	*WMAS (16-17)		National Average (Apr-Sept 16)	Highest (Apr-Sept 16)	Lowest (Apr-Sept 16)
			Apr-Sept 16	Apr-Dec 16			
STEMI Care Bundle	72.49%	77.99%	80.29%	80.48%	79.58%	84.21%	73.68%
STEMI Call to Balloon within 150 minutes	88.14%	87.52%	87.00%	87.03%	86.33%	91.95%	77.04%
Stroke Care Bundle	94.00%	98.19%	97.46%	97.42%	97.62%	98.77%	96.36%
Stroke FAST + patients transported to Hyper Acute Centre <60 mins	46.93%	58.83%	57.50%	56.85%	54.53%	60.38%	52.91%
Cardiac Arrest - ROSC At Hospital (Overall Group)	28.71%	30.17%	31.94%	30.62%	28.98%	34.30%	29.93%
Cardiac Arrest - ROSC At Hospital (Comparator)	45.57%	50.61%	49.54%	46.25%	52.51%	64.71%	35.71%
Cardiac Arrest - Survival to Hospital Discharge (Overall Group)	8.29%	8.66%	9.56%	9.19%	8.98%	10.90%	8.64%
Cardiac Arrest - Survival to Hospital Discharge (Comparator Group)	20.62%	24.69%	26.15%	25.00%	27.12%	36.11%	19.44%

*\*The Trust is permitted to re-submit nationally reported clinical data to NHS England twice a year. This re-submission 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 above table shows April – September 2016 data submitted to NHS England and the focus of external audit and a further column which includes more recent data, however this has not yet been validated. The final submission of 2016-2017 data will be in July 2017.*



## What our Staff Say

As in previous years, the National Staff Survey was conducted for WMAS by Quality Health. Unlike previous years, the Board of Directors took the decision to run a census for the 2016 survey, rather than using a randomised selection of staff. Furthermore, the survey was conducted electronically and to maintain confidentiality and anonymity, the questionnaire was distributed via an email link to all 4350 staff in the Trust. The Survey opened on 12 September 2016 and closed on the 2 December 2016. 1332 staff took part. This is a response rate of 31% an increase from 26% in 2015.



The average for ambulance trusts in England was 38%. The overall national response rate for all organisations in England was 44%.

### The top 5 Scores for WMAS were:

- 92% of staff appraised in last 12 months (76%\*)
- 3.24 Staff satisfaction with resourcing and support (3.12\*)
- 83% of staff working extra hours (85%\*)
- 71% of staff / colleagues reporting most recent experience of violence (64%\*)
- 37% of staff satisfied with the opportunities for flexible working patterns (34%\*)

### The bottom 5 Scores for WMAS were:

- 3% of staff experiencing physical violence from staff in last 12 months (2%\*)
- 2.33 Quality of appraisals (2.69\*)
- 33% of staff experiencing harassment, bullying or abuse from staff in last 12 months (28%\*)
- 2.87 Recognition and value of staff by managers and the organisation (3.02\*)
- 3.30 Support from immediate managers (3.44)

As in previous years, there are two types of Key Finding:

- **percentage scores**, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- **scale summary scores**, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5



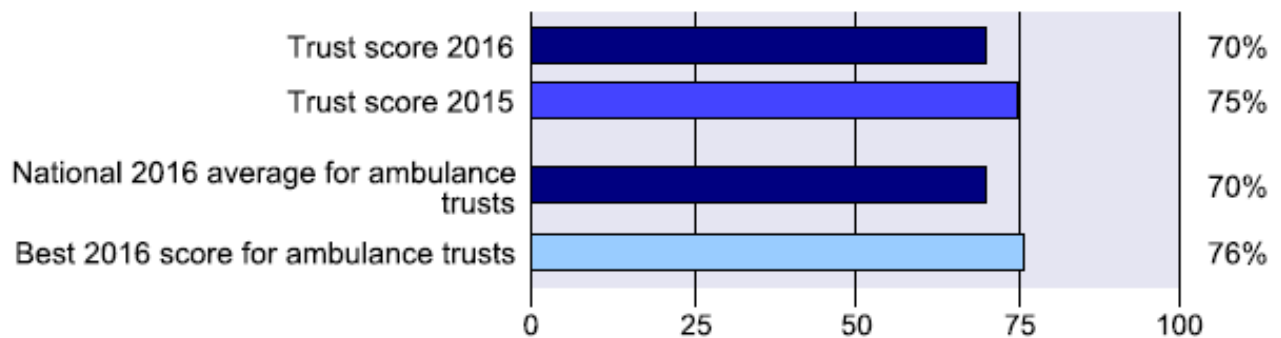


The findings of the staff survey questionnaire have been summarised and presented in the form of 32 Key Findings and these have been structured into nine themes. Under Equality and Diversity theme, KF21 refers to the percentage of staff who took part in the survey believing the organisation provides equal opportunities for career progression or promotion.

**KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**

*(the higher the score the better)*

Percentage score



The Staff Survey Response Action Group has analysed the results in detail and classified them into “Pleasing Results” and “Areas for inquiry and discussion”.

It has been agreed that the results will be communicated to staff through roadshows at different locations. The roadshows will give the group an opportunity to get qualitative feedback from staff.

The group has identified the following three potential areas so far which it is proposed may form the basis for the Staff Survey Action Plan.

1. Question 9g – Have you put yourself under pressure to come to work?
2. Question 15b – How many times have you experienced Bullying, harassment or abuse at work from your manager?
3. Question 17c- On what grounds have you experienced discrimination?

West Midlands Ambulance Service has reviewed the data made available by the Health and Social Care Information Centre with regard to percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends. WMAS considers that this data is as described as it has been cross checked with Trust database systems.

The full Survey results are published on the NHS Employers website-  
<http://www.nhsstaffsurveys.com/Page/1006/Latest-Results>

\* 2016 Average for Ambulance Trusts  
\*\* Based on a national scale of 1-5



## Equality and Diversity

Equality & Diversity is at the core of everything the Trust does from dignity & respect through to providing equality of opportunity for all.



### EDS2 [Equality Delivery System 2]

The Trust has embraced EDS2 by hosting events internally with our staff and externally with our communities and other organisations we work with. The aim of EDS2 is to grade the Trust against 18 outcomes and publish the grading and provide a report on the feedback from our consultations which have been constructive and enlightening in the development of action plans. The Trust achieved a grade of good in fourteen outcomes and developing in the remaining categories.

[www.wmas.nhs.uk/Pages/Equality-and-Diversity.aspx](http://www.wmas.nhs.uk/Pages/Equality-and-Diversity.aspx)

### Recruitment

The Trust endeavors to recruit a workforce that is representative of the communities we serve by the use of Positive Action on all advertised jobs. A diverse workforce provides better patient care and greater understanding of the different needs and cultures that are present.

The Trust has enhanced recruitment through the following measures:

- Positive Action Statement on every job advert for BME & Disability applicants
- Marketing through positive imagery leaflets and brochures
- Community engagement
- Stringent auditing to ensure fairness and equity
- Recruitment training for interviewers to ensure all interviews are fair and provide an equality of opportunity.
- WMAS has produced a DVD to particularly encourage applicants from a BME background to apply for the post of Student Paramedic. The first draft is expected May 2017 after editing the DVD it will be dubbed into different languages and placed on you tube and the Trust web site and the Trust facebook page. It is also being shared with other ambulance services.

### Future initiatives for Recruiting:

- New recruitment web site May 2017
- You Tube package of interviews for different roles with BME staff volunteering to take part in the use of positive imagery.
- Marketing materials that reflect the diversity of the workforce for WMAS will be distributed at events.
- Community engagement targeting areas of high BME demographics and engagement at young people level. Particularly when young people are deciding on a career.
- WRES action plan to incorporate recruitment measures and encourage development and progression.

[www.wmas.nhs.uk/Pages/Job-Opportunities.aspx](http://www.wmas.nhs.uk/Pages/Job-Opportunities.aspx)



### Public Sector Equality Duty [Equality Act 2010]

The Trust meets the requirements of the Public-Sector duty [Equality Act 2010] and has produced an annual report for the Board and for public dissemination.

### General Public Sector Duty

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.

### 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. The Trust publishes this information annually on our 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. WMAS objectives are

<b>Equality Objective One</b>
Increase recruitment applications from BME [Black Minority Ethnicity] and Disabled candidates to the Trust to ensure that Trust staff are representative of the communities we serve. Encourage current members of staff who are BME or Disabled to develop and flourish to their full potential.
<b>Equality Objective Two</b>
Build trust and confidence with our communities, patients, carers and their families through effective communication, engagement and partnership working.
<b>Equality Objective Three</b>
Create a culture where all staff, patients, carers and their families and other agencies the Trust works with are treated with Dignity and Respect
<b>Equality Objective Four</b>
Continue to develop the working environment, were all staff are encouraged to develop as individuals, so they will provide high quality patient care and enhance the reputation of the Trust in doing so will feel valued for their contribution.
<b>Equality Objective Five</b>
All staff are to foster working relationships that eliminate Bullying, Harassment, Discrimination and other unwanted behaviours that do not reflect Trust values.

[www.wmas.nhs.uk/Pages/Equality-and-Diversity.aspx](http://www.wmas.nhs.uk/Pages/Equality-and-Diversity.aspx)



### **Workforce Race Equality Standard [WRES]**

The Trust supports and promotes the WRES, encouraging BME staff to reach their full potential through equality of opportunity. The Trust aims to recruit a workforce that is diverse and representative of our communities. The WRES is a set of metrics which annually is published in conjunction with an Action plan. This is due to be published in May 2017 and will incorporate a new Action plan to reflect the progress the Trust has achieved over the last year.

### **EDHR Group [Equality, Diversity & Human Rights]**

The Trust supports an EDHR 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 EDHR group meets every three months to consult and drive the Equality & Diversity agenda forward.

### **Staff Networks**

The Trust currently has two staff networks which are both supported:

#### **1. The Pride 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.

#### **2. The BME Group**

The group is a new development within the Trust and is currently looking at Terms of Reference and electing a staff committee. The group when formalized will have representation on the national forum.

### **NADG (National Ambulance Diversity Group)**

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 Equality & Diversity agenda at a national level.



## Health and Wellbeing

Working in partnership with union colleagues the Trust has developed a Health and Wellbeing Strategy and 12-month implementation plan to ensure that health and well-being of staff is supported.

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

Last year the Trust improved on the NHS target set at 75% by achieving 76.2% of staff that accepted the flu vaccination during winter 2016. WMAS is the first Ambulance Service to achieve the 75% target.

The Trust has been part of the national pilot group of 11 Trusts for Health & Wellbeing under the remit of NHS England. WMAS this year has been proactive across three key areas;

- Mental Health
- Musculoskeletal
- Weight Management

## Staff Mental Health

Staff have been helped through a variety of interventions to support their Mental Health and Wellbeing for example:

- **Working conditions:** The Trust provides state of the art vehicles and equipment to enable staff to provide the best possible service and care.
- **Bullying & Harassment:** The Trust has a 'zero tolerance' position statement issued via the CEO and E Learning training packages for staff and Managers in the management of any Bullying, Harassment and Discrimination.
- **Information:** Mental Health information is provided via the mental health yammer group, regular articles about Mental health in the Weekly Brief, raising awareness on key dates on the HWB calendar, Time to Talk and the Trust have signed the Blue Light Pledge.
- **Mental Health Training:** Managers have undergone mental health training and stress risk assessments
- **Listening Centre:** The Listening Centre is an external counselling service through which the Trust provides support for staff.
- **SALS Staff Advice & Liaison Service;** This service is a 24/7 service provided by staff for staff in supporting and signposting staff to the most appropriate services
- **Absence Management Training;** All managers and supervisors undergo this training so that they have an awareness of protocols and how they can support staff when they are absent due to illness.





### Future Initiatives

- Mental Health First Aid training [MHFA] for managers
- LITE Training via Mind for staff
- Mind your Mate Training
- Mental Health Checks
- TRiM Training [Trauma Resilience Management]

### Musculoskeletal

Last year the Trust was funded by NHS England for the provision of an in-house physiotherapist who is a specialist in musculoskeletal injuries and ailments. This service started in July 2016 and is proving to be very popular and successful with a drop of 2% in absence for musculoskeletal related injuries.

### Future Initiatives

The way forward will be to adopt a more pro-active approach with prevention being better than cure. This could be achieved by physical fitness programmes and exercise.

### Weight Management

The Trust successfully launched a weight management programme in conjunction with Slimming World. The Trust has supported staff by providing free membership and 12 weeks attendance at Slimming World free of charge. So far over 400 staff have taken part losing 3,552lbs between them.



### Future Initiatives

The Trust will provide the opportunity in May for another 200 staff to avail themselves of the Slimming World vouchers to commence their weight loss journey. It is planned to use members of staff who have already been successful through SW to act as buddies to the new applicants.

2016/17		
	Target	Achievement
Appraisals	85%	97%
Mandatory Training – A&E day 1	85%	110%*
Mandatory Training – A&E day 2	85%	102%*
Mandatory Training - PTS	85%	88.5%
Sickness Absence	Less than 4%	3.27%

\*Changes in workforce and clinical managers also included.



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

	Priority	Progress	How we did
Patient Experience	<b>Deliver Making Every Contact Count (Public Health) Education</b>	<p>The Trust is limited in the time that clinicians have with patients and for them to promote health and well being effectively it was agreed that during 2016/17 the Trust would provide suitable education. The Trust was supported in the provision of MECC education through funding from PHE.</p> <p>Education was provided to all Clinical Team Mentors who then provided 96% of clinical staff with a supervision shift where MECC was addressed.</p>	Achieved
	<b>Continue to work with Public Health to reduce health inequalities</b>	<p>The Trust now provides non-patient identifiable data to Public Health England daily which is assisting them to determine planning and priorities for the future. Once PHE have fully analysed and reported on this data it is expected they will work with other ambulance services to progress this work nationally.</p>	Achieved
	<b>Engage with Rural Communities</b>	<p>The Trust engagement vehicle and team has visited all counties within the Trust to attend local events and talk with public.</p> <p>The CEO and Director of Nursing have met with local community representatives from rural areas of Staffordshire. Community First Responders have agreed to speak with their local communities and have been provided with feedback documentation.</p> <p>Work with Healthwatch has not been progressed as much as the Trust hoped and therefore work will continue in this area as part of the Trusts Engagement Plans for 2017/18</p>	Partly achieved and Ongoing



Patient Safety	<p><b>Reduce the risk of falls that result in harm when assisting with mobilising patients in our care</b></p>	<p>The Trust committed to reducing the risk of harm to patients specifically moderate and above through education and a raising of awareness campaign.</p> <p>During 2016/17 the Trust provided training to 88.5% of Patient Transport Staff as part of their mandatory training.</p> <p>A Trust wide raising of awareness and a promotion of the need to report near miss and low harm incidents to facilitate learning has resulted in a 70% increase in reporting of patient safety incidents and no increase in moderate and above harm. During 2015/16 there were 17 moderate and above incidents reported and in 2016/17 there were 16.</p>	Achieved
	<p><b>Reduce the risk of harm that occurs to patients in wheelchairs (skin tears, bruises etc)</b></p>	<p>Training and education provided as above and Trust wheelchair provision has been reviewed and improved.</p> <p>There has been an increase in patient safety reporting of low harm and near miss since the introduction of an electronic reporting system. Both the number of near misses and low harm have increased and therefore this priority will be carried forward as part of reducing all patient harm during 2017/18. There has been no increase in moderate and above harm.</p>	Partly achieved
	<p><b>Reduce the risk of harm by utilising the most appropriate safety restraints</b></p>	<p>The Trust has worked with providers of child safety restraints to ensure a more appropriate system for babies under 5kg in weight.</p> <p>New restraints have now been purchased to ensure restraints are now available for under 5kg to adult. The Trust has introduced new signage for ambulances that reminds staff and parents that child restraints need to be used.</p>	Achieved





# West Midlands Ambulance Service



NHS Foundation Trust

Clinical Outcomes	<p><b>Deliver an Improved Model of Clinical Supervision</b></p>	<p>The Trust recognised that the changing workforce and increased skills of their clinicians meant a greater focus was required for Clinical Supervision.</p> <p>The model introduced during 2016/17 increased opportunities for reflective practice through</p> <ul style="list-style-type: none"> <li>• Part of group sessions during mandatory training – 100% completed</li> <li>• Part of Personal Development Review with manager – 97% completed</li> <li>• A full supervision shift with a Clinical Team Mentor – 96% completed</li> </ul> <p>We expect our new model of Clinical Supervision to embed fully over the next year which will continue to help our clinicians provide the very best care available.</p>	Achieved
	<p><b>Safe on scene project is completed.</b></p>	<p>Reviews / case studies have taken place to ensure the most appropriate time on scene. Information has been shared with staff via Trust publications.</p> <p>With an ever-increasing pressure on the NHS the time our crews spend with patients is crucial to ensure they receive a timely transfer to hospital or appropriate care in their home to enable safe discharges and effective transfers of care to suitable care pathways.</p> <p>Reviewing time on scene will continue as routine work for the Trust.</p>	Achieved
	<p><b>Improve Clinical Performance - specifically those areas reported on nationally to include management of single limb fractures</b></p>	<p>The Trust agreed this clinical priority based on nationally agreed indicators which have since ceased due to variances in the original nationally agreed reporting criteria.</p> <p>As part of the work reviewing the indicators the Trust identified a need for changes in equipment to ensure the most appropriate care was delivered to patients with leg fractures and this has now been agreed and new equipment purchased.</p>	Achieved



## Patient Safety

Reporting, monitoring, actioning and learning from patient safety incidents is a key responsibility of any NHS provider. At WMAS, we actively encourage all of our staff to report patient safety and non-patient safety incidents so that we are able to learn when things go wrong. This helps us to recognise where improvements are required and make changes.

We encourage staff to report all incidents particularly where there has been no harm.

These present the Trust with the opportunity to learn lessons before an incident occurs resulting in harm. This is important both to resolve the immediate issues that have been raised and to identify the wider themes and trends which need more planning to address.

- **Incidents:** An incident is any unplanned event which has given rise to actual personal injury, patient dissatisfaction, property loss or damage, or damage to the financial standing or reputation of the Trust.
- **Near Misses:** Any occurrence, which does not result in injury, damage or loss, but had the potential to do so
- **Issue/Concerns:** If it does not fit into any of the above definitions

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. The meeting is chaired by the Deputy Director of Nursing & Quality 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.

A positive safety culture is indicated by high overall incident reporting with few serious incidents which we continue to achieve.

West Midlands Ambulance Service has reviewed the data made available by the Health and Social Care Information Centre (HSCIC) with regard to the number and, where available, rate of patient safety incidents reported within the trust during 2016/17, and the number and percentage of such patient safety incidents that resulted in severe harm or death. WMAS considers that this data is as described for the following reasons it has been cross checked with Trust database system.

It was identified that the HSCIC report contained less incidents than were reported in the Trust however when reviewed further it is evident this was due to late reporting of some incidents whilst investigation and level of harm was established. The Trust introduced an electronic reporting system in April 2016 and has seen improvements in the timeliness of reporting both internally and external to HSCIC.

A review of the HSCIC patient safety reports for the 2016/17 is due to be published on the Trust Website in September 2017.



## Total Number of Patient Safety Incidents reported by month

	April 16	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	March 17	Total
Birmingham	20	19	22	30	19	26	22	22	20	28	20	23	271
Black Country	19	14	25	34	24	39	27	23	34	20	19	16	294
Coventry & Warwickshire	11	15	17	23	20	20	20	25	15	17	20	23	226
West Mercia	15	27	25	29	36	41	29	29	27	44	29	25	356
Staffordshire	7	10	9	23	20	22	19	18	17	21	16	10	192
PTS	24	16	21	27	34	19	43	64	37	34	37	38	394
EOC	14	14	14	17	15	17	23	24	12	16	9	14	189
Air Ambulance	0	1	1	4	0	2	2	2	3	4	0	1	20
<b>Total</b>	<b>110</b>	<b>116</b>	<b>135</b>	<b>188</b>	<b>168</b>	<b>186</b>	<b>185</b>	<b>209</b>	<b>166</b>	<b>186</b>	<b>153</b>	<b>150</b>	<b>1952</b>

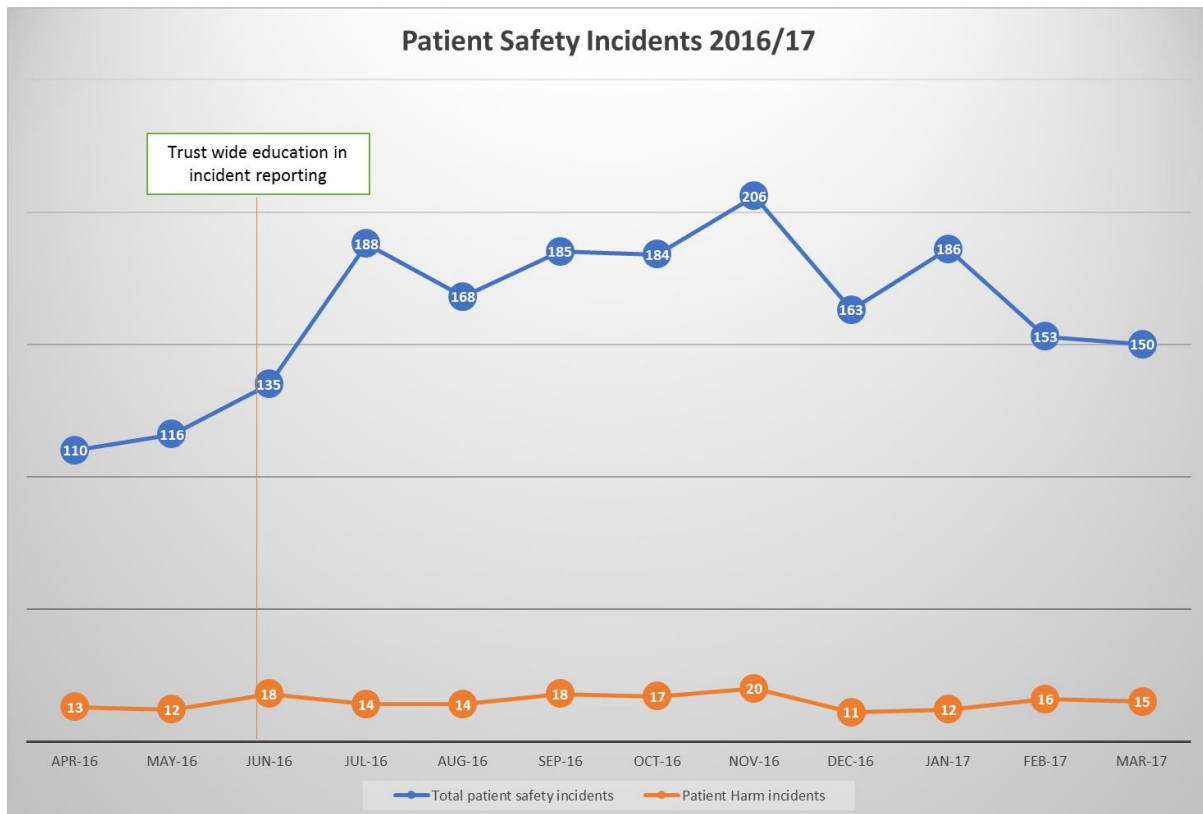
Total Number of Harm Incidents	13	12	18	14	14	18	17	21	12	12	16	15	182
Undetermined*	0	0	0	0	0	0	0	0	0	0	2	1	3
Total Number of No/Harm Near Misses	97	104	117	174	154	168	168	187	153	167	135	134	1758

\*Undetermined harm can be NHS to NHS concerns / Serious Incidents under investigation

This demonstrates a 76% increase on incident reporting compared to last financial year. Patient harm events accounted for 8.3% of those incidents reported during 2015/16 and 9.3% for 2016/17.



Following on from the introduction of the electronic incident reporting system in February 2016, a programme of Trust wide education relating to the importance of incident reporting with emphasis on the reporting of near miss/no harm incidents took place throughout June 2016. This saw a positive impact on the reporting of incidents for no harm and/or near miss incidents whilst patient harm incidents increased by 1%.



## Themes

### Patient Safety/Patient Experience/Clinical Audit

- **Harm Incidents:** Continue to be associated with slips, trips and falls and collision/contact with objects with a concern noted about patients in wheelchairs experiencing minor harm such as grazes and bruising. Mainly in our Patient Transport Service (PTS) – the PTS training programme for 2016/17 included a refresher on assessment of patients and risk of harm from Slip, Trip, Fall and wheelchair use.
- **Equipment:** Failure of the air cushion used to lift patients from the floor resulted in a review being completed by the patient safety and risk teams which highlighted several actions. A robust device management plan which included infection control, battery management and servicing has been implemented following which incidents relating to the device will continue to be monitored.
- **Monitoring:** Failure to utilise waveform capnography a device used to ensure a patient airway is being maintained correctly continues to be a focus of the Trust.



- Make Ready – Missing equipment or out of date drugs on vehicles that have been through the make ready system. Although a reduction in the number of incidents reported has been seen since the filling of Ambulance Fleet Assistant vacancies it continues to be a leading trend.
- Delays - PTS delays in attendance continue to be a theme – contractual issues have been a main cause due to roll over of under commissioned contracts – concerns have been highlighted to commissioners of services. New contracts have been introduced which we hope will support us to deliver a more responsive service during 2017/18.

## 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 operational staff at the sharp end of the error, to ensure the organisation learns from mistakes and that systems are reinforced to create a robustness that prevents future reoccurrence.

Between April 2016 and March 2017, the Trust registered 32 cases as serious incidents. Of those 32 cases registered, 7 were stood down following investigation as it was established they did not meet the threshold as a serious incident. Further information on our Serious Incidents is provided within our Learning Review Reports published on our website within the Patient Safety section.

Following investigations into serious incidents the Trust identified the following key areas for improvement.

Increased education specific to:

- Use of the waveform capnography
- ECG interpretation
- Crew Resource Management
- Identification of acute stroke
- Identification of sepsis
- Use of early warning scores

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



## Sign up to Safety

In March 2015 the Trust formally signed up to the NHS Sign up to Safety (Listen Learn Act) Campaign. The Trust five pledges are listed below and further information on our plans is available via the Patient Safety section of our website.

### 1. Put Safety First - We will continue to;

- Promote the quality and safety agenda and provide positive leadership through clinical champions across all areas of the Trust and from Board of Directors to front line staff
- Ensure that staff are given the education and tools to continue to provide high quality care
- Improve seamless handover of care through utilization of formally agreed communication tools and standards developed in partnership with Acute colleagues.
- Ensure that our top 5 patient safety risks have action plans to reduce the risk of harm and that these plans are shared with all staff.

### 2. Continually Learn - We will continue to;

- Provide full support to the Learning Review Group (LRG) by ensuring full commitment to the membership by all directorates and in depth review of LRG reports throughout the committee structure up to and including the Trust Board of Directors.
- Ensure a series of Patient Safety 'walk-a-rounds' to allow staff and patients to raise issues that can be addressed and shared in a timely manner.
- Utilize Root Cause Analysis (RCA) methodologies for reviewing and investigating trends where low to moderate harm has occurred rather than just RCA serious and high risk incidents.
- Continue to share learning with other organizations and key stakeholders to improve practice and encourage a culture of openness.
- Evaluate organizational understanding of quality and safety and provide a forum for staff to make suggestions for improvements.

### 3. Honesty - We will continue to;

- Always tell our patients and their families/carers if there has been an error or omission resulting in harm.
- Undertake an awareness raising campaign to support our staff in the being open process and incorporate this further into Patient Safety Training.
- Publish outcomes of incident investigations and trends/themes on our website/intranet.
- Publish our top 5 Patient Safety Risks, explain what our plans are for reducing the risk of harm and then ensure we publish progress reports at least quarterly.

#### 4. **Collaborate - We will;**

- Work in partnership with local Health and Social Care organizations to explore new models of care delivery in order to maintain a safe and high quality service for all patients
- Scrutinize our quality and safety systems to assess the effectiveness of assurance gathering processes to evidence our service is operating effectively.
- Develop and improve our service through benchmarking and standardization with other Ambulance Services via membership of national expert groups within the Association of Ambulance Chief Executives network.

#### 5. **Support - We will continue to;**

- Continually review our methods of Education and Training to ensure our staff are kept well informed
- Ensure staff are given the opportunity for reflective practice through a robust clinical supervision model.
- Promote safety and best practice through Trust Communications and the Ambulance National Patient Safety Conference hosted by this Trust.
- Reward and publish good practice via Trust Communications, the Patient Safety Conference and Award Ceremonies

### **Top Patient Safety Risks**

Missing equipment/drugs and/or out of date drugs on vehicles that have been through the make ready system.

Failure to appropriately utilise waveform capnography following intubation.

Incidents when transferring/moving patients during transport.

Failure to interpret clinical findings and act on appropriately.

Failure of the electronic patient Lifting Cushion.

### **You said – We did'**

To encourage staff and to provide them with assurance that incident reporting does improve patient safety and care we regularly publicize 'you said – we did' articles within the Weekly Briefing. Examples of this include:

- Staff reported concerns over the provision of the size and gauge of the IM safety needle introduced by the Trust particularly in relation to paediatric patients. Following review a smaller size needle was quickly agreed and made available to staff
- The review and improvements in the management of the patient lifting cushion device



## Duty of Candour

The Trust promotes a culture of openness 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.

The Trust has recognised that it needs to pay greater attention to all moderate harm (seven reported during 2016/17) to ensure full compliance is included in the reports shared with the Board of Directors.





## Safeguarding

Safeguarding for Adults and Children is embedded in WMAS throughout Policies, Procedures, education and literature. All staff within WMAS are educated to report safeguarding concerns to the single point of access Safeguarding Referral Line.

### Safeguarding Referral Numbers

#### Adult Safeguarding Referrals

	Total
April 2015 - March 2016	19604
April 2016 – March 2017	21386
<b>% variance</b>	<b>9%</b>

#### Child Safeguarding Referrals (Under 18's)

	Total
April 2015 - March 2016	3498
April 2016 – March 2017	4534
<b>% variance</b>	<b>30%</b>

In April 2015, some aspects of the Care Act 2014 were introduced resulting in a significant change in adult safeguarding. This presented a key challenge to ensure staff were aware of the changes. A bespoke WMAS adult safeguarding pocket book was created and made available to all staff to assist in this transition.

Currently there are 28 Safeguarding Boards across the West Midlands and engagement continues to develop with WMAS.



## Patient Experience

### Complaints and Contacts

Key themes for PALS and formal complaints relate to

- **Timeliness of 999 ambulance and Patient Transport Service Vehicles**—that 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 hospital appointment.
- **Professional Conduct** - that the patient or a family relatives feels that the attitude of conduct of the attending ambulance staff or call taker was not to the standard that they would expect.
- **Clinical Treatment complaints**- that the patient or a family relative feels that the treatment or advice received is not appropriate. Examples being a patient is left at home and not conveyed to hospital, as a GP appointment has been arranged.

### Complaints

The Trust has received \*379 complaints compared to \*354 in 2015/16. Equating to 1 complaint in every 4583 patients. The main reason relates to care provided.

Breakdown of Complaints by Service Type YTD:

	2015-2016	2016-2017	Variance 15/16 – 16/17
EOC	94	72	-23.4
EU	196	195	-0.5
PTS	59	105	78
OOH	0	0	0
Other	5	7	28.6
<b>Total</b>	<b>354</b>	<b>379</b>	<b>7%</b>

### Upheld Complaints

The table below indicates that of the \*316 closed complaints, 126 were upheld. If a complaint is upheld, learning will be noted and actioned locally and will also be fed into the Learning Review Group for regional learning to be identified and taken forward.

	Total	Justified	Non Justified	Part Justified
Call Management	22	7	7	8
Attitude and Conduct	72	25	27	20
Clinical	89	20	44	25
Driving and Sirens	5	2	2	1
Response	102	66	21	25
Information Request	16	5	8	3
Other	10	1	2	4
<b>Total</b>	<b>316</b>	<b>126</b>	<b>114</b>	<b>86</b>

\*(Data verified 5 April 2017)



## PALS

Concerns have increased year on year with \*1622 concerns raised in 2016/17 compared to \*1142 in 2015/16, an increase of 42%. The main reason for a concern is 'response' including emergency and non-emergency patient transport arrangements.

It should be noted that the Trust acquired two new PTS Contracts one in July and the other in October 2017 which would have contributed to the increase.

## Ombudsman Requests

Most complaints were resolved through local resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2016/17 - 10 independent reviews were carried out compared to 8 in 2015/16 of these two were closed with no further action and six remain under investigation by the Ombudsman.

## Patient Feedback/ Surveys

The Trust received 45 completed surveys via our website relating to Emergency Services and 8 relating to the Patient Transport Service. A targeted survey has also been undertaken of patients that use the non-emergency patient transport service.

The Friends and Family Test (FFT) was official launched on 1 April 2015. The FFT is offered to patients that dial 999, receive an emergency response but are not conveyed to hospital and patients that use the Non-Emergency Patient Transport Service. Patients are offered a freepost leaflet to return to regional HQ or they can complete the return on online through the Trust website. To date we have received the following responses:

- Patient Transport Service - 34  
31 were extremely likely or likely to recommend the service and 3 were unlikely or extremely unlikely. \*
- Emergency Services – 40  
32 were extremely likely or likely to recommend the service and 7 were unlikely or extremely unlikely. Other responses were neutral

## Compliments

The Trust has received \*1328 compliments in 2016/17 compared to \*1279 in 2015/16. It is pleasing to note that the Trust has seen an increase of 4% in Compliments received. The Trust has a dedicated compliment email address: [compliments@wmas.nhs.uk](mailto:compliments@wmas.nhs.uk) which is available to members of public via the Trust website and PALS leaflets.

\*Data verified 4 April 2017 -further analysis and final report will be available June 2017



You said	We did
Non-emergency ambulance staff were parking inappropriately.	We sent a reminder all staff through the weekly briefing that they should be mindful when parking.
There was a lack of updates and openness when hospital appointments are cancelled due to Patient Transport Services delay.	Staff managing calls have been reminded to communicate with patients about delays. To be honest about the reasons why the appointment has been cancelled e.g. the hospital has cancelled the appointment because we could not get the patient to their appointment on time
A few non-emergency patients raised concerns information they wanted sharing with crews wasn't readily available when required	We added those notes to the master computer system to assist with future bookings.
Crews needed a better explanation of Pseudo-seizures	An article was published in the weekly briefing explaining non-epileptic seizures, treatment and a medical reference for crews to be able to update their knowledge base.
Key safe details were not available to 999 crews resulting in delays getting to patients.	Key safe details shared with us are saved to the Computer Aided Dispatch (CAD) System for future information for crews.
Crews were not always clear regarding 'do not attempt CPR forms and whether photocopies were acceptable.	An article was placed in the weekly briefing, indicating whilst the photocopying of DNACPR forms is not ideal, on occasions it is necessitated and should not be automatically refuted in regards to validity

## Annex 1: Statement from the Lead Commissioning Group

Co-ordinating Commissioner Response

DRAFT 5



## Annex 2: Statement from the Council of Governors

Governors welcome the opportunity to comment of this Quality Account which provides a

DRAFT 5



## Annex 3: Local Healthwatch and Overview & Scrutiny Committees

DRAFT 5



## Annex 4 - 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 2016/17 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2016 to 25 May 2017
  - papers relating to quality reported to the board over the period April 2016 to 25 May 2017
  - feedback from commissioners dated **TBC**
  - feedback from governors dated **TBC**
  - feedback from local Healthwatch organizations dated **TBC**
  - feedback from Overview and Scrutiny Committee dated **TBC**
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 15 May 2017
  - the [latest] national staff survey published March 2017
  - the Head of Internal Audit's annual opinion of the trust's control environment dated **TBC**
  - CQC inspection report dated 25/01/2017
- 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
- As the trust is currently not reporting performance against all operational performance indicators due to the Ambulance Response Programme trial the directors have a plan in place to remedy this and return to full reporting once the outcome of the trial and subsequent guidance from NHS England is published
- 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

.....Date.....Chairman

.....Date.....Chief Executive





## Annex 5: The External Audit limited assurance report

DRAFT 5



## Annex 6: 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
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
OOH	Out of Hours
PALS	Patient Advice and Liaison Service
PDR	Personal Development Review
PRF	Patient Report Form
PTS	Patient Transport Service
QIA	Quality Impact Assessment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RRV	Rapid Response Vehicle
SI	Serious Incident
STEMI	ST Elevation Myocardial Infarction
VAS	Voluntary Aid Services
WMAS	West Midlands Ambulance Service 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 NHS Foundation Trust  
Regional Headquarters  
Millennium Point  
Waterfront Business Park  
Brierley Hill  
West Midlands  
DY5 1LX

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

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

