West Midlands Ambulance Service NHS
NHS Foundation Trust

Agenda Item No. 10

Quality Account 2015-16

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Part 1 - Statement on Quality from the Chief Executive and Chairman

We are pleased to present the West Midlands Ambulance Service NHS Foundation Trust's Quality Report which reviews 2015-16 and sets out our priorities for 2016-17.

We pride ourselves on the quality of care that patients receive from our service, and quality remains at the forefront of everything we do. We Provide a high quality and responsive service, however we are not complacement and we recognise that there is always more that we can do.

At the end of each financial year, it is always appropriate to look back and reflect on the past 12 months. This quality account demonstrates the quality of care patients received from our service and details those areas where improvements need to be made.

To be completed once final draft is available

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

Dr Anthony C. Marsh
QAM SBStJ DSci (Hon) MBA MSc FASI
Chief Executive Officer

a. c. Marsh.

Sir Graham Meldrum.
CBE OStJ Chair

Statement on Quality from the Medical Director and Executive Nurse

To be completed once final draft is available

Dr Andy Carson
Medical Director

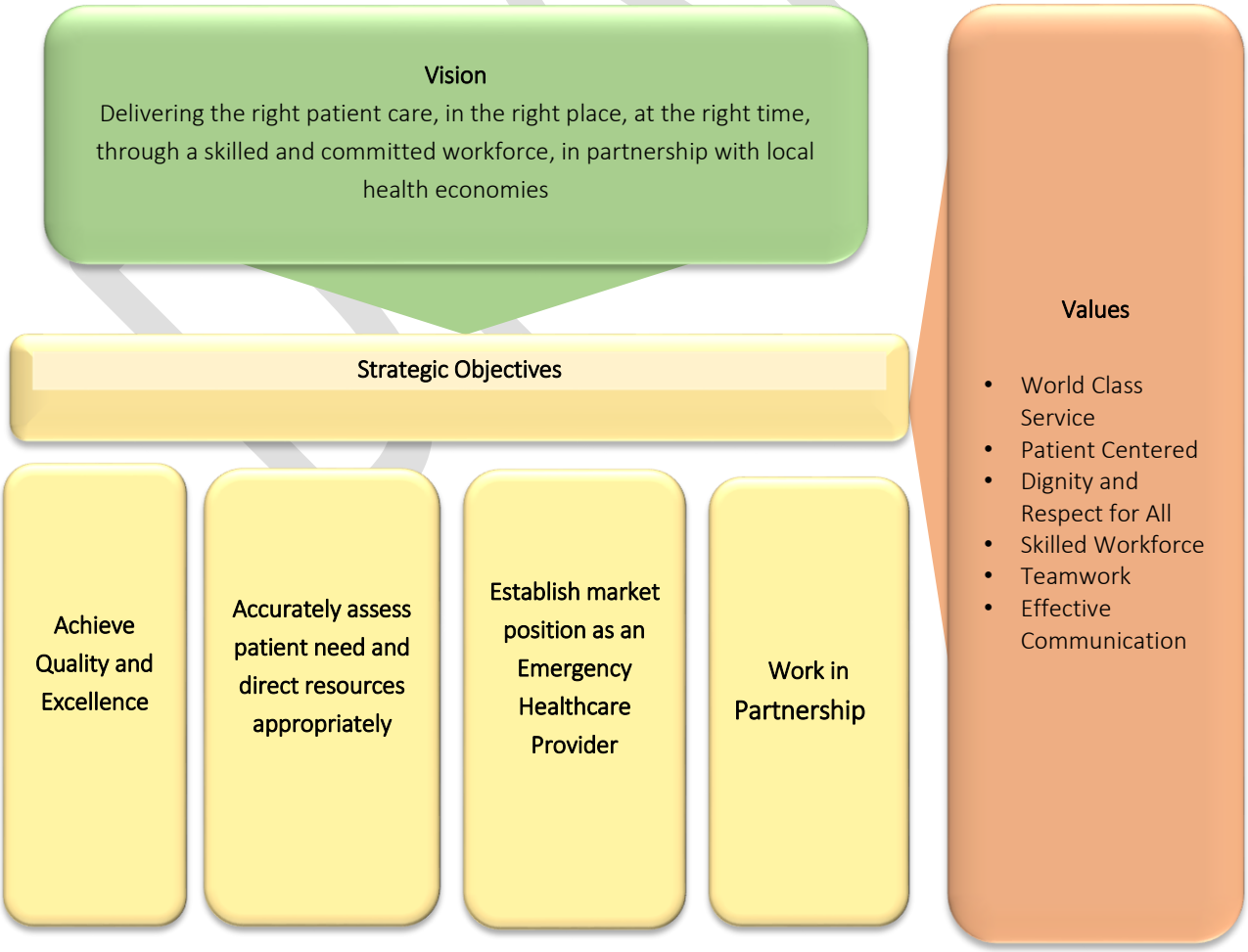
Mark Docherty, RN MSc BSc (HONS) Cert MHS
Director Commissioning and Strategic Development

Part 1 - 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, trade associations and local community groups. Together we ensure that the patients remain at the forefront of service provision through uncompromising focus on improving patient experience, safety and clinical quality.

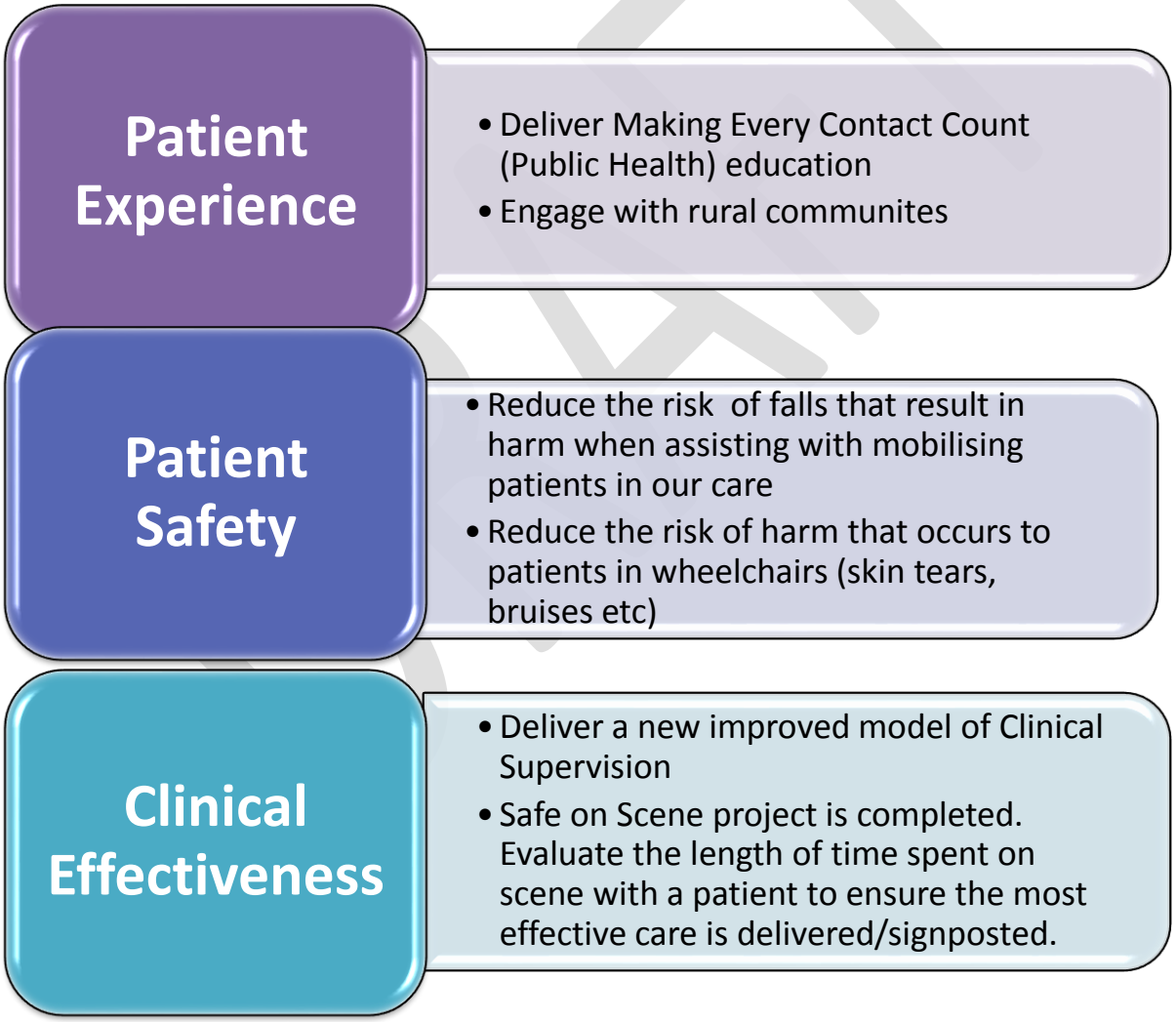
The Quality Account is a yearly report that highlights the Trusts progress against quality initiatives and improvements made over the previous year and looks forward to prioritising our ambitions for the year ahead. We understand as a provider organisation that to continue to improve quality it is essential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



Part 2 - Priorities for 2016/17

In deciding our quality priorities for 2015-16 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 2015/16 are summarised below.



Patient Experience

Patient Experience	Priority	WHY WE HAVE CHOSEN THIS priority	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
	1. Engage with rural communities	Following feedback from the HOSC and Healthwatch engagement event it was agreed that increased engagement with rural communities was required.	Mutual understanding of the rural community expectations and the Ambulance Service ability to respond accordingly.	Feedback from local community groups is positive
	2. Working with Public Health England to deliver Making Every Contact Count (MECC) education across the Trust	Supporting people to make and maintain positive lifestyle behaviour change including our staff is a priority for the Trust. MECC education will enable our staff to encourage others including patients to follow.	Supporting the Public Health England Agenda to improve the health and wellbeing of the population through positive encouragement.	Frontline staff will be educated in Making Every Contact Count
	How we will monitor progress: 1. Progress will be reported on quarterly both internally and to Healthwatch groups across the West Midlands 2. Train the trainer education and cascade training will be monitored through quarterly reports.			
	Responsible Lead: 1. Head of Patient Experience & Deputy Director of Nursing 2. Head of Education and Training and Deputy Director of Nursing & Quality			
	Date of completion: March 2017			

Patient Safety

	PRIORITY	WHY WE HAVE CHOSEN THIS PRIORITY	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
PATIENT SAFETY	1. Reduce the risk of falls that result in harm when mobilising patients in our care.	Through analysis and Learning the Trust has identified high risk incidents and trends relating to falls resulting in injury specifically in our Non-Emergency Patient Transport Service.	We aim to reduce the risk of harm through a renewed safety campaign (successfully promoted 3 years ago). Increased awareness of the reasons why patients fall.	Reduction in incident's, claims and complaints that result in moderate harm or above as a result of falls
	2. Reduce the risk of harm that occurs to patients in wheelchairs	Through analysis and Learning the Trust has identified themes where minor harm has occurred to patients when they are being moved in wheelchairs by Trust staff.	We aim reduce the risk of harm through review of equipment, fleet and education.	Reduction in incident's and complaints that result in all harm to patients whilst being
	How we will monitor progress: Reporting frameworks have been established for each priority to be assessed on a quarterly basis and progress reported both internally to Learning Review Group and externally via Commissioners and the Trust website.			
	Responsible Lead: Head of Patient Safety			
	Date of completion: March 2017			

Clinical Effectiveness

	Priority	WHY WE HAVE CHOSEN THIS PRIORITY	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
CLINICAL OUTCOMES	1. Deliver a new improved model of Clinical Supervision	The changing Ambulance Service workforce has resulted in greater responsibility for clinicians to manage and often discharge patients on scene. The new model will enable greater reflective practice and should improve patient care.	All Ambulance Clinical Performance measurements will improve. Staff and patient feedback will be positive	The new model is in place and working effectively.
	2. Safe on Scene	Over recent years the time spent on scene managing a patient has increased to an average of 50 minutes. The Trust needs to ensure this time is providing the most effective care for the patient.	Transfer decisions are made quickly. Time on scene is reduced where appropriate.	Patients requiring immediate transfer are taken to hospital quicker. Care delivered on scene including referrals to other agencies is safe and results in a positive patient experience.
	How we will monitor progress: Reporting frameworks are well established for each priority to be assessed against performance on a quarterly basis. Progress is, and will, continue to be monitored within the Trust Committees and to our Commissioners. Reports will be sent to the Trust Board of Directors and these will be published on our website.			
	Responsible Lead: 1. Deputy Director of Nursing & Quality 2. Medical Director			
	Date for Completion: March 2017			

Statements from the Board

To be completed once final draft produced

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 at the Heart of England, covering an area of over 5,000 square miles, over 80% of which is rural landscape.

The Trust has a budget of approximately £215 million per annum. It employs over 4,000 staff and operates from 16 Operational Hubs and a variety of Community Ambulance Stations together with other bases across the Region. In total the Trust utilises over 800 vehicles including Ambulances, Response Cars, Non-Emergency Ambulances and Specialist Resources such as Motorbikes and Helicopters.

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 the British Red Cross, St. John Ambulance, BASICS doctors, water-based Rescue Teams and 4x4 organisations.

During 2015 -16 West Midlands Ambulance Services Foundation Trust provided 3 core services:

1. **Emergency and Urgent:** This is perhaps the best known part of the Trust and deals with the 999 calls. Initially, one of the two Emergency Operations Centres (EOC) answers and assesses the 999 call. **Emergency Operations Centres** deal with over a million calls each year, over 95% of which are answered within 5 seconds. Each 999 call is triaged through NHS Pathways system to ensure that the patient needs are met.
2. **Patient Transport Services** (PTS)**:** A large part of the organisation deals with the transfer and transport of patients for reasons such as hospital appointments, transfers between care sites, routine admissions and discharges and transport for continuing treatments such as renal dialysis. The Trust completed approximately 640,000 PTS patient journeys during 2015/16
3. **Emergency Preparedness:** This is a small but important section of the organisation which deals with the Trust's planning and response to significant 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.

Participation in National 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 zero of national enquiries.

The Trust submits data to the Department of Health Ambulance Quality Indicators and to the National Co-coordinator for Clinical Performance Indicators.

	Audit	WMAS Eligible	WMAS Participation	*Number of Cases Submitted	Annual Number of Cases Submitted
•	Ambulance Quality Indicators (Clinical)	✓	100%	9135	The AQIs/CPIs run 2-3 months behind for submission to the DH/national group and so end of year data will be available in June 2016.
	Clinical Performance Indicators	✓	100%	2400	
	Myocardial Infarction National Audit Programme (MINAP)	✓	100%	N/A – Hospitals enter data onto national database	

Note number of cases submitted as of March 2016.

Local Trust Audit

In addition to these submissions, 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
Trust Local Clinical Audits	Examining the Delivery of Mental Health Care
	Clinical Records Documentation Audit
	Care of Patients Discharged at Scene
	Management of Acute Coronary Syndrome
	Feverish Illness In Children
	Management of Head Injury
	Management of Obsetric Emergencies
	Management of Peri-Arrests
	Management of Paediatric Pain
	Paediatric Medicine Management
	Paediatric Patients Discharged at Scene
	Administration of Morphine
	Assurance of appropriate administration of extended medications by Specialist Paramedics
	Management of Asthma in Paediatric Patients
	Management of Acute Coronary Syndrome
	Management of Deliberate Self Harm patients
	Management of Asthma

Learning from Audit

Care of Patients Discharged at Scene

During 2015-2016 the Trust undertook the fourth re-audit which aims to identify the quality of the assessment and management of patients discharged at scene and specifically looks at the clinical effectiveness and safety of the documented discharge. The Trust recognises that the need to support clinicians when making decisions regarding the discharge of patients at scene.

There have been increases in performance in a number of areas however; the following areas still require additional focus: the quality of documenting pupillary response, pain score, mental capacity, two sets of observations, medication administration and onward referral plans.

An improvement plan was devised following the clinical audit which includes:

- Development of an annual education package for the assessment and discharge of patients at scene.
- Development of local clinical supervision model that includes review of the patients that are discharged at scene.
- Implementation of the Trusts Electronic Patient Record over the next 2 years
- Produce a Poster showing results to go into Clinical Times and Weekly Brief

Discharge of the Paediatric Asthma Patient

This was the first clinical audit the Trust completed on the discharge of the Paediatric Asthma Patient. The aim of the audit is to identify if paediatric asthma patients that are discharged on scene are clinically safe and within national guidance.

Asthma in the paediatric patient is a common condition which is linked to a high mortality and morbidity rate if poorly managed. Several areas of improvement were identified and the following recommendations were agreed:

- Issue a clinical notice advising staff that if a paediatric asthma patient is given oxygen driven salbutamol on scene they must be transferred to hospital.
- Provide guidance to staff on the assessment, classification and management of the paediatric patient presenting with an acute asthma attack. This should be in line with current best practice and national guidance.
- Publish audit results in the clinical times to highlight areas of poor compliance and offer guidance on how to comply with guidelines.
- Produce audit on a page section on the intranet and sign post staff to this via the clinical bulletin.
- Carry out re-audit in 6 months' time but change the sample size to 100% of the previous 6 months data.

Clinical Performance Indicators

The Trust takes part in the National Clinical Performance Indicators which look at the following conditions:

Asthma

Over 5 million people in the UK have asthma and there are almost 4 million consultations and 74,000 hospital admissions for asthma each year in the UK. On average, 4 people per day or 1 person every 6 hours dies from asthma. It is estimated that approximately 90% of asthma deaths could have been prevented if the patient, carer or health care professional had acted differently.

Trauma Care – Single limb fracture

Extremity fractures are commonly seen in pre-hospital care. They demonstrate a wide variety of injury patterns which depend on the patient's age, mechanism of injury, and pre-morbid pathology.

Febrile Convulsion

A febrile convulsion is a seizure associated with fever occurring in a young child. Most occur between 6 months and 5 years of age, and onset is rare after 6 years of age. Febrile seizures arise most commonly from infection or inflammation outside the central nervous system in a child who is otherwise neurologically normal. Seizures arising from fever due to infection in the central nervous system (e.g. meningitis and encephalitis) are *not* included in the definition of febrile seizure. Fever is usually defined as having a temperature of more than 37.5°C.

Elderly Falls (Pilot)

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year.

Falls are associated with increased morbidity, mortality, and nursing home placement. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carer's of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year.

Therefore falling has an impact on quality of life, health and healthcare costs.

These patients are at potential risk of major trauma as there is evidence of the impact of falls <2m on traumatic head injuries and undiagnosed subdural haemorrhages. These patients may re-contact the service following a fall, which would indicate that leaving patients safely at home has not been achieved.

Mental Health (Pilot)

Ambulance staff have an increasingly important role in the assessment and early treatment of self-harm. Self-harm or deliberate self-harm includes self-injury and self-poisoning and is defined as 'the intentional, direct injuring of body tissue most often done without suicidal intentions.'

The National Institute for Clinical Excellence (NICE) in conjunction with the National Collaborating Centre for Mental Health (NCCMH) have developed guidelines with regard the treatment of patients who self harm and have such described self-harm as ***'self-poisoning or self-injury, irrespective of the apparent purpose of the act'***.

People who have self-harmed should be treated with the same care, respect and privacy as any patient. In addition, healthcare professionals should take full account of the likely distress associated with self-harm. When assessing people who self-harm, healthcare professionals should ask service users to explain their feelings and understanding of their self-harm in their own words. When caring for people who repeatedly self-harm, healthcare professionals should be aware that the individual's reasons for self-harming may be different on each occasion; therefore each episode needs to be treated as such.

Care Bundle Performance

	13-14	14-15	15-16
Asthma	81.50%	86.00%	86.75%
Single Limb	N/A	26.92%	17.24%
Febrile Convulsion	N/A	83.40%	71.60%
Elderly Falls (Pilot)	N/A	6.08%	2.33%
Mental Health (Pilot)	N/A	N/A	33.00%

**Note – the care bundle figure is as of March 2016. Due to the CPI submissions being 3 months in arrears the end of year data will not be available until the end of June 2016.*

Participation in Research

A key focus for the National Institute for Health Research is the development and delivery of quality, relevant, patient focused research within the NHS. WMASFT 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 thus safeguarding participants in research.

During 2015-16 WMAS has supported several portfolio studies[1] the number of patients receiving relevant health services provided or sub-contracted by WMAS in 2015-16 that were recruited during that period to participate in research approved by a research ethics committee was number of recruits to be added when available in May.

HIGHLIGHTS OF RESEARCH STUDIES DURING 2015-16

The following studies have continued during 2015-16

Epidemiology and Outcomes From Out Of Hospital Cardiac Arrest

Run by Warwick University and funded by the Resuscitation Council (UK) & British Heart Foundation, this project will try 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. It will provide feedback to ambulance services to allow ambulance services to learn from one another and promote better outcomes for patients.

Brain Biomarkers after Trauma

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

[1] The National Institute for Health Research (NIHR) portfolio comprises clinical research studies of high quality and clear value to the NHS.

The following study began during 2015-16

PARAMEDIC 2

This trial is looking at whether adrenaline is helpful or harmful in the treatment of a cardiac arrest that occurs outside a hospital. 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 International Liaison Committee for Resuscitation (ILCOR) has called for a definitive clinical trial to assess the role of adrenaline.

Mental Health

Mental Health Triage Teams within the West Midlands

The past year has seen the continuation of Mental Health Triage (MHT) teams operating within parts of the West Midlands. The scheme currently provides care for people of all ages across Birmingham, Solihull and the Black Country. It is a successful collaboration between Mental Health Services, Police and the Ambulance Service delivering appropriate mental health crisis care to patients at a time they most need it.

The teams comprise Mental Health Nurses, Paramedics and Police Officers providing cover on a rotating shift from 1000hrs to 0300hrs daily as data analysis has revealed that 85% of demand for all three services falls in this time band. For the Police and Ambulance Services this equates to 16,000 calls per year within Birmingham and Solihull alone.

The team responds together and they conduct a face-to-face assessment looking at patient risks and mental and physical health; this could take place in public places or private residences. The assessment will identify any immediate needs and the team can make referrals into the most appropriate service.

The key aim is to ensure safe, dignified care, identification of people who need detention under the Mental Health Act and appropriate diversion from the Criminal Justice System.

If it is necessary to detain the patient at a place of safety, swift and dignified transportation is provided via the Triage vehicle. If this is not appropriate, due to the behaviour of the individual, an ambulance is requested and the team follow behind providing further assistance at the place of safety as necessary.

Last year saw a reduction of 51% in the detention of patients under s136 of the Mental Health Act, a fantastic example of reducing the potential criminalisation of mental health patients in crisis and providing the appropriate pathway to facilitate enhanced and high quality crisis care.

In order to raise awareness of the services, West Midlands Police and West Midlands Ambulance Service liaise with Community Safety Partnerships, Health and Wellbeing Boards, NHS England, Offender Health Commissioning unit, Local Clinical Commissioning Groups'. Third sector organisations are very supportive of the scheme often giving the team pathways in to their service enabling the team to support people not only with their mental health but with social issues that may be a contributing factor in to why they are feeling unwell.

The team works closely with the 300 Voices (Time to Change) anti-stigma initiative. This enables a unique opportunity for service users to discuss their experience with emergency services and the Mental Health Trust; this enables us to learn from service users experiences. All organisations involved in this scheme have adapted their training as a result in order to improve the service provided to the community. Media links have been made locally to ensure publicity is undertaken to raise awareness of the positive changes West Midlands Police, West Midlands Ambulance Service and the Mental Health Trusts have made when responding to people in the community suffering with mental ill health. BBC Midlands today, the One Show, Sky news and BBC Two have filmed the team/s and produced news articles.

Service user feedback

"I would like to say thank you to the mental health car as they have been out to me a few times when I have been very low and down. With WMP/WMAS and a CPN in the car I managed to get the right help needed in my own flat without the need of going to hospital."

Family member feedback

"On this occasion the kindness and professionalism of the triage team was a great support and comfort to my wife, son and I…… We are so grateful that this time the journey from the initial relapse to acute management to the recovery has been a much smoother and well-orchestrated experience. Full credit must be given to the triage team on that first night that set us on the right path."

Goals Agreed with Commissioners CQUIN Indicators 2015/16 Reporting (as of Feb 2016)

Indicator Name	Indicator Weighting (% of CQUIN scheme available)	Expected Financial Value of Indicator	Achieved (Qtr1-3)
1. Reduction in conveyance to Emergency Departments	20%	£863,383	Yes
2. See and Treat Re- contact Rates	20%	£863,383	Yes
3. Progress the Electronic Patient Record introduction	18&	£777,045	Yes
4. Paramedic Pathfinder and MiDOS technology	22%	£949,722	Yes
5. Safeguarding	10%	£431,692	Yes
6. Clinical Pathways Referral Hub	10%	£431,692	Yes

Goals Agreed with Commissioners CQUIN Indicators

Indicator Name	Indicator Weighting (% of CQUIN scheme available)	Expected Financial Value of Indicator	Achieved
1. Deliver the Electronic Patient Record	TBC	TBC	
2. TBC	TBC	TBC	
3. TBC	TBC	TBC	

Commissioning for Quality and Innovation (CQUIN) is a payment framework that enables commissioners to agree payments to NHS providers based on agreed quality and innovative work to improve the quality of the Service

What Others Say About Us

The Trust has been registered with the Care Quality Commission (CQC) without conditions since 2010. This includes compliance with the Health and Social Care Act 2008 and Hygiene code (HC2008). The CQC has not taken enforcement action against West Midlands Ambulance Service during 2015/16.

The Trust was last inspected by the CQC in January 2014. The final report available from www.cqc.org.uk or the Trust website www.w31mas.nhs.uk confirms the Trust remained compliant with all the requirements of registration except for a minor failure in Outcome 4 - 'Care & Welfare of people who use our Service'. The CQC determined the Trust was required to provide a short term plan for improvements in operational performance targets as some patients, whilst receiving excellent treatment from staff, had experienced delays in response times. The Trust agreed a plan to improve response times by July 2014 which was achieved

Thank you!

Whilst walking the short distance home after collecting my two daughters aged 8 and 4 from my parents who only live four doors away, my 4 year old daughter started to fall, I had hold of her hand and in the other had school/lunch bags and fell with her, my right knee smacked onto the kerb and I immediately knew from a popping sound that something was amiss. My eldest daughter summoned her Granddad and an ambulance was called. Stupidly I managed to hop home and only a very short time later two paramedics arrived. One took immediate charge of the situation and managed my level of pain from the outset. The other told me that she was in training, she was extremely caring and attentive. Both involved my daughters in my treatment as obviously they were both very upset as to what had happened to their mummy which I thought was wonderful and my eldest daughter felt like she was my nurse!!

I eventually went to A & E where the staff on duty were marvellous and to cut a long story short it turns out that I had fractured my tibia plateau for which I am still receiving treatment.

I felt that I had to write this and compliment your crew for their care towards not only myself but that of my two distraught little girls. Both exercised utmost professionalism and my pain which was excruciating was managed so well. Both paramedics are an absolute asset to you and in a very stretched NHS with so many unjust cuts to your services it is only fitting that your staff are acknowledged for the marvellous and caring work they perform every day of their working lives.

Data Quality

West Midlands Ambulance Service takes the following actions to assure and improve data quality for the clinical indicators, 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 Care System. 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 Clinical Steering and Quality Governance Committee to the Trust Board, Commissioners and Service Delivery meetings.

NHS Number and general Medical Practice Code Validity

The Trust did not submit records during 2015/16 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 2015/2016 was TBC

Clinical Coding Error Rate

West Midlands Ambulance Service was not subject to the Audit Commissions Payment by Results Clinical Coding Audit during 2015/2016

Performance against key quality indicators

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

All Ambulance Trusts are required to report the following mandatory Quality Indicators:

Red Ambulance Response Times

Percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.

Percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.

Care of ST Elevation Myocardial Infarction

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.

Ambulance Response Times

Red 1 response within 8 minutes	
Red 2 response within 8 minutes	
Red - 19 Min Performance	
Green 2 - 90%-30mins	
Green 4 - 90% - triage in 60mins	

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 that are 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 3 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, and therefore 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 has suddenly collapsed, is not breathing normally and is unresponsive, they are in cardiac arrest.

The AQI includes:

- ROSC on arrival at Hospital
- Survival to Hospital Discharge

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 ie 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 ie it is not a drowning or trauma cause.

In this element we would expect a higher performance than the first group. This is due to the criteria indicating that the patient should have a better outcome.

Care bundles have been developed to ensure patients get the best care based on current evidence. 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 Stoke AQI's

	Mean (YTD)					
Ambulance Quality Indicators / Clinical Performance Indicators	WMAS (13-14)	WMAS (14-15)	WMAS (15-16)	National Average	Highest	Lowest
STEMI Care Bundle	75.66%	72.49%	77.76%	77.80%	88.00%	72.87%
STEMI Call to Balloon within 150 minutes	89.43%	88.14%	87.83%	85.90%	92.68%	82.98%
Stroke Care Bundle	94.28%	94.00%	96.09%	97.70%	98.84%	93.88%
Stroke FAST + patients transported to Hyper Acute Centre <60 mins	58.68%	46.93%	56.18%	59.20%	60.65%	45.97%
Cardiac Arrest - ROSC At Hospital (Overall Group)	24.48%	28.71%	30.90%	28.30%	34.26%	26.07%
Cardiac Arrest - ROSC At Hospital (Comparator)	40.10%	45.57%	51.35%	52.60%	60.47%	40.54%
Cardiac Arrest - Survival to Hospital Discharge (Overall Group)	6.55%	8.29%	9.41%	8.90%	10.79%	7.74%
Cardiac Arrest - Survival to Hospital Discharge (Comparator Group)	20.29%	20.62%	25.23%	28.20%	37.14%	18.60%

What our Staff Say

As in previous years, the National Staff Survey was conducted for WMAS by Quality Health. A total of 850 questionnaires were sent to randomly selected staff across the whole of the Trust. There were weekly reminders in the Weekly Briefing, together with reminder letters sent out by Quality Health to individuals to help the return rate. The Survey closed on the 4th December 2015.

218 staff took part in the survey. This is a response rate of 26% and a drop from the response rate of 29% in the 2014 survey.

The average for Ambulance trusts in England was 34%. The overall national response rate for all organisations in England was 42%. Overall, the survey results for WMAS show positive employee satisfaction in many areas in the organisation. The two most prominent areas are:

1. **Organisation Culture(21a, 21b, 21c, 21d)**
   - 72% of staff who took part in the survey said they are enthusiastic about their job and are happy with the standard of care provided by the organisation.
   - 62% agree that the organisation takes positive action on concerns raised by patients or service users
   - 51% would recommend the Trust as a place of work.

2. **Personal development and Career Progression(18b, 18c, 18d, 20g)**
   - 63% of the respondents stated that their manager supported them to receive training, learning and development.
   - 77% agreed that their development has helped them to do their job more effectively and 75% said it helped them deliver better patient experience.
   - 79% agreed that it has helped them stay up to date with professional requirements of their role.

It is encouraging to note that areas which have been prioritised for the last couple of years by the Staff Survey Response Action Group, and the Organisational Development Team, are showing marked progress. Notably areas reporting on the line manager and team member relationship and health and well-being have significantly improved.

Areas where WMAS could do better:

1. Bullying and Harassment at work

Despite shown improvement in this area, 48% of the respondents said they had personally experienced harassment, bullying or abuse at work at least once from patients, their relatives or other members of the public. 54% said they did not report it.

2. Discrimination at work

Whilst 74% of the respondents said the organisation acts fairly with regards to career progression regardless of ethnic background, gender, religion, sexual orientation, disability or age; 12% of them said they are discriminated against by patients or members of the public.

This is a 3% increase compared to the 2014 survey. The highest increase in discrimination was seen for Sexual Orientation (15%) followed by Gender (14%) and Ethnic Background (13%) as compared to the previous survey's results.

The top 5 Scores for WMAS were:

- Staff feel their role makes a difference to patients (90%)
- Staff know who senior managers are (87%)
- Staff always know what their responsibilities are (83%)
- Staff are satisfied with the quality of care they provide to patients (83%)
- Staff are able to do their job at a standard they are pleased with (80%)

The bottom 5 Scores were:

- Staff feel they are not involved in deciding on changes introduced that affect their work area (57%)
- Staff disagreed that senior managers at WMAS try to involve them in important decisions (57%)
- Staff felt their PDRs did not help them to improve how they do their job (55%)
- Staff felt their PDRs did not leave them feeling their work was valued by the organisation (46%)
- Staff were dissatisfied with the recognition they get for good work (41%)

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

Equality and Diversity

Equality and Diversity is built into everything the Trust does including policies, practices and strategies, public engagement and consultation events, where the Trust regularly asks local communities how it can improve services and practices.

Diversity in employment produces a workforce sensitive to the different needs of the community and the Trust has developed a vision for ensuring equality, diversity and inclusion, in both employment and service delivery which reflects `respect, dignity and fairness to all`.

The Trust has endorsed the Equality Delivery System (EDS), which is an NHS Equality and Diversity Framework, to assist in delivering better outcomes for patients and staff.

We have also published our Equality Data Analysis report 2015/2016 and will continue to publish our data with comprehensive analysis annually, in order to meet our Public Sector Equality Duty (Equality Act 2010).

As demonstrated within the report, we will improve the way we make informed decisions about our policies and practices, which are based on evidence, and the impact of our activities on equality and the protected characteristic groups. For Further information please follow the link Equality Data Analysis report 2015/16 http://www.wmas.nhs.uk/Pages/EqualityDataAnalysis.aspx

Workforce and Organisational Development

Our People

To be completed April (2nd week) 2016

2015/16	Appraisals	Mandatory Training	
WMAS			
Staff Development			
Graduate Paramedic Recruitment			
Technician to Paramedic Conversion			
Student Paramedic L1			
Student Paramedic L4			
ECA to Tech			
HCRT to Tech			

Health and Wellbeing

To be updated April 2016

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

Managers and staff are being supported to update and develop their skills. The Trust are supporting up to 50 Managers to complete an Engaging Leaders Programme of Management Development.

The Trust wants to see a 5% improvement in staff recording that they feel valued and engaged in Staff survey results as well as assurance that there is an Increase in the number of staff with reviewed personal development plans. The Trust also wants evidence that staff are supported to receive the appropriate level of training as per the training plan.

Measure of Progress	Baseline (2013/14)	Target 2014/15	Target 2015/16
Strive to achieve a 4% sickness level by end local target by March 2015	5.3%	4.5%	4%
Reduce long term absence rate of over 28 days from 3.6% to 2.5% by 31 March 2015	3.5%	2.5%	2.5%
Increase our Paramedic skill mix levels towards a 70% target by 2016/17 to enable more patients to be treated at scene	61.08%	56.68%	56.77%
Average time from advert to appointment is maintained at 15 weeks	15 weeks	15 weeks	14 weeks
Increase by 10% of BME Student paramedics graduating from Coventry, Staffordshire and Worcestershire Universities by 2016 (2011 -5 year target)	**2011/12 Baseline** Coventry 6% UoW: 0% Staffs: NA	Coventry 12% UoW 5% Staffs 5%	**2015/16** Coventry 16% UoW: 10% Staffs: 10%
Actively promote and encourage BME development to encourage a higher % of staff appointed at Band 7 and above. (Was 4.39% March 2013)	6.02%	7.5%	8.5%
All managers have attended a Leadership Programme or are supported to complete an Engaging Leaders Programme (5 year development plan covering 2013/14 to 2018/19)	57 people	42 people	42 people
Increase the number of staff with reviewed PDPs in place	64%	85%	85%
Staff are supported to receive necessary mandatory clinical update training in accordance with our training needs analysis	97.9%	85%	85%
Annually deliver programmes according to the agreed Training Days Analysis (TDA) Plan	203083	31243	56095

Part 3 - Review of Performance against 2015-16 Priorities

	Priority	Progress	How we did
Patient Experience	Improved engagement with Learning Disabled Service Users	The Trust has introduced a range of easy read documents and has a dedicated Easy Read section on the Trust Website. The Trust used the press and social media to raise awareness of the easy read documents and the leaflets were used at the first National Learning Disabilities & Autism event in Birmingham in which resulting in more requests and sharing of leaflets with other organisations. The Trust also shares leaflets directly with Learning Disability Groups. A specific training package for effective communication with Learning Disability and Autism patients has been developed and launched for staff who receive patient calls.	Achieved
	Work with Public Health England to reduce Health Inequalities	During 2015/16 we engaged with TBC	TBC
Patient Safety	Reduce the risk of avoidable harm from delays in ambulance attendance.	During 2015/16 the Trust achieved improvements in the reduction of delays as identified by our performance and ability to achieve our operational performance targets for time of arrival. In addition there has been a reduction in complaints and reported incidents relating to delays in attendance of an emergency response.	Achieved
	Publicize lessons learnt and good practice from incidents, claims and complaints.	The Trust is fully compliant with the requirements of its statutory Duty of Candour through 1. Open communication with patients and their relatives when harm has occurred. 2. Quarterly publication of the Trust's Learning Review Report 3. Improved website with sharing of serious incident lessons learnt 4. Improved Quality Account report (appendix?) End of year report to be included	Achieved
Clinical Outcomes	Timely and Effective care delivered on scene - commissioning	This priority identified the delays crews experienced managing the care of patients in their own homes. There have been some areas for improvement identified such as care pathway access however more work is required therefore the Safe on Scene Project will continue into 2016/17.	Partly Achieved
	Continue to improve clinical outcomes	Final end of year data required	

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 Miss:** Any occurrence, which does not result in injury, damage or loss, but had the potential to do so
- **Issue/Concern:** 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 and we continue to achieve.

Total Number of Patient Safety Incidents reported by month

	April 15	May 15	June 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 15	Feb 15	March 15
Birmingham	8	15	9	10	16	10	7					
Black Country	18	11	6	13	23	20	19					
Coventry & Warwickshire	8	17	12	10	12	7	7					
West Mercia	7	17	4	5	12	22	17					
Staffordshire	3	8	2	11	10	14	17					
PTS	20	17	37	30	23	13	19					
EOC	3	3	7	4	9	4	7					
Air Ambulance	0	0	1	0	1	0	0					
111 - WMAS	0	0	0	0	3	0	0					
Other	0	1	0	0	0	0	0					
Total	**67**	**89**	**78**	**83**	**109**	**90**	**93**					
Total Number of Harm Incidents	**4**	**3**	**9**	**8**	**6**	**6**	**9**					
Undetermined	**0**	**0**	**0**	**2**	**0**	**0**	**1**					
Total Number of No/ Harm Near Misses	**63**	**86**	**69**	**73**	**103**	**84**	**83**					

To be updated with end of year data April 2016

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 will include a refresher on assessment of patients and risk of harm from Slip, Trip, Fall and wheelchair use.

- Equipment: Medescan thermometers concerns raised - have resulted in a review and removal of devices with a return to the previous device until a more suitable one can be sourced by the Clinical Equipment Group

- Monitoring patients airway during resuscitation efforts (waveform capnography) – as per SI actions this will be included in Airway Management during 2016/17 training

- Make Ready – an emerging trend of missing equipment is noted and will be monitored to determine if this is due to the Festive REAP effect.

- Delays - PTS delays in attendance continue to be a theme – contractual issues are a main cause due to roll over of under commissioned contract – concerns highlighted to commissioners of services.

Staff Safety

- Manual Handling – Incidents relating to failed equipment required for the safe moving and handling of patients. In particular Mangar Elk lifting cushions and Stryker tracked carry chairs– currently under review by the Risk Team and local management

- Straps on Stretchers– Reports are coming through relating to straps being too long on the stretchers and causing a STF risk for staff. They are being cut by staff which then results in a patient safety issue when larger patients require securing. – Vehicle Design group have been asked to review with supplier.

To be completed for year April 2016

Infection Prevention and Control

Each quarter IPC audits are completed for hand hygiene, cannulation and vehicle and premises cleanliness. The hand Hygiene audits are split between at hospital observations and at the point of care observations undertaken by Clinical Team Mentors with approximately 1,000 observations performed annually. Cannula insertion observations are also done by CTMs) with a minimum of 400 done each year. The results have shown a consistent rise in compliance year on year.

End of year data required here – April 2016

Safeguarding

Safeguarding for Adults and Children is embedded in WMAS throughout Policies, Procedures 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 2014 - January 2015	12270
April 2015 - January 2016	16350
% variance	**33%**

Child Safeguarding Referrals (Under 18's)

	Total
April 2014 - January 2015	2441
April 2015 - January 2016	2928
% variance	**20%**

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 both ensure staff were aware of the changes and the organisation in regards to any implications of such legislation. 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.

Serious Incidents /DoC/ Sign up to Safety

Serious Incidents (SIs) include any event which causes severe harm or death; a scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services; Allegations of abuse; adverse media coverage or public concern about the organisation or the wider NHS.

A total of 27 serious incidents have been reported by WMAS over this reporting period. 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 as a whole learns from mistakes and that systems are reinforced to create a robustness that prevents future reoccurrence.

Following investigations into serious incidents, it has been highlighted that the Trust needs to improve;

To be completed for end of year April 2016

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.

- **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 (1 Apr – 29 Feb) 317 complaints compared to 353 in 2014/15, a decrease of 10% (34). The main reason for a complaint being raised relates to the clinical care provided.

Breakdown of Complaints by Service Type YTD:

	2014-2015	2015-2016	Variance 14/15 - 15/16
EOC	100	84	-16%
EU	163	179	9.8%
PTS	83	49	-41%
OOH	0	0	0
Other	7	5	-28.6%
Total	**353**	**317**	**-10%**

Upheld Complaints

The table below indicates that of the 238 closed complaints, 90 were classed as 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	9	3	4	2
Attitude and Conduct	52	19	20	13
Clinical	74	17	44	13
Driving and Sirens	6	5	1	0
Response	69	40	18	11
Other	18	5	7	6
Total	**238**	**90**	**102**	**46**

PALS

Concerns have decreased year on year with 1050 concerns raised in 2015/16 compared to 1118 in 2014/15, a decrease of 6% (68). The main reason for a concern being raised related to 'response' which includes response emergency ambulance delays and issues with non-emergency patient transport arrangements.

Ombudsman Requests

The majority of complaints were resolved through Local Resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2015/16 - 8 independent reviews were carried out compared to 10 in 2014/15 of these two were closed with no further action and six remain under investigation by the Ombudsman.

Patient Feedback/ Surveys

The Trust has received 46 completed surveys through the Trust website relating to Emergency Services and 7 relating to the Patient Transport Service. A targeted survey has also been undertaken of patients that received an emergency response in Q1 & Q2.

The Friends and Family Test (FFT) was official launched on 1 April 2015. The FFT should be 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 - 36
- Emergency Services – 88

Compliments

The Trust has received 1155 compliments in 2015/16 compared to 1121 in 2014/15. It is pleasing to note that the Trust has seen an increase of 3% (34) in Compliments received. The Trust has a dedicated compliment email address: compliments@wmas.nhs.uk which is available to members of public via the Trust website and PALS leaflets.

Annex 1: Statement from the Lead Commissioning Group

Co-ordinating Commissioner Response

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Annex 2: Statement from the Council of Governors

Chair of Patient Quality Panel on behalf of the Council of Governors

Requested and awaited for final publication

Annex 3: Local Healthwatch and Overview & Scrutiny Committees

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.

Monitor 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 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 have taken steps to satisfy themselves that:

The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14

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 2014 to May 2015;
- Papers relating to Quality reported to the Board over the period April 2014 to May 2015
- Feedback from commissioners dated 14th May 2015
- Feedback from the governors between November 2014 and March 2015
- Feedback from Local Healthwatch organisations dated 2015
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2014 – March 2015 and quarterly reports during the year
- National patient survey 2014
- National staff survey 2014
- The head of internal audit's opinion over the Trust's control environment dated [14/05/015]
- Care Quality Commission intelligent monitoring reports between March 2014 and May 2015

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

Annex 5: A copy of the External Audit limited assurance report

Annex 6: Glossary of Terms

Glossary of Terms

Abbreviation	Full Description
A&E	Accident and Emergency
AED	Automated External Defibrillator
AFA	Ambulance Fleet Assistant
AMI	Acute Myocardial Infarction
AQI	Ambulance Quality Indicators
BASICs	British Association of Immediate Care Doctors
CCGs	Clinical Commission Groups
CFR	Community First Responder
CPI	Clinical Performance Indicator
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 2014.

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**

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.**

Divisional Profiles

Birmingham Division

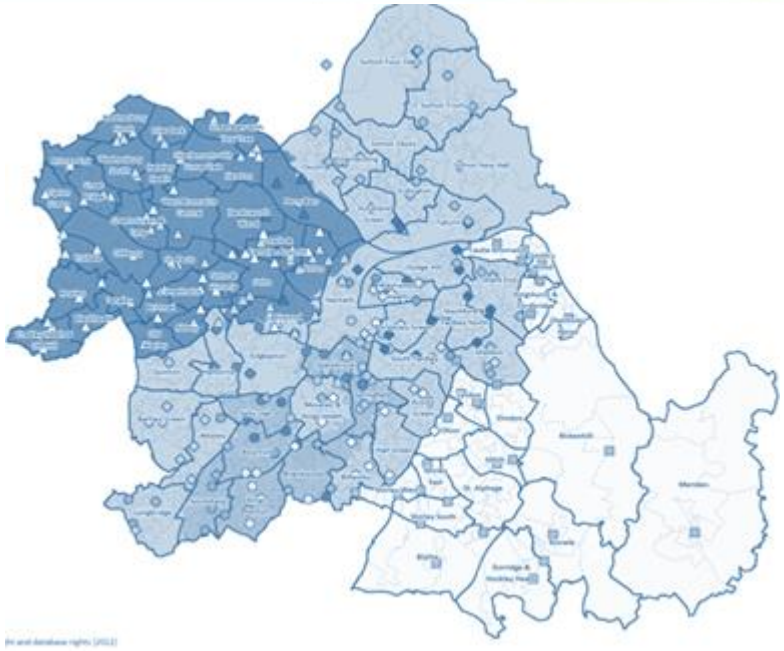
This overview is intended to provide relative information for various bodies, in understanding the composition, operational make up, challenges that face the west midlands ambulance service in Birmingham and Solihull.

The Birmingham/Solihull population is circa 1.3 million residents in the area, and a large transient population that travels into the city centre and returns in evening on a daily basis. The conurbation stretches across 445 sqKM, and is in the main an urban profile.

The Conurbation has 4 Clinical Commissioning Groups, with whom the ambulance service interact on a frequent basis. The CCGs are Birmingham Cross city, Birmingham South and Central, West Birmingham and Sandwell, Solihull.

The ambulance service has strategically located its 2 main ambulance hubs to facilitate both response times ease of supplemental cover, there is also a satellite community Ambulance station at Aston fire station which has a close proximity to the city centre.

An ambulance hub is a centre where staff report to centrally, ambulances are prepared, cleaned and repaired, training and education also takes place. From these ambulance hubs, the ambulances are deployed and strategically placed in line with a dynamic operational plan, the plan changes hourly and depicts the changing activity, this plan is based on emergency activity and historical data, and ensures that the ambulance resources are best positioned to meet daily patient activity.



The Trust occupies a varied assortment of properties to support this deployment, ranging from prefabricated building to fixed buildings we also link in with the other emergency services and health care provider colleagues in assisting with accommodation where applicable and that is conducive to adherence to the operational plan.

Performance

Current Red performance (National Target=75%).

	Division YTD %	Trust YTD
Red 1		
Red 2		
Red - 19		

Overview by HUB

Erdington – Erdington Hub became operational in September 2013. The busiest postcode area B23 (Erdington) which is the unfortunately not the best performing post code. Most challenged post code B90 (Solihull area).

Hollymoor – Hollymoor Hub became operational in July 2013.

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Black Country Division

This overview is intended to provide relative information for various bodies, in understanding the composition, operational make up, and challenges that face the West Midlands Ambulance Service in the Black Country.

The resident population of the Black Country is approximately 1.1 million people and has seen population increases in recent years; there is also a large transient population that travels through the area on a daily basis due to a busy road and rail network.

The area stretches across approximately 150 sq. miles, and is mainly urbanised with multiple borough. The Black Country operating division has 4 Clinical Commissioning Groups (CCGs), with whom the ambulance service works in partnership with the System Resilience Groups (SRG's) to improve the care provided to our citizens across all Health & Social Care. The CCGs are Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton.

The ambulance service is strategically located in three areas where the main ambulance hubs are sited. An ambulance hub is a unit or building where staff report to centrally, ambulances are prepared, cleaned and repaired, and where training and education takes place. From these ambulance hubs, the ambulances are strategically placed in line with a dynamic operational status plan, based on the emergency activity, and ensure that the ambulance resources are best positioned to meet the daily patient demand.

The Trust occupies a variety of locations across the area as Community Ambulance Stations and standby sites. Many of these sites are based in existing estates owned by other emergency

service providers and this encourages interoperability and good working relationships when attending the same incident.

Black Country is also the site of the Trust Headquarters in Brierley Hill (Dudley area) which accommodates one of the two Emergency Operations Centres, where emergency calls are received and triaged. The regions 111 service provision is under temporary contract to the Trust and is also located in Brierley Hill.

Performance

	Division YTD %	Trust YTD
Red 1		
Red 2		
Red - 19		

Overview by HUB –

Dudley -

Sandwell –

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Willenhall.

- .

ambulance resources are best positioned to meet the daily patient activity.

Staffordshire Division

This overview is intended to provide relative information for various bodies, in understanding the composition, operational make up, challenges that face the west midlands ambulance service in Staffordshire.

The Staffordshire population is 1.1 million resident in the county, and a large transient population that travels through the county on a daily basis. The county stretches across 1,050 sq miles, and has a mixture of rural and Urban Communities.

The County has six Clinical Commissioning Groups, with whom the ambulance service interact on a frequent basis. The CCGs are North Staffordshire, Stoke on Trent, Stafford and Surrounds, Cannock Chase, East Staffordshire, South East Staffordshire and Seisdon Pennisula. This is further grouped into 2 System Resilience Groups (SRG'S), North Staffordshire and Stafford being one and South East and East Staffordshire being the other. The formation of the University Hospital of North Midlands (the amalgamation of Royal Stoke and County) is part of the current reconfiguration of services taking place in the county which continues to offer challenges to WMAS.

The ambulance service is strategically located in three areas where the main ambulance hubs are sited. An ambulance hub is a centre where staff report to centrally, ambulances are prepared, cleaned and repaired, and where training and education takes place.

From the ambulance hubs, the ambulances are strategically deployed in line with a dynamic operational plan that changes each hour, this plan is based on emergency activity, and ensures that the

The Trust occupy a varied assortment of properties to support this deployment ranging from prefabricated buildings to fixed buildings and do link in with our sister emergency services colleagues in assisting with accommodation where applicable to the operational plan. Staffordshire is also the site of one of the two Emergency Operations Centres, where emergency calls are received and triaged.

Performance

Overview by HUB –

Post code activity is a variable each week and is dependent on the activity in that post code area. A snapshot is provided in this briefing which indicates that instability.

	Division YTD %	Trust YTD
Red 1		
Red 2		
Red - 19		

Tollgate (Stafford) –

Lichfield -

Stoke –

West Mercia Division

This overview is intended to provide relative information for various bodies, in understanding the composition, operational make up, challenges that face the Trust in the West Mercia Division. West Mercia Division covers the counties of:

- Herefordshire
- Worcestershire
- Shropshire (Telford & Wrekin and Shropshire County)

The population of West Mercia is in excess of 1.1 million and stretches across 2,868 square miles with a combination of both rural and urban communities. This area accounts for more than 50% of the geographical size of the Trust.

West Mercia has six Clinical Commissioning Groups (CCG's), with whom the Ambulance Service interact with on a frequent basis. The CCGs are Shropshire, Telford and Wrekin, Herefordshire, South Worcestershire, Redditch and Bromsgrove and the Wyre Forest.

There are 5 ambulance hubs which are supplemented by Community Posts. An ambulance hub is a location where staff report to centrally, ambulances are prepared, cleaned and repaired, and where training and education takes place.

From these ambulance hubs, the ambulances are strategically placed in line with a dynamic operational plan that changes each hour. This plan is based on emergency activity and ensures that the ambulance resources are best positioned to meet the daily patient activity. The Trust occupy a varied assortment of properties to support this deployment ranging from prefabricated building to fixed buildings, and we do link in with our sister emergency services colleagues in assisting with accommodation where applicable to the operational plan. Many of these premises are occupied by Community Paramedics in Rapid Response Vehicles.

Performance

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	Hub YTD %	Trust YTD
Red 1		
Red 2		
Red - 19		

Shropshire

Worcestershire

Herefordshire

Arden Division

Introduction

This overview is intended to provide information to support the understanding of the composition and operational challenges that face the West Midlands Ambulance Service in Arden.

Arden consists of a population of 845,000 residents in the county with a large transient population that travels through the county on a daily basis. The county has a mixture of both rural and urban communities. The population is continuing to expand in Rugby, Nuneaton and Warwick as examples with new housing estates being built.

The County has three Clinical Commissioning Groups (CCGs), with whom the ambulance service interact on a frequent basis. These are:

1. Coventry & Rugby CCG
2. South Warwickshire CCG
3. Warwickshire North CCG

The Arden Division Emergency & Urgent ambulance provision is located at two hubs/buildings, one in Coventry and the second in Warwick. An ambulance hub is a centre where staff report to at the start of their shift, where ambulances are prepared, cleaned and repaired (fleet on site) by the make ready team and where training and education takes place. Ambulances are mobilised from these hubs to response posts situated at strategic points throughout the Arden County. The 'Make Ready' team ensure that all operational vehicles are fully equipped and cleaned, ready for the start of each shift to provide the correct environment for patient care.

Ambulances are moved on a dynamic basis and in line with our System Status Management operational plan that changes each hour. This plan is based on emergency activity, and ensures that the ambulance resources are best positioned to meet the daily patient activity.

Performance

	Division YTD %	Trust YTD
Red 1		
Red 2		
Red - 19		

Coventry Hub Area

Warwick Hub Area