



# QUALITY ACCOUNT

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## 2022-23

West Midlands Ambulance Service University  
NHS Foundation Trust

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## Part 1

# Introduction

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

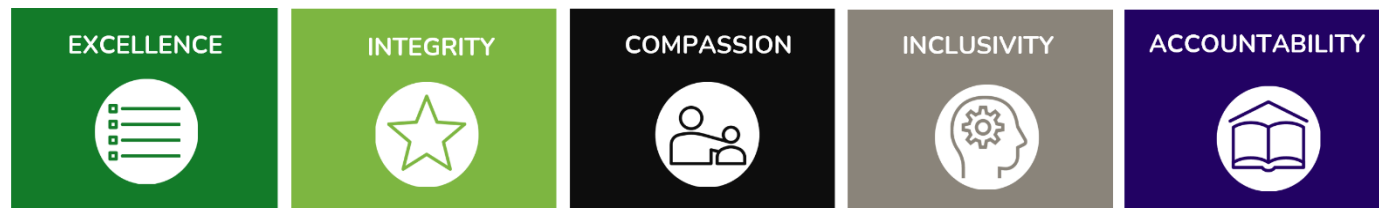
Having refreshed our strategy last year, we remain committed to our vision, as this continues to reflect our overall purpose:

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

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



We understand that to continue to improve quality, it is essential that our patients and staff are fully engaged with our plans and aspirations. Through extensive staff engagement, we have recently reviewed and refreshed our organizational values to make them more relevant to the work that we all do and the world in which we all work:



If we all keep these at the core of our work, it will help us improve the organisation, improve the quality of services for our patients and strengthen the support that we provide to all our staff.

# Care Quality Commission

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

The Trust has been registered with the Care Quality Commission without conditions since 2010. WMAS has not participated in any special reviews or investigations by the Care Quality Commission during 2022/23 and CQC has not taken enforcement action against West Midlands Ambulance Service during 2022/23.

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



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

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

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

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

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

## Part 2

### Priorities for Improvement 2023/24

DRAFT



We have assessed our progress against the agreed priorities for 2022/23 and have confirmed those that need to continue to ensure a high-quality service is maintained and continues to improve. In deciding our quality priorities for 2023/24 for improving patient experience, patient safety and clinical quality, we have reviewed outputs from discussions with stakeholders throughout the year, engagement events, surveys, compliments, complaints and incident reporting. We regularly review all information available to us to identify trends and themes, this helps us to identify causes and priorities for improvement. We confirm the following have been identified:

### ***Mental Health***

To promote the significant progress that is being made in this area, supporting many of our most vulnerable patients. This work is fully supported by our commissioners and directly supports delivery of national policy. Our delivery plan, subject to the realisation of funding from Integrated Care Boards (ICBs) relating to 'Improving the Ambulance Response to Mental Health' ambitions within the NHS Long Term Plan will include:

- Establishing and embedding 24/7 mental health clinician coverage within the emergency operations centre and work with partners to increase alternative care pathway utilisation
- Establishing and embedding the mental health response vehicle provision in line with the NHS Long Term Plan and agreements with ICBs
- Developing and commencing delivery of a Clinical Education and Improvement plan relating to mental health education for ambulance staff

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

As the Trust's delivery model changes following our exit from the NHS111 contract, it is important to demonstrate our short- and medium-term priorities, along with assurance in relation to clinical governance of call handling, partnership working and ambulance dispatch. Our work programme throughout the year will deliver:

- Good standard of clinical audit compliance, to include live clinical audits carried out during calls.
- Learning to take place because of SI's raised or notification of WMAS54's.
- Plan to introduce individual clinical dashboards for all Clinical Validation Team (CVT) clinicians to show competencies and mandatory training undertaken
- Additional clinical training for all clinicians around recognition of sepsis (mandated for CVT)
- Opportunity for clinical development to support CVT role in the form of minor injuries, minor illness, prescribing v300 qualification and Masters.
- Competencies continually reviewed during bimonthly 1-1's for all clinicians within CVT.

### **Utilisation of Alternative Pathways**

Delivering the Trust's Vision requires WMAS to not only always provide an effective emergency service to those who need it, but also to create the appropriate links into other services too, for example Urgent Community Response (UCR) to those patients who do not have immediately life and limb threatening illness and injury – the right response, to the right patients at the right time. The Quality Account priorities for 2022/23 included a focus on the collaborative development and utilization of alternative pathways including the national programme, Urgent Community Response. There continues to be a growing need to provide the most appropriate service to meet patient needs and support improved patient flow across

the NHS. We will continue to work to develop the most appropriate service model within each of our localities to most effectively manage long term conditions at home.

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

WMAS provides a major gateway into the NHS for patients of all ages, and from all clinical groups. Through liaison with both patients and other healthcare providers, WMAS has both a responsibility and an opportunity to support and improve public health. Without action, all NHS services, including the ambulance service, will continue to see a rise in demand because of the wider impacts of the COVID-19 pandemic. We have defined our priorities to improve public health our new Public Health Strategy to better support and anticipate the health needs of our population:

- **Health Protection** – we will ensure robust and effective planning is undertaken to ensure service provision and response during increased prevalence of seasonal respiratory infectious disease
- **Health Promotion** – we will deliver an effective Communications Strategy that will foster health promotion across social media and other means of key messaging
- **Prevention of ill health** – we will implement an Antimicrobial Resistance (AMR) programme with effective Antimicrobial Stewardship (AMS)
- **Public Health Intelligence** - we will monitor infectious disease prevalence through enhanced surveillance and epidemiology of our People
- **Public Health & Academia** – we will build strong partnerships with academic institutions to deliver public health education and CPD opportunities for our people.

#### *Reducing patient harm incidents across the Trust*

WMAS strives to continuously improve patient care, and patient outcomes. As an open and transparent organisation, we have a culture of reporting incidents where things haven't gone as well as they could have, and this includes where patients have suffered harm. The Trust has seen a large increase in both patient safety incidents being reported, and the number of patients suffering harm as a result of these incidents. Some of this is attributable to increased incident reporting, but most is due to increased patient harm incidents due to delayed ambulance responses and increased handover delays at receiving units.

Reducing patient harm incidents, whilst retaining high incident reporting is key to demonstrating an organisation that learns from incidents. This improves the standard of care provided by its clinicians, and ultimately the care received by the patient. The Trust's vision is "Delivering the right care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies". The Trust delivers this by delivering appropriate mandatory training for its clinicians. Learning from past incidents and working with the Lead ICB (and associate commissioners) and local hospitals, implementing innovative solutions to handover delays.

The number of harm incidents for both Emergency and Non-Emergency patients will be recorded by quarter. For comparison, the volume of incidents recorded during 2021-22 is recorded below:

<b>Harm Incidents 2022-2023 Baseline</b>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Emergency (Operations and EOC)	226	218	282	TBC
Patient Transport Services	36	35	39	TBC

It is difficult to attach specific numbers as targets for reduction, given the fluidity of the data and the variance over recent years. The planned mandatory training aimed specifically at reducing low level harm events such as skin tears, avoidable injuries and slips, trips and falls is aimed to reduce the harm incidence.

## Our Services

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

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

There are two Integrated Urgent and Emergency Operations Centres, located at Tollgate in Stafford and Brierley Hill in Dudley. During the year, these centres handled approximately 8,000 calls each day from both 999 and 111. In March 2023, the 111 service was handed over to a new provider, to enable us to focus on the provision and development of our emergency service. Our Call Assessors were trained to answer both 999 and 111 calls, and a large proportion of this staff group remained with the Trust, which now further boosts our capacity to deliver the optimum level of response to each patient.

During 2022/23, West Midlands Ambulance Service University NHS Foundation Trust provided the following core services:

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

This is the best-known part of the Trust which deals with the emergency and urgent patients. Initially, the Integrated Urgent and Emergency Care Centres (IEUC) answers and assesses 999 calls. IEUC 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 Emergency Department or other NHS facility such as a Walk-in Centre or Minor Injuries Unit for further assessment and treatment. Alternatively, they can refer the patient to their GP. The IEUC incorporates the Strategic Capacity Cell (SCC), a specialist function with regional oversight to support the operational crews to provide the best possible outcome for patients. The staff in the SCC assess the status of emergency departments throughout the region and influence the onward care for patients by facilitating the intelligent conveyance to the most appropriate destination when the most local hospital is operating at capacity.

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

In many respects, this part of the organisation deals with some of the most seriously and chronically ill patients. They transfer and transport patients for reasons such as hospital appointments, transfer between care sites, routine admissions and discharges and transport for continuing treatments such as renal dialysis. The Non – Emergency Patient Transport Service has its own dedicated control rooms to deal with around 800,000 patient journeys it undertakes annually, crews are trained as patient carers. The Trust has contracts in Birmingham, Coventry & Warwickshire, Cheshire, Walsall, Sandwell & West Birmingham Dudley and Wolverhampton. Contracts with Birmingham & Solihull ICB, Coventry & Warwickshire ICB and Cheshire, Warrington & Wirral expire in 2024; commissioners have not yet decided on the post-contract requirements. There is currently a national PTS review led by NHSE which will lead to several fundamental changes around service specification, KPIs, eligibility, alternate transport, data collection and ‘green’ agenda, which will impact on all contracts. This includes a universal offer of transport for all dialysis patients [though not necessarily PTS].

#### ***NHS111***

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

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

With unprecedented pressures throughout the NHS, WMAS decided to focus on the provision of emergency services, and therefore exited the 111 contract on 1 March 2023.

***Emergency Preparedness:***

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

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

***Enhanced Care***

In addition to operating the commissioned MERIT Service which provides consultant-led enhanced prehospital care and the Regional Trauma Desk, both on a 24/7 basis, the Trust continues to have excellent relationship with a number of organisations whom we work in partnership with to provide enhanced care to the most critically ill and injured patients that we care for. We work with two independently CQC registered Air Ambulances (The Air Ambulance Service and Midlands Air Ambulance Charity) as well as a number of British Association of Immediate Care Schemes (BASICS) Schemes including North Staffordshire BASICS (NSB) Mercia Accident Rescue Service (MARS) and the West Midlands CARE Team. Through shared clinical governance and a collegiate approach to the regional provision of enhanced care, the Trust is fortunate to have a wealth of enhanced care teams



available to both task to cases requiring their specialist intervention, and also provide training and developmental opportunities for it's clinical staff.

### ***Commonwealth Games***

The 22nd Commonwealth Games was hosted in Birmingham in summer 2022, the biggest sporting event the Trust has ever had to provide medical cover for. Years of hard work and planning came to fruition for the Trust, as our teams worked alongside medical teams put in place by the Organising Committee. In total the dedicated Planning Team scheduled over 23,000 hours of ambulance time including 1,766 shifts made up of 770 on ambulances and 226 commander shifts. They were supported by 160 shifts in our control room, 60 vehicle preparation operative shifts preparing up to 60 ambulances and 27 cars each day and 40 shifts in the National Ambulance Resilience Unit. In total, crews helped 166 patients of which just 83 were taken to hospital. The staff involved in the events thoroughly enjoyed the experience, and developed rapport with the competing teams and the many thousands of visitors to the Games.



The West Midlands Ambulance Service University NHS Foundation Trust has reviewed all the data available to them on the quality of care for these four relevant health services. The Trust is supported by a network of volunteers. Around 500 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 and 4x4 teams.

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 2022/23 to support Non – Emergency Patient Transport Services, particularly during the introduction of new contracts and to support safe practices following the pandemic. Sub-contractors are subjected to a robust governance review before they are utilised.

The income generated by the relevant health services reviewed in 2022/23 represents 99.60% of the total income generated from the provision of health services by the Trust for 2021/22. More detail relating to the financial position of the Trust is available in the Trust's 2021/22 Annual Report.

# Performance - Emergency and Urgent Service

The Trust is measured nationally against **operational standards for Emergency and Urgent**

**Category 1** - *Calls from people with life-threatening illnesses or injuries*

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

**Category 2** - *Serious Condition that requires rapid assessment (Serious Injury, Stroke, Sepsis, major burns etc.)*

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

**Category 3** - *Urgent but not life threatening (e.g., pain control, non-emergency pregnancy)*

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

**Category 4** - *Not urgent but require a face-to-face assessment.*

- 180 minutes 90th centile response time

## Ambulance Quality Indicators

### *National Audits*

Ambulance Services are not included in the formal National Clinical Audit programme, however, during 2022-2023 the Trust participated in the following National Ambulance Clinical Quality Indicators Audits:

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

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

##### Audit Element

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

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

##### Audit Element

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

## 2. Care of Stroke Patients

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

### Audit Element

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

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

## 3. Care of Patients in Cardiac Arrest

In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from out of hospital cardiac arrest. The Trust provides data to the Out of Hospital Cardiac Arrest Outcomes Registry.

### Audit Element

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

## 4. Sepsis

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

### Audit Element

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

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



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

### **Local Audits**

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

<b>Drug Administration</b>	<b>PGD Administration</b>
	Administration of Morphine Audit
	Administration of Adrenaline 1:1000
	Administration of Naloxone
	Pre Hospital Thrombolysis
	Administration of Activated Charcoal
	Administration of Co-amoxiclav
	Administration of Salbutamol MDI
<b>Current NICE Clinical Audits</b>	Management of Deliberate Self Harm Patients
<b>Locally Identified Concerns</b>	Management of Paediatric Pain
	Management of Head Injury
	Maternity Management
	Post Intubation Documentation Audit
	Post-partum haemorrhage (PPH) management
	Falls $\geq 65$ discharged at scene
	Management of Paediatric Pain
<b>National Ambulance Indicators</b>	Cardiac Arrest - Return of Spontaneous Circulation (Overall)
	Cardiac Arrest - Return of Spontaneous Circulation (Comparator)
	Cardiac Arrest - Survival to discharge (Overall)
	Cardiac Arrest - Survival to discharge (Comparator)
	Post-ROSC Care Bundle
	STEMI Care Bundle
	Stroke Care Bundle
	Sepsis Care Bundle
	Further information on National Indicators: EPR AQI Guidance

## Participation in Research Update to be included w/c 11/4/23

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

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

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

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

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

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



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



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

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

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



### Major Trauma Triage Tool Study (MATTS)



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

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

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



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

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



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

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

Community First Responders (CFRs) are trained members of the public, lay people or off-duty healthcare staff who volunteer to provide first aid. They help ambulance services to provide emergency care for people at home or in public places. CFRs are vital in isolated rural areas. CFRs are broadly perceived to be positive, but we need evidence on how they contribute to rural health services and how they improve care for rural communities. We aim to develop recommendations for rural CFRs, by exploring their contribution to rural care and exploring the potential for CFRs to provide new services.

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



Healthcare workers have higher risk of getting coronavirus (COVID-19 disease). Contact with infected patients, the type of work and measures such as use of masks affect their risk. However, factors outside the workplace are also important. For example, being older, from minority ethnic groups, some health conditions and home circumstances increase risk. We don't know how these aspects compare with workplace risks, or which work exposures are most risky. We will invite about 5000 staff with different job-roles and departments from three large West Midlands NHS Trusts to join our study. We will compare workplace exposures and other characteristics amongst those who had positive with those who had negative tests. Our findings will help us to better understand the risk of infection among healthcare workers and to develop guidelines to reduce risk.

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



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

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

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



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

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

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

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

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

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

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

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

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

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



Each year over 30,000 people's hearts suddenly stop beating in communities around the UK (a condition known as cardiac arrest). Unless the heart is restarted quickly, the brain will become permanently damaged, and the person will die. Injecting drugs such as adrenaline through a vein is very effective at restarting the heart.



Current guidelines advise paramedics to inject drugs into a vein. However, a new, faster way of giving drugs is to put a small needle into an arm or leg bone. This allows drugs to be injected directly into the rich blood supply found in the bone marrow. Some research studies suggest this may be as good, if not better, than injecting drugs into the vein. Other studies suggest it may be less effective. None of the existing research is good enough to help paramedics decide how best to treat people with cardiac arrest. Both of these approaches are already currently used in NHS practice. In this trial, we will test these two ways of giving drugs (into the vein or into the bone) to work out which is most effective at improving survival in people that have a cardiac arrest.

## Sustainability

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

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

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

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

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

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

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

### Estates

Since 2011, the Trust has engaged in a significant programme of activity to manage and reduce our carbon footprint, mitigate our impact on air pollution which has allowed the Trust to achieve a 14.2% reduction in CO<sup>2</sup> in electricity at one of our major Hubs in 2021.

### Fleet

Progress towards delivering a Net Zero NHS includes a series of achievements including the newest ambulance fleet in the country, with all vehicles less than five years old and achieving continued weight savings. A range of electric vehicles in use including the country's first fully electric double crewed ambulance, a range of operational managers' and support cars and PTS vehicles.

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

### Estates

In October 2022, we opened our new facility in Sandwell Birmingham, this site is our most environmentally friendly to date, conforming to BREEAM Excellent standards, the building has a 96kw PV on the roof. We have also installed 20 electric vehicle chargers which are available for staff/visitors and operationally staff to use.

### Transport

Zero emission vehicles and electric charging points, reduced business miles and cycle to work schemes. Continue to operate the most modern ambulance fleet in the country, no more than 5 years old, we have introduced a further 13 electric vehicles into our support fleet operation.

### Waste Management

Increasing recycling at all sites has been successful over the last 12 months across the Trust, which resulted in the equivalent of the following carbon savings over the last 12 months.

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



## Data Quality

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

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

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

The Trust was not required to and therefore did not submit records during 2022/23 to the Secondary Uses service for inclusion in the Hospital Episode Statistics to be included in the latest published data.

## Data Security and Protection Toolkit

The Trust continues to work on the NHS Data Security and Protection Toolkit (DSPT) for 2022-23 (version 5). The Trust completed and published its baselines assessment as required by the 28 February 2022. The process for assurance of the DSPT was reviewed by internal audit and will be reported to the Trust's Audit Committee as 'optimal', the highest possible assurance. The submission of the DSPT is 30 June 2023. The Trust will receive regular reports on the progress of DSPT through the Health Safety Risk & Environmental Group, Quality Governance Committee, Executive Management Board and Trust Board. The Trust's Head of Governance, Safety and Security reports the DSPT through to the Executive Director of Nursing & Clinical Commissioning, and is responsible for management of the DSPT

### *Clinical Coding Error Rate*

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



### NICE Guidance

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

## Learning from Deaths

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

During the 2022/23 reporting year, the total number of deaths that occurred, while in WMAS care, was 812. This aggregate figure represents quarterly totals of:

- 164 in quarter one
- 212 in quarter two
- 270 in quarter three
- 166 in quarter four (*figure correct at point of submission*)

During the 2022/23 reporting year, 812 case record reviews and 393 investigations were conducted. WMAS, although not stipulated within the National Guidance for Ambulance Trusts, have adopted the approach that where deaths have occurred while in WMAS care, all will receive a case record review. Therefore, the number of case record reviews that have been conducted will be identical to the number of deaths that have occurred while in WMAS care. This aggregate figure represents quarterly totals of:

- 🕒 164 case record reviews and 89 investigations in quarter one
- 🕒 212 case record reviews and 103 investigations in quarter two
- 🕒 270 case record reviews and 155 investigations in quarter three
- 🕒 166 case record reviews and 46 investigations in quarter four (*figure correct at point of submission*).

During the 2022/23 reporting year, upon initial case record review or investigation, 256 of the 812 deaths or 31.52% were considered more likely than not to have been due to problems in the care provided to the patient. This number and percentage have been estimated as a result of each case meeting the threshold for investigation under the Serious Incident Framework, which may ultimately determine that there were no problems in the care that was provided. The aggregate figure and percentage represent quarterly totals of:

- 53 deaths or 6.52% in quarter one
- 66 deaths or 8.12% in quarter two
- 113 deaths or 13.91% in quarter three
- 24 deaths or 2.95% in quarter four (*figure correct at point of submission*).

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

In the previous 2021-2022 quality account reporting period the following information was published:

68 of the 788 deaths or 8.63% were considered more likely than not to have been due to problems in the care provided to the patient.

This can now be confirmed as 77 of the 788 deaths or 9.89% were considered more likely than not to have been due to problems in the care provided to the patient. This is as a result of Serious Incident Investigations being raised subsequently to the publication of the 2021-2022 Quality Account.

## Performance Against Quality Indicators

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

### **Operational Performance**

Ambulance Services nationally have again struggled to meet both national performance targets throughout 2022/23, however West Midlands Ambulance Service has continued to perform comparatively well despite only being able to achieve the 90<sup>th</sup> centile category 1 target as shown in the following table:

Category	Performance Standard	Achievement	National Average
<b>Category 1</b>	7 Minutes mean response time	8 minutes 25 seconds	TBC
	15 Minutes 90th centile response time	14 minutes 46 seconds	TBC
<b>Category 2</b>	18 minutes mean response time	49 minutes 40 seconds	TBC
	40 minutes 90th centile response time	114 minutes 58 seconds	TBC
<b>Category 3</b>	120 minutes 90 <sup>th</sup> centile response time	537 minutes 26 seconds	TBC
<b>Category 4</b>	180 minutes 90 <sup>th</sup> centile response time	596 minutes 33 seconds	TBC

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

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

### Ambulance Quality Indicators

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

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

#### 2. Care of Stroke Patients

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

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

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

#### 4. Sepsis

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

### STEMI (ST- elevation myocardial infarction)

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

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

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

### Stroke Care Bundle

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

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

- Blood pressure measurement documented - Raised blood pressure is associated with increased risk of stroke so patients suspected of having suffered a stroke should have their blood pressure assessed.

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

### Cardiac Arrest

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

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

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

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

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

### Post Resuscitation Care Bundle

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

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

### Sepsis

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

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

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

Ambulance Quality Indicators	Mean (YTD)							Last National Average %	Highest %	Lowest %
	WMAS (15-16)	WMAS (16-17)	WMAS (17-18)	WMAS (18-19)	WMAS (19-20)	WMAS (20-21)	WMAS (21-22)			
	%	%	%	%	%	%	%	%	%	%
STEMI Care Bundle	77.99	81.17	81.01	95.97	97.14	95.56	86.80	76.09	96.88	64.85
Stroke Care Bundle	98.19	97.36	95.19	98.98	98.66	99.20	98.67	97.91	99.77	96.86
Cardiac Arrest - ROSC At Hospital (Overall Group)	30.17	29.49	29.26	32.31	32.61	25.12	25.92	26.00	30.84	21.84
Cardiac Arrest - ROSC At Hospital (Comparator)	50.61	45.60	51.91	54.93	53.98	44.34	44.08	46.16	31.25	59.09
Cardiac Arrest - Survival to Hospital Discharge (Overall Group) ***	8.66	8.94	9.08	11.56	10.16	8.15	8.42	9.22	11.99	5.30
Cardiac Arrest - Survival to Hospital Discharge (Comparator Group) ***	24.69	26.39	30.43	32.61	27.80	22.26	25.93	26.21	50.00	16.28
<b>Sepsis Care Bundle</b>					83.62	84.96	88.95	83.02	90.16	87.86
<b>Post Resuscitation</b>					69.33	69.68	66.90	76.89	74.04	60.75

\* The Trust is permitted to re-submit nationally reported clinical data to NHS England twice a year. This is to allow for data to be accessed from hospitals for outcome data and to ensure a continual validation of data can be completed. The figures in the above table are therefore subject to change.

\*\* Due to changes in the reporting of national Ambulance Clinical Quality Indicators, not all AQIs will be reported monthly. Future figures will be reported as per the new National AQI Timetable.

\*\*\* Survival to discharge data is reported at 30 days. At time of compiling report 30-day period had not passed therefore ytd figures may not be completely accurate.

## Clinical Data Notes

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

# What our Staff Say

The National NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted since 2003. It is a survey that asks NHS staff in England about their experiences of working for their NHS organisations. It provides essential information to employers and national stakeholders about improvements required in the NHS. Since 2021 the survey questionnaire has been re-developed to align with the [People Promise](#) in the [2020/21 People Plan](#). In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes.

People Promise elements	Sub-scores
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion
We are recognised and rewarded	No sub-score
We each have a voice that counts	Autonomy and control Raising concerns
We are safe and healthy	Health and safety climate Burnout Negative experiences
We are always learning	Development Appraisals
We work flexibly	Support for work-life balance Flexible working
We are a team	Team working Line management
Themes	Sub-scores
Staff Engagement	Motivation Involvement Advocacy
Morale	Thinking about leaving Work pressure Stressors

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. WMAS results are benchmarked against the Ambulance Trusts benchmarking group average, the best scoring organisation and the worst scoring organisation.

The 2022 NHS Staff Survey fieldwork was open for 10 weeks at WMAS, from 21<sup>st</sup> September to 25<sup>th</sup> November 2022. It was administered by Picker Europe Ltd and was conducted as a census. For the last six years WMAS has been running the survey electronically for ease of



access to all staff. A unique link to the survey questionnaire is sent by email to each individual staff. The completed questionnaire is then submitted securely and anonymously to the contractor for processing.

7171 staff were invited to take part in the 2022 staff survey and 2768 staff returned a completed survey compared to 3028 in 2021. The response rate for WMAS is 39% compared to 44% in the 2021 survey. The average response rate for all Ambulance Trusts is 50% compared to 53% in 2021. Across the NHS the response rate is 48% compared to 50% in 2021. There was a significant decrease in the number of BAME staff at WMAS responding to the survey on this occasion. 179 BAME staff returned the questionnaire in 2022, compared to 226 in the 2021 staff survey.

A number of actions were taken during the survey to encourage staff to take part and share their views:

1. Weekly results from Picker Europe were posted on the information screens at all locations and in the Weekly Briefing to provide clarity and show progress.
2. Posters and information about confidentiality were sent to all managers to be shared with staff at all sites.
3. Weekly emails were sent to managers to remind them to keep encouraging their staff to complete their survey questionnaire.
4. A banner was featured on the intranet home page as a constant reminder for staff to complete their survey.
5. All email signatures were assigned a staff survey tag.

This time due to the high demand on service delivery, the Board of Directors took the decision to not allocate protected paid time to enable staff to complete the survey. The Trust did not set a target completion rate to achieve, and a decision was taken against any monetary incentives to encourage staff to complete the survey.

### 1. People Promise Elements and Themes: Scores Overview

All scores are on a scale of 0-10 and a higher score is more positive than a lower score. The table below presents the results of statistically significant changes observed in the scores for WMAS between 2021 and 2022.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	6.4	2910	6.4	2764	Not significant
We are recognised and rewarded	4.9	2985	4.8	2762	Not significant
We each have a voice that counts	5.7	2866	5.8	2756	Not significant
We are safe and healthy	5.3	2906	5.4	2759	Not significant
We are always learning	4.4	2740	4.6	2638	Significantly higher
We work flexibly	4.9	2968	4.7	2758	Significantly lower
We are a team	5.6	2928	5.7	2761	Not significant
Themes					
Staff Engagement	5.6	2992	5.6	2767	Not significant
Morale	5.3	2980	5.4	2766	Not significant



The image below shows the scores compared to the benchmark group average, best and worst scores.



## 2. People Promise Elements and Themes: Trends

### Promise Element 1: We are compassionate and inclusive

	2021	2022
Your org	6.4	6.4
Best	7.1	7.1
Average	6.6	6.7
Worst	6.0	6.3
Responses	2910	2764

#### Compassionate Culture

	2021	2022
Your org	6.2	6.2
Best	6.8	6.9
Average	6.4	6.3
Worst	5.9	5.8
Responses	2875	2760

#### Compassionate Leadership

	2021	2022
Your org	5.9	5.9
Best	6.9	7.0
Average	6.3	6.5
Worst	5.5	5.7
Responses	2930	2762

#### Diversity and Equality

	2021	2022
Your org	7.4	7.4
Best	8.2	7.9
Average	7.5	7.6
Worst	7.0	7.0
Responses	2910	2763

#### Inclusion

	2021	2022
Your org	6.1	6.1
Best	6.7	6.7
Average	6.4	6.4
Worst	5.8	6.1
Responses	2936	2760



### Promise Element 2: We are recognised and rewarded



	2021	2022
Your org	4.9	4.8
Best	5.6	5.6
Average	5.1	5.0
Worst	4.4	4.7
Responses	2985	2762



### Promise Element 3: We each have a voice that counts

	2021	2022
Your org	5.5	5.7
Best	6.4	6.7
Average	5.8	5.8
Worst	5.2	5.5
Responses	2992	2767

	2021	2022
Your org	5.8	5.8
Best	6.7	6.9
Average	6.0	5.9
Worst	5.3	5.3
Responses	2866	2757

	2021	2022
Your org	5.7	5.8
Best	6.6	6.8
Average	5.8	5.8
Worst	5.2	5.4
Responses	2866	2756

#### Autonomy and Control



#### Raising Concerns

### Promise Element 4: We are safe and healthy

	2021	2022
Your org	5.3	5.4
Best	5.5	5.7
Average	5.3	5.4
Worst	4.9	5.0
Responses	2906	2759

#### Health and Safety Climate

#### Burnout

#### Negative Experience

	2021	2022
Your org	5.1	5.2
Best	5.1	5.2
Average	4.7	4.9
Worst	4.3	4.5
Responses	2990	2767

	2021	2022
Your org	4.0	4.1
Best	4.6	4.7
Average	4.2	4.2
Worst	3.7	3.9
Responses	2918	2765

	2021	2022
Your org	6.8	6.8
Best	7.4	7.2
Average	6.9	7.0
Worst	6.6	6.6
Responses	2908	2762



	2021	2022
Your org	4.4	4.6
Best	4.8	4.9
Average	4.3	4.6
Worst	3.3	3.6
Responses	2740	2638

### Promise Element 5: We are always learning (Most significant improvement for WMAS)

	2021	2022
Your org	5.7	5.8
Best	6.2	6.6
Average	5.8	5.9
Worst	5.0	5.1
Responses	2896	2763

	2021	2022
Your org	3.1	3.4
Best	3.6	3.7
Average	2.8	3.2
Worst	1.7	2.1
Responses	2750	2642

#### Development

#### Appraisals



## Promise Element 6: We work flexibly (Significantly lower scores observed in 2022 for WMAS)

	2021	2022
Your org	4.9	4.8
Best	5.7	6.0
Average	5.0	5.1
Worst	4.5	4.7
Responses	2973	2764

	2021	2022
Your org	4.8	4.6
Best	5.5	5.8
Average	4.8	4.9
Worst	4.2	4.3
Responses	2980	2760

	2021	2022
Your org	4.9	4.7
Best	5.6	5.9
Average	4.9	5.0
Worst	4.4	4.5
Responses	2968	2758

### Support for work-life balance

### Flexible working

	2021	2022
Your org	5.6	5.7
Best	6.4	6.4
Average	5.9	6.0
Worst	5.2	5.5
Responses	2928	2761



## Promise Element 7: We are a team

### Team working

	2021	2022
Your org	5.9	5.9
Best	6.3	6.5
Average	5.9	5.9
Worst	5.4	5.6
Responses	2953	2765

### Line Management

	2021	2022
Your org	5.4	5.5
Best	6.6	6.6
Average	5.9	6.1
Worst	5.0	5.4
Responses	2932	2762

## Theme: Staff Engagement

	2018	2019	2020	2021	2022
Your org	6.3	6.3	6.3	5.6	5.6
Best	6.5	6.6	6.7	6.3	6.6
Average	6.2	6.3	6.3	5.9	5.9
Worst	5.7	5.8	5.8	5.3	5.4
Responses	2990	3374	3678	2992	2767

A significant decrease is observed in the scores since the pandemic however the scores remain unchanged in the last two years.

	2018	2019	2020	2021	2022
Your org	6.7	6.7	6.7	6.0	6.0
Best	7.1	6.9	7.1	6.5	6.7
Average	6.7	6.7	6.8	6.1	6.2
Worst	6.2	6.4	6.4	5.9	5.9
Responses	2975	3363	3709	3023	2757

	2018	2019	2020	2021	2022
Your org	5.7	5.6	5.5	5.0	5.2
Best	6.3	7.0	6.4	6.2	6.5
Average	5.7	5.7	5.5	5.4	5.4
Worst	5.0	5.0	4.9	4.6	5.0
Responses	2990	3374	3679	2992	2767

	2018	2019	2020	2021	2022
Your org	6.5	6.6	6.8	5.8	5.6
Best	6.8	6.9	7.0	6.3	6.5
Average	6.4	6.5	6.7	6.1	5.9
Worst	5.6	5.5	5.9	5.4	5.2
Responses	2879	3297	3603	2875	2761

### Motivation

### Involvement

### Advocacy

## Theme: Morale

	2018	2019	2020	2021	2022
<b>Your org</b>	5.9	5.9	6.2	5.3	5.4
<b>Best</b>	5.9	5.9	6.2	5.5	5.8
<b>Average</b>	5.4	5.5	5.7	5.3	5.2
<b>Worst</b>	4.7	4.9	5.1	4.5	4.8
Responses	2967	3357	3651	2980	2766

Similarly, a significant drop in morale is observed since the pandemic but a slight improvement in scores is also noted in 2022.

	2018	2019	2020	2021	2022
<b>Your org</b>	6.2	6.3	6.5	5.5	5.4
<b>Best</b>	6.2	6.3	6.6	6.1	6.4
<b>Average</b>	5.7	5.8	6.2	5.5	5.5
<b>Worst</b>	4.8	5.1	5.3	4.7	4.9
Responses	2876	3292	3593	2850	2746

	2018	2019	2020	2021	2022
<b>Your org</b>	5.6	5.7	6.2	5.0	5.2
<b>Best</b>	5.6	5.7	6.2	5.0	5.2
<b>Average</b>	4.8	4.9	5.2	4.4	4.6
<b>Worst</b>	4.1	3.9	4.6	3.9	4.2
Responses	2989	3372	3678	2989	2767

	2018	2019	2020	2021	2022
<b>Your org</b>	5.8	5.9	5.9	5.4	5.5
<b>Best</b>	5.9	6.2	6.0	5.8	6.1
<b>Average</b>	5.8	5.8	5.9	5.5	5.7
<b>Worst</b>	5.3	5.4	5.3	5.1	5.3
Responses	2964	3351	3650	2976	2761

### Thinking about leaving

### Work Pressure

### Stressors

## 3. Workforce Race Equality Standard (WRES)

**Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months out of those who answered the question.**

	2018	2019	2020	2021	2022
<b>White staff: Your org</b>	48.4%	49.1%	48.6%	51.3%	50.9%
<b>All other ethnic groups*: Your org</b>	37.7%	37.9%	45.2%	49.1%	54.2%
<b>White staff: Average</b>	46.5%	45.8%	43.5%	44.1%	43.5%
<b>All other ethnic groups*: Average</b>	37.8%	41.2%	44.3%	39.4%	40.3%
White staff: Responses	2666	3030	3127	2539	2546
All other ethnic groups*: Responses	183	198	325	222	179

A significantly higher percentage of the ethnic groups reported to have experienced harassment, bullying or abuse from patients, relatives or the public in 2022 whilst a significant decrease was noted for white staff.

**Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months out of those who answered the question.**

A significantly higher percentage of staff in the ethnic groups reported to have experienced harassment, bullying or abuse from staff in 2022. A slight increase was also noted from white staff

	2018	2019	2020	2021	2022
<b>White staff: Your org</b>	29.2%	25.5%	23.9%	26.8%	27.5%
<b>All other ethnic groups*: Your org</b>	31.3%	24.9%	26.5%	35.0%	39.7%
<b>White staff: Average</b>	27.1%	25.5%	24.1%	23.8%	23.3%
<b>All other ethnic groups*: Average</b>	31.0%	26.2%	31.1%	29.5%	26.3%
White staff: Responses	2657	3025	3123	2538	2541
All other ethnic groups*: Responses	182	197	325	223	179

**Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion out of those who answered the question.**

A significantly higher proportion of white staff reported that that the organisation provides equal opportunities for career progression or promotion in 2022, while a significantly lower proportion of staff from the ethnic groups reported the same compared to 2021.

	2018	2019	2020	2021	2022
White staff: Your org	48.9%	51.9%	51.3%	44.7%	46.0%
All other ethnic groups*: Your org	36.6%	47.7%	40.5%	36.6%	34.7%
White staff: Average	48.9%	51.2%	51.3%	47.7%	49.8%
All other ethnic groups*: Average	36.7%	34.6%	39.5%	40.2%	37.4%
White staff: Responses	2660	3035	3162	2580	2542
All other ethnic groups*: Responses	183	199	328	224	176

### Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months out of those who answered the question.

A significantly higher proportion of staff in ethnic groups reported to have experienced discrimination at work from manager / team leader or other colleagues in 2022, while a slight increase was also observed for white staff compared to 2021

	2018	2019	2020	2021	2022
White staff: Your org	10.0%	8.8%	8.6%	11.4%	12.5%
All other ethnic groups*: Your org	17.9%	15.8%	20.7%	22.6%	26.1%
White staff: Average	10.0%	8.8%	8.6%	10.0%	9.4%
All other ethnic groups*: Average	17.7%	15.8%	16.7%	15.8%	15.8%
White staff: Responses	2661	3009	3158	2577	2536
All other ethnic groups*: Responses	184	196	329	226	176

## 4. Workforce Disability Equality Standards (WDES)

### Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question.

A significantly higher proportion of staff with LTC or illness reported to have experienced harassment, bullying or abuse from patients/service users, their relatives or the public in 2022, while a significant decrease was noted for staff without LTC or illness compared to 2021.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	52.3%	55.0%	52.5%	59.8%	62.0%
Staff without a LTC or illness: Your org	46.9%	46.9%	46.8%	48.0%	46.8%
Staff with a LTC or illness: Average	52.3%	52.5%	47.5%	51.2%	50.2%
Staff without a LTC or illness: Average	45.8%	44.9%	42.1%	41.6%	40.4%
Staff with a LTC or illness: Responses	526	671	771	737	785
Staff without a LTC or illness: Responses	2296	2606	2722	2061	1957

### Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question.

A lower proportion of staff with and without LTC or illness reported to have experienced harassment, bullying or abuse from managers in 2022 compared to 2021.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	31.0%	24.8%	25.3%	28.8%	27.1%
Staff without a LTC or illness: Your org	16.6%	13.3%	11.7%	14.0%	13.7%
Staff with a LTC or illness: Average	28.4%	23.2%	22.1%	19.2%	21.1%
Staff without a LTC or illness: Average	13.8%	13.3%	11.2%	11.1%	10.1%
Staff with a LTC or illness: Responses	523	666	767	730	779
Staff without a LTC or illness: Responses	2277	2596	2711	2041	1946

### Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question.

A slight decrease was noted in the proportion of staff with LTC and illness who reported to have experienced harassment, bullying or abuse from other colleagues, whilst a significant increase was noted for staff without LTC or illness reporting the same, compared to 2021.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	24.7%	25.1%	23.1%	27.6%	26.8%
Staff without a LTC or illness: Your org	16.3%	14.5%	13.5%	15.3%	16.0%
Staff with a LTC or illness: Average	26.5%	25.9%	23.1%	23.9%	23.4%
Staff without a LTC or illness: Average	16.3%	15.7%	14.7%	15.3%	14.9%
Staff with a LTC or illness: Responses	522	665	771	728	776
Staff without a LTC or illness: Responses	2276	2601	2713	2039	1918

### Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question.

A significantly higher proportion of staff with LTC or illness have said that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it compared to 2021. A slight decrease was noted for staff without LTC or illness.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	46.2%	46.4%	46.2%	43.5%	45.8%
Staff without a LTC or illness: Your org	44.0%	47.1%	48.5%	49.1%	48.8%
Staff with a LTC or illness: Average	40.4%	44.6%	46.2%	46.4%	47.3%
Staff without a LTC or illness: Average	40.6%	41.2%	45.6%	45.3%	46.5%
Staff with a LTC or illness: Responses	305	392	444	480	502
Staff without a LTC or illness: Responses	1094	1266	1250	1033	909

### Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question.

A significant increase was noted for both staff with and without LTC or illness reporting that they believe that their organisation provides equal opportunities for career progression or promotion.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	41.4%	48.5%	45.7%	35.8%	39.8%
Staff without a LTC or illness: Your org	49.2%	52.0%	51.3%	46.5%	47.1%
Staff with a LTC or illness: Average	41.8%	45.3%	45.3%	39.4%	42.3%
Staff without a LTC or illness: Average	49.3%	52.0%	52.0%	49.3%	51.3%
Staff with a LTC or illness: Responses	529	670	775	744	784
Staff without a LTC or illness: Responses	2288	2610	2753	2099	1950

### Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question.

Significantly less staff from both groups have reported that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	61.3%	58.2%	54.6%	64.6%	56.9%
Staff without a LTC or illness: Your org	50.5%	44.3%	44.9%	50.5%	46.6%
Staff with a LTC or illness: Average	45.3%	41.6%	38.3%	39.2%	37.0%
Staff without a LTC or illness: Average	33.1%	32.3%	30.8%	29.3%	26.4%
Staff with a LTC or illness: Responses	429	531	582	615	650
Staff without a LTC or illness: Responses	1363	1566	1371	1230	1177

**Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question out of those who answered the question.**

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	27.6%	26.7%	28.3%	16.9%	16.6%
Staff without a LTC or illness: Your org	36.0%	39.9%	38.1%	26.5%	27.0%
Staff with a LTC or illness: Average	25.3%	27.8%	29.1%	20.8%	23.5%
Staff without a LTC or illness: Average	36.0%	38.9%	37.9%	29.3%	30.1%
Staff with a LTC or illness: Responses	525	670	775	745	785
Staff without a LTC or illness: Responses	2290	2611	2762	2105	1958

No significant difference was noted compared to 2021.

**Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question.**

	2022
Staff with a LTC or illness: Your org	53.4%
Staff with a LTC or illness: Average	63.0%
Staff with a LTC or illness: Responses	470

## Equality and Diversity To be updated w/c 11/4/23

### Diversity and Inclusion

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

- ☐ EDS2-Better Health Outcomes for All
- ☐ WRES Workforce Race Equality Standard
- ☐ Recruitment – implementation of the NHS 6 Point action plan

- ☐ Public Sector Equality Duty
- ☐ Specific Duties
- ☐ Equality Objectives
- ☐ Diversity & Inclusion Steering Group
- ☐ Staff networks
- ☐ National Ambulance Diversity Group [NADG]
- ☐ National LGBT Group
- ☐ WDES Workforce Disability Equality Standard
- ☐ Gender Pay Gap

### ***Equality Delivery System 2 (EDS2)***

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



(EDS2)  
local  
their  
by the  
System

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

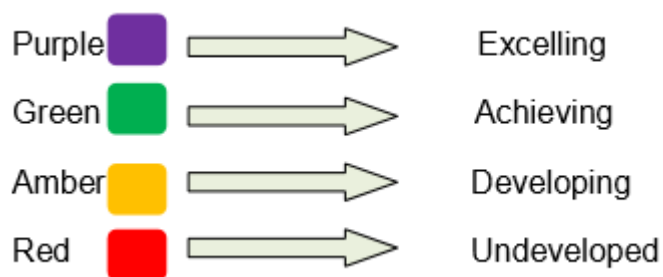
In 2020/21, WMAS undertook assessment of goal 3, moving away from previous years where all the goals were assessed. A similar path has been followed for 2021/22. Due to organisational and system pressures because of Covid 19, it was appropriate that all resources were concentrated on dealing with the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

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

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

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





### What did we do?

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

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

### Analysis and grading

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

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



from **Developing** to **Achieving** within 12 months, provided the elements within the action plan were delivered.

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

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

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

### **Recruitment**

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

- Employing a Recruitment Engagement Officer with emphasis on encouraging BME applicants.
- Marketing materials have been developed using staff BME role models i.e., pop up stands that can be used for events.
- Literature is reflective of the diversity of the Trust.
- Staff who are involved in the recruitment process must undergo training involving;
  - Value Based Recruitment
  - Equality & Diversity
  - Equality Act 2010 and the law
  - Unconscious Bias
  - Interview skills
  - Co-mentoring for BME staff
- The Trust now has a more modern recruitment web site to attract potential applicants.
- The Recruitment department offers support for BME applicants through the pre-assessment programme.
- All BME applicants are monitored from the point of application to being successful at assessment.

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

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

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

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

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

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

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

### **Specific Duties**

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

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

The Trust publishes this information annually on the website.

# Equality Objectives

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

## Equality Objectives 2020-2024

### **Objective 1 Equality Standards**

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

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

#### **We will do this by:**

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

### **Objective 2 Reflective and diverse workforce**

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

#### **We will do this by:**

Target local and diverse communities in recruitment campaigns

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

**Objective 3 Civility Respect**

Ensure all our Board leaders, senior managers, staff, contractors, visitors and the wider community are aware of the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it

**We will do this by:**

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

**Objective 4 Supportive Environment**

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

**We will do this by:**

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

**Diversity and Inclusion Steering Group**

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

**Staff Groups**➤ **Proud @ WMAS Network:**

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

➤ **The BME Network**

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

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

- **A Women's Network** was launched in 2021 to support the Gender Pay Gap Action plan. The Trust ran a Springboard Women's Development Programme in 2019, a second cohort in 2020 and a third cohort is currently underway in 2021.
- **National Ambulance Diversity Group (NADG)** The Trust is represented on the national group and attends the meetings regularly. It is a forum of shared knowledge and expertise which drives the Diversity & Inclusion agenda at a national level.
- **Military Network.** The Military network was formed to recognize staff who are serving reservists, veterans, cadet instructors and families of serving personnel. The Trust celebrates various military events and WMAS achieved the employer Gold Award in 2019 by the Defence Employer Recognition Scheme.

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

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

#### *Gender Pay Gap*

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

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

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

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

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

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

# Health and Wellbeing

## **National Wellbeing Framework**

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

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

Phase 1 was to complete the first section the outcomes are automatically measured which provides a basis for the Trust action plan, which will be reviewed / updated on a regularly basis. Other new frameworks have been developed which also need to link into the National HWB Framework the below all relate to Mental Health & Suicide

- AACE Employee Wellbeing and Suicide Prevention (EWSP) self-assessment matrix
- AACE self-audit tool
- Mental Health at Work Commitment [Trust signed up 2022]
- Preventing Suicide in Ambulance Sector Local Improvement Plans WMAS
- Mental Health Continuum AACE [released 10<sup>th</sup> March]

## **Health & Wellbeing Champions**

Over the last 12 months the opportunities for training & development for Champions have continued, provided by NHS England. The courses have been advertised to all of our 101 Champions currently. In addition, further in house development opportunities HWB Champions have had are as follows:

- Menopause Advocates
- To be able to complete Health Checks
- Suicide Lite awareness course
- Mental Health First Aiders course
- Meetings, face to face and via MS Teams, to provide updates and share ideas, working together.

We have revisited the HWB list and established there is at least one HWB champion based at every Hub. Regular communication is sent out to the HWB champions and quarterly meetings take place with regards to updates, events, and development sessions. In additions, regular communication is shared with the HWB champions, about events, religious festivals, training etc.



### ***Health and Wellbeing Roadshows and website***

The Trust successfully launched a bespoke staff health and wellbeing website in July 2022. This provides our staff with a central single point of information that is easy to access and navigate based on their personal health needs and areas of interest. The website provides staff with access to a wide range of support services provided directly by the Trust, as well as signposting to appropriate specialist support services. To support and promote the HWB website, credit cards with the HWB logo have been developed with a QR code to enable staff to directly access the HWB website, this can be accessed on personal devices and provides new staff joining the Trust with access to support from day one. The corporate induction package, HWB mandatory training and Trust digital display screens have all been updated with the new HWB graphics and website information.

To coincide with the website launch we ran a series of onsite health & wellbeing roadshows across the region to promote the website and further promote services available to staff, which were a great success visiting 16 sites last year. Due to this success, the Trust have decided to this year to visit all 30 sites, where staff are based, to promote the website, engage with staff, and encourage them to complete the health & wellbeing survey. The roadshows will be fun informative events for staff, working in collaboration with our internal partners; SALS (The Trust's peer support network), unions, HR Team, mental wellbeing practitioner team, health and wellbeing champions, diversity and inclusion lead, staff networks, freedom to speak up team and our management teams.

As well as the roadshows the Trust have produced a Cultural and HWB calendar, promoting events such as blue Monday, Time to talk, internal wellbeing events along with National wellbeing offerings and cultural dates of interest.

Delivering the roadshows is in alignment with our People strategy and the NHS People Plan, which is split into five key themes of delivery: the health and wellbeing of our people, recruitment and retraining our people, engaging with our people, inclusion and belonging and education and learning.

### ***Weight Management***

Slimming World continues to be extremely popular with an additional 120 sets of vouchers ordered with the majority have these being used to this point. Staff have continued to engage with the programme though self-funding and most group sessions have returned to face to face rather than online. Although the NHS Programmes are also advertised and offered our staff prefer Slimming World and in particular the group sessions.

### ***Physical Activities***

Physical activity programmes are frequently advertised in the Weekly Brief and on our HWB website from discounts to apps.

- “DoingOurbit” is an NHS platform that was designed in conjunction with the Royal Wolverhampton NHS. This programme covers cardiovascular workouts, Pilates, Yoga,

Gentle exercise and salsa dance type programmes that children can join in with. Its totally free and has been nationally acclaimed.

- Be Military Fit a new NHS platform offering a mixture of not only exercise but nutrient, hydration and sleep.
- NHS Fitness Studio Exercise this offers different types of exercise for all levels of fitness. It also offers variety in terms of what's available.
- Walsall MBC offer a 15% discount to all WMAS staff which is regularly advertised and covers all of their centres.
- Wyndley Leisure Centre in Birmingham offer staff 20% corporate discount on their one-year membership.
- Sandwell Leisure Centre offer monthly or yearly NHS discount.
- PureGym offer up to 10% off monthly membership and £0 joining fee.
- Evans cycle to work scheme which is open to staff all year around now.
- Joe Wicks is offering all NHS staff free access to The Body Coach App for 3 months.
- West Midlands Police Sports & Wellbeing Association, through joining the membership scheme a whole host of benefits from sports and wellbeing opportunities, days out with the family, money saving benefits, and more are available to WMAS staff.

### **Mental Health First Aid Courses**

The Trust currently have 4 trained MHFA instructors with the newly developed syllabus being rolled out from March 2023. During the period May 2022 – March 2023, 158 staff were trained as Mental Health First Aiders, completing the 2-day course (12 courses) with an additional 15 staff completing the Military Mental Health First Aid 2-day course in order to greater support the Trusts Armed forces community.

The training plan for 2023 – 2024 will be to aim to train a further 192 staff as Mental Health First Aiders across 12 courses.

### **Suicide Lite Courses**

WMAS is the first ambulance service in the country to use National Centre for Suicide Prevention, Education and Trainings (NCSPET). The Trust had funded 13 instructors' places, the Trust have 9 instructors currently. The suicide lite courses have been very successful, we are trained around 500 staff with the aim to train up to 1000 staff by the end of March 2024. We are continuing to roll out face to face and online training sessions for all staff.

### **SALS (Not yet updated)**

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

### **Menopause:**

The Trust has 14 trained and committed menopause champions and are in the process of actively recruiting and training up other advocates. Menopause awareness training has been developed and the first session was delivered at Operations SMT on 14<sup>th</sup> March 2023, with a view to present this to the wider SMT and then cascade to other managers within the Trust. Work is ongoing towards accreditation as a Menopause Friendly employer and mentorship with hen-picked for support with this continues.

### **NHS Improvement Funding**

All ambulance services received funding in December 2021 for Health and Wellbeing with the emphasis that it needed to be spent or allocated by 31<sup>st</sup> March 2022. The bids had to achieve the objectives set by NHSI. This was a huge success with many initiatives taking place such as the successful roadshows (16 sites were visited), launch of the new HWB website, gym equipment purchased for roadshows, MHFA courses and suicide first aid instructors etc.

This year the Trust received £50,000 in December 2022, for the Environmental improvements across three control rooms including the purchase of 1 massage chair per each control room. The money would be divided across the three regional control rooms to make improvements within the call centre operational area, quiet rooms and staff kitchen facilities.

- Psychological benchmarking of three roles within the control room e.g., Call Assessor, Call Assessor Supervisor, Student Paramedic – Thomas International, national working on going
- Provision of onsite mini massages across three control rooms specifically targeted at VDU users to include hand massage and neck, back and shoulder massage.
- Purchase of resources to run mindfulness courses within the EOC areas.

Other items agreed to be purchased by the working group to include:

- Supply of disposable, biodegradable cutlery for each control room, suggestion of wood/bamboo
- Purchase of Nespresso Coffee machine and initial supply of coffee pods for MP and NP
- Tesco vouchers for each site to purchase healthy food/fruit/snacks throughout the year.

In addition, the Trust received a further £29,000 for the following:-

- Provision of sanitary products across all Trust sites
- Branded merchandise to promote our Health & Wellbeing Website
- Funding for Mental Health First Aid Instructor Training

### **Mental Health (To be updated w/c 11/4/2023)**

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

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

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

### **Dog Visits**

The Trust has had a variety of dog visits from Police dogs to Chihuahuas. Strict criteria are adhered to, this initiative always raises morale. At present we are looking for a more formalised approach across the Trust. The Trust are also engaging with different charities and volunteers who will be happy to attend and support our HWB roadshows.

### **Physiotherapy**

The Physiotherapy service is currently being provided by our Occupational Health Provider "Team Prevent" which is working well. They are able to provide clinics across the Trust at a variety of locations, which are within staff vicinity. In addition, the Trust have continued to offer staff fast track physiotherapy support via TP Health, which the Trust have received positive feedback for the support offered.

### **Flu Vaccination**

The Trust achieved a 71.6% frontline healthcare worker flu vaccination rate. The flu awards will be taking place in May to thank staff for their support and hard work.

### **Participation**

The Trust is also involved with the following external groups:-

- National Ambulance Wellbeing Forum
- Be Well Midlands Steering Group
- Looking after our people
- NHS England – cost of living workshops
- Midlands Health and Wellbeing Network Meeting
- HWB Network Conversation meetings
- Steering Group – Black Country ICS HWB Festival

# Freedom to Speak Up

West Midlands Ambulance University NHS Foundation Trust (The Trust) is committed to ensuring that staff have the confidence to raise concerns and to know that they will be taken seriously and investigated. At work, it is reasonable that staff may have concerns from time to time, which normally can be resolved easily and informally. However, when staff have serious concerns about unlawful conduct, financial/professional malpractice, or risk to patients/others it can be daunting to speak up about this. Therefore, the Freedom to Speak Up Policy aims to give staff the assurance that concerns will be listened to. This is supported by a simple procedure which demonstrates a fair and easy process for staff to raise concerns at work.



In order to deliver high quality patient care and protect the interests of patients, staff and the organisation, the Trust aims to encourage a culture of openness and transparency, in which members of staff feel comfortable about raising legitimate concerns. It is hoped that by providing clear procedures and channels for staff to raise concerns, issues can be addressed at the earliest opportunity, in the most appropriate way, so that positive steps can be taken to resolve them and reduce future risk.

## ***FTSU Guardian***

The Trust's Guardian, Pippa Wall, is a member of the West Midlands Guardian Network, and the National Ambulance Network (NAN), ensuring that good practice is followed and shared.

## ***FTSU Ambassadors***

There are currently 46 trained ambassadors around the region. It is intended to have at least one Ambassador per site to act as known and trusted member of the FTSU team, within local teams, for staff to chat to if they have any concerns. They play a key role in They attend a quarterly developmental session as part of their mandatory updates. Digital posters showing the local *Ambassadors'* photographs and personal statements are displayed on all sites.

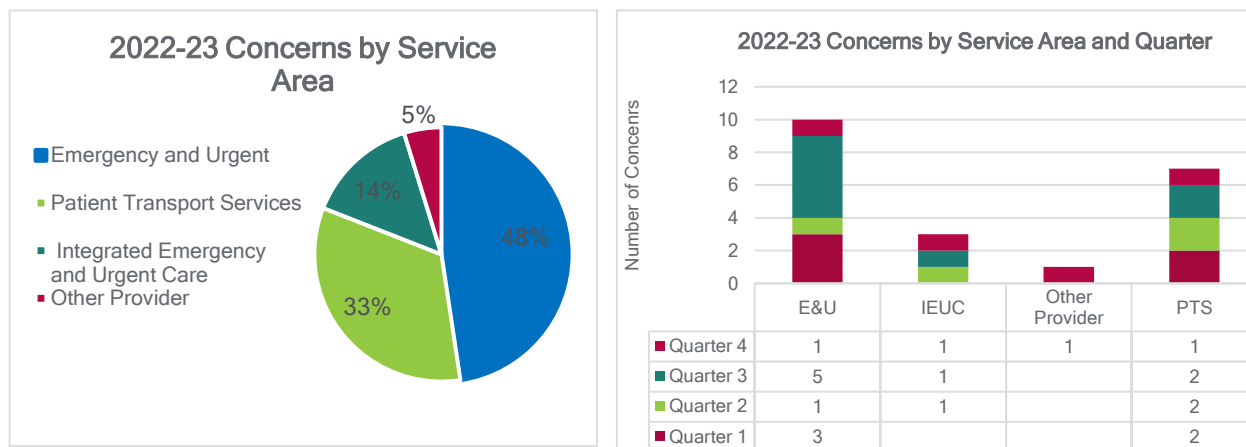
## **Governance**

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

### Concerns Raised 2022/23

In total, during 2022/23 there were 21 concerns raised (accurate at 13 March 2023), from the following service areas:

- Emergency and Urgent = 10 (48%), of which 1 was in Quarter 4
- Patient Transport Services = 7 (38%), of which 2 were in Quarter 4
- Integrated Emergency and Urgent Care = 3 (14%), of which 1 was in Quarter 4



Among these 21 concerns, the following were recorded:

	E&U	IEUC	PTS	Total	%
Patient Safety / Quality	3	1	0	4	8%
Staff Safety	3	0	1	4	8%
behavioural / relationship	3	2	6	11	22%
Bullying harassment	2	0	6	8	16%
Systems / processes	6	1	2	9	18%
Cultural	1	0	1	2	4%
Leadership	1	0	1	2	4%
Senior Management	2	1	1	4	8%
Middle Management	3	0	4	7	14%

In their Annual Report of 2021/22, the National Guardian reported the following comparators:

- 19.1% of cases with an element of patient safety / quality
- 1.7% of cases with an element of worker safety
- 32.3% of cases with an element of bullying or harassment
- 4.3% of cases where detriment was indicated





# Part 3

## Review of Performance against 2022-23 Priorities

Our priorities for 2022-23 were based upon the following overarching priorities:

- Maternity
- Mental Health
- Integrated Emergency and Urgent Care Clinical Governance
- Use of Alternative Pathways
- Developing Our Role in Public Health



# Maternity

Our objective is that WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, child birth and the postnatal period. To achieve this, the following actions were agreed, along with the progress towards these:

Action	Progress	Status
Improve pre-alert and remote expert advice support for Paramedics	7 out of 15 Maternity Units now have Red Pre-Alert Phones	
Clinical Manager - Maternity to attend all maternity RCAs to ensure specialist maternity input is provided to improve recommendations made from learning	Full attendance to all Maternity RCA up to date	
Review appropriateness and feasibility of introducing PROMPT training to all frontline clinicians	Awaiting response from HEE regarding our Maternity Training Programme Business Case - last meeting 13/12/2022. Plan to reconvene Jan 23	
Create Maternity CPD Training Videos for access on Virtual VLE / ParaPass by WMAS clinicians <ul style="list-style-type: none"> <li>• Obstetric Emergency Simulations</li> <li>• Umbilical Cord Milking</li> <li>• Use of Neobags for Thermoregulation during NLS</li> <li>• Maternity Grab Bags</li> </ul>	Virtual CPD Video completed - awaiting peer review Business case currently being drafted for the redesign of Maternity Grab Bags to include Neobags for Thermoregulation during NLS to coincide with recent BAPM guidance / JRCALC Care Bundle 9	
Produce educational materials for staff i.e. Clinical Times, Posters, Virtual CPD, Website	Maternity Website in working progress	
Obtain more Maternity Observational shifts for qualified ambulance clinicians within local trusts	Ongoing discussions	
To develop a portfolio of maternity case reviews to share learning and lessons learnt on the Maternity VLE / ParaPass	To be included on the Maternity Website	
Work with clinical audit team to ensure the clinician dashboard within Power Business Intelligence includes maternity care		
To deliver CPD to all the Maternity Champions on each hub to provide peer support to their colleagues	Maternity Champion CPD Day scheduled 30/01/23	

Action	Progress	Status
Multidisciplinary team training, particularly in emergency skills drills.	Awaiting response from HEE regarding our Maternity Training Programme Business Case - last meeting 14/10/2022. Plan to reconvene Nov 22	
To consider the recruitment of an Honorary Medical Advisor / Consultant Neonatologist Formulate an honorary contract and utilise the Neonatology Expert advice wherever possible	Consultant Neonatologist from BWH currently on Maternity Leave due back to work Summer 2023	
To continue to develop and expand the new Maternity Services Page on the trust website	In Progress	
	In Progress	
All maternity investigation reports to include definitions and language that is easy for families to understand	All Maternity SI's to include definitions where deemed possible	

## Mental Health

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

Action	Progress	Status
Review and ensure completion of actions/recommendations arising from serious incidents	All MH related SI recommendations are up to date	
Further develop clinical governance structures and clinical audit to support safe clinical practice and monitoring	All Mental Health Policies and Procedures are up to date including the following which were updated during the year: <ul style="list-style-type: none"> <li>➤ Restraint and Deprivation of Liberty Procedure</li> <li>➤ Consent Policy and accompanying procedures</li> <li>➤ Mental Capacity Act Policy</li> </ul> Further audit proposals submitted and accepted for implementation	
Improve training and support for clinicians attending patients presenting with mental health needs	<ul style="list-style-type: none"> <li>➤ Discussions with commissioners in relation to funding for Long Term Plan investment in Mental Health training.</li> <li>➤ Health Education England induction package available for implementation. Discussions continuing to support commissioning of this.</li> <li>➤ Additional resources have been added to the clinical hub as below.</li> </ul>	
Develop a clinical information hub to support access to relevant information, policies and education relating to mental health	Intranet hub completed and will be iteratively updated	

Establish mental health champions in local hubs to support knowledge dissemination, feedback and supporting local clinical engagement	Most hubs and localities within the organisation have nominated champions - further work required to identify remaining champions and commence work programme	
Develop capacity and capability in mental health service delivery through work to achieve NHS Long Term Plan ambitions to improve the ambulance response to mental health.	Commissioning discussions ongoing for funding Capital bid submission for Mental Health Response Vehicle sent to NHS England.	
Work to develop an external communications plan to support dissemination of information through the trust website and social media platforms.	Additional Mental Health content is being sent to communications team to support Mental Health response to winter pressures. Formal plan to be considered by March 2023 owing to current time pressures arising from LTP commissioning work	
Develop a patient forum to support co-production in service design, delivery and monitoring	Deferred to support delivery of LTP ambitions in light of ongoing/unresolved commissioning discussions	
Review themes from complaints and compliments to inform changes to service delivery	For completion in Q4	

# Integrated Emergency and Urgent Care Clinical Governance

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

Action	Progress	Status
Continue to recruit and train the dual trained call assessor workforce to meet the demands of both services.	999 call answering is the best in the Country with a significantly low number of 2-minute delays registered. 111 performance is among the best in the country with the lowest number of calls abandoned from any provider. Following a board decision, 111 will move to a new provider on 1 March and as such recruitment for call assessors was suspended at the end of Q2	
Review and ensure completion of actions/recommendations arising from serious incidents involving.	The team are up to date with recommendations and processes have been introduced to ensure a timely response to recommendations as they become identified.	
Increase the numbers of clinical and non-clinical audits to support safe practice and support onward training.	Audits are on track and in line with the audit requirements.	
Continue to work closely with NHS Pathways to influence service improvement .	Continual presence at user groups and NHS Pathways board.	
Continue with clinical recruitment at pace to grow the Clinical Validation Team (CVT) and the Clinical Assessment Service (CAS) to meet the patient demographic and to deliver the clinical outcomes.	A conscious decision to provide focus to the CVT establishment has meant that the team remain at full strength producing effective, safe and meaningful clinical triage with a H&T rate of 20% achieved during December. Clinical recruitment into 111 has been suspended due to the 1 March transition.	
Enhance training and development opportunities for all staff.	Ongoing and on track with additional CPD introduced throughout Quarter 3 to address any learning gaps.	
Maximise utilisation of alternative pathways through better utilisation of technology.	The CAD portal has been developed and continues to be enhanced to support rapid transfer of viable cases to community pathways. Usage of the portal continues to grow with more community-based services coming on board. The functionality that has been developed has been used as an	

	exemplar nationally with many other ambulance trusts interested in what WMAS are doing and wanting to replicate within their own organisation.	
Continue to listen to our patients and review feedback via the complaint and PAL's process to shape our service going forward.	The challenge here is that almost all of the complaints received relate to delays in help reaching the patient which, to a large degree is not in our control given the significant and critical level of continued hospital handover delays. Through our Learning Review Group, any learning points continue to be identified and any requirements to introduce changes are put in place.	
Work with providers to improve access to other services which provide alternative pathways for patients calling 111 or 999.	Ongoing and fully engaged with NHSE, local commissioners and service providers. Additional access to alternative services continues to present opportunities to refer patients away from ED and improve their overall experience and outcomes.	

## Use of Alternative Pathways

Action /Measures of Success	Notes	Status
Engagement with Integrated Care Boards to ensure development and use of all initiatives for referral to alternative pathways	<p>Work underway in each ICB to develop services and referral pathways further, WMAS conveyance rates to hospital now the same as 2017/18. New services in addition to Urgent Community Response (UCR) are supporting our ability to avoid emergency departments and meet patients' needs first time.</p> <p>Some services are receiving hundreds of patients in their own right each month, Worcestershire UCR from minimal numbers now taking c300 patients per month, Birmingham UCR services activity has trebled, with 30+ patients per day now being routed through that service, many directly from the clinical validation team.</p> <p>A number of ICBs are working to a single access point for all pathways, including BSOL, Worcestershire, Black Country. Shropshire has already developed a single access point.</p>	
CAD Portal - developed and utilised by providers across the region	<p>CAD Portal now live, referrals being sent electronically to a range of providers of Urgent Community Response across the region.</p> <p>The portal is the mechanism for WMAS to refer patients out of the clinical validation team. It removes the need for lengthy conversations (averaging out at 40m per patient in attempting to refer)</p> <p>Hundreds of patients per week are now being referred by the Portal, however, community teams are also working within the Clinical Validation Team to 'pull' patients from WMAS directly in alternative pathways</p>	



Managing long waits for ambulance response for urgent, not emergency situations	WMAS is increasingly moving urgent caseload into Urgent Community Response models, we also, for example in Worcestershire, have UCR attending before we arrive. However we still do have a cohort of very long waiting patients, who require an Ambulance response at this point, as other services are not able to safely respond or receive the patient.	
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## Developing Our Role in Public Health

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

Measures of Success	Notes	Status
Set up a WMAS Public Health group and agree reporting/recommendation arrangements.	Group established and agreed key arrangements. Next meeting scheduled January 2023.	
Review engagement with regional PH leads.	Deputy chair of regional directors of public health group has agreed to take a request for engagement from the group with the WMAS public health group to their next meeting Regional medical director for NHSE midlands has provided contact details for public health lead for the region. Consultant in PH has been agreed as link with WMAS recently. NHSE regional PH lead has been in touch to agree to a meeting date TBC.	
Produce a strategy document for Committee and Board review on options for Public Health development and engagement.	DRAFT Public Health Strategy to be presented to the Public Health Group - January 2023, including the first draft of the public health annual programme	

# Service-based Annual Reports 2022-23

Whilst the above tables represent the overall progress in relation to the quality priorities that were established for 2022/23, the following reports are available on our website which contain further details of the work in each of these corporate and clinical departments.

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

The Annual Report in respect of the Data Security and Prevention Toolkit will be submitted and published by 30 June 2023.

The Annual Report for Equality, Diversity & Inclusion will be published by July 2023

# Patient Safety

To be updated w/c 11/4/23

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

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

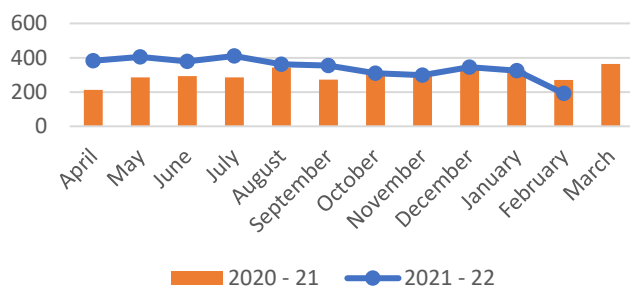
Analysis of all incidents takes place and is supported by triangulation with other information such as complaints, claims, coroners' inquiries, clinical audit findings and safeguarding cases. These are discussed monthly at the Serious Incidents Review Group (SIRG) and Learning Review Group (LRG). These meetings are chaired by the Paramedic Practice & Patient Safety Director and attended by clinicians from across the organisation. Themes and trends are reported quarterly to the Quality Governance Committee and the Trust Board of Directors.

## Total Number of Patient Safety Incidents reported by Month

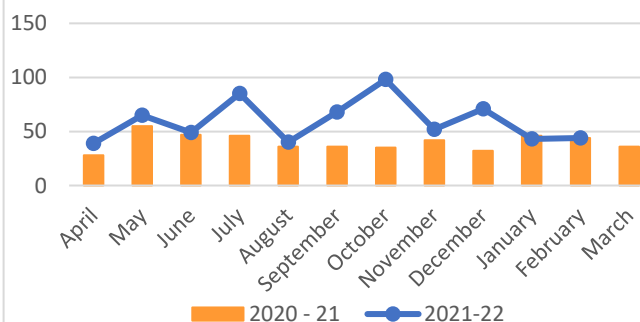
The total number of incidents reported during 2021-22 have increased from the previous year by 13.8% (from 3,596 to 4,094). This includes complaints and NHS to NHS concerns as well as staff reporting through the internal electronic reporting system. There were fluctuations corresponding to the various stages of national lockdown and local restrictions as the pandemic progressed. Patient harm events (764) accounted for an increase of 58.1% increase from the previous year, in which 483 patient harm events occurred.

	Harm	No Harm	Total
Apr-21	39	344	383
May-21	65	339	404
Jun-21	49	330	379
Jul-21	85	326	411
Aug-21	40	322	362
Sep-21	68	287	355
Oct-21	102	229	331
Nov-21	53	263	316
Dec-21	79	296	375
Jan-22	47	292	339
Feb-22	46	149	195
Mar-22	91	153	244
<b>Total</b>	<b>764</b>	<b>3330</b>	<b>4094</b>

Total Patient Safety Incidents April 2020 to March 2022



Harm Incidents April 2020 to March 2022



*Themes (Patient Safety/Patient Experience/Clinical Audit) (updated 21/3/23, highlighted sections to be updated April 23)*

The top trend for all levels of harm relate to delayed ambulance responses, which directly correlate to the increased hospital handover delays. Further trends relating to low harm incidents include avoidable injuries caused to patients such as skin tears caused during moving and handling, injury due to collision/contact with an object and ECG dot removal.

### **Serious Incidents**

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

Between April 2021 and March 2022, the Trust registered 204 cases as serious incidents, compared to 84 in the previous year. This sharp increase in reporting correlates to the impact caused by the continuing rise in severe hospital handover delays. RCA has identified that hospital delays are the largest contributory factor.

- 🕒 Activity rose by 2.73%
- 🕒 Incident reporting increased by 19%
- 🕒 SI reporting increased by 142.8%

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

### **Top Patient Safety Risks**

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

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### **Duty of Candour**

The Trust promotes a culture of openness ('just' culture) to ensure it is open and honest when things go wrong, and a patient is harmed. Being open is enacted in all incidents where harm is caused no matter the severity to ensure this culture is carried out. NHS providers registered with the Care Quality Commission (CQC) are required to comply with a new statutory Duty of Candour, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour which relates to patient harm events considered to have caused moderate harm or above. This regulation requires a more formal process of ensuring that incidents are investigated at an appropriate level and that being open and honest with the patient and/or their families is completed.

The introduction of a Patient Safety section of the Trust website supports the Trust Duty of Candour requirements and allows greater openness and sharing about when things have gone wrong and what the Trust has learnt and is doing to put things right and improve. The Trust Duty of Candour/Being Open policy is available via the Trust website or directly from the Freedom of Information Officer.

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

## Safeguarding

In 2022/2023 West Midlands Ambulance Service has continued to ensure the safeguarding of vulnerable persons remains a priority within the organisation and the trust is committed to ensuring all persons are always protected through embedded policies, procedures, education and literature. All staff within WMAS are educated to report safeguarding concerns to the single point of access Safeguarding Referral Line. This Trust has experienced significant and sustained demand on the service, this combined with continuing delays in the ability to handover patients at hospital has led to on occasions patients waiting significant times for an ambulance response. These delays have led to concerns raised around the response to some of our more vulnerable patients from external stakeholders. WMAS continues to work at a local and national level to improve the situation and the safeguarding team reviews these cases and provides assurance to the local authority on the actions undertaken to mitigate the risk.

### Safeguarding Referral Numbers

	Adults		Children	
	Referrals	% Variance from Previous Year	Referrals	% Variance from Previous Year
<b>2016/2017</b>	21386		4534	
<b>2017/2018</b>	21130	-1.2%	4756	4.9%
<b>2018/2019</b>	23206	9.8%	5631	18.4%
<b>2019/2020</b>	31639	36.3%	9232	63.9%
<b>2020/2021</b>	39926	26.2%	14082	52.5%
<b>2021/2022</b>	38048	- 4.8%	15110	7.0%
<b>2022/2023</b>	41175	8.20%	15301	1.30%

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

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

Despite the operational pressures on the Trust, we have delivered training to ensure all Paramedics are trained to level 3 in Safeguarding, which has refreshed and enhanced the knowledge of our staff in respect of best practice and current legislation

## Patient Experience

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

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

### Complaints

Complaints are an important source of information about patients' views regarding the quality of services and care provided. Staff are encouraged to respond to complaints and concerns raised by patients and relatives in an effective, timely, and compassionate way. The Trust has received 627 complaints (to 29 Mar) compared to 505 2021/22.

Breakdown of Complaints by Service Type YTD:			
	2021/22	2022-2023	% Variance 20/21 – 21/22
Emergency Operations Centre	176	264	50
Emergency and Urgent	215	213	0.9
Patient Transport Services	54	81	50
Air Ambulance	0	0	0
Other	12	8	33.3
Integrated Urgent Care	48	61	27
<b>Total</b>	<b>505</b>	<b>627</b>	<b>24.2</b>



### Upheld Complaints

Of the 627 complaints, 205 were upheld & 153 part upheld. If a complaint is upheld or part upheld, learning will be noted and actioned locally and will also be reported to the Learning Review Group for regional learning to be identified and taken forward as appropriate. The main reason relates to timeliness (response).

National Reason	Justified	Part Justified	Not Justified	TBC	Total
Attitude and Conduct	12	26	35	1	74
Call Management	17	24	29	6	76
Clinical	24	37	52	16	129
Driving/Sirens	1	1	6	0	8
Eligibility	1	2	8	1	12
Info Request	5	5	19	1	30
IUC - Appointments	0	2	1	0	3
IUC - Clinical	1	0	0	0	1
IUC - Inappropriate referrals	0	1	1	0	2
IUC - Operational	0	0	1	0	1
IUC - Pathway	1	1	4	1	7
IUC - Staff	1	0	1	0	2
Lost/Damaged	0	1	1	0	2
Other	1	1	1	0	3
Out of Hours	0	0	2	0	2
Patient Safety	3	3	3	0	9
Response	136	47	60	9	252
Safeguarding	2	2	10	0	14
<b>WMAS</b>	<b>205</b>	<b>153</b>	<b>234</b>	<b>35</b>	<b>627</b>

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

This year has seen a decrease in concerns with 2046 concerns raised in 2022/23 compared to 2502 in 2021/22. The main reason for a concern be raised is 'timeliness (response)'.

### Learning from complaints / PALS

You said	We did
Concern raised around use of PPE and shoe covers	Article placed in weekly brief around use of shoe covers for staff
Concern around appropriate parking	Staff on hub remaindered and notes added to the computer aided dispatch system
Patients that use the Non Emergency Patient Transport who don't have a timely pick up or require a specific vehicle	Notes added to the computer system
Family raised a concern about attendance to family relatives with Vascular Ehlers-Danlos	Family sharing their experience of the condition to make staff aware which will be placed in the clinical times

### ***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 2022/23 – 5 independent reviews were carried out, (1 case was part upheld, 4 still under investigation), and 2 cases where a mediation meeting has been requested. This is compared to 7 independent reviews in 2021/22.

### ***Patient Feedback / Surveys***

The Trust received 112 completed surveys via our website, relating to the Patient Transport Service. The table below outlines the response by survey type.

#### ***Friends and Family Test***

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

<b>Response</b>	<b>FFT Survey</b>	<b>PTS Survey</b>	<b>Small Survey</b>
Very Good	17	27	13
Good	16	27	5
Neither Good nor Poor	2	1	0
Poor	0	2	0
Very Poor	2	0	0
Don't Know	0	0	0
<b>Total</b>	<b>37</b>	<b>57</b>	<b>18</b>

#### **Discharge on Scene Survey:**

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

#### **Emergency Patient Survey:**

**157 responses received in 2021/22**

### ***Compliments***

The Trust has received 2472 compliments in 2022/23 (until 28 Feb 2023) compared to 2070 in 2021/22. It is pleasing to note that the Trust has seen an increase in positive feedback.

### ***Governance***

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

## Single Oversight Framework (SOF)

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

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

Since maintaining its overall rating of Segmentation 1, since the SOF was introduced, WMAS has recently been rated within segmentation 2, in recognition of the pressures and support required to address ambulance handover delays and response times. The Trust is working closely with our six integrated care systems and NHS England to jointly address the factors that are affecting patient care throughout the West Midlands.

Category	Performance Standard	Achievement April 2022 to March 2023
<b>Category 1</b>	7 Minutes mean response time	8 minutes 25 seconds
	15 Minutes 90th centile response time	14 minutes 46 seconds
<b>Category 2</b>	18 minutes mean response time	49 minutes 40 seconds
	40 minutes 90th centile response time	114 minutes 58 seconds
<b>Category 3</b>	120 minutes 90 <sup>th</sup> centile response time	537 minutes 26 seconds
<b>Category 4</b>	180 minutes 90 <sup>th</sup> centile response time	596 minutes 33 seconds

# Listening to feedback

Each year our commissioners and stakeholders provide feedback in relation to the content of the Quality Account. We received many very positive comments in response to the 2021/22 report, along with some constructive feedback in relation to the challenges the Trust has faced and the chosen priorities.

In order to ensure that all of the responses are effectively captured, the comments are accessible through the following links:

- [Comments from our Lead Commissioner, on behalf of all Associate Commissioners](#)
- [Comments from Health, Overview and Scrutiny Committees](#)
- [Comments from Healthwatch Organisations](#)