NHS

West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

July 2022

Trust us to care.

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C O N T E N T S

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VISION AND VALUES

Our Vision

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

World Class Service
- Deliver a first-class service which is responsive to individuals' needs
- Recognise and celebrate good performance by our staff
- Strive to maintain a positive, safe, supportive, and enjoyable work environment for all staff
- Use our resources carefully, making sure that we provide the most cost-effective high-quality service
- Be trustworthy and consistently deliver on our promises

Patient Centred
- Provide the highest quality service and care for our patients and their relatives within the available resources
- Every member of staff will help to improve patient care, either directly or indirectly
- Listen and respond to carers and staff
- Learn from our successes and our mistakes and work to improve our service to patients at all times
- Encourage staff to use their experiences to help develop the Trust and the services it provides to patients

Dignity and Respect for All
- Show understanding of and respect for each other's roles and the contribution each of us makes to the organisation
- Promote equality of opportunity and celebrate diversity
- Observe high standards of behaviour and conduct, making sure we are honest, open, and genuine at all times, and are ready to stand up for what is right
- Listen to and take on board the views, ideas, and suggestions of others

Skilled Workforce
- Recognise that our staff are our most valuable asset
- Recognise and encourage the contribution and personal development of individuals
- Ensure that we, through our good working practices retain and recruit staff of the highest quality
- Encourage and support all staff in their personal development and training to increase and maintain their high levels of competency, skills and professionalism to meet their full potential regardless of role

Teamwork
- Our Staff work closely with colleagues of all levels
- Our staff make their views known and have them taken seriously
- Promote teamwork and take a genuine interest in those whom we work with, offering support, guidance, and encouragement when it is needed
- Inspire each other to work together to create better services for our patients

Effective Communication
- Open and honest in our communication with each other and with those outside the organisation
- There is a two-way flow of communication throughout the organisation
- Plan our services and generate new ideas for service improvements in partnership with staff, patients, and the community
- Respect confidential and personal information about patients, their relatives, and colleagues.

Environmental Sustainability
- We put our environmental responsibilities at the heart of what we do
- WMAS will invest in its fleet to reduce emissions of carbon and harmful particulates, reducing them year on year to a net reduction by 80% by 2028-2030 and net zero by 2040.
- The use of technology to become fully paperless
- Volume of waste for landfill and incineration to reduce and level of recycling to increase

Vision

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

Strategic Objectives

Strategic Objective 1: Safety, Quality and Excellence	Strategic Objective 2: A great place to work for all	Strategic Objective 3: Effective planning and use of resources	Strategic Objective 4: Innovation and Transformation	Strategic Objective 5: Collaboration and Engagement
Our commitment to provide the best care for all patients	Creating the best environment for staff to flourish	Continued efficiency of operation and financial control	Developing the best technology and services to support patient care	Working in partnership to deliver seamless patient care
• Become a service which takes care beyond the "ambulance" by providing a more comprehensive offer of integrated care. • Become an organisation which is research led • Focus on public health and the health of the population of the West Midlands • Further develop clinical capability in areas such as frailty, mental health and primary care.	• Mental Health and wellbeing of staff to become a strategic priority • By 2030 have an organisation which is representative of the public we service from an equality and diversity perspective. • Adapt to the needs of the "millennial shift' 30% WMAS staff are aged between 21 and 38. • Develop roles which encapsulate the changing needs of our patients.	• Whole organisational engagement and mass participation in developing new ideas for efficiency and productivity • Develop proposals for our commissioners as we transition away from payment by results • Embed efficiencies from response to the pandemic • Work with partners to substantially reduce handover delays.	• Organisational net carbon zero by 2040 • Use artificial intelligence to support innovation, to better meet patients' needs and improve the experience for staff in the delivery of care • Expand opportunities for telephone and video conferencing to facilitate the best treatment and conveyance decisions • Enhance clinical skills development through the use of technology	• Create dynamic partnership arrangements to facilitate the best treatment options for patients throughout the healthcare system • Enhance our regional service through development of local presence and engagement at place level • Collaborate with all community settings to identify and reduce health inequalities • Utilise our strengths and brand to support young people to engage with their community and step into a career in healthcare

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OPERATIONAL & CLINICAL KEY PERFORMANCE INDICATORS

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Service Delivery Directorate

Operational Metrics and KPIs

Contents

Call Demand

All Emergency Calls				
	Current Year	Previous Year	Variation from Previous Year	% Variation
	Call Count	Call Count	Call Count	Call Count
Month	134,548	133,049	1,499	1.1 %
QTD	397,322	365,543	31,779	8.7 %
YTD	397,322	365,543	31,779	8.7 %

Demand against Contract			
	Assigned Incidents	Contract Incidents	% Variation
Month	96,396	102,196	-5.68 %
QTD	291,378	306,589	-4.96 %
YTD	291,378	306,589	-4.96 %

111 vs 999 calls					
		Current Year		Previous Year	
	111/999	Call Count	Call Count	Call Count	Call Count
Month	999	115,187	85.6 %	116,418	87.5 %
	111	19,361	14.4 %	16,631	12.5 %
	Total	134,548		133,049	
QTD	999	340,972	85.8 %	304,733	83.4 %
	111	56,350	14.2 %	60,810	16.6 %
	Total	397,322		365,543	
YTD	999	340,972	85.8 %	304,733	83.4 %
	111	56,350	14.2 %	60,810	16.6 %
	Total	397,322		365,543	

Incident Demand

All Incidents				
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	89,159	100,144	(10,985)	-11.0 %
QTD	271,252	297,762	(26,510)	-8.9 %
YTD	271,252	297,762	(26,510)	-8.9 %

Emergency Incidents				
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	86,003	94,730	(8,727)	-9.2 %
QTD	261,138	280,570	(19,432)	-6.9 %
YTD	261,138	280,570	(19,432)	-6.9 %

County	All Incidents by County				All Incidents by County			
	Current Year		Previous Year		Current Year		Previous Year	
	Month		Month		YTD		YTD	
	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents
Birmingham	22,252	25.0 %	25,039	25.0 %	67,669	24.9 %	73,344	24.6 %
Black Country	20,276	22.7 %	21,812	21.8 %	61,463	22.7 %	64,979	21.8 %
Arden	13,042	14.6 %	14,372	14.4 %	39,445	14.5 %	43,452	14.6 %
Staffordshire	16,520	18.5 %	19,716	19.7 %	50,443	18.6 %	58,267	19.6 %
Herefordshire	2,480	2.8 %	2,881	2.9 %	7,568	2.8 %	8,638	2.9 %
Shropshire	6,383	7.2 %	7,104	7.1 %	19,445	7.2 %	21,816	7.3 %
Worcester	7,978	8.9 %	9,088	9.1 %	24,577	9.1 %	26,838	9.0 %
Out of Area	129	0.1 %	74	0.1 %	340	0.1 %	254	0.1 %
No Value	99	0.1 %	58	0.1 %	302	0.1 %	174	0.1 %
Total	89,159		100,144		271,252		297,762	

Treatment Type (AQI Incidents, Emergency only)

Treatment Type Group	Treatment Type	MTD	QTD	YTD
Hear & Treat	Advice	3,654	10,843	10,843
	Alt Service	10,584	31,980	31,980
	Total	14,238	42,823	42,823
	%	16.9 %	16.7 %	16.7 %
See & Convey	Transport - ED	40,734	123,065	123,065
	Transport - Non ED	3,437	11,251	11,251
	Total	44,171	134,316	134,316
	%	52.4 %	52.5 %	52.5 %
See & Treat	Response	25,829	78,868	78,868
	Total	25,829	78,868	78,868
	%	30.7 %	30.8 %	30.8 %
Total	Total	84,238	256,007	256,007

Priority	Target Mean	Target 90%	Month Mean	Month 90%	QTD Mean	QTD 90%	YTD Mean	YTD 90%
Category 1	7:00	15:00	8:09	14:13	8:08	14:21	8:08	14:21
Category 1 T	19:00	30:00	9:20	16:38	9:22	16:51	9:22	16:51
Category 2	18:00	40:00	52:11	125:50	47:26	110:36	47:26	110:36
Category 3	60:00	120:00	235:47	664:30	199:12	550:06	199:12	550:06
Category 4	-	180:00	265:50	722:26	236:39	626:19	236:39	626:19
HCP 2hr	-	-	245:16	714:34	206:43	537:19	206:43	537:19
HCP 4hr	-	-	337:23	868:26	302:47	748:41	302:47	748:41

Call Answer	Month	QTD	YTD
Call Answer Mean	0:05	0:04	0:04
Call Answer Median	0:02	0:02	0:02
Call Answer 95th	0:25	0:15	0:15
Call Answer 99th	0:47	0:37	0:37

Over 2 minute Call Answer Delays

Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
737	211	252	195	49	355	166	17	28	8	5	33

MTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Herefordshire Mean	Herefordshire 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%	Worcester Mean	Worcester 90%
Category 1	7:00	15:00	8:57	15:37	6:46	11:11	6:30	10:50	12:12	23:46	11:53	23:32	8:59	15:04	10:04	18:17
Category 1 T	19:00	30:00	10:06	17:29	7:34	12:25	7:33	12:30	13:51	26:31	13:34	25:33	10:37	18:28	11:46	21:52
Category 2	18:00	40:00	48:08	107:35	63:42	162:36	28:20	63:54	38:12	81:39	61:53	137:37	64:57	156:00	60:47	145:45
Category 3	60:00	120:00	188:54	482:30	313:51	879:31	189:10	518:44	114:05	288:52	234:07	594:35	256:26	689:07	259:19	742:36
Category 4	-	180:00	232:13	626:19	332:04	1130:00	245:38	602:47	161:29	387:10	282:42	602:49	256:30	631:42	288:27	1040:56
HCP 2hr	-	-	199:43	518:19	248:26	704:04	210:40	544:54	130:11	274:03	370:42	921:09	268:59	750:31	266:19	765:50
HCP 4hr	-	-	281:19	760:42	309:26	646:52	358:39	857:10	188:16	521:20	461:46	999:35	359:14	908:44	372:57	966:12

QTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Herefordshire Mean	Herefordshire 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%	Worcester Mean	Worcester 90%
Category 1	7:00	15:00	8:54	15:34	6:45	11:09	6:30	10:39	11:47	23:46	11:42	23:34	9:01	15:24	10:04	18:23
Category 1 T	19:00	30:00	10:07	17:45	7:32	12:22	7:28	12:17	13:56	26:45	13:45	26:32	10:47	18:28	11:38	20:54
Category 2	18:00	40:00	45:27	98:27	52:11	129:57	24:39	53:43	36:58	78:59	58:15	131:59	65:51	159:58	54:56	126:02
Category 3	60:00	120:00	177:28	462:50	258:08	764:29	151:12	384:13	107:47	256:49	208:22	574:46	215:18	579:28	212:18	603:02
Category 4	-	180:00	223:00	626:19	318:52	828:25	220:34	572:25	148:45	387:10	225:09	616:19	211:30	512:23	237:19	650:44
HCP 2hr	-	-	178:07	408:22	222:33	596:22	178:33	438:47	128:08	324:37	306:54	824:35	213:42	563:04	193:19	504:48
HCP 4hr	-	-	286:31	733:57	270:02	539:57	287:56	700:44	228:51	521:20	416:53	982:21	332:01	871:37	330:30	827:18

YTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Herefordshire Mean	Herefordshire 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%	Worcester Mean	Worcester 90%
Category 1	7:00	15:00	8:54	15:34	6:45	11:09	6:30	10:39	11:47	23:46	11:42	23:34	9:01	15:24	10:04	18:23
Category 1 T	19:00	30:00	10:07	17:45	7:32	12:22	7:28	12:17	13:56	26:45	13:45	26:32	10:47	18:28	11:38	20:54
Category 2	18:00	40:00	45:27	98:27	52:11	129:57	24:39	53:43	36:58	78:59	58:15	131:59	65:51	159:58	54:56	126:02
Category 3	60:00	120:00	177:28	462:50	258:08	764:29	151:12	384:13	107:47	256:49	208:22	574:46	215:18	579:28	212:18	603:02
Category 4	-	180:00	223:00	626:19	318:52	828:25	220:34	572:25	148:45	387:10	225:09	616:19	211:30	512:23	237:19	650:44
HCP 2hr	-	-	178:07	408:22	222:33	596:22	178:33	438:47	128:08	324:37	306:54	824:35	213:42	563:04	193:19	504:48
HCP 4hr	-	-	286:31	733:57	270:02	539:57	287:56	700:44	228:51	521:20	416:53	982:21	332:01	871:37	330:30	827:18

	Total Conveyances				Over 1 Hr Turnaround Delays				Hours Lost at Hospital (over 30 min turnaround)			
	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation
Month	46,067	56,470	-10,403	-18.4 %	10,505	4,654	5,851	125.7 %	33,811	9,479	24,332	256.7 %
QTD	140,608	169,295	-28,687	-16.9 %	29,527	9,503	20,024	210.7 %	90,702	20,857	69,845	334.9 %
YTD	140,608	169,295	-28,687	-16.9 %	29,527	9,503	20,024	210.7 %	90,702	20,857	69,845	334.9 %

Hospital Turnaround Delays - 45 - 60 mins and 60 mins +
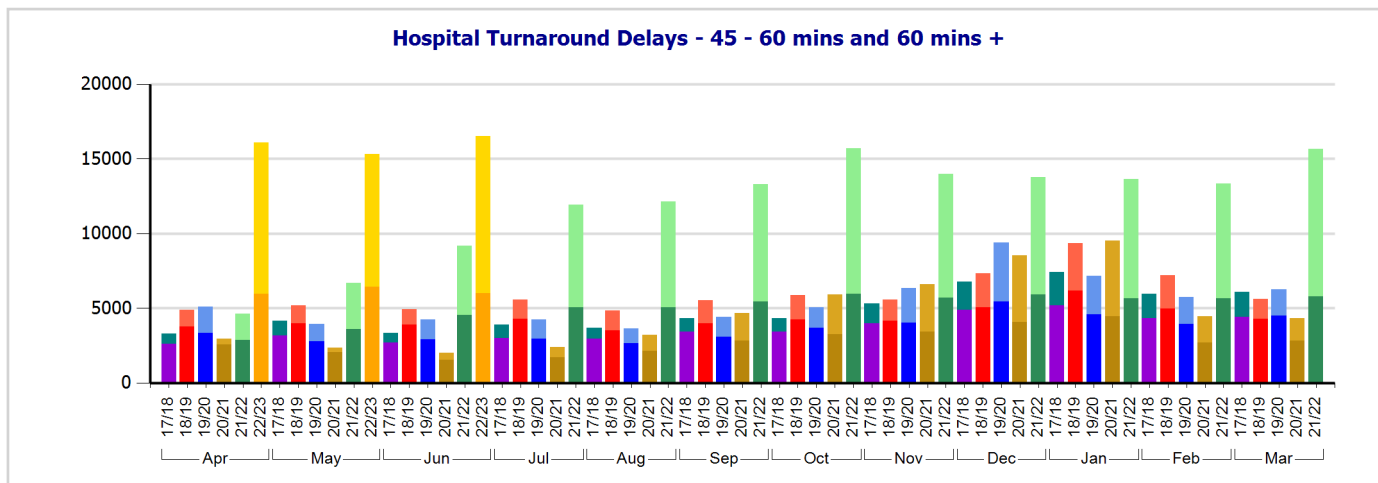
Hospital Turnaround Timebands												
	MTD						YTD					
Destination	Under 30		30-60 mins		60+ mins		Total	Under 30		30-60 mins		60+ mins		Total
Alexandra	822	45.0 %	556	30.4 %	448	24.5 %	1826	2818	49.1 %	1857	32.4 %	1061	18.5 %	5736
Birmingham Childrens	417	60.3 %	244	35.3 %	31	4.5 %	692	1328	61.0 %	766	35.2 %	84	3.9 %	2178
Burton	275	23.3 %	559	47.3 %	347	29.4 %	1181	825	23.4 %	1753	49.7 %	952	27.0 %	3530
City (Birmingham)	1382	57.6 %	850	35.4 %	166	6.9 %	2398	4072	56.9 %	2668	37.3 %	415	5.8 %	7155
County Hospital (Stafford)	508	58.7 %	314	36.3 %	44	5.1 %	866	1414	55.5 %	942	37.0 %	193	7.6 %	2549
George Elliot	405	32.4 %	740	59.2 %	104	8.3 %	1249	1157	30.1 %	2373	61.8 %	309	8.0 %	3839
Good Hope	475	22.9 %	814	39.3 %	782	37.8 %	2071	1655	24.5 %	2993	44.2 %	2116	31.3 %	6764
Heartlands	669	21.0 %	1479	46.3 %	1043	32.7 %	3191	2225	22.1 %	4972	49.4 %	2877	28.6 %	10074
Hereford County	786	49.8 %	650	41.2 %	142	9.0 %	1578	2434	50.5 %	1990	41.3 %	396	8.2 %	4820
New Cross	1505	40.1 %	1672	44.5 %	577	15.4 %	3754	4493	39.4 %	5221	45.8 %	1682	14.8 %	11396
New Queen Elizabeth Hosp	866	25.2 %	1763	51.4 %	802	23.4 %	3431	2655	25.3 %	5559	53.0 %	2267	21.6 %	10481
Princess Royal	303	18.1 %	687	41.0 %	684	40.9 %	1674	1033	20.3 %	2145	42.1 %	1911	37.6 %	5089
Royal Shrewsbury	169	12.0 %	569	40.3 %	675	47.8 %	1413	593	13.9 %	1778	41.8 %	1882	44.3 %	4253
Royal Stoke Univ Hosp	889	21.5 %	1563	37.9 %	1675	40.6 %	4127	2712	21.7 %	5507	44.1 %	4268	34.2 %	12487
Russells Hall	838	26.6 %	1864	59.2 %	445	14.1 %	3147	2460	25.3 %	5548	57.0 %	1725	17.7 %	9733
Sandwell	742	31.8 %	1210	51.8 %	384	16.4 %	2337	2284	32.0 %	3716	52.0 %	1144	16.0 %	7145
Solihull	2	66.7 %	1	33.3 %		0.0 %	3	7	70.0 %	3	30.0 %		0.0 %	10
Uni Hospital Cov & War	1092	28.2 %	2122	54.7 %	662	17.1 %	3876	3163	26.9 %	6576	56.0 %	2006	17.1 %	11745
Walsall Manor	1366	44.5 %	1560	50.9 %	141	4.6 %	3067	4306	47.3 %	4475	49.2 %	323	3.5 %	9104
Warwick	462	25.6 %	1071	59.4 %	271	15.0 %	1804	1353	25.4 %	3189	59.9 %	785	14.7 %	5327
Worcestershire Royal	638	26.8 %	659	27.7 %	1081	45.5 %	2378	1917	26.7 %	2136	29.7 %	3128	43.6 %	7181

Turnaround - Time at Hospital to Time Clear

RPI

	Month	QTD	YTD
Category 1	1.43	1.43	1.43
Category 2	1.05	1.05	1.05
Category 3	1.05	1.05	1.05
Category 4	1.20	1.10	1.10
HCP	1.06	1.06	1.06
Total	**1.10**	**1.10**	**1.10**

Percentage of Double Crewed Ambulances with a Paramedic as Part of Crew
6 Months Trend

	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22
Bromsgrove Hub	99.4%	100.0%	99.5%	99.6%	96.7%	96.8%
Coventry Hub	99.9%	100.0%	99.8%	99.8%	100.0%	100.0%
Donnington Hub	99.8%	99.8%	100.0%	100.0%	100.0%	99.8%
Dudley Hub	94.1%	94.5%	91.9%	93.6%	93.3%	94.4%
Erdington Hub	97.4%	96.9%	96.2%	97.9%	97.6%	97.9%
Hereford Hub	100.0%	100.0%	100.0%	99.8%	98.9%	99.8%
Hollymoor Hub	97.4%	97.3%	96.9%	97.6%	97.8%	97.7%
Lichfield Hub	99.2%	99.3%	99.2%	99.2%	100.0%	98.7%
Sandwell Hub	97.9%	98.9%	94.4%	95.6%	92.3%	93.6%
Shrewsbury Hub	100.0%	100.0%	99.8%	99.8%	100.0%	99.8%
Stafford Hub	100.0%	100.0%	99.8%	100.0%	99.8%	100.0%
Stoke Hub	100.0%	100.0%	99.9%	99.8%	100.0%	99.7%
Warwick Hub	100.0%	100.0%	100.0%	98.9%	99.8%	100.0%
Willenhall Hub	95.3%	96.1%	94.3%	94.4%	96.0%	97.6%
Worcester Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total	**98.2%**	**98.3%**	**97.4%**	**97.8%**	**97.6%**	**98.0%**

Percentage of Emergency Incidents Attended by a Paramedic (unknown are included with Para figures)
6 Months Trend

	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22
Percentage	98.2%	98.3%	97.5%	97.9%	97.7%	98.1%

Job Cycle Times (minutes)

	MTD		QTD		YTD	
	S&T	S&C	S&T	S&C	S&T	S&C
Category 1	96.10	129.15	98.12	126.70	98.12	126.70
Category 2	137.00	192.84	132.20	182.86	132.20	182.86
Category 3	282.72	357.04	255.82	322.81	255.82	322.81
Category 4	257.20	432.37	247.73	404.81	247.73	404.81
HCP	431.68	417.57	382.52	376.96	382.52	376.96

Section 5: EPR Completion

Month

Overall WMAS

All Eligible Incidents				Transported Eligible Incidents				Non Transported Eligible Incidents		
	Eligible Inc	EPRs	%		Eligible Inc	EPRs	%		Eligible Inc	EPRs	%
Total	71,946	62,546	86.9 %	Total	46,730	40,053	85.7 %	Total	25,216	22,493	89.2 %

Notes:
- **1482** cases excluded from Incident count due to 'No Patient Found' VNR reason
- County based on Incident location.
- Count of Unique CAD_IDs with matching EPR record
- See and Treat + See and Convey incidents only.

Incidents by County

Arden			Birmingham			Black Country			Staffordshire			Herefordshire			Shropshire			Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
10,839	9,792	90.3 %	17,174	14,727	85.8 %	16,663	14,809	88.9 %	13,085	11,340	86.7 %	2,100	1,966	93.6 %	5,334	4,160	78.0 %	6,751	5,752	85.2 %

YTD

Overall WMAS

All Eligible Incidents				Transported Eligible Incidents				Non Transported Eligible Incidents		
YTD	Eligible Inc	EPRs	%	YTD	Eligible Inc	EPRs	%	YTD	Eligible Inc	EPRs	%
Total	219,835	190,717	86.8 %	Total	142,600	122,289	85.8 %	Total	77,235	68,428	88.6 %

Notes:
- **4273** cases excluded from Incident count due to 'No Patient Found' VNR reason
- County based on Incident location.
- Count of Unique CAD_IDs with matching EPR record
- See and Treat + See and Convey incidents only.

Incidents by County

| Arden			Birmingham			Black Country			Staffordshire			Herefordshire			Shropshire			Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
32,706	29,598	90.5 %	52,953	45,337	85.6 %	51,075	44,861	87.8 %	39,724	34,682	87.3 %	6,450	5,955	92.3 %	16,180	12,717	78.6 %	20,747	17,567	84.7 %

all information contained within this section is for guidance only as an error margin exists between this and all other Contract related reports

CCG	June 2022				Year To Date			
	Actual	Contract	Diff	% Diff	Actual	Contract	Diff	% Diff
Birmingham and Solihull CCG	20,555	21,769	-1,214	-5.58%	61,665	65,306	-3,641	-5.58%
Black Country and West Birmingham CCG	25,510	26,456	-946	-3.57%	77,116	79,367	-2,251	-2.84%
Coventry and Warwickshire CCG	13,946	14,641	-695	-4.75%	42,077	43,922	-1,845	-4.20%
Herefordshire and Worcestershire CCG	11,239	12,167	-928	-7.63%	34,413	36,502	-2,089	-5.72%
Shropshire, Telford and Wrekin CCG	6,923	7,534	-611	-8.11%	21,012	22,601	-1,589	-7.03%
Staffordshire CCG	17,754	19,630	-1,876	-9.56%	53,805	58,890	-5,085	-8.63%
WMAS	96,229	102,196	-5,967	-5.84%	290,913	306,589	-15,676	-5.11%

Actual Vs Contract Position by Month
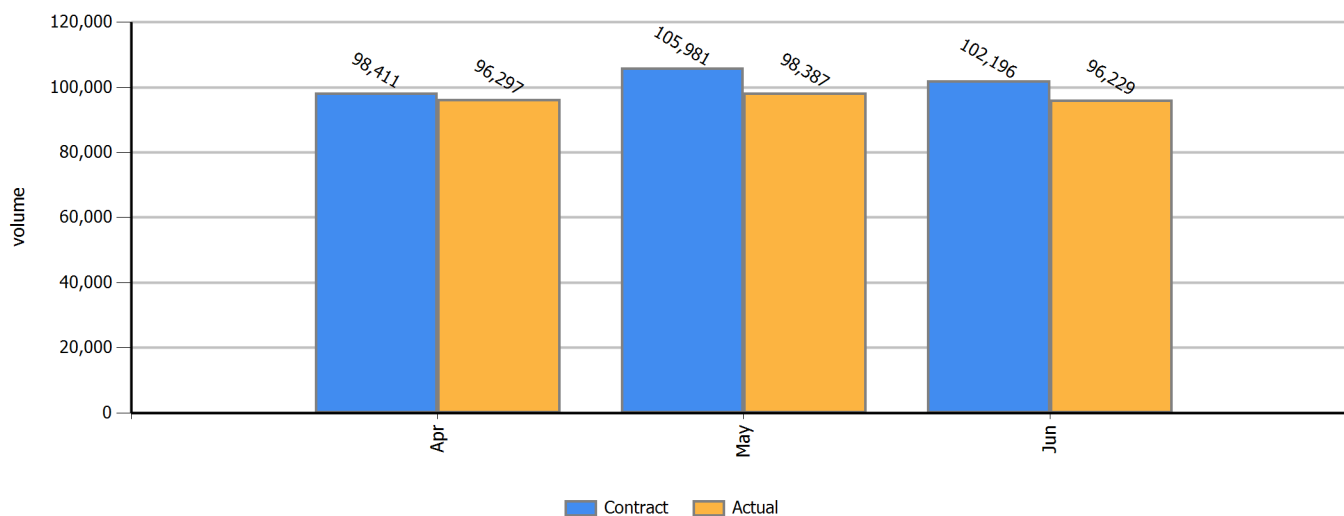
Please note this report for guidance only: An error margin exists between this report and the CCG Contract Monitoring Report. Data includes No Values & OOA's (hidden).

Financial Position Vs Contract (YTD)
-£2,881,713

Section 6: Monthly Contract Position

all information contained within this section is for guidance only as an error margin exists between this and all other Contract related reports

Cumulative Actual Vs Contract (percent difference)
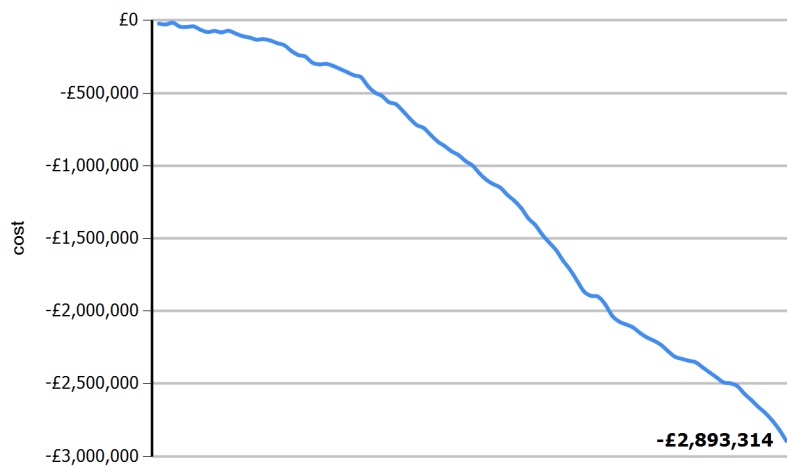
-5.11%
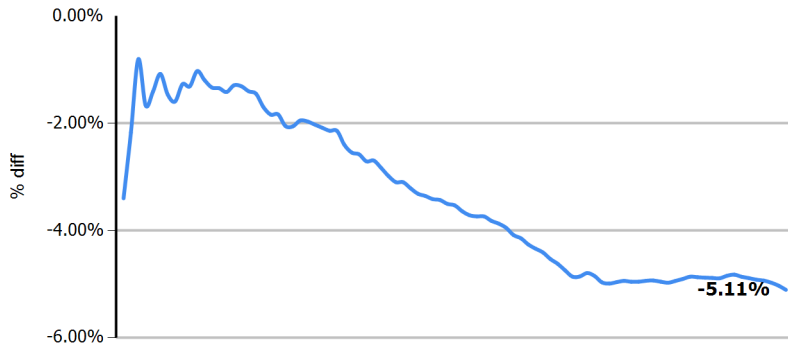
Actual Vs Contract (percentage) by Month
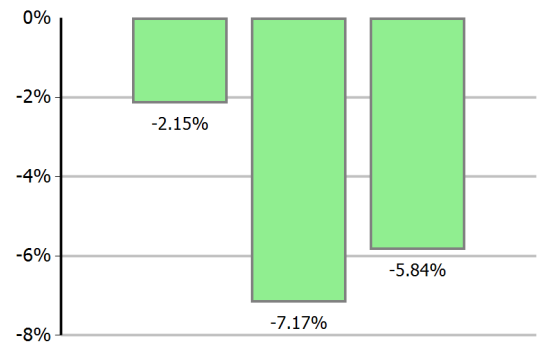
-2.15%
-7.17%
-5.84%

Cumulative Actual Vs Contract (volume difference)

-15676
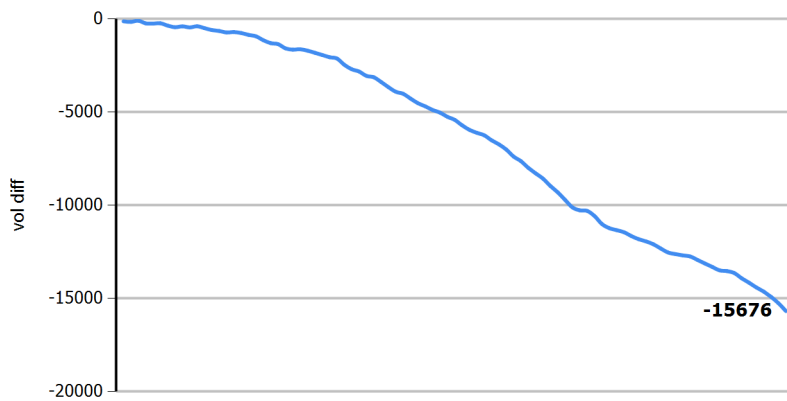
Actual Vs Contract (volume difference) by Month

-2,114
-7,594
-5,967

Apr   May   Jun
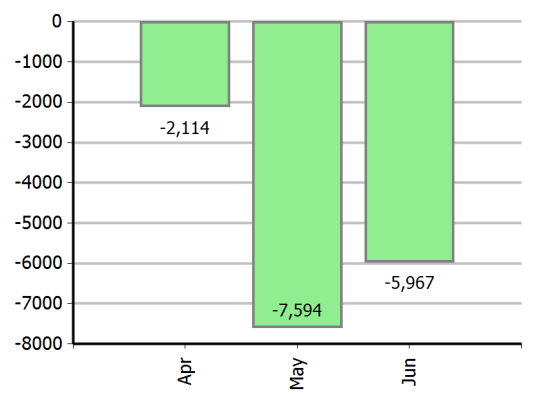
Cumulative Actual Vs Contract (volume difference) by Cost

-£2,893,314

Actual Vs Contract (difference) Cost by Month

-£390,232
-£1,401,693
-£1,101,389

Apr   May   Jun
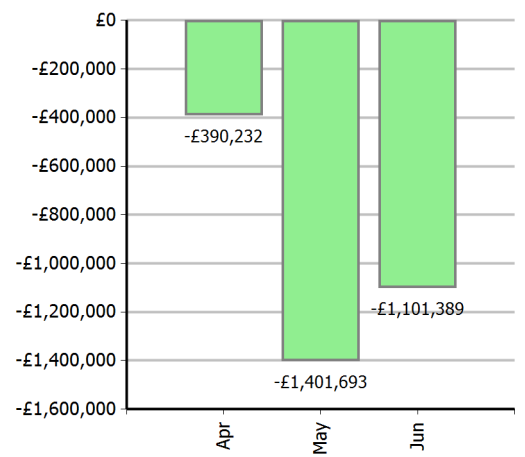
Clinical Performance Report

West Midlands Ambulance Service
University NHS Foundation Trust

Contents:

Data Tables:

Stroke

STEMI

Data available up to the end of:

WMAS :   May 2022

SPC chart format has been altered to use the c control charts as provided by NHS E/I.

Further Information

Statistical Process Control

Statistical Process Charts (SPC) visualise where variation is within expected limits or where performance falls outside those expected areas and improvement is needed

Common — Common cause is where the variation is within expected limits therefore no investigation or intervention is needed

Special — Special cause variation is outside expected limits therefore investigation is needed to identify what initiatives should be implemented to reduce the variation and improve performance

Care Bundle

A care bundle ensures that the patient is receiving all of those elements of identified good practice to ensure the best standard of care.

Management of Stroke

A stroke happens when the blood supply to part of your brain is cut off. It can be caused by a blockage or break in one of the blood vessels in the brain. Blood carries essential nutrients and oxygen to your brain. Without blood your brain cells can be damaged or destroyed. It is essential that when an ambulance attends a patient with a suspected stroke a FAST test is completed, a blood glucose and blood pressure measurement is documented.

Management of STEMI

STEMI stands for **ST E**levation **M**yocardial **I**nfarction. A STEMI is a type of heart attack where a coronary artery gets blocked by a blood clot, as a result virtually all the heart muscle being supplied by the affected artery starts to die.

When an ambulance attends Aspirin and GTN should be administered, the patient's pain needs to be assessed and managed.

Management of Cardiac Arrest

There are three elements that are reported for Cardiac Arrest:
- Return of Spontaneous Circulation at hospital
- Survival to Discharge Post Resuscitation
- A care bundle for treatment given post Return of Spontaneous Circulation (ROSC) is achieved on-scene following a non-traumatic cardiac arrest. The care bundle includes 12 lead ECG, Blood glucose, End-tidal C02, Oxygen administered, Blood pressure, and fluids administered.
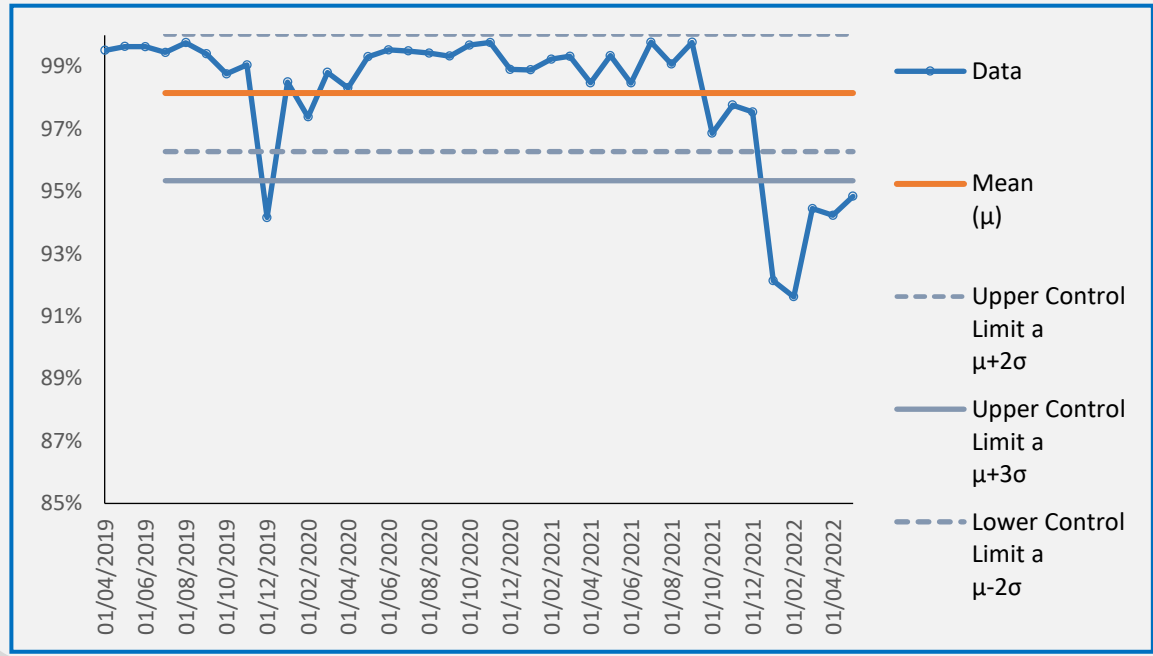
Management of Sepsis

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

Adult patients with a pre-hospital impression of suspected sepsis with a National Early Warning score (NEWs) of 7 and above should receive an appropriate care bundle.

Management of Stroke

Monthly Trend

	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022
WMAS	98.46%	99.77%	99.07%	99.77%	96.86%	97.76%	97.54%	92.13%	91.62%	94.45%	94.25%	94.84%

Statistical Process Control

Legend:
- Data
- Mean (μ)
- Upper Control Limit a μ+2σ
- Upper Control Limit a μ+3σ
- Lower Control Limit a μ-2σ

Special Cause Discussion

- Consistent patient group numbers.

- Drop in performance due to FAST and Blood Glucose.

- Reviewed with EPR team and reviewed the data warehouse which confirmed that the Blood Glucose were not documented in these cases.

- Reviewed all cases to ensure the FAST hasn't been documented throughout the record somewhere.

- AQI guidance and podcasts to be developed and disseminated to staff

National Comparison

	Care Bundle							
	Feb-2021		May-2021		Aug-2021		Nov-2021	
WMAS	99.17%		99.34%		99.07%		97.76	
National	97.76%	2nd	97.98%	2nd	97.87%	5th	96.88%	6th

Hospital Data Comparisons (Last Reported January 2022)

Call to Hospital (90th percentile)		
WMAS	02:39	
National	02:39	7th

Hospital to CTN Scan (90th percentile)		
WMAS	05:03	
National	03:53	11th

Hospital to thrombolysis (90th percentile)		
WMAS	02:09	
National	01:39	9th

Management of STEMI

Monthly Trend

	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022
WMAS	94.80%	95.58%	96.88%	93.82%	89.43%	64.85%	78.88%	79.46%	71.07%	81.66%	77.02%	77.41%

Statistical Process Control

Legend:
- Data
- Mean (μ)
- Upper Control Limit a μ+2σ
- Upper Control Limit a μ+3σ
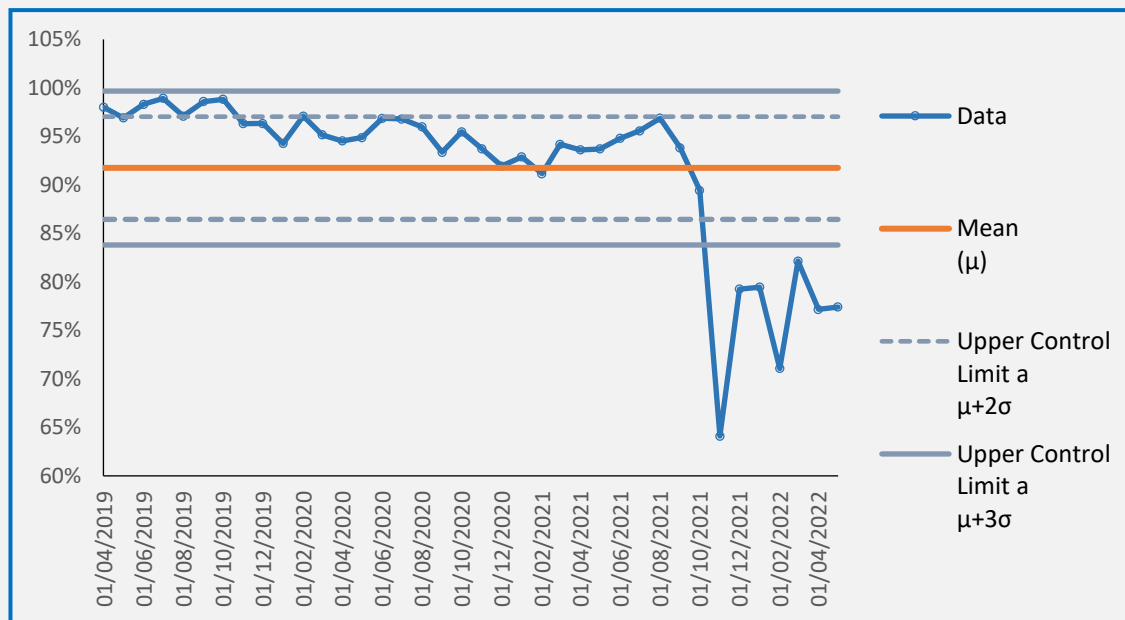
Special Cause Discussion

The Trust has consistently achieved above 93% for the STEMI care bundle however due to documentation issues following the introduction of EPR2 performance has dropped to below 90%.

- Identification of patient group improving.

- Decrease in performance due to 2 pain scores and analgesia administration.

- All cases have been clinically validated to check 1) it meets national inclusion criteria and 2) there are no exceptions for analgesia and 3) there weren't any exceptions for pain scoring.

- AQI guidance and podcasts to be developed and disseminated to staff

National Comparison

	Care Bundle							
	Apr-2021		Jul-2021		Oct-2021		Jan-22	
WMAS	93.61%		95.58%		89.43%		79.46%	
National	77.42%	1st	76.56%	1st	83.61%	2nd	73.98%	3rd

Last Available from MINAP (January 2021)

Call to Catheter (Mean)		
WMAS	02:24	
National	02:31	5th

Call to Catheter (90th percentile)		
WMAS	03:19	
National	03:37	5th

Management of Cardiac Arrest

Monthly Trend

	May 2021	Jun 2021	Jul 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022	April 2022	May 2022
ROSC At Hospital (overall)	24.14%	21.84%	30.60%	23.90%	27.57%	24.29%	22.82%	24.78%	24.45%	31.29%	24.43%	22.46%	27.87%
ROSC At Hospital (comparator)	45.83%	43.48%	45.83%	31.25%	41.82%	43.10%	36.36%	44.44%	41.30%	59.57%	31.82%	42.55%	48.00%
Survival to Discharge (overall)	11.96%	9.02%	8.89%	7.49%	8.68%	8.21%	6.79%	4.41%	6.69%	11.78%	Available 29th June 2022	Available 29th July 2022	Available 29 August 2022
Survival to Discharge (comparator)	34.09%	28.57%	19.57%	17.78%	25.93%	25.45%	23.26%	16.28%	23.91%	34.09%			

Click here for SPC Charts

- Survival at 30 days is now "the number who, at least 90 days after the date of arrest, have no date of death, or have a date of death more than 30 days after the date of arrest".
- National data to be included once the re-submission figures have been published.

Common Cause Discussion

The Trust completed the following to improve cardiac arrest management :

- Quality improvement programmes
- Mandatory education sessions on the management of cardiac arrest
- Cardiac arrest checklists

Special Cause Discussion

The Trust saw a deterioration in its overall ROSC performance during the beginning of the Covid-19 pandemic.

Significant changes were made to the implementation of resuscitation, this was due to the application of PPE before commencing resuscitation. It is known that delays to commencing external chest compression and defibrillation reduces ROSC.
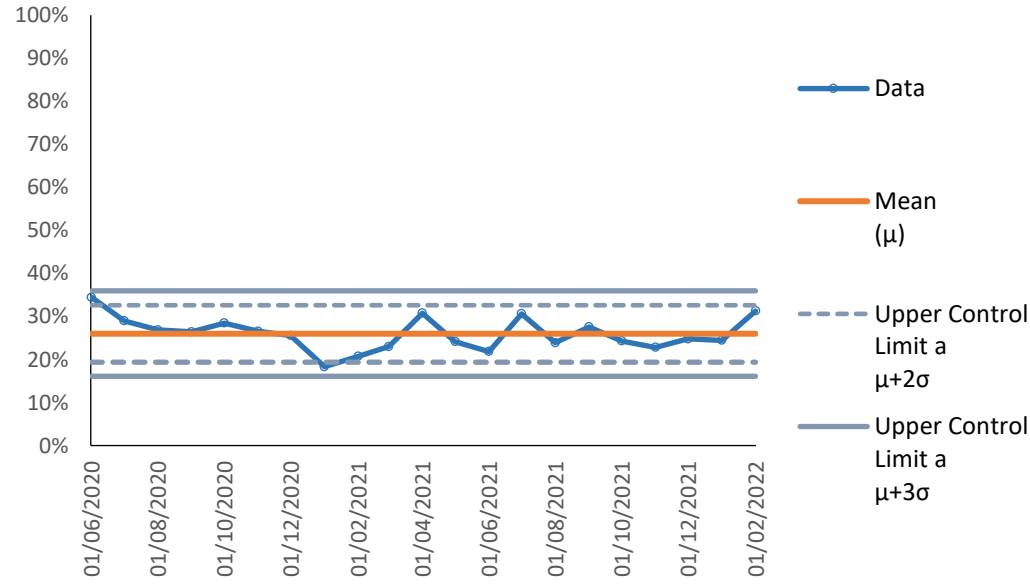
Management of Cardiac Arrest SPC Charts
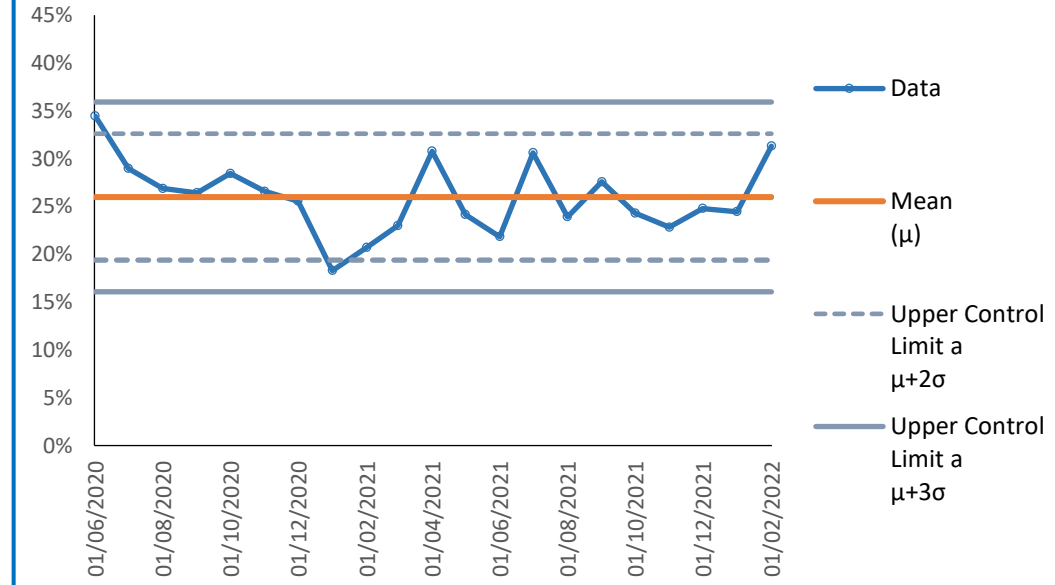

ROSC at Hospital - Overall
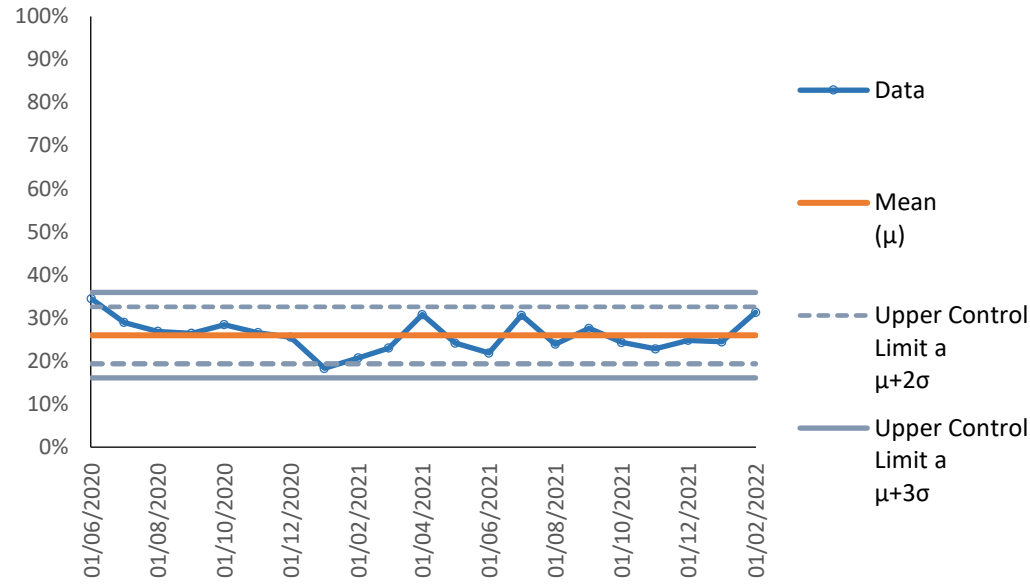
Survival to Discharge - Overall
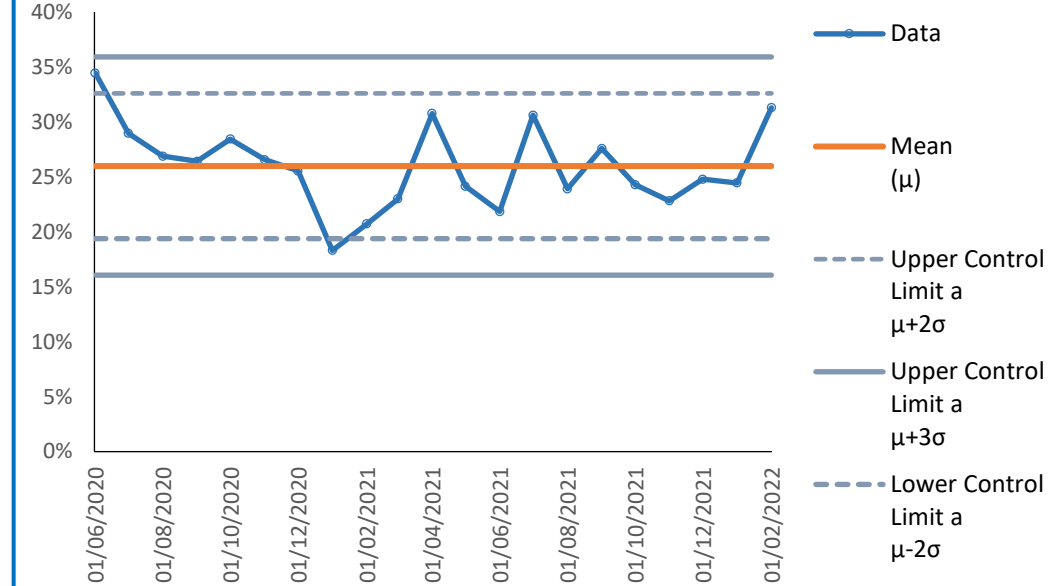
ROSC at Hospital - Comparator

Survival to Discharge - Comparator

Management of Post Resuscitation

Monthly Trend

	Oct-2020	Jan-2021	April 2021	July 2021	Oct-2021	Jan-2022	Apr-2022
Care Bundle	**67.86%**	**77.88%**	**70.30%**	**74.04%**	**63.06%**	**60.55%**	**68.57%**
12 Lead ECG	87.50%	89.00%	89.11%	87.50%	79.28%	73.89%	80.95%
BM Recorded	87.50%	97.00%	91.09%	91.35%	89.19%	89.91%	86.67%
BP Recorded	90.18%	92.00%	90.10%	96.15%	91.89%	84.40%	94.29%
ETCO2 Recorded	98.21%	88.00%	97.03%	98.08%	95.50%	97.25%	98.10%
O2 Administered	91.96%	93.00%	93.07%	96.15%	93.69%	97.25%	99.05%
Saline Administration	90.18%	94.00%	91.09%	94.23%	83.78%	85.32%	89.52%
National Care Bundle	**76.50%**	**75.31%**	**77.02%**	**76.54%**	**77.49%**	**77.37%**	**Not yet published**

Common Cause Discussion

The Trust has consistently achieved above 68% for the care bundle in post ROSC management:

- Mandatory education sessions on the management of cardiac arrest and post ROSC care
- Post ROSC checklist

Special Cause Discussion

- Performance decrease due to
  - Blood Glucose documentation
  - 12 lead documentation
  - Fluids

- Following a manual validation a further review with EPR team and reviewed the data warehouse which confirmed that the Blood Glucose and 12 lead was not documented in these cases.

- Fluids – national guidance requires *"Administration started of a bolus of saline fluids post-ROSC"*. Often difficult to identify the time of the bolus however the methodology has been applied consistently and clinically validated.

Management of Sepsis

Monthly Trend

	June 2020	Sept 2020	Dec 2020	March 2021	June 2021	Sept 2021	December 2021	March 2022
Care Bundle	**81.03%**	**85.61%**	**87.10%**	**85.13%**	**87.86%**	**90.16%**	**88.83%**	**92.27%**
All observations recorded	99.62%	99.55%	99.71%	98.60%	99.20%	99.47%	99.03%	99.86%
O2 administered	97.70%	98.80%	97.95%	98.40%	99.00%	99.65%	99.39%	99.32%
Administration of Saline	97.51%	97.90%	97.65%	97.90%	98.11%	98.76%	97.39%	98.92%
Hospital Pre-alert	84.48%	88.91%	90.47%	88.62%	90.95%	92.11%	92.05%	93.56%
National Care Bundle	**80.57%**	**81.54%**	**85.49%**	**83.54%**	**82.36%**	**83.67%**	**85.78%**	**Not yet available**

Common Cause Discussion

The Trust has consistently achieved above 81% for the management of sepsis care bundle:

- Mandatory education sessions on the management of sepsis
- Implementation of the NEWS 2 score
- Introduction of the Sepsis Trust tool

Special Cause Discussion

Management of Stroke Data Tables

Data Provided by SSNAP

Month	Time from call to hospital arrival			Time from arrival at hospital to CT scan			Time from arrival at hospital to thrombolysis		
	Mean	Median	90th percentile	Mean	Median	90th percentile	Mean	Median	90th percentile
Jul-20	01:05	01:03	01:31	01:20	00:42	03:07	01:05	00:56	01:46
August-20	01:11	01:06	01:44	01:30	00:47	03:12	01:06	00:57	01:47
September-20	01:12	01:07	01:46	01:18	00:47	03:09	01:19	01:21	01:56
October-20	01:15	01:10	01:49	01:24	00:51	03:20	01:17	01:05	02:13
November-20	01:16	01:08	01:57	01:29	00:47	03:42	01:18	01:02	02:16
December-20	01:18	01:09	01:57	01:36	00:56	03:43	01:11	00:59	01:59
January 2021	01:29	01:13	01:53	01:29	00:50	03:23	01:13	01:01	02:07
February 2021	01:13	01:19	01:43	01:23	00:49	02:58	01:16	01:06	02:11
March 2021	01:13	01:08	01:46	01:35	00:53	03:34	01:10	01:03	01:47
April 2021	01:10	01:05	01:43	01:23	00:45	03:21	01:15	01:04	02:06
May 2021	01:19	01:09	01:56	01:33	00:51	03:35	01:17	01:04	02:04
June 2021	01:23	01:11	01:51	01:41	00:48	04:24	01:01	00:56	01:27
July 2021	01:45	01:16	02:29	01:53	00:49	04:48	01:04	00:57	01:59
August 2021	01:23	01:14	02:02	01:51	00:55	04:55	01:07	01:01	01:52
September -21	01:31	01:13	02:22	01:59	00:54	05:35	01:08	01:00	02:02
October 21	02:00	01:21	03:22	02:08	00:56	05:47	01:11	01:09	01:49
November 21	02:00	01:32	03:18	01:50	00:47	04:28	01:06	00:55	01:43
December 21	01:53	01:27	02:50	01:45	00:42	04:47	01:05	00:55	01:45
January 2022	01:45	01:21	02:39	01:45	00:44	05:03	01:25	00:58	02:09

Management Stroke Care Bundle

Month	WMAS %	National %
Dec 20	98.85%	Not required
Jan-21	98.84%	
Feb-21	99.17%	97.76%
Mar-21	99.32%	Not required
April -21	98.47%	
May-21	99.34%	97.98%
Jun-21	98.46%	Not required
Jul-21	99.77%	
Aug-21	99.07%	97.82%
Sept-21	99.77%	Not required
Oct-21	96.86%	
Nov-21	97.76%	96.88%
Dec-21	97.54%	Not required
Jan-22	92.13%	
Feb-22	91.62%	Awaiting
Mar-22	94.44%	Not required
Apr-22	94.23%	
May-22	94.84%	Awaiting

Management of STEMI Data Tables

Data Provided by MINAP

	Call to Catheter	
	Mean	90th percentile
Aug-20	02:03	02:49
Sept-20	02:10	03:09
Oct-20	02:18	03:22
Nov-20	02:15	03:09
Dec-20	02:07	02:50
Jan-21	02:15	03:09
Feb-21	02:10	03:06
Mar-21	02:05	02:43
Apr-21	02:15	03:02
May-21	02:14	03:04
Jun-21	02:06	03:01
Jul-21	02:24	03:21
Aug-21	02:16	03:09
Sept-21	02:14	02:56
Oct-21	02:36	04:06
Nov-21	02:38	03:45
Dec-21	02:40	03:46
Jan-22	02:24	03:19

Management STEMI Care Bundle

Month	WMAS %	National %
Nov-20	93.73%	Not required
Dec-20	91.94%	Not required
Jan-21	92.89%	74.19%
Feb-21	91.15%	Not required
Mar-21	94.18%	Not required
Apr-21	93.61%	77.42%
May-21	93.70%	Not required
Jun-21	94.80%	Not required
Jul-21	95.58%	76.56%
Aug-21	96.88%	Not required
Sept-21	93.82%	Not required
Oct-21	89.43%	83.61%
Nov-21	64.85%	Not required
Dec-21	78.88%	Not required
Jan-22	79.46%	73.98%
Feb-22	71.07%	Not required
Mar-22	82.14%	Not required
Apr-22	77.02%	Awaiting
May-22	77.41%	Not required

3

GOVERNANCE & SECURITY KEY PERFORMANCE INDICATORS
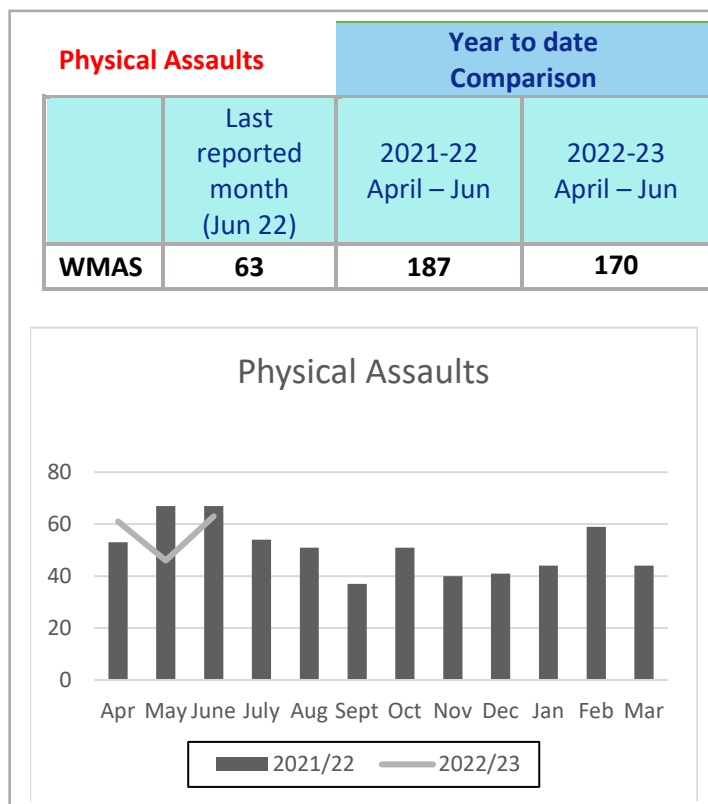
Governance and Security

Physical / Verbal Assaults, Near Misses and Security Incidents Report

Incident Category			
	2021-2022 Apr-Jun	2022- 2023 Apr-Jun	Percentage change
Physical assaults against staff	187	170	-9%
Verbal abuse	358	332	-7%
Security (Theft, Loss, Damage)	143	126	-12%
Near Miss (Aggression, Threatening Behaviour)	122	94	-23%
Total No. of Reported Incidents	**810**	**722**	-11%

Physical Assaults		**Year to date Comparison**	
	Last reported month (Jun 22)	2021-22 April – Jun	2022-23 April – Jun
WMAS	**63**	**187**	**170**

Physical Assaults

For the first quarter of this financial year physical
Assaults were lower than the same period in 2021/22. This has resulted in the Trust having received 170 reported physical assaults to date for 2022/23 (a decrease of 17) against 187 for the 2021/22 retrospective period.

Body worn cameras have been installed at all E&U hubs since October 2021 and are now installed within the Tactical Incident Command Cell.
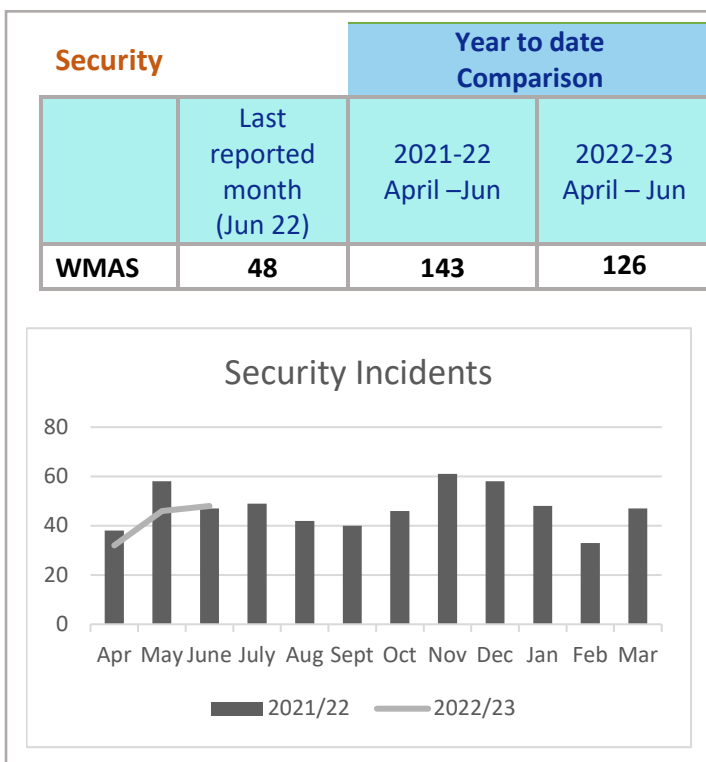
For the 170 physical assaults in April -June 2022, body worn cameras have been activated on 20 occasions (*1 physical assault within PTS who do not have body worn cameras) .

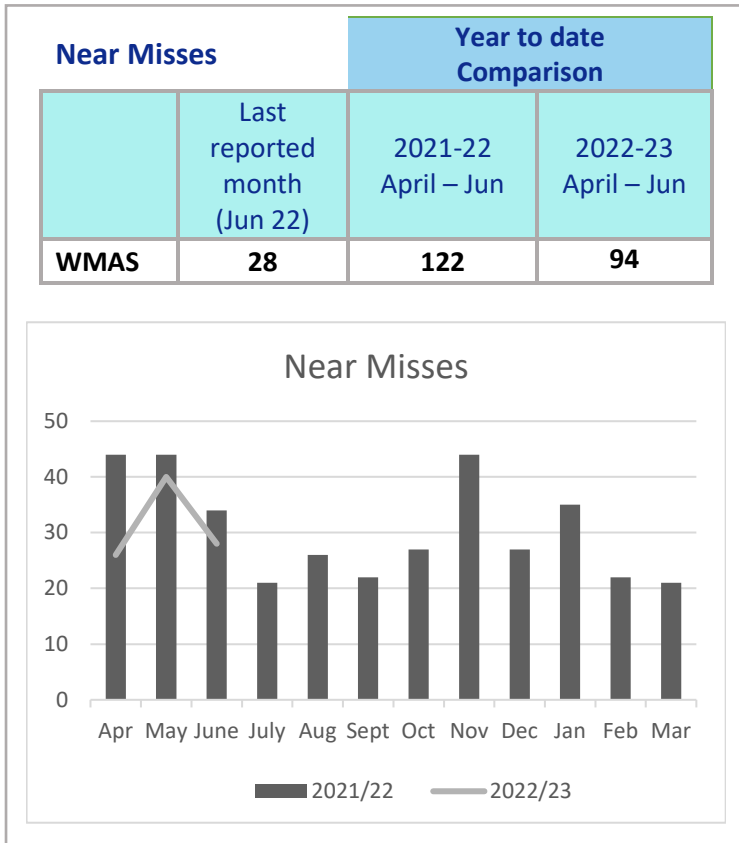| Verbal Abuse		Year to date Comparison	
	Last reported month (Jun 22)	2021-22 April – Jun	2022-23 April – Jun
WMAS	114	358	332
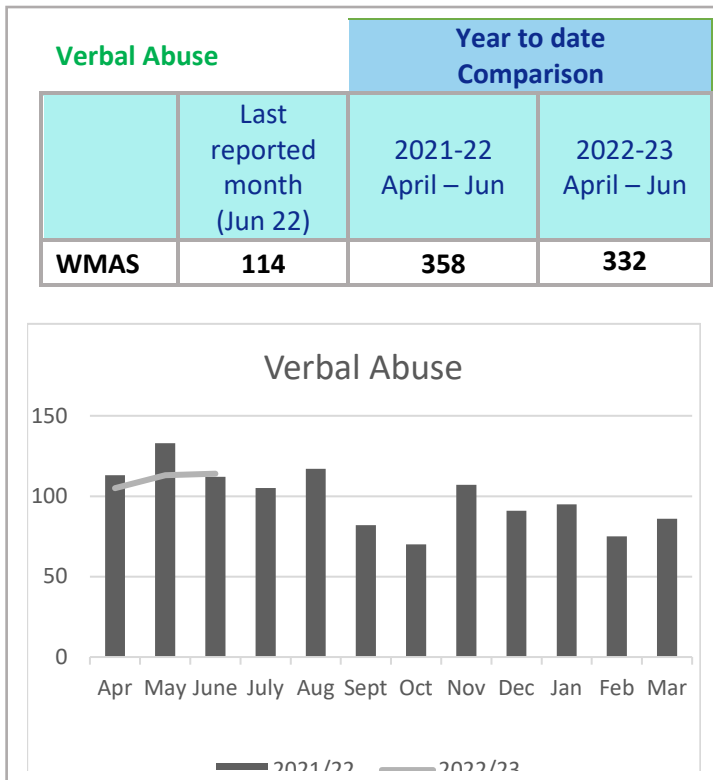
Verbal Abuse

Verbal Abuse

For the first quarter of this financial year verbal abuse incidents were slightly lower than the same period in 2021/22. This has resulted in the Trust having received 332 reported incidents for 2022/23 (a decrease of 26) against 358 for the 2021/22 retrospective period

For the 332 verbal incidents in April-June 2022, body worn cameras have been activated on 27 occasions.

Security		Year to date Comparison	
	Last reported month (Jun 22)	2021-22 April –Jun	2022-23 April – Jun
WMAS	48	143	126

Security Incidents

Security Incidents

This area includes incidents such as lost Trust property (ID cards), theft of property (equipment etc.) and criminal damage caused to Trust property. For the second month of this financial year there has be decrease of security incidents against the previous month. The Trust has had 143 reported security incidents for 2022/23 (a decrease of 17) against 143 for the 2021/22 retrospective period.
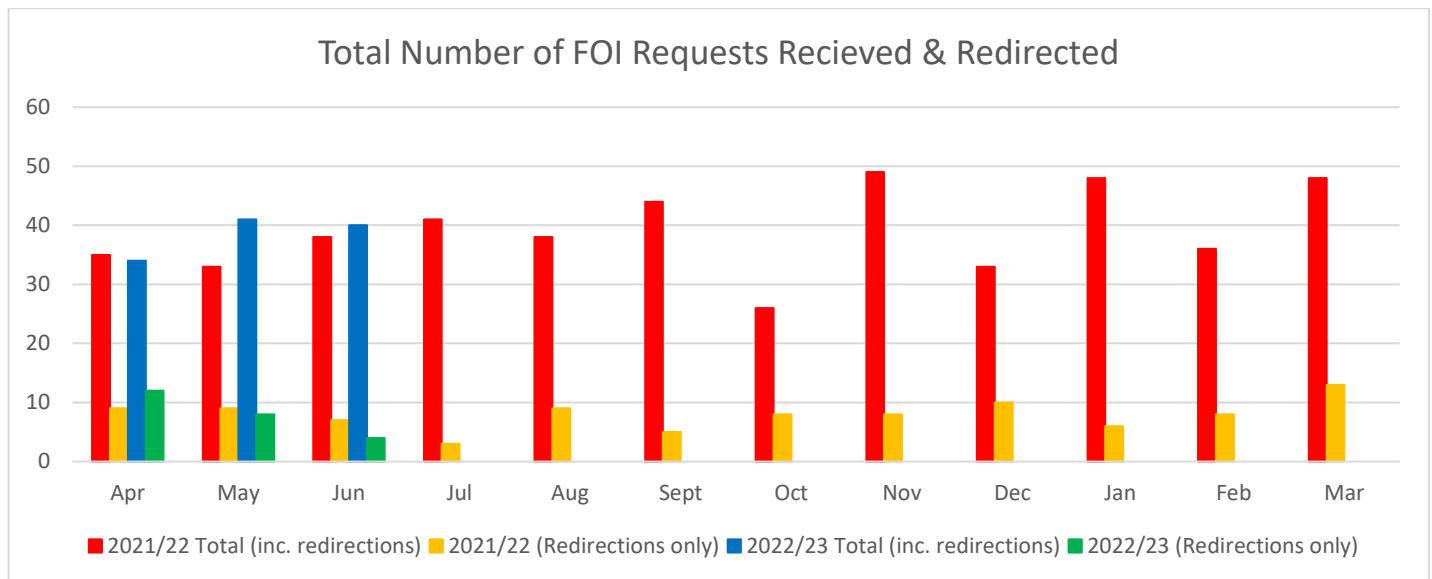
Near Misses		Year to date Comparison	
	Last reported month (Jun 22)	2021-22 April – Jun	2022-23 April – Jun
WMAS	28	122	94

Near Misses

Near Misses

For the first quarter of the financial year 2022/23 reported near miss incidents were lower than the same period in 2021/22. The Trust has recorded 94 incidents (a decrease of 28) against 122 incidents for the 2021/22 retrospective period.

For the 94 near miss incidents in April-June May 2022, body worn cameras have been activated on 8 occasions.

Definition: A near miss is an unplanned event that has the potential to cause but does not actually result in injury.

Freedom of Information (FOI)

Total Number of FOI Requests Recieved & Redirected

Legend: 2021/22 Total (inc. redirections) | 2021/22 (Redirections only) | 2022/23 Total (inc. redirections) | 2022/23 (Redirections only)

Number of FOI Requests Received		
2020/21	2021/22	2022/23
371	469	115

Number of FOI Breaches (Exceeding Statutory Time Limit to respond)		
2020/21	2021/22	2022/23
4	5	2

Freedom of Information

Since 1 April 2022, we have two requests breach the statutory time limit.

The Trust website is currently under review in partnership with the Press Office to see if there is any more information that could be made available to reduce the number of FOIs and to update existing information.

Records Management

The Records Management Code of Practice 2021 provides guidance on how to keep records, including how long to keep different types of records. It replaces previous versions.

A COVID-19 Inquiry STOP Notice, ON/159, noted that All staff within WMAS, should continue to retain all documents, including all correspondence, notes, emails; and all other information, however held, which contain or may contain content pertaining directly or indirectly to the NHS response to the COVID-19 pandemic and key decisions made as part of the recovery

Policies, Procedures & Strategies (PPS)

Number of PPS Exceeded Review Date
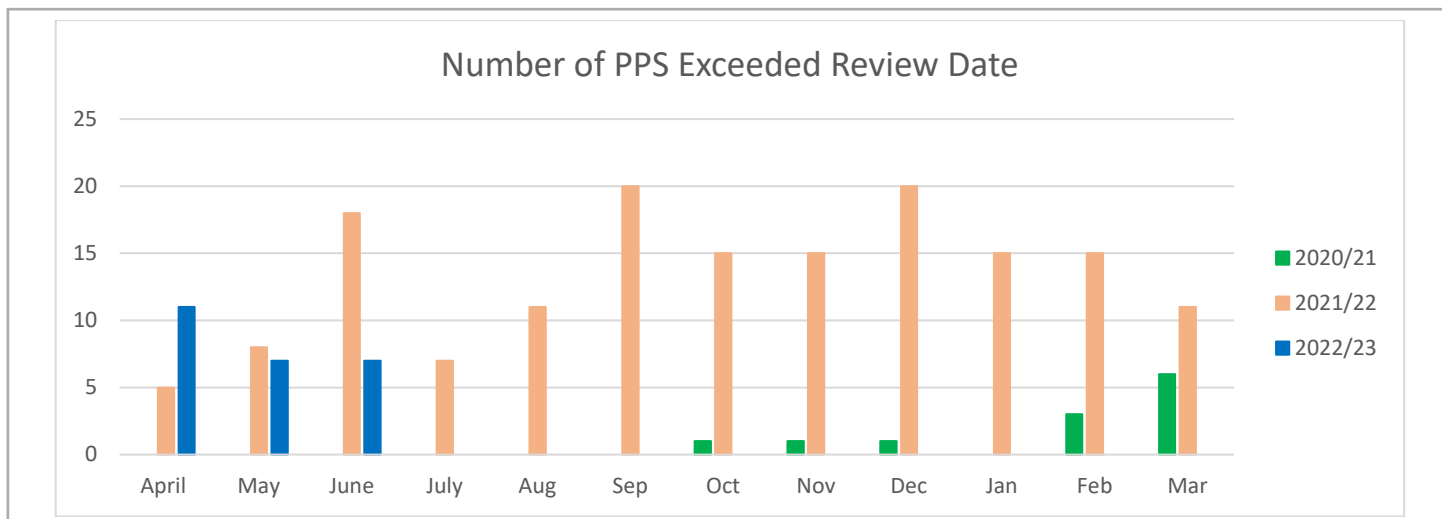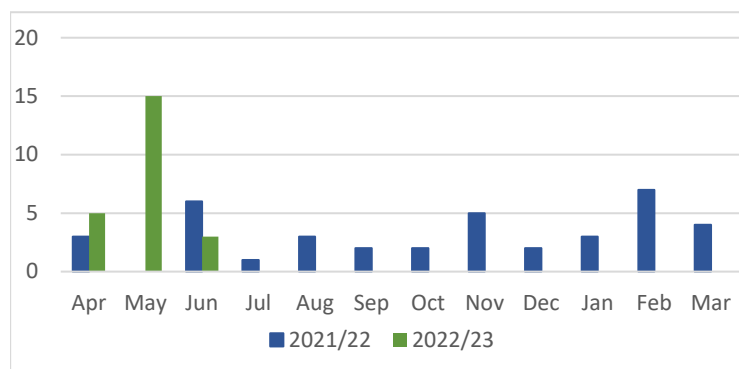

Policies Procedures and Strategies

Document owners are reminded when their documents are due for review at least 6 months before their review date to help minimise the number of documents passing their review dates.

The Trust currently have 332 documents.

Severn documents have breached the timeframe for review which was due by the end of June 2022.

Data Protection Officer

Data Protection Breaches and Near Misses	Year to date Comparison	
	Last reported month (June 22)	2021-22 April – June	2022-23 April – June
WMAS	**3**	**9**	**23**

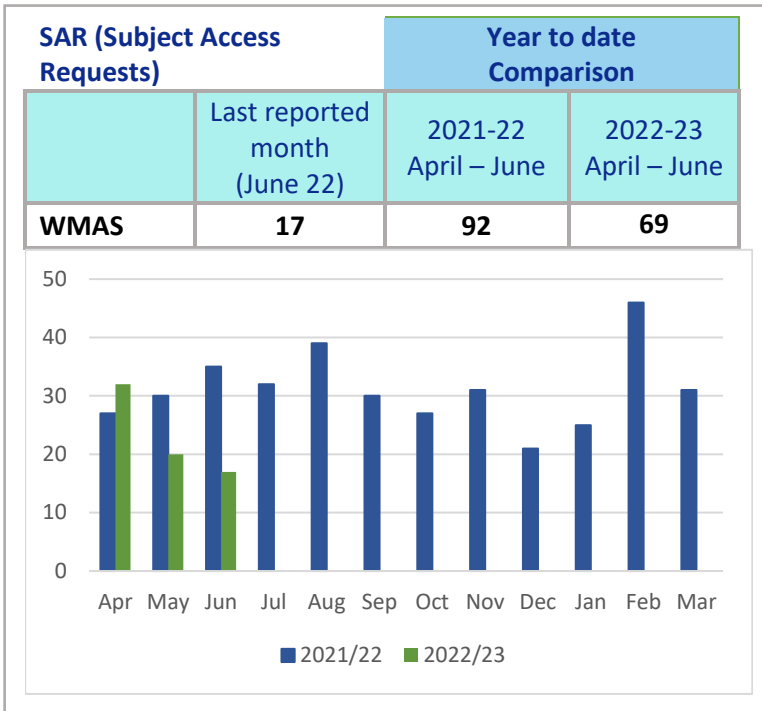

Data Protection Impact Assessments (DPIAs)
June 2022

DPO220605 - DPIA WinningTemp (updated) reviewed and agreed. Winningtemp is a web-based employee engagement platform that uses Artificial Intelligence to provide real time measurements of employee experience.

DPO220606 - DPA PGD Tracker added to folder Previously agree but pre DPO log. Use of ESR number in original agreement

NB:
Data Protection Impact Assessment (DPIA) is a process to help the Trust to identify and minimise the data protection risks of a project.

Due to the identifiable nature of these DPA breaches and near misses. Each one will be reviewed through the Trust's Governance structure in particular through Learning Review Group.

SAR (Subject Access Requests)		Year to date Comparison	
	Last reported month (June 22)	2021-22 April – June	2022-23 April – June
WMAS	**17**	**92**	**69**

Individuals have a right to their personal information under the Data Protection Legislation, known as SARs (Subject Access Requests). This includes staff requesting their personal files. It does not include solicitor request where Electronic Patient records are released under consent.

It has been noted there is a large increase in requests for call recordings over the last 12 months.

There is also a large decrease in the number of patient/relative requests for their Medical Records.

Data Sharing Agreements / Information Sharing Protocols (DSAs / ISPs)

June 2022

n/a

4

NURSING & CLINICAL COMMISSIONING INDICATORS
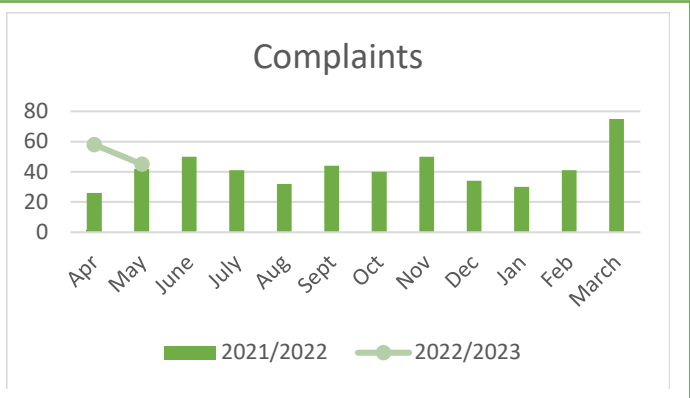
Trust Information Pack

Nursing & Clinical Commissioning Directorate

Trust Board June 2022

Patient Experience

Formal Complaints	Last reported month (May 2022)	Year to date 2021-22 Total	Year to date 2022-23 YTD
WMAS	45	68	103

Informal (PALS)	Last reported month (May 2022)	Year to date 2021-22 Total	Year to date 2022-23 YTD
WMAS	205	378	387

Compliments	Last reported month (May 2022)	Year to date 2021-22 Total	Year to date 2022-23 YTD
WMAS	222	300	391

Complaints

Year to Date the Patient Experience Team has acknowledged 99% of its complaints within 3 working days. The Trust has responded to 100% of cases within 25 working days

For the month of May, we saw 45 complaints received compared to 42 in May 2021 an increase of 3.

The main reason for a complaint was Response = 17 (15 EU, 2 PTS)
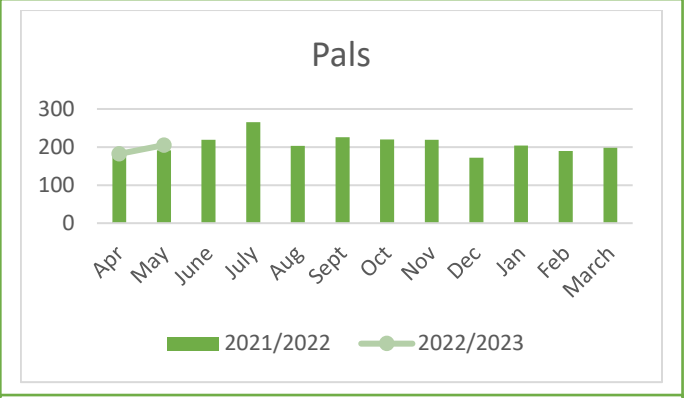
Of the cases closed to date:

3 cases are justified, 5 not justified, 1 part justified, and 36 cases are still under investigation and will require to be closed by 7 July 2022.

Month of April 2022: In May 2022, the Trust undertook:

131,824 Emergency Calls, which equates to 1 Complaint for every 7,754 calls received.

90,689 Emergency Incidents, which equates to 1 Complaint for every 5,334 Incidents.

75,528 Non-Emergency Patient Journeys, which equates to 1 complaint every 12,588 journeys
134,660 IUC Calls answered, which equates to 1 complaint every 67,330 calls

Pals

The main reason for an informal concern being raised was as follows:
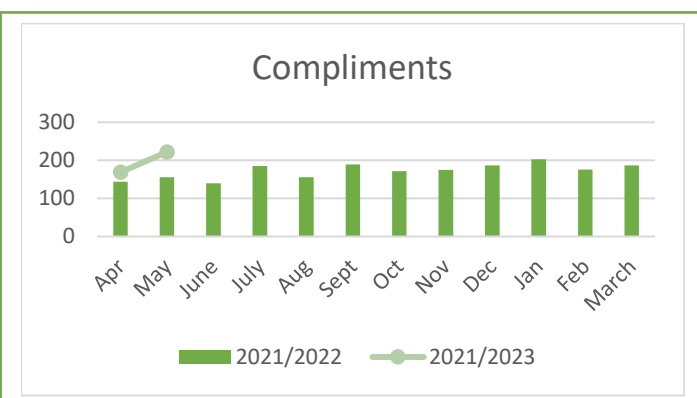
Response – 57,
Attitude and Conduct – 46,
Call Management 29

Of the Cases closed to date (month) –

15= *Justified*,
11 = *Part Justified,*
23= *Not justified*

Compliments

Compliments: 222 compliments received in May 2022 compared to 156 in May 2022 an increase of 66 (29.7%).
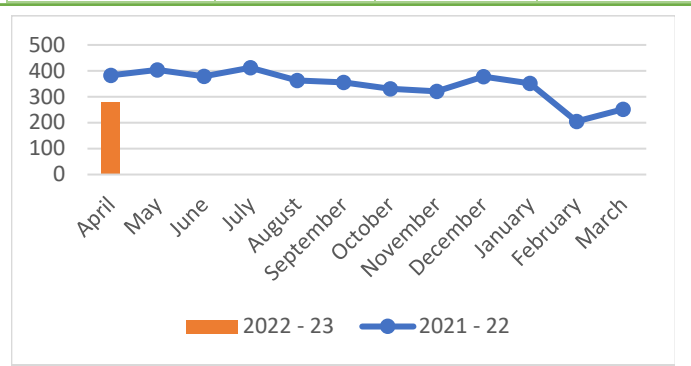
Friends and Family Test (Apr)
The FFT question is available on the Trust website: '**Thinking about the service provided by the patient transport service, overall how was your experience of our service?':**

Response May	FFT Survey	PTS Survey
Very Good	6	5
Good	6	8
Neither Good nor Poor	0	0
Poor	0	0
Very Poor	0	0
Don't Know	0	0
Total	**12**	**13**

Discharge on Scene Results: 1 response received in May..

Patient Safety Incidents

Total Patient Safety Incidents		Year to date	
	Last reported month (Apr 22)	2021-22	2022-23
WMAS	**279**	**212**	**279**

No Harm Incidents		Year to date	
	Last reported month (Apr 22)	2021-22	2022-23
WMAS	**196**	**344**	**196**

Harm Incidents		Year to date	
	Last reported month (Apr 22)	2021-22	2022-23
WMAS	**83**	**39**	**83**

For the month of April, there were 279 patient safety incidents reported. This is a 27% (104) decrease on the same month for last year.

Service Delivery (E&U & EOC) had 203 patient safety incidents which accounts for 73% of the total. The main themes are:
- Incidents relating to delayed ambulance responses.
- Injuries caused during manual handling.
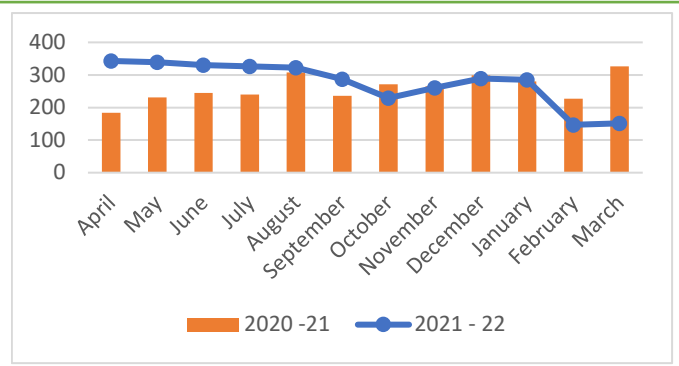- Inappropriate discharges on scene.

PTS had 55 patient safety incidents which accounts for 20% of the total reported. The main themes are:
- Avoidable injuries and skin tears.
- Patients falling.

IUC/111 had 21 patient safety incidents which accounts for 8% of the total reported. The main themes are:
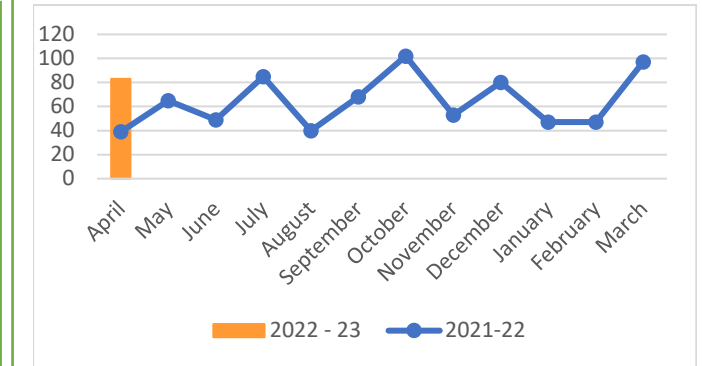- Incidents relating to delayed ambulance responses.

For the month of April, there were 196 no harm incidents.

Service Delivery accounts for 69% (136) of the total of no harm patient safety incidents.

PTS accounts for 21% (42) of the total of no harm patient safety incidents.

IUC/111 accounts for 9% (18) of the total of no harm patient safety incidents.

Harm	April 2022	%
Service Delivery	67	81%
PTS	13	16%
IUC / 111	3	4%
Total	83	100%

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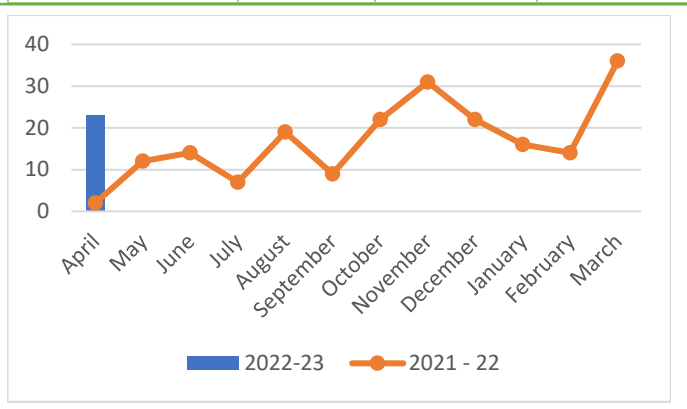
The top trends for severe harm incidents, relate to delayed ambulance responses.

Service Delivery accounts for 81%, PTS 16% & IUC/111 4% of the total of patient harm incidents.

Serious Incidents and Duty of Candour

| Total number of serious incidents reported		Year to date	
	Last reported month (Apr 22)	2021-2022	2022-2023
WMAS	23	2	23

- There are currently 189 serious incidents open on StEIS, with 131 investigations sitting with WMAS.
- 53 SI's are currently over the time frame. 1 is due to an ongoing police investigation with the others being due to work volume.
- 21 requests for SI closure were made since the last report, 1 of which was a stand down request.
- 6 SI's were closed on StEIS by the CCG following their review, 1 of which was stood down as an SI, as requested.
- 23 SI's were raised during April.
- The EOC delayed response SI's have been registered on StEIS and have been allocated an Investigation Officer to undertake DoC. There are ongoing thematic reviews of this group of SI's, with a single RCA encompassing all incidents. There will be a single Investigation report, which will include evidence of all the SI cases DoC, and a list of each SI will be listed as appendices and evidence. This approach was agreed with and continues to have the support of the CCG.
- Discussions are taking place with the CCG to attempt to streamline the process of the thematic reviews further. This is with the aim to obtain maximum efficiency whilst still adhering to the Serious Incident Framework 2015.
- A request has been made to the CCG for them to provide any suitably qualified staff to assist with the investigations.
- A business case has been submitted to EMB for an additional 10 Investigating Officers. Further work is being undertaken on this business case, which will be submitted to Board this month.

Moderate harm and above		Year to date
	Last reported month (Apr 22)	2022-2023
WMAS	42	42
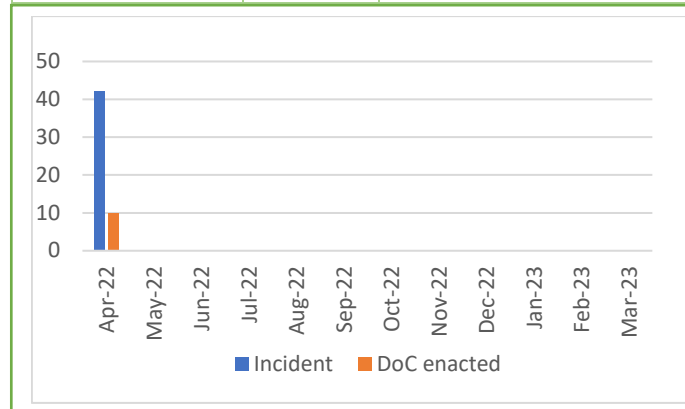
Duty of Candour has been enacted in 23.8% of cases where moderate harm or above has been caused during February. Delays in completion of DoC are because at the time of reporting, NoK (Next of Kin) details are not always known.

Multiple reporting of the same incident also reduces the compliance.

The year-to-date figure is 23.8%

Low harm		Year to date	
	Last reported month (Apr 22)	Total number of incidents	Number of incidents being open completed
WMAS	41	41	27
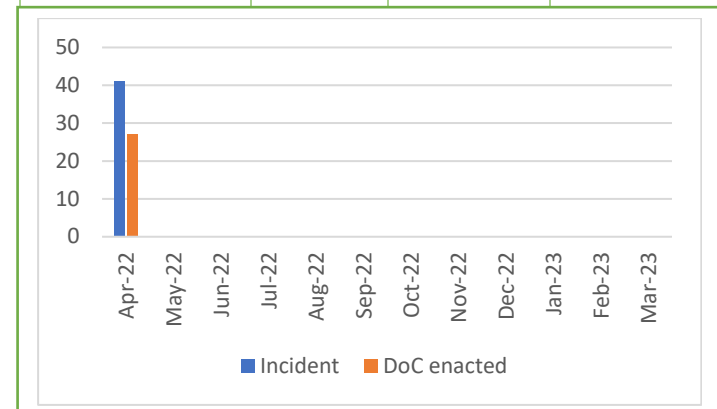
There have been 41 incidents where low harm has been caused to a patient.

Out of these, evidence of 'Being Open' can be provided for 27 of the incidents (65.9%).

The year-to-date figure is 65.9%

Learning from Deaths (LFD)

Learning from Deaths 2021/2022

- Total deaths which meet LFD criteria
- LFD Deaths - Where a Structured Judgement Review was completed
- LFD Deaths - Where further investigation was not indicated
- LFD Deaths - Where further investigation was indicated
- LFD Deaths - Where a contributury problem in care was identified (reported as an SI)

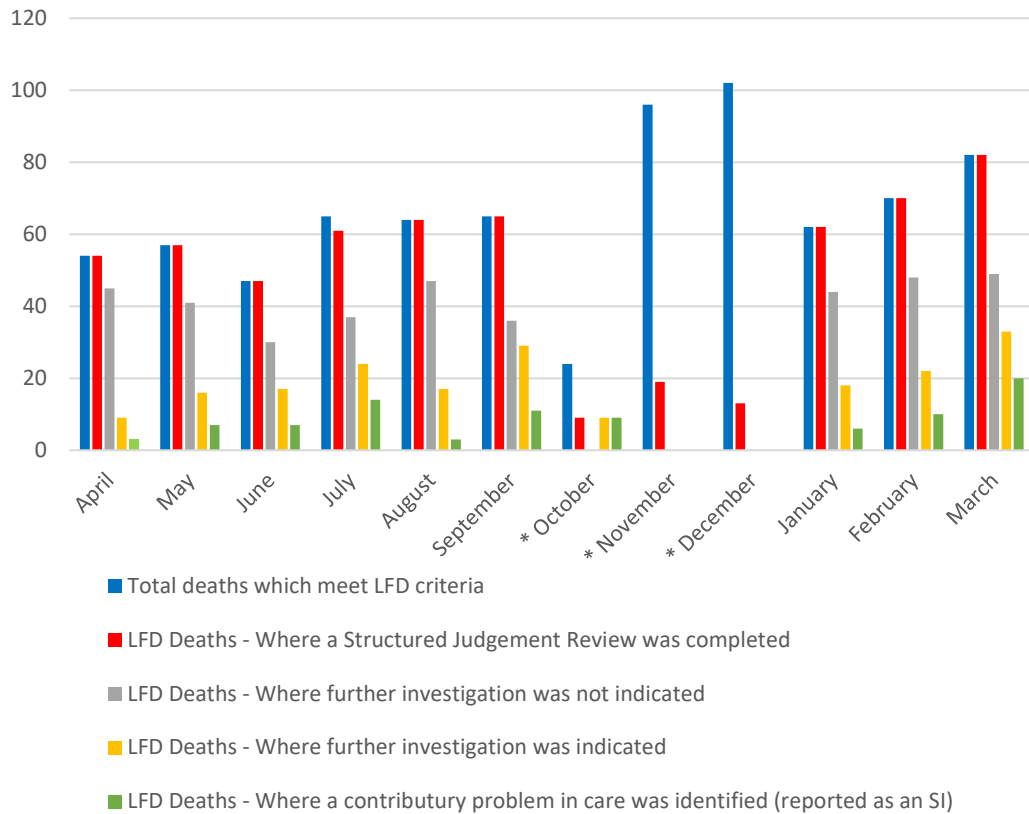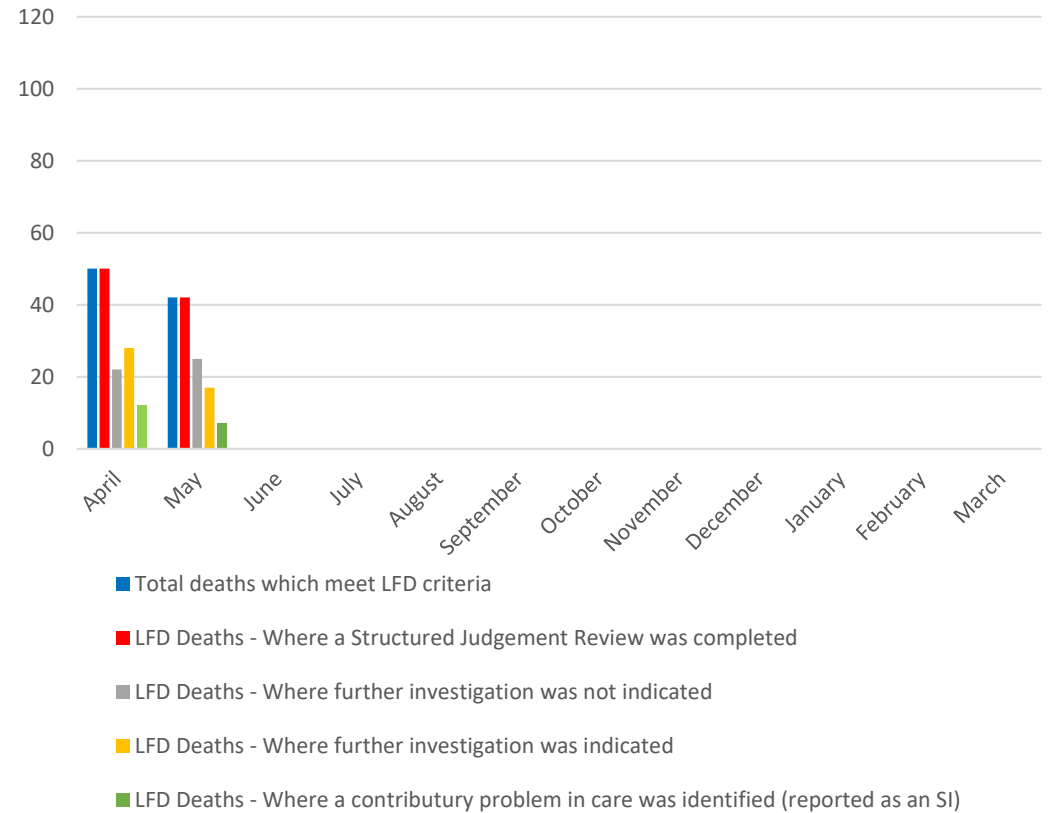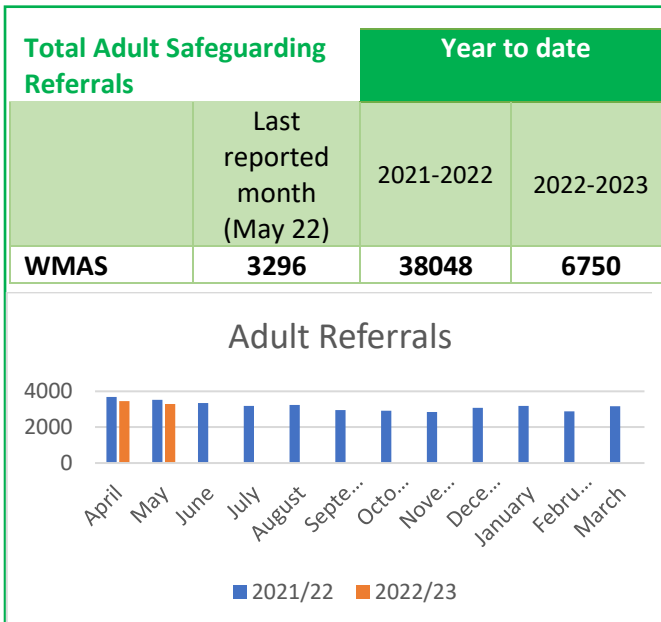- The above is an overview of the 2021-2022 WMAS LFD reporting

- In the 2021/2022 LFD reporting period: -
- 788 deaths occurred which met LFD criteria for review.
- 577* structured judgement reviews were completed.
- 190 of the 788 deaths required further investigation following the structured judgement review; of these 93 were investigated under the Serious Incident Framework.
- *October - December; total deaths with a structured judgement review for cases falling within the National Mortality Review Programme (due to reporting issues because of migration to EPR2)

Learning from Deaths 2022/2023

- Total deaths which meet LFD criteria
- LFD Deaths - Where a Structured Judgement Review was completed
- LFD Deaths - Where further investigation was not indicated
- LFD Deaths - Where further investigation was indicated
- LFD Deaths - Where a contributury problem in care was identified (reported as an SI)

- It is important to note that the premise of the LFD agenda is not the quantitative data that this graph details, but the learning, themes and actions that may result from the structured judgement review of deaths within scope.
- In comparison with the second month of the 2021/2022 LFD reporting period there has been:
  - A 17% decrease in LFD Deaths.
  - A 80% increase in the need to investigate further following the structured judgement review.
- During the current financial year, there have been 19 deaths investigated under the Serious Incident Framework following LFD review.

Safeguarding Referrals

Total Adult Safeguarding Referrals	Year to date		
	Last reported month (May 22)	2021-2022	2022-2023
WMAS	3296	38048	6750

Adult Referrals

Total Child Safeguarding Referrals	Year to date		
	Last reported month (May 22)	2021-2022	2022-2023
WMAS	1326	15105	2763

Childrens Referrals

Total PREVENT Referrals	Year to date		
	Last reported month (May 22)	2021-2022	2022-2023
WMAS	0	19	4

PREVENT Referrals

Adult Safeguarding- these figures are for referrals for 18 years and older and include adult care concerns. The referrals are received from E&U staff, PTS staff and anyone else in the organisation. Comparison to previous years for the same time period.

There is a 6.4% decrease in the number of adult care/welfare and adult safeguarding referrals sent in May 2022 compared to the previous year. There is work underway to reduce the number of referrals across the board, with education to staff relating to an enhanced understanding of the criteria for a safeguarding referral, and specifically the distinction between a true protection referral and one highlighting a care and or welfare concern. The change of reporting from the Commercial Call Centre to the Emergency Operations Centre has increased the number of safeguarding referrals.
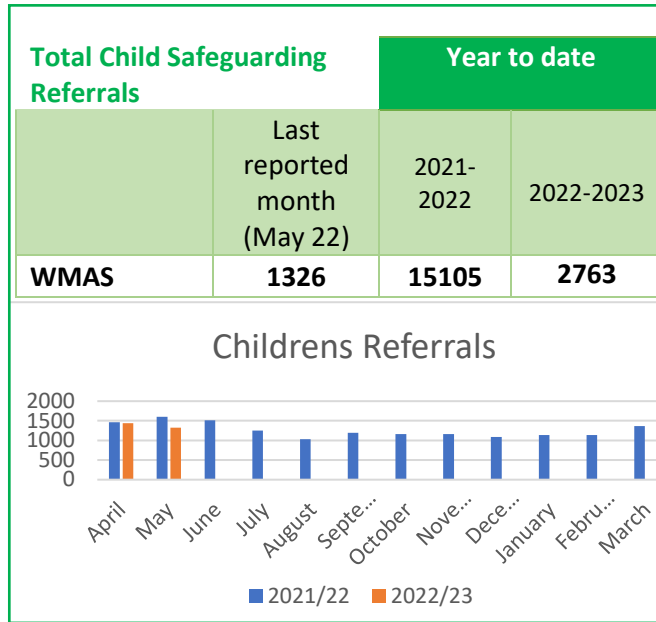
Child Safeguarding Referral- these figures are for under 18 years old.

Following an initial review in the reduction of safeguarding referrals it has been identified that it is linked to a decrease of 11% in overall activity (number of patient contacts) and an increase of 63% in activity in Hear and Treat calls during the month of May 2022 compared to the same month in 2021. Following this initial review three further actions are required:

A review to identify the impact that potential reduced activity has had on the number of referrals made

Review safeguarding training provided to clinicians who make remote telephony patient assessment. This is in recognition that the current safeguarding training programme delivered to paramedics is based on face to face assessments.

A risk assessment developed in recognition of the increased hear and treat rate and missed safeguarding opportunities.
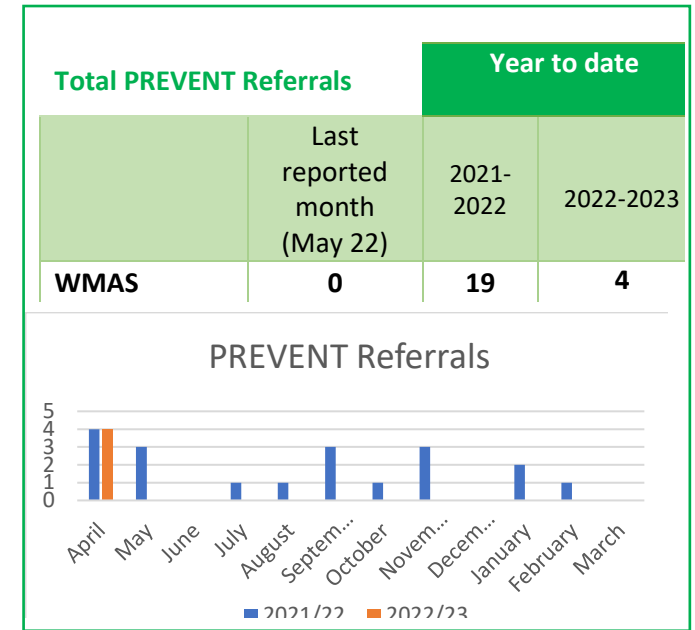
Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

Quarterly Prevent reports are submitted to NHS England via Unify2. This demonstrates compliance with contractual requirements and legislative requirements.

The Trust has been rated as Category 1 by NHS England for Prevent Assurance. There are three levels and Category 1 means the highest, the Trust is in the top category and is compliant.

The numbers remain low so a % increase does not assist in these low numbers

Safeguarding Case and Reviews

SAFEGUARDING CASES AND REVIEWS

Legend: DHRs ■ SARs ■ CDOPs ■ Child Alerts ■ Court Cases ■ LCSPR ■

	DHRs	SARs	CDOPs	Child Alerts	Court Cases	LCSPR
2020-2021 Q1	7	8	5	63	31	14
2020-2021 Q2	11	11	5	58	31	14
2020-2021 Q3	6	15	14	58	43	18
2020-2021 Q4	10	13	24	57	37	13
2021-2022 Q1	5	17	18	56	31	13
2021-2022 Q2	16	10	13	49	26	4
2021-2022 Q3	10	10	23	74	24	7
2021-2022 Q4	16	6	32	50	28	16
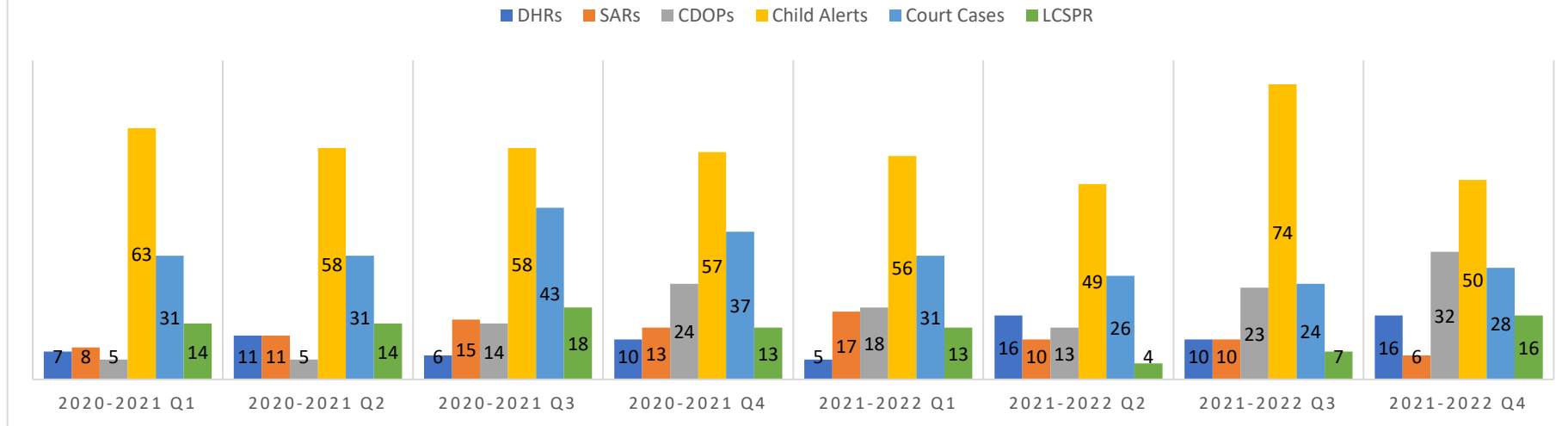
DHR's - Domestic Homicide Review

The Home Office definition for a (DHR) is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by: (a) A person to whom he was related or with whom he was or had been in an intimate personal relationship, or (b) A member of the same household as them self.

There has been an increase of 6 DHRs in Q4 against the same period last year.

CDOP's Child Death Overview Panel

The Local Safeguarding Children's Boards (LSCB's) are responsible for ensuring that a review of each death of a child normally resident in the LSCB's area is undertaken by a (CDOP). Within the West Midlands there are 14 CDOP's Groups.

In Q4 there has been an increase of 8 CDOPs against the same period last year.

SAR's - Safeguarding Adult Review

There is reasonable cause for concern about how a LSCB member organisation or other agencies providing services, worked together to safeguard an adult, And

The adult has died, and the LSAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

There has been a decrease of 7 SARs from Q4 against the same period last year.

Child Alerts – Internal WMAS named case

These are internally named cases where WMAS has been involved in an incident where an under 18-year-old has either died or has significant life changing injures. Where a child dies this may become a (Child Death Overview Panel) CDOP for WMAS.

There has been a decrease in 7 Child Alerts from Q4 against the same period last year.

LCSPR's – Local Child Safeguarding Practice Reviews

Is defined in Working Together 2015 as when:

(a) Abuse or neglect of a child is known or suspected; and

(b) Either the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

WMAS have received 16 LCSPR's in Q4 2021/2022.

There has been a increase of 3 LCSPR against the same period last year.

Court Cases

Court cases the safeguarding team can be involved with include court proceedings for child protection, abuse and or neglect.

There has been a increase of 1 court cases in Q4 against the same period last year.

CONTROLLED DRUGS

Total Controlled Drugs Incidents (CDI's)	Year to date	
Last reported month *May* 22)	2021-2022 April- to date	2022-2023 YTD
37	48	60

MEDICINES ER54

Total Medicines Management related ER54's	Year to date	
Last reported month (*May* 22)	2021-2022 Apr- to date	2022-2023 YTD
9	5	14

CDI

Er54 Medicines Management
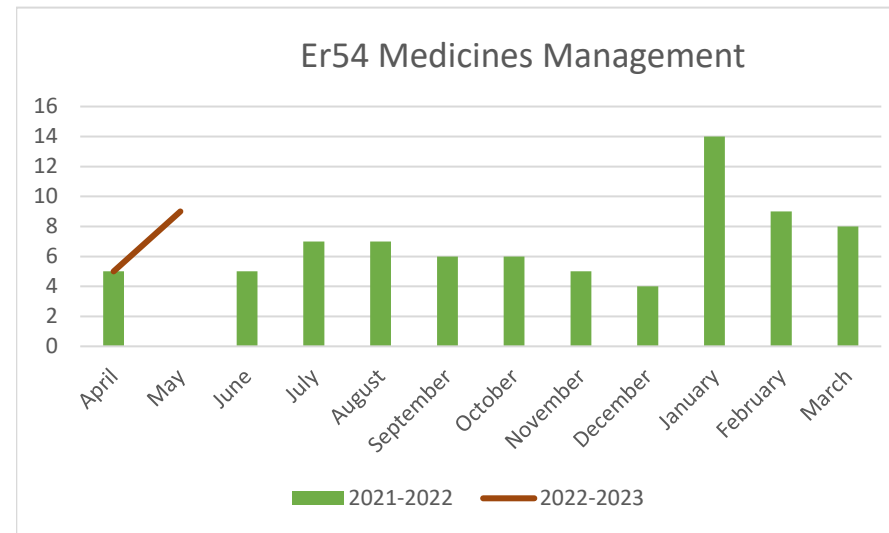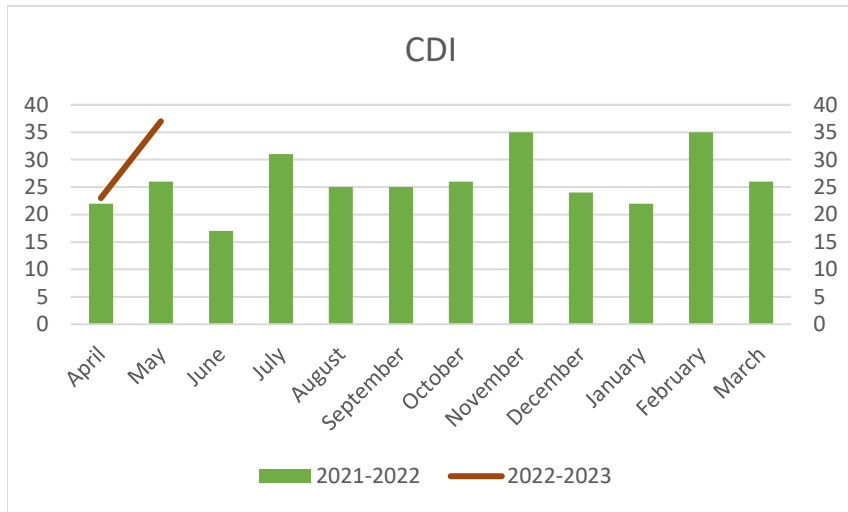
Total Drug Errors, wrong route, wrong dose etc	Year to date	
Last reported month *May* 22)	2021-2022 April- to date	2022-2023 YTD
1	2	2

Double dose of aspirin administered- no harm

4r's

MHRA Alerts	Year to date	
Last reported month (*May* 22)	2021-2022 April- to date	2022-2023 YTD
7	4	12
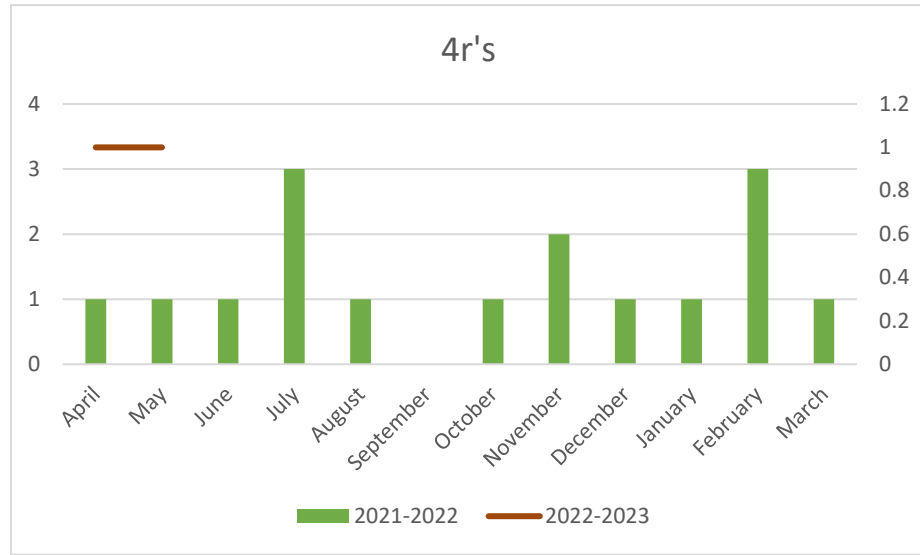
None of the medicines referenced within the alert were procured or distributed by WMAS.

MHRA
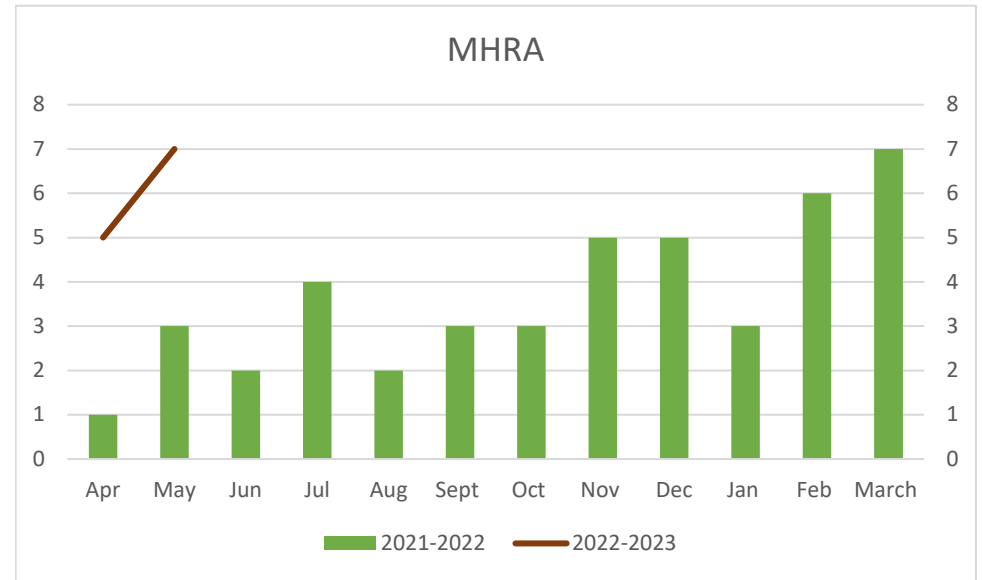
Claims and Coroners

RPST (Risk Pooling Schemes for Trusts)	Year to date		
	Last reported month May 22	2021-22	2022-23
WMAS	2	26	3

CNST (Clinical Negligence Scheme for Trusts)	Year to date		
	Last reported month May 22	2021-22	2022-23
WMAS	3	23	3

Coroners Requests	Year to date		
	Last reported month May 22	2021-22	2022-23
WMAS	35	329	55
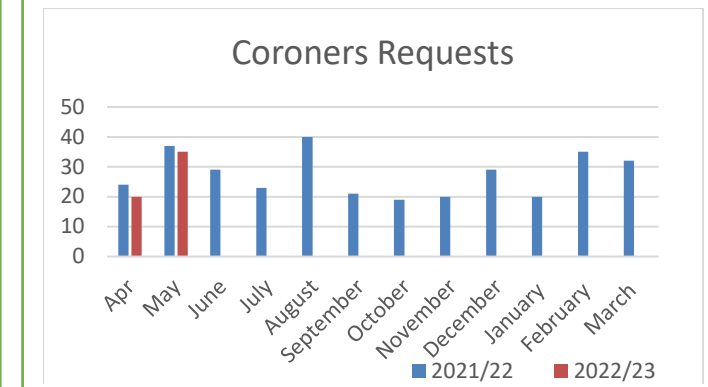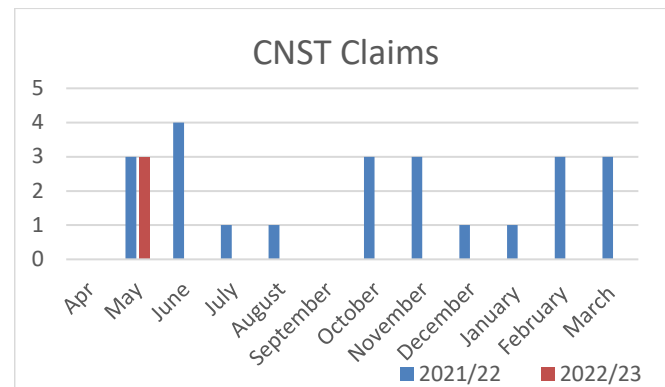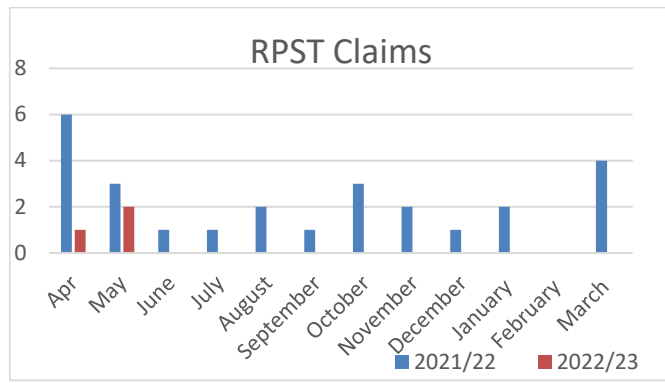
RPST (Risk Pooling Schemes for Trusts)
The Risk Pooling Schemes for Trusts is the collective name for two separate schemes covering non-clinical risks, the Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES).

- The Trust has received 2 RPST claims in May 2022. This is a decrease of 1 compared to the previous year.

CNST (Clinical Negligence Scheme for Trusts)
These are defined as allegations of clinical negligence and/or a demand for compensation made following an adverse clinical incident resulting in personal injury, or any clinical incident, which carries significant litigation risk for the Trust. Such claims may be made by a patient (or their relative).

- The Trust has received 3 CNST claims in May 2022. This is the same figure compared to the previous year.

Coroners Requests
West Midlands Ambulance Service covers the following areas for Coroners
- Birmingham and Solihull
- Black Country
- Coventry
- Herefordshire
- Shropshire, Telford & Wrekin
- South Staffordshire
- Stoke on Trent & North Staffordshire
- Warwickshire
- Worcestershire

Infection Prevention and Control

Inoculation Incidents		Year to date Comparison	
	Last reported month Apr 22	2021-22	2022-23 Apr
WMAS	5	90	5

Splash Incidents		Year to date Comparison	
	Last reported month Apr 22	2021-22	2022-23 Apr
WMAS	1	41	1

Environment Incidents		Year to date Comparison	
	Last reported month Apr 22	2021-22	2022-23 Apr
WMAS	6	54	6

Inoculation Incident Key Performance Indicator:

By the end of 2022/23 all inoculation incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

Inoculation incidents are classed as any sharp object that penetrates the skin causing an injury. The highest risk of these are injuries that cause a puncture wound that involved an item contaminated with blood or bodily fluids.
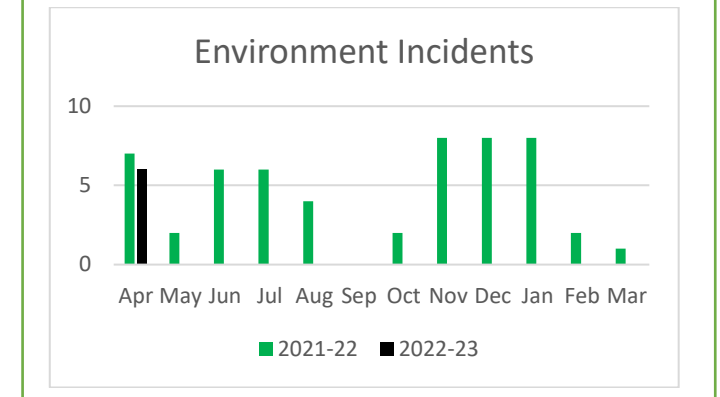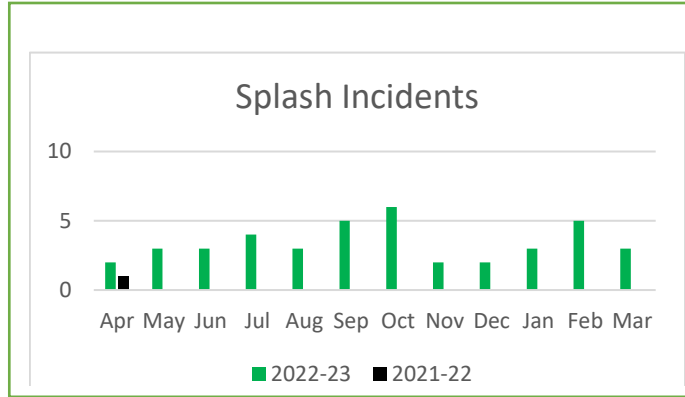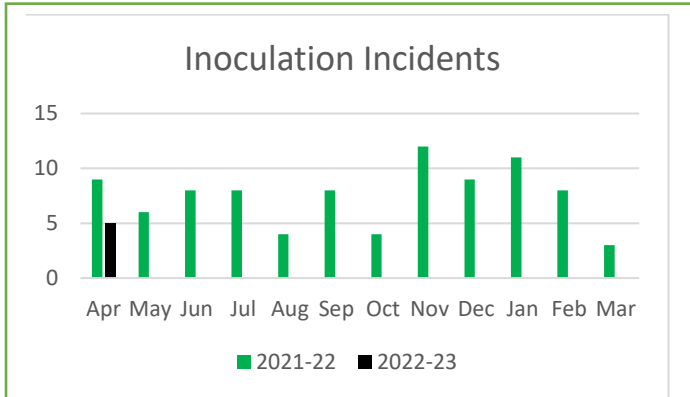
Clinical Team Mentors (CTM) at each hub perform 10 cannulation audits per month. These audits are completed at point of care and input using the EPRF platform. Weekly Brief articles supported by clinical notices are published routinely to support the reduction of sharps related incidents.

April 2022 saw 5 inoculation incidents reported.

All inoculation injuries are supported through SALs and regular local management welfare checks. Incident reporting of inoculation related incidents is encouraged through the Incident and Audit Framework.

Splash Incident Key Performance Indicator:

By the end of 2022/23 all splash incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

A splash injury is an accidental or purposeful spraying of blood or body fluids onto exposed mucocutaneous surfaces. The Trust also reports on incidents where of near miss where blood may splash onto the face and near to the eyes, mouth or nose.

Many splash incidents could be avoided if Personal Protective Equipment (PPE) had been worn to protect the member of staff's face. Appropriate PPE is available on the vehicles in the response bag and the IP&C pack and in the cupboard above the stretcher in vehicles.

April 2022 saw just 1 near miss splash incident reported.

Incident reporting of sharps related incidents is encouraged through the Incident and Audit Framework.

Environment Incident Key Performance Indicator:

By the end of 2022/23 all environment incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

The cleanliness of the environment is important to support infection prevention and control, help reduce the incidence of healthcare associated infections and ensure service user confidence.

Environmental incidents capture the general cleanliness of premises, vehicles and management of clinical waste. Furthermore, this category of incident aims to capture staff members exposure to infectious disease such as Tuberculosis.

April 2022 saw 6 environment related incidents reported.

Incident reporting of environmental related incidents is encouraged through the Incident and Audit Framework.

Incident Reports

Total Incidents Reported	Last reported month (May 22)	Year to date	
		2021-2022 April –Mar	2022-2023 April - May
WMAS	**848**	**10,080**	**1,634**

RIDDOR	Last reported month (May 22)	Year to date	
		2021-2022 April - Mar	2022-2023 Apr –May
WMAS	**4**	**95**	**9**

Top 5 Incidents for Non-Patient Safety (May)

WMAS Top 5 Types	Total
Violence / Aggression	169
RTC	102
Equipment	89
Complaint	71
Injury	50

WMAS Top 5 Categories	Total
V&A - Verbal - Intentional	69
Near Miss	47
Equipment - Failure	42
Complaints – Other NHS	28
RTC - Struck another vehicle/object	28

Total Incident Reports chart (2020-2021, 2021-2022, 2022-2023)

RIDDOR chart (2020-2021, 2021-2022, 2022-2023)
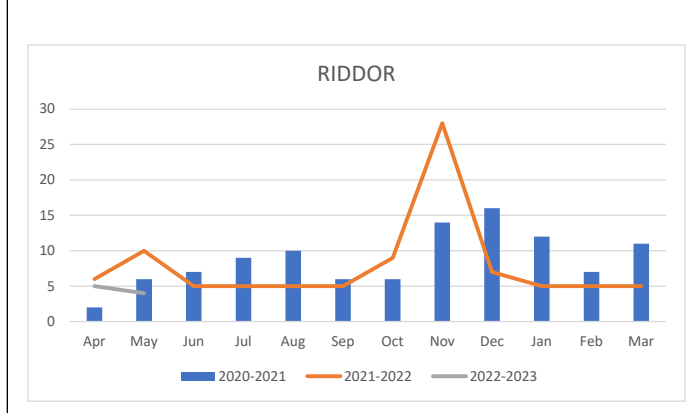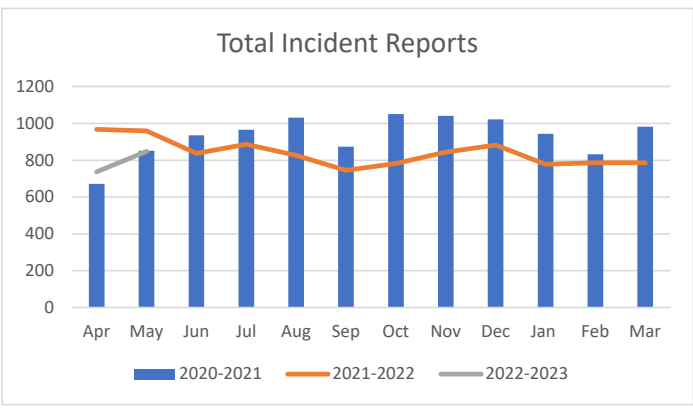
Over 60,000 ER54's received since implementation

DATIX project group to meet fortnightly to discuss progress and plot timeline of project – Risk to circulate a Survey to all Staff to determine expectations around risk and incident reporting e.g. what do Staff want to see from the system.

Safety Culture Pulse Survey released and results currently being reviewed.

Organisational Learning Paper reviewed at HSREG, QGC and EMB and further paper on its implementation sent to Directors to review.

RIDDOR trends and themes are reviewed at both Senior and Operational management team meetings, and are reported regularly through the Health, Safety, Risk and Environment Group.

National Ambulance RIDDOR statistics show trends across all Trusts of slip, trip and falls, carry chair and struck by object incidents – work streams to be started. WMAS best performing Trust for reporting RIDDOR within timescales with 98%.

The Trust Top 5 incident categories for May.

1. V&A – Verbal - Intentional – Reviewed via Security.
2. Near Miss – Mainly V&A.
3. Equipment – Failure – EPR2 issues majority but various pieces of equipment reported including Mangar, Ferno Carry Chair
4. Complaints – Other NHS – Mainly in relation to Hospital delays and concerns in staffing, processes and communication at Hospitals
5. RTC – Struck another vehicle/object – Low speed manoeuvring

5

FINANCIAL PERFORMANCE

Finance Report
Reporting period: Month 3 - June 2022

Planning is not yet complete for the 22-23 financial year. Final system submissions are due by 20th June 2022. The financial information contained in this report is based on the draft budget agreed at the March Trust Board with some planning updates taken into account since that approval.

£

INCOME
£2.1m favourable position reported at Month 3.

Year To Date position at M3
£0.2m deficit
Forecast M3 – £0.2m surplus

EXPENDITURE
including Operating Expenditure and Finance Costs is £2.5m adverse position at Month 3.

OVERTIME SPEND

YTD £5.6m

Overtime spend Year to date equates to £5.6m, compared to a spend of £4.7m in previous year

No major bottom line variance this but to note

a)   *June 20th plan re-submission will impact on Trust income for 22/23, reducing by £4.8m re removal of Covid related costs.*

b)   *Efficiency plans are assumed to ramp up form month 4 onwards*

c)   *Contract agreement with ICSs not yet finalised so some income risk remains*

Capital

Capital Plan for the year is £13m

Capital Expenditure of £5.9m at Month 3 the majority of which is Fleet replacement

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CASH-FLOW
£34m closing cash balance

2

Integrated Finance Report |Trust Financial Position
Reporting Month: June 2022

3 Months Ended 30 June 2022	YTD Budget £'000	YTD Actual £'000	YTD Variance to Budget £,000	Full Year Budget £,000	Full Year Forecast £,000	Full Year Variance to Budget £,000
Operating Income From Patient Care Activities	95,207	95,132	(75)	384,447	381,602	(2,845)
Total Other Operating Income	2,136	4,281	2,145	5,640	10,400	4,760
Total Operating Income	**97,343**	**99,413**	**2,070**	**390,087**	**392,002**	**1,915**
Employee Expenses	(74,118)	(76,345)	(2,227)	(302,008)	(299,527)	2,481
Operating Expenditure excluding employee expenses	(22,672)	(23,148)	(476)	(86,732)	(91,681)	(4,949)
Total Operating Expenditure	**(96,790)**	**(99,493)**	**(2,703)**	**(388,740)**	**(391,208)**	**(2,468)**
Operating Surplus/ (Deficit)	**553**	**(80)**	**(633)**	**1,347**	**794**	**(553)**
Finance income	21	95	74	84	380	296
Finance expense	(104)	(55)	49	(413)	(219)	194
PDC dividends payable	(255)	(263)	(8)	(1,018)	(1,018)	0
Net Finance Costs	**(338)**	**(223)**	**115**	**(1,347)**	**(857)**	**490**
Other gains including disposal of assets	0	63	63	0	63	63
Surplus/(Deficit) For the Period	**215**	**(240)**	**(455)**	**0**	**0**	**0**
Control Total Adjustments	0	0	0	0	0	0
Gains on disposals of assets	0	(63)	(63)	0	(63)	(63)
Donated assets (depn)	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Impact of consumables from other DHSC bodies	0	0	0	0	0	0
Control Total	**215**	**(303)**	**(518)**	**0**	**(63)**	**(63)**

Year to date Financial Performance :
£0.2m deficit at 30 June 2022

Patient care income
- Small underperformance YTD, but this is forecasted to increase throughout the year as ICB's reduce PTS Social distancing Income.

Other Operating Income: £2.1m favourable
- Overperformance on other operating income due to higher than expected Apprenticeship Levy income and UTF funding.

Expenditure: £2.7m adverse
- Pay expenditure variance relates to E&U. Most of this is related to plan phasing assumptions re additional student cohorts which have subsequently changed. Plan rephasing will correct this going forward.
- Ongoing activity pressures across the service resulting in high use of overtime and increased recruitment

Full Year Forecast Financial Performance :
Forecast breakeven position for year end.

Income from Patient Care Activities: £2.8m adverse
- ICB's have reduced PTS Social distancing Income from Q2 onwards in line with guidance they have received, this has been built into forecasts.

Other Operating Income: £4.8m favourable
- The forecast reflects the over recover of Training Income received YTD.

Expenditure: £2.5m adverse
- Overtime on E&U related to handover delays

Integrated Finance Report |Operating Expenditure
Reporting Month: June 2022

3 Months Ended 30 June 2022	YTD Plan £'000	YTD Actual £'000	YTD Variance to Plan £,000	Full Year Plan £,000	Full Year Forecast £,000	Full Year Variance to Plan £,000
Pay - Substantive	(72,469)	(74,882)	2,413	(295,787)	(293,669)	(2,118)
Pay - Bank	(1,361)	(1,155)	(206)	(5,069)	(4,620)	(449)
Pay - Agency	0	0	0	0	0	0
Other Gross staff costs	(288)	(308)	20	(1,152)	(1,238)	86
Pay expenses	**(74,118)**	**(76,345)**	**2,227**	**(302,008)**	**(299,527)**	**(2,481)**
Non-executive directors	(36)	(36)	0	(144)	(141)	(3)
Supplies and services	(2,968)	(2,840)	(128)	(8,898)	(12,166)	3,268
Drugs costs (drug inventory consumed and purchase of non-inventory drugs)	(275)	(290)	15	(1,099)	(1,123)	24
Consultancy	(20)	(70)	50	(80)	(134)	54
Establishment	(4,572)	(4,747)	175	(16,878)	(17,097)	219
Transport	(6,368)	(6,751)	383	(23,189)	(25,079)	1,890
Depreciation	(5,176)	(5,286)	110	(23,339)	(23,339)	0
Amortisation	(83)	(123)	40	(332)	(332)	0
Impairments	0	0	0	0	0	0
Movement in credit loss allowance on receivables and financial assets	0	0	0	0	0	0
Audit fees and other auditor remuneration	(21)	(21)	0	(85)	(85)	0
Clinical negligence	(893)	(893)	0	(3,570)	(3,570)	0
Education and training - non-staff	(59)	(174)	115	(153)	(1,247)	1,094
Lease expenditure	(1,915)	(1,514)	(401)	(7,866)	(5,743)	(2,123)
Other	(286)	(403)	117	(1,099)	(1,625)	526
Non Pay Expenses	**(22,672)**	**(23,148)**	**476**	**(86,732)**	**(91,681)**	**4,949**
Total Operating expenses for EBITDA	**(96,790)**	**(99,493)**	**2,703**	**(388,740)**	**(391,208)**	**2,468**

Year to date Financial Performance :

Expenditure: £2.7m adverse

- Pay expenditure is £2.2m of the adverse position due to overtime usage and additional recruitment in 999 and 111 to support the pressures on the service
- YTD E&U activity is underperforming by 5%.
- However turnaround times at hospitals continue to be a big problem for which there is no fines regime at the present time.
-
- 111 activity has similar YTD activity levels compared to previous year but underperforming against contract by 4.5% this year.
- The ongoing pressure on PTS, and training costs are contributing to an adverse non pay position of £0.5m.

Full Year Forecast Financial Performance :
Expenditure: £2.5m adverse
- Overtime on E&U related to handover delays

Average Monthly Pay and Non Pay Expenditure by Quarter

Legend: Pay, Non Pay, Linear (Pay), Linear (Non Pay)

X-axis: Q1 - 19/20, Q2 - 19/20, Q3 - 19/20, Q4 - 19/20, Q1 - 20/21, Q2 - 20/21, Q3 - 20/21, Q4 - 20/21, Q1 - 21/22, Q2 - 21/22, Q3 - 21/22, Q4 - 21/22
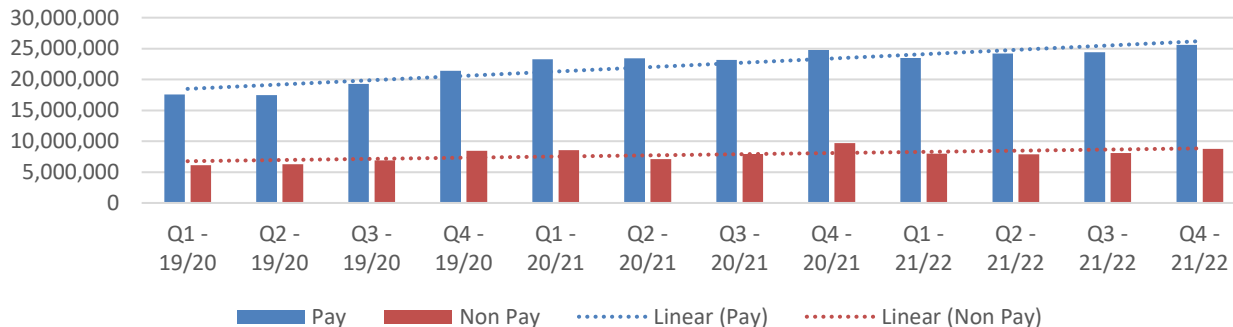
Integrated Finance Report |Revenue Analysis
Reporting Month: June 2022

As a result of the COVID-19 crisis, the NHS funding regime has significantly changed.

Income from Commissioners which previously would have been governed by contract agreements, and driven by activity levels, has been replaced with Payment Blocks. These are pre-set values based on 19/20 income levels with an inflationary uplift.
The Trust has an income plan for 22/23 of £390m of which 7.2m relates to SDF Funding for Call Handlers and additional 111 funding,.
The full year effect of system support received in H2 of 21/22
- 5.6m relates to continued PTS Social distancing Funding
- 11.8m continued 999 Pressure Funding
- 11.5m continued 111 Pressure Funding.

A small amount of income operates the same as it did pre-COVID – this category of income (shown as 'other' below), includes events and non NHS income sources.

Operating Income from Patient Care Activites	Organisation	Total Plan £000	YTD Plan £000	YTD Actual £000
	Birmingham & Solihull ICB	80,680	20,170	19,424
	Birmingham & Solihull Mental Health	120	30	76
	Black Country Healthcare Nhs F	382	95	97
	Black Country ICB	118,251	29,563	29,058
	Cheshire ICB	9,232	2,308	2,324
	Coventry & Wariwck ICB	46,426	11,606	11,860
	East Cheshire NHS Trust	-	-	23
	Hereford & Worcester ICB	44,360	11,090	11,132
	Shropshire ICB	26,384	6,596	6,863
	Staffordshire & Stoke ICB	50,574	12,644	12,831
	UHB FT	322	80	81
	Other	6,530	727	1,064
	Walsall Healthcare FT	1,187	297	302
Total Income from Patient Care Activities	``	**384,448**	**95,206**	**95,133**
Total Other Operating Income	Other	5,724	2,157	4,440
Total		**390,172**	**97,363**	**99,573**

At Month 3 the Trusts Income Position is 2.3m better than plan. This is die to increased training Income received YTD.

Income from Patient Care Activities is slightly underperforming YTD , this is due to some ICB's reducing PTS Social distancing income in line with guidance.

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Integrated Finance Report |Capital Expenditure
Reporting Month: June 2022

Capital Scheme	Original Plan £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Revised forecast £'000
Information technology	1,250	105	104	-1	955
Clinical equipment	130	0	11	11	130
Estates	2,799	41	155	114	618
Fleet	8,847	5,800	5,703	-97	11,089
Contingency	0	0	0	0	235
Total capital spend (excludes IFRS 16)	13,026	5,946	5,973	27	13,027
IFRS 16 RoU assets	31,649	633	1,937	1,304	31,649
Total capital programme	£44,675	£6,579	£7,910	£1,331	£44,676

Capital Expenditure

Capital expenditure is managed at a system level. ICS partners agree how the system capital is allocated in respect of operational capital spend i.e., routine replacement of assets.

The Trust operational capital allocation for 2022/23 is £13m. This is considerably lower than recent allocations and the Trust has actioned a number of measures to enable it to maintain its replacement programme, however, beyond 22/23, if capital resources remain at this level, the Trust repayment programme this will impact adversely on the Trust's ability to replace Fleet in line with the 5-year replacement policy.

WMAS have incurred expenditure of £7.91m YTD. This is mostly Fleet replacement and is in line with full year plan, however plan phasing anticipated that Fleet spend would occur later in the year, hence the variance (relating to the IFRS 16 fleet).

In addition to operational capital, following adoption of IFRS16 on 1.4.22, NHS organisations are now required to account for non-interest element of lease payments as capital expenditure. Guidance is expected on how this would affect Trust capital allocations.

IFRS related capital spend for 2022/23 is forecast to be £31.6m. This relates to the capitalisation of leases for the Sandwell Ambulance Hub opening in July 21, PTS and residual ambulance lease replacement and lease cars.

Integrated Finance Report |Statement of Financial Position
Reporting Month: June 2022

3 Months Ended 30 June 2022	Actual Year end 2021/22 £'000	YTD Actual 2022/23 £000
Non-current assets		
Intangible assets	1,609	1,486
Property, plant and equipment	82,654	84,648
Right of use assets	0	22,075
Receivables: due from non-NHS/DHSC group bodies	728	728
Total non-current assets	**84,991**	**108,937**
Current assets		
Inventories	2,811	2,559
Receivables: due from NHS and DHSC group bodies	3,136	6,686
Receivables: due from non-NHS/DHSC group bodies	13,396	24,557
Cash and cash equivalents: GBS/NLF	50,773	33,740
Total current assets	**70,116**	**67,542**
Current liabilities		
Trade and other payables: capital	(1,102)	(20)
Trade and other payables: non-capital	(53,768)	(56,360)
Borrowings	0	(4,520)
Provisions	(10,089)	(10,080)
Other Liabilties	0	(126)
Total current liabilities	**(64,959)**	**(71,106)**
Total assets less current liabilities	**90,148**	**105,373**
Non-current liabilities		
Borrowings	0	(15,467)
Provisions	(1,962)	(1,960)
Total non-current liabilities	(1,962)	(17,427)
Total net assets employed	**88,186**	**87,946**
Financed by		
Public dividend capital	43,812	43,812
Revaluation reserve	9,665	9,665
Other reserves	5,395	5,395
Income and expenditure reserve	29,314	29,074
Total taxpayers' and others' equity	**88,186**	**87,946**

The Statement of Financial Position ("SoFP") shows the assets, liabilities and equity held by the Trust and is used to assess the financial soundness of an entity in terms of liquidity, financial, credit and business risks.

Property, plant and equipment has increased from last year due to capital programme additions in the current year.

Right of use assets relate to operating leases having to be shown on the balance sheet for this financial year under IFRS 16 Accounting for leases.. The amount relates to the capitalised value of existing leases on transition to the new standard at 1/4/22.

Receivables due from NHS/DHSC group bodies and non NHS/DHSC group bodies in total have increased due to £4m block income accrued. Months 1 and 2 have been paid against the 21/22 SLA and this will be corrected in future months. Also there is £9m NARU funding invoiced for quarters 1 and 2.

Cash and cash equivalents is lower than last year due to £4m block income being received in accordance with the 21/22 SLA. This will be corrected and received in future months. There is also £5m NARU pass through funding quarter 1 not yet received. Pay costs have also increased this year and capital purchases have been made in the first 3 months.

Trade and other payables non capital are higher compared to the last year end due accrued NARU pass through funding. This is partially offset by £3m from last year due to be paid back to the system that has now been invoiced/paid.

Current and non current borrowings relate to the liability element of operating leases being shown the balance sheet for this financial year under IFRS 16 Accounting for leases.

Other liabilities relate to deferred Apprenticeship levy income.

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Integrated Finance Report |Statement of Cash Flow
Reporting Month: June 2022

	Actual Apr (M1) £'000	Actual May (M2) £'000	Actual Jun (M3) £'000	Forecast 2022/23 Totals £'000
Cash Inflow from activities				
NHS A&E	20,986	20,274	25,431	287,520
NHS PTS	4,330	2,872	2,990	43,347
NHS 111	4,305	2,662	2,662	48,369
System top up alloc				0
NHS other	1,408	314	539	8,900
CBRN	0	0	0	1,099
Training	0	930	0	1,000
Apprenticeship Levy	169	227	1568	3,174
Other Receipts	402	735	380	5,878
Interest Receivable	29	29	36	157
Capital Receipts				0
Sale of Assets				0
VAT Refund	344	587	537	3,996
Total Cash Inflows	31,973	28,630	34,143	403,440
Cash outflow				
Monthly payroll	14,550	14,442	14,556	179,091
PAYE/NIC/pensions	10,384	10,907	11,001	130,068
Non-Pay expenditure	6,465	11,485	8,948	78,395
Capital expenditure	4,030	3,251	1,760	16,818
Bank Charges				0
PDC Capital				0
Dividends on PDC				875
Loan Repayment				0
Total Cash Outflows	35,429	40,085	36,265	405,247
Net Inflows / (Outflows)	-3,456	-11,455	-2,122	-1,807
Opening Balance	50,773	47,317	35,862	50,773
Closing Balance	47,317	35,862	33,740	48,966

The statement of cash flow shows how the activities of the Trust impact its cash balances, split into operating activities, investing activities and financing activities.

Key cash movements are highlighted below.

Year to Date

- Capital spend comprises payments made to capital suppliers, including payments of year-end creditors.
- The planned cash figure at month 3 was £44.5m.
- Cash flow is lower than expected partly due to £4m lower than planned block income received. Months 1 and 2 have been paid against the 21/22 SLA. This will be adjusted in future months. Around £4m above the planned figure for capital additions has been paid. There is also £5m NARU pass through funding quarter 1 not yet received and pay costs have also increased this year.

- **Forecast**
- It is currently forecast that cash movements will be largely in line with the expectations to meet the planned position.
- Cash flows will be largely dependent on the impact on the Trust's financial outturn from the NHS funding regime implemented and the ability to maintain the capital programme.

6

WORKFORCE INDICATORS

Establishment & Staff in Post (FTE)

FTE	Jun-21	May-22	Jun-22
Budgeted Establishment	5752.01	7188.76	7188.76
Staff in Post	6260.36	6671.40	6622.98
Air Amb, Naru, NEDs	47.59	26.64	28.64
Total FTE	**6307.96**	**6698.04**	**6651.62**

Staff in Post (Headcount)

Headcount	Jun-21	May-22	Jun-22
Perm & Fixed Term	6802	7244	7198
Air Amb, Naru, NEDs	71	30	31
Bank	799	409	401
University Students	*630*	*257*	*253*
Total Headcount	**7672.00**	**7683**	**7630**

Operational Workforce

	Jun-21	May-22	Jun-22
Budgeted Ops Establishment	3016.00	3732.66	3732.66
Staff in Post FTE	3412.87	3435.10	3402.57
Paramedic Skill Mix	62.29%	58.03%	59.73%
Skill Mix (exc St Paramedics)	82.85%	82.78%	83.26%
Recruitment (Students) H/C YTD	82	50	50
Recruitment (PTS to AAP) H/C YTD	0	0	0

Staff in Post (FTE)

Staff in Post (Headcount)

5 Year Workforce Plan (2020 to 2025)

The budgeted establishment for April 2022 has increased to 7188.76 FTE to reflect the workforce plan agreed for 22/23. In June 2022 staff in post reached 6651.62 FTE.

The Trust headcount reached a new peak in February 2022 at 7808 and has continued to reduce over May and June 2022.
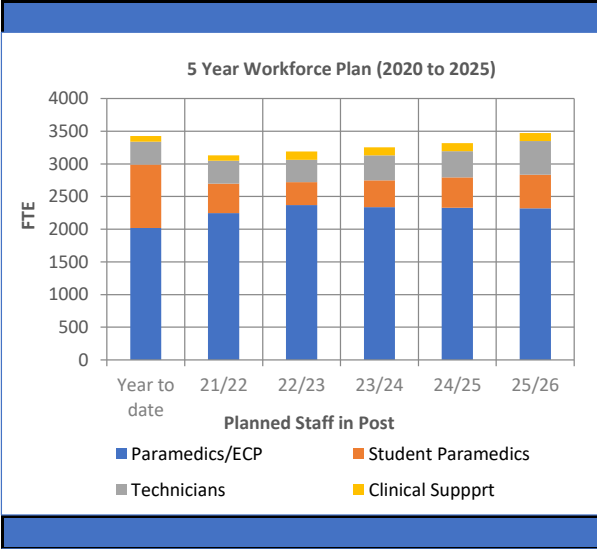
The budgeted ops establishment for 2022-23 is 3732.66 FTE. The Recruitment Plan for 2022-23 is for 484 Student Paramedics and 103 Graduate Paramedics as agreed at Trust Board on 30th March 2022.The paramedic skill mix is 59% and is affected by student paramedic recruitment.

Temporary Workforce

	Jun-21	May-22	Jun-22
Agency Spend	£ -	£ -	£ -
Agency spend as a % of turnover	0.00%	0.00%	0.00%
Bank Spend	£ 572,922	£ 273,941	£ 667,900
Bank spend as a % of turnover	1.85%	0.88%	2.15%
Overtime Spend	£ 1,356,116	£ 1,325,041	£ 1,298,820
Overtime spend as a % of turnover	4.37%	4.27%	4.18%

Sickness Absence Rate (%)

	Jun-21	May-22	Jun-22
Sickness %	4.57%	5.06%	5.53%
WMAS excluding Covid-19	4.27%	4.23%	4.13%
Covid-19	0.29%	0.83%	1.40%
Short Term	2.28%	2.79%	3.29%
Long Term	2.29%	2.27%	2.24%

Sickness Absence Cost

	Jun-21	May-22	Jun-22
Cost £	£ 763,077	£ 930,940	£ 995,892
WMAS excluding Covid-19	£ 714,699	£ 776,354	£ 734,338
Covid-19	£ 48,378	£ 154,587	£ 261,554

Temporary Workforce - Spend as a % of Turnover

Sickness Absence Rate (%)

BENCHMARKING - ABSENCE % FTE (ROLLING 12 MONTHS) SHOWING JUL 21 TO JUNE 22
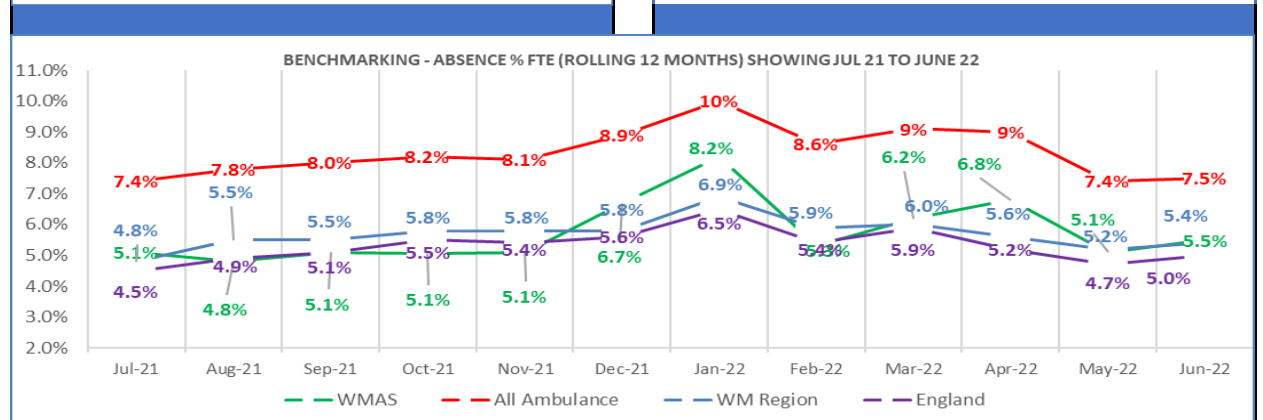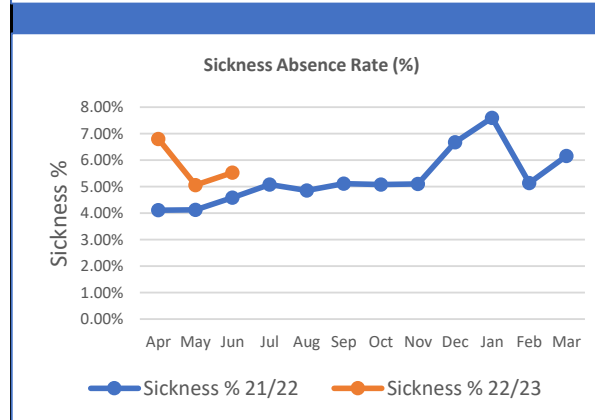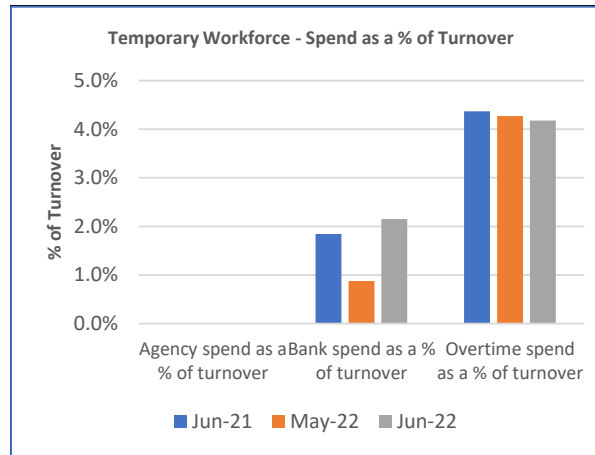
Bank Spend - this increased substantially due to the engagement of university students into employed positions to support the workforce resource during the pandemic in 2020. The spend increased during June 2022.

Overtime Spend - there was an increase in this cost arising from activity associated with the pandemic. However, the rate continues to be managed and is reviewed regularly.

Nationally all parts of the NHS experienced an increase in sickness absence levels from April 2020 onwards. However, the Trust management of sickness has ensured that sickness absence levels remain the best for the ambulance sector.

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Printed on: 15/07/2022

Staff Movements

	Jun-21	May-22	Jun-22
Average Headcount (12m)	7565	7683	7641
Average FTE (12m)	6,314.59	6693.97	6508.54
Starters Headcount	23	105	66
Starters FTE	13.80	96.82	58.95
Leavers Headcount	80	112	116
Leavers FTE	41.20	65.42	93.60
Leavers Headcount (12m)	911	1432	1470
Turnover Rate FTE (12m) %	8.41%	13.98%	14.79%
Maternity	116	120	121

Appraisals

	Jun-21	May-22	Jun-22
Year to Date	34.40%	34.76%	52.18%
Rolling 12 months	81.15%	71.01%	73.07%

Mandatory Training

Data as at 11-07-2022	Jun-21	May-22	Jun-22
E&U %	0.00%	33.33%	46.45%
PTS %	24.15%	18.01%	22.92%

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BENCHMARKING - TURNOVER % FTE (ROLLING 12 MONTHS) SHOWING JAN 22 TO JUNE 22

Appraisals (%)
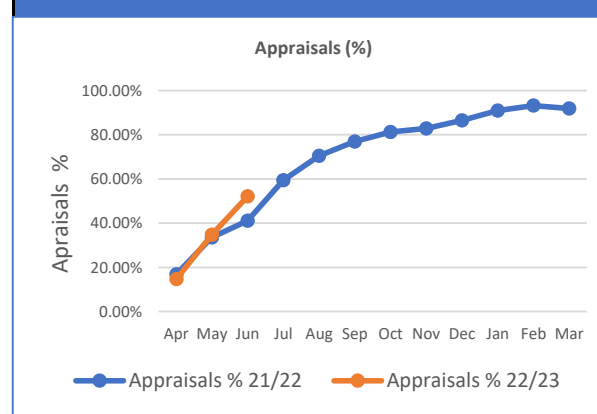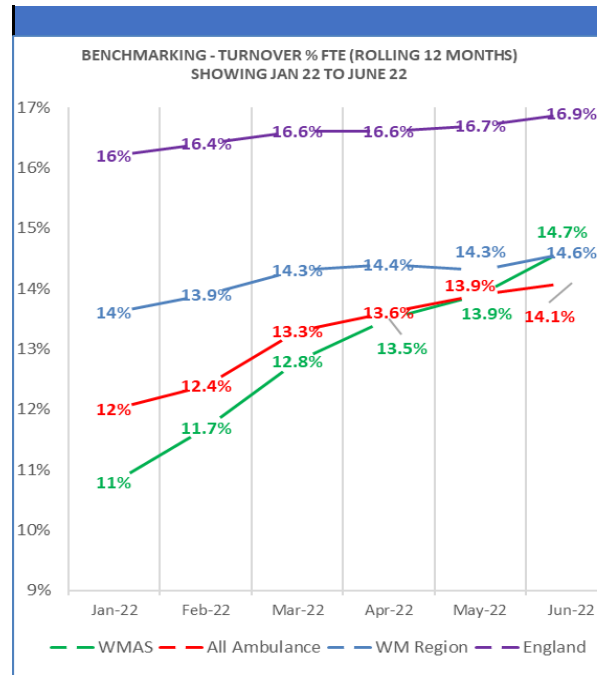
Staff Group	Leavers Count	Leavers FTE	Avg FTE	FTE %
Add Prof Scientific and Technic	1	1.00	33.72	2.97%
Additional Clinical Services	58	43.75	2,153.29	2.03%
Administrative and Clerical	13	10.60	592.05	1.79%
Allied Health Professionals	32	28.35	2,499.73	1.13%
Estates and Ancillary	6	4.60	273.49	1.68%
Medical and Dental	0		9.58	
Nursing and Midwifery Registered	3	2.30	129.87	1.77%
Students	3	3.00	963.79	0.31%
Grand Total	116	93.60		

The timeline for completion of PDRs for all staff and managers is detailed below:
Band 8 & 9 – by the end of April 2022
Band 7 – by the end of May 2022
Band 6 – by the end of June 2022
All other staff by the end of July 2022.

June 2022 completion rates indicates good progress on Mandatory Training days across both E&U and PTS.

ETHNICITY

Ethnic Origin

Jun-22	Headcount	%	FTE
BAME	838	10.98%	693.44
Not Stated	124	1.63%	108.82
White	6668	87.39%	5849.36
Grand Total	7630	100.00%	6651.62

Ethnic Origin

Jun-21	Headcount	%	FTE
BAME	819	10.68%	629.40
Not Stated	142	1.85%	119.90
White	6711	87.47%	5558.66
Grand Total	7672	100.00%	6307.96

Ethnic Orgin % June 2022

BAME · Not Stated · White

BAME 10.98%
Not Stated 1.63%
White 87.39%

Ethnic Orgin % June 2021

BAME · Not Stated · White

BAME 10.68%
Not Stated 1.85%
White 87.47%
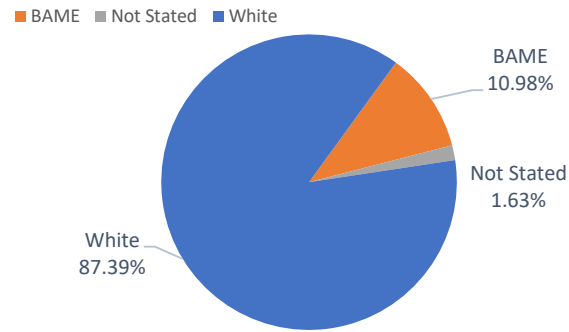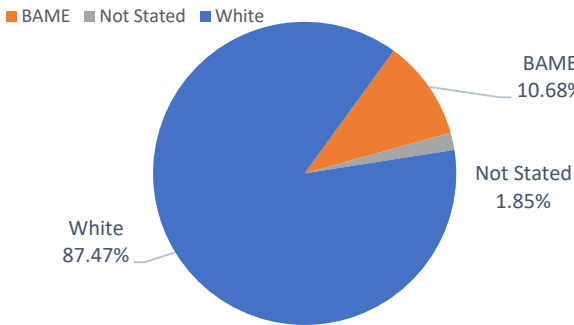
The number of staff from a BAME background increased marginally from the previous year.
The charts on sickness absence below, show the impact of Covid-19 on the workforce - April 2020 is included for reference.

WMAS Sickness Absence by Ethnicity

Apr-20 · Apr-21 · May-22 · Jun-22

	Apr-20	Apr-21	May-22	Jun-22
Trust	6.74%	4.12%	5.06%	5.53%
BAME	6.24%	5.30%	6.17%	6.45%
White	6.77%	3.97%	4.90%	5.33%
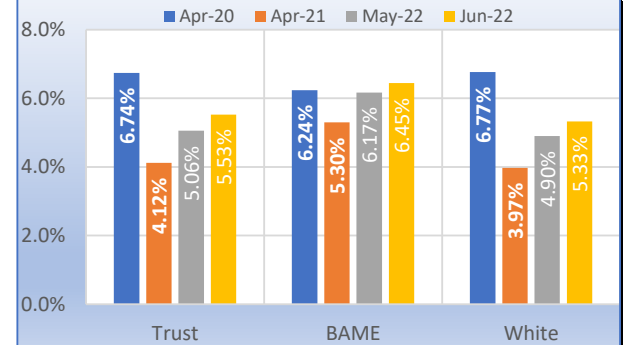
WMAS Ethnicity Profile by Directorate June 2022

	Recharges	Central Functions	Non Emergency Services	EOC & IUC	Service Delivery
White	92.00%	88.75%	90.07%	73.76%	91.96%
BME	4.00%	9.20%	8.27%	24.63%	6.49%
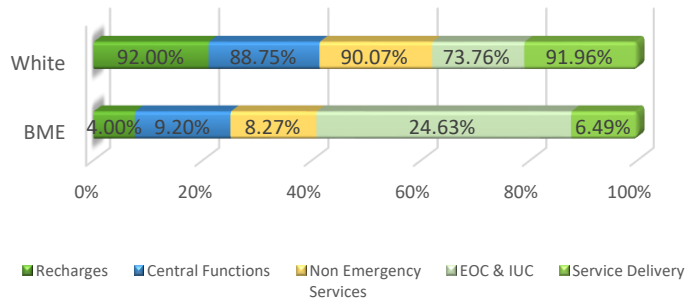
Sickness Absence (Exc Covid) by Ethnicity

Trust Exc Covid · BAME · White

	Apr-22	May-22	Jun-22
Trust Exc Covid	4.20%	4.23%	4.13%
BAME	5.78%	5.14%	4.93%
White	3.94%	4.09%	3.93%
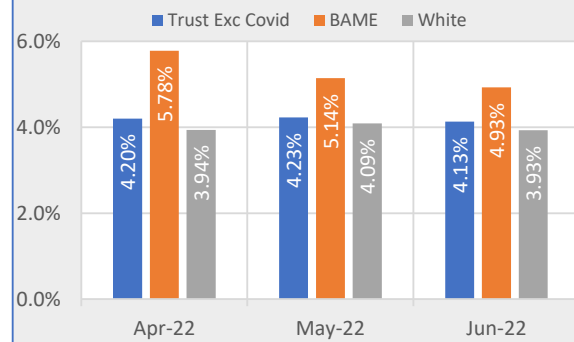
Sickness Absence (Covid Only by Ethnicity)

Trust Covid only · BAME · White

Jul-21, Aug-21, Sep-21, Oct-21, Nov-21, Dec-21, Jan-22, Feb-22, Mar-22, Apr-22, May-22, Jun-22
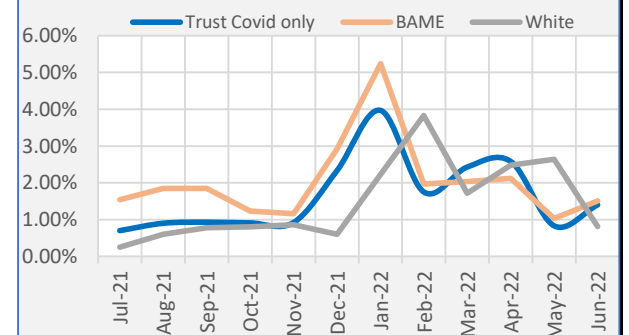
WMAS Ethnicity Profile by Pay Band June 2022

Pay Band	BME	White
Band 1		100.00%
Band 2	8.36%	90.82%
Band 3	18.53%	79.86%
Band 4	9.82%	89.46%
Band 5	7.93%	90.39%
Band 6	5.90%	92.03%
Band 7	15.05%	81.94%
Band 8 - Range A	13.64%	81.82%
Band 8 - Range B	13.95%	76.74%
Band 8 - Range C	15.00%	85.00%
Band 8 - Range D	25.00%	75.00%
Band 9	10.00%	90.00%
Local Pay Scale	26.42%	72.33%

■ BME ■ White

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Printed on: 15/07/2022

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PUBLIC MEMBERSHIP

Membership Breakdown Report - July 2022

	Members	Population
Public Members	9017	**5,955,554**
Staff Member	7805	
Total	16822	
Catchment Areas	**Members**	
Birmingham	2081	1,374,458
Black Country	2830	1,205,296
Coventry and Warwickshire	1102	944,902
Staffordshire	1370	1,136,828
West Mercia	1605	1,136,828
Out of Trust Area	29	
Total	**9017**	**5,955,554**
Gender	**Actual**	
Male	3826	2,953,156
Female	4927	3,002,398
Unknown	264	
Total	**9027**	**5,955,554**
Monitor Ethnicity	**Actual**	**Population**
Asian	1936	604357
Black	295	182109
Mixed	141	131669
Other	98	31821
Unknown	443	0
White	6104	4491926
Total	**9017**	**5407622**
General Ethnicity	**Actual**	**Population**
Asian Bangladeshi	158	52,477
Asian Chinese	16	31,263
Asian Indian	852	218,397
Asian Other	298	74,979
Asian Pakistani	612	227,241
Black African	103	64,250
Black Caribbean	169	86,782
Black Other	23	31,077
Mixed Other	35	21,378
Mixed White and Asian	25	32,548
Mixed White and Black African	13	9,225
Mixed White and Black Caribbean	68	68,518
Other Ethnic Group	98	31,821
Unknown	443	0
White British	5938	4,427,289
White Gypsy and Irish Traveller	0	4,726
White Irish	60	55,185

	Actual	Population
White Other	106	4,726
Other Arab	0	18,079
Total	**9017**	**5,595,494**
Monitor Age Range	Actual	Population
Age 0-16	0	1,238,370
Age 17-21	22	358,826
Age 22+	6437	4,358,358
Unknown	2558	
Total	**9017**	**5595494**
Age	Actual	Population
Age 0 - 16	0	1,238,370
Age 17-21	22	358,826
Age 22-29	688	640,123
Age 30-39	992	764,955
Age 40-49	1271	716,615
Age 50-59	1182	792,680
Age 60-74	1299	914,089
Age 75 +	1005	529,896
Unknown	2558	0
Total	**9017**	**5595494**
NRS Classification	Actual	Population
AB	2109	464,168
C1	2493	700,672
C2	2009	539,612
DE	2338	711,263
Unknown	68	0
Total	**9017**	**5595494**

8

GOVERNANCE STRUCTURE

West Midlands Ambulance Service
University NHS Foundation Trust

TRUST COMMITTEE STRUCTURE

Report of the Chief Executive

Board of Directors

The Chairman

Council of Governors

Executive Management Board

Lead Executive Director- Chief Executive Officer

Remuneration, Terms of Service and Nominations Panel

Trustee Committee

Chair- Professor Ian Cumming

Remuneration and Nominations Committee

Chair- Professor Ian Cumming

Audit Committee

Chair- Wendy Farrington Chadd

People Committee

Chair-Mohammed Fessal

Performance Committee

Chair- Mushtaq Khan

Quality Governance Committee

Chair- Lisa Bayliss Pratt

Working Groups are not shown on this chart except those reporting directly to the Board of Directors

Version 1 April 2021

West Midlands Ambulance Service
University NHS Foundation Trust

TRUST COMMITTEE STRUCTURE

Executive Management Board

- Operational Management Team
- Senior Efficiency Group
- Capital Control Group
- Policy Group
- Regional Partnership Forum

People Committee

- Diversity and Inclusion: Steering and Advisory Group
- Workforce Development Group

Quality Governance Committee

- Health, Safety, Risk and Environment Group
- Learning Review Group
- Professional Standards Group
- Immediate Care Governance Group
- Clinical Audit and Research Group

9

MEETING SCHEDULE

West Midlands Ambulance Service University NHS Foundation Trust
Committee Dates April 2022 to March 2023

Section	Title of Meeting	Chair	Secretariat	Staff side Reps	Apr (2022)	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan (2023)	Feb	Mar
	Board of Directors	Ian Cumming	Phil Higgins	Staff side rep x 1		25		27		26				25		29
	Board Strategy and Development Days	Ian Cumming	Phil Higgins		27		29			28		30			22	
	Non Executive Director Meetings	Ian Cumming	Phil Higgins		6	4	1	6	3	7	5	2	7	4	1	1
Board of Directors Committees	**Executive Management Board (EMB) (merged with Strategic Planning Group)**	Anthony Marsh	Karen Freeman		5 & 19	3, 17 & 31	14 & 28	12 & 26	9 & 23	6 & 20	4 & 18	1, 15 & 29	13	10 & 24	7 & 21	7 & 21
Board of Directors Committees	**Trustee Committee - (As and when required)**	Ian Cumming	Phil Higgins													
Board of Directors Committees	**Remuneration and Nominations Committee - (As and when required)**	Ian Cumming	Phil Higgins													
Board of Directors Committees	**Audit Committee**	Wendy Farrington-Chadd	Donna Stevenson			23		12				15		24		14
Board of Directors Committees	**People Committee**	Mohammed Fessal	Dawn John			23			22			28			27	
Board of Directors Committees	**Performance Committee**	Mushtaq Khan	Donna Stevenson		26			28			27			23	23	
Board of Directors Committees	**Quality Governance Committee (QGC)**	Lisa Bayliss-Pratt	Nicky Shaw	Staff side reps x 2		18		20			19			18		22
EMB Sub Committees	Operational Management Team	Craig Cooke														
EMB Sub Committees	Senior Efficiency Group	Karen Rutter	Donna Stevenson													
EMB Sub Committees	Capital and Revenue Investment Advisory Group (previously Capital Control Group)	Karen Rutter	Donna Stevenson		14	12	16	14	11	15	13	17	18	19	16	16
EMB Sub Committees	Policy Group	Nathan Hudson	Aimee Dicken		7	5	9	7	4	1	6	3	1	5	9	9
EMB Sub Committees	Regional Partnership Forum	Nathan Hudson	Dawn John	Staff side Reps x 15	26		8	18	31		10	24		12	22	
Quality Governance Sub Committees	Health, Safety, Risk and Environmental Group	Mark Docherty	Nicky Shaw	Staff side reps x 2		9		4		12		7		23		13
Quality Governance Sub Committees	Learning Review Group	Mark Docherty	Nicky Shaw	Staff side reps x 2	20	16	15	13		14	12	23		16	20	20
Quality Governance Sub Committees	Professional Standards Group	Craig Cooke	Nicky Shaw	Staff side reps x 2	25	23	27	25		26	24	28		30	27	27
Quality Governance Sub Committees	Immediate Care Governance Group (Report to Professional Standards Group)	Alison Walker	Nicky Shaw			10		12		13		8		10		14
Quality Governance Sub Committees	Clinical Audit and Research Programme Group (Report to Professional Standards Group)	Craig Cooke	Jenny Lumley-Holmes	Staff side rep x 1												
People Sub Cpm	Diversity and Inclusion: Steering and Advisory Group	Carla Beechey	Dawn John	Staff Side Reps x 2		18				27			14			22
RPF Sub Meetings	Executive Partnership Group	Nathan Hudson	Carla Beechey	Staff Reps x 6	11	26		6	16	29		7		4	8	
RPF Sub Meetings	BBC Locality Partnership Forum	Senior Ops Manager	Samantha Walton	Staff Side Reps x 11	21	19	23	21		22	20	17				
RPF Sub Meetings	EOC Partnership Forum	Jeremy Brown	Louise Bowater	Staff Side Reps x 4												
RPF Sub Meetings	West Mercia Locality Partnership Forum	Liz Parkes		Staff Side Reps x 6												
RPF Sub Meetings	Staffordshire Locality Partnership Forum	Dean Jenkins		Staff Side Reps x 9												
RPF Sub Meetings	Coventry and Warwickshire Locality Partnership Forum	Dan Swain		Staff Side Reps x 7												
RPF Sub Meetings	Non Emergency Services Locality Partnership Forum	Michelle Brotherton	Sharon Davies	Staff Side Reps x 7												
Council of Governors	**Council Of Governors Meeting**	Ian Cumming	Suzie Wheaton			10		27				8				
Council of Governors	Council of Governors Development Day (As required)	Ian Cumming	Suzie Wheaton							13						
Council of Governors	Annual Council of Governors and Annual Member Meetings	Ian Cumming	Suzie Wheaton					27								
Council of Governors	Remuneration Terms of Service and Nominations Panel (as required)	Ian Cumming	Suzie Wheaton													

10

GLOSSARY

OF

TERMS

GLOSSARY OF TERMS

Abbreviation	Full Description
A&E	Accident and Emergency
AAA	Association of Air Ambulances
AACE	Association of Ambulance Chief Executives
ABP	Annual Business Plan
ACAO	Assistant Chief Ambulance Officer
ACDC	Active Compression Decompression
ACLS	Advanced Cardiac Life Support
ACPO	Association of Chief Police Officers
AD	Active Directory
AED	Automated External Defibrillator
AFA	Ambulance Fleet Assistant
AfC	Agenda for Change
ALF	Ambulance Leadership Forum
AMI	Acute Myocardial Infarction
AMPDS	Advanced Medical Priority Despatch System
ANTT	Aseptic Non-Touch Technique
AQI	Ambulance Quality Indicators
ARMS	Ambulance Risk Management Standards
ARP	Ambulance Response Programme
ARV	Alternative Response Vehicle
ASN	Ambulance Service Network
ASD	Annual Skills Development
BAF	Board Assurance Framework
BASICs	British Association of Immediate Care Doctors
BC	Black Country
BAME	Black, Asian, Minority and Ethnic
BME	Black and Ethnic Minority
BNF	British National Formulary
C&W	Coventry and Warwickshire
CAD	Computer Aided Dispatch
CAT	Category
CBRN	Chemical, Biological, Radiological, Nuclear
CC	Call Connect
CCGs	Clinical Commission Groups
CCU	Critical Care Unit
CDP	Career Development Plan
CEN	Committee of European Normalisation
CfH	Connecting for Health
CFMS	Counter Fraud and Security Management Service
CFR	Community First Responder

Trust us to care.

CHD LIT	Coronary Heart Disease Local Implementation Team
CIPs/EP's	Cost Improvement Plans/ Efficiency Plans
CNST	Clinical Negligence Scheme for Trusts
CONOPS	Concept of Operations
CPI	Clinical Performance Indicator
CPO	Community Paramedic Officer
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRES	Cash Releasing Efficiency Savings
CSD	Clinical Support Desk
CSU	Commissioning Support Unit
CTM	Clinical Team Mentor
CTS	Courier Transport Service
DCA	Double Crewed Ambulance
HDU	High Dependency Unit
DitL	Day in the Life
DGH	District General Hospital
DH	Department of Health
DN	District Nurse
E&U	Emergency & Urgent
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation
ECA	Emergency Care Assistant
ECIST	The Emergency Care Intensive Support Team
ECPAG	Emergency Call Prioritisation Advisory Group
ECP	Emergency Care Practitioner
ECR	Extra Contractual Referral
ECS	Emergency Care System
ED	Executive Director
EDI	Equality, Diversity and Inclusion
EDS	Equality Delivery System
EFL	External Financing Limit
EIA	Equality Impact Assessment
EISEC	Enhanced Information System for Emergency Controls
EHR	Electronic Health Record
EMB	Executive Management Board
EOC	Emergency Operations Centre
EPO	Emergency Planning Officer
EPRR	Emergency Preparedness, Resilience and Response
ERMA	Emergency Response Management Arrangements
EPR	Electronic Patient Record
ESR	Electronic Staff Record

Trust us to care.

FAAW	First Aid at Work
FAST	Face, Arm, Speech Test
FY	Financial Year
FT	Foundation Trust
FTN	Foundation Trust Network
FTGA	Foundation Trust Governors Association
FTSU	Freedom to Speak Up
GRS	Global Rostering System
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HART	Hazardous Area Response Team
HCAI	Healthcare Acquired Infections
HCRT	Health Care Referral Team
HCSW	Health Care Support Worker
HEE	Health Education England
HPA	Health Protection Agency
HPC	Health Professions Council
HQ	Headquarters
HSE	Health and Safety Executive
ICD	Incident Command Desk
ICCS	Integrated Control and Command System
ICP	Immediate Care Point
ICT	Information and Communications Technology
IE & UC	Integrated Emergency & Urgent Care
IG	Information Governance
IGT	Information Governance Toolkit
IHCD	Institute of Health Care Development
IIP	Investors in People
ILCOR	International Liaison Committee on Resuscitation
IMAS	Interim Management and Support
IM&T	Information Management and Technology
IMR	Internal Management Review
IOR	Initial Operational Response
IOSH	Institute of Safety and Health
IPC	Infection Prevention and Control
IRU	Incident Response Unit
IWL	Improving Working Lives
JESIP	Joint Emergency Services Interoperability Programme
JOPS	Joint Operational Principles
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KA34	Department of Health Korner Return
KLOE	Key Lines of Enquiry

Trust us to care.

KPIs	Key Performance Indicators
KSF	Knowledge & Skills Framework
LAN	Local Area Network
LAT	Local Area Teams
LDC	Leadership Development Centre
LINKs	Local Involvement Networks
LMS	Logistics Medical Service
LRG	Learning Review Group
LSMS	Local Security Management Specialist
LUCAS	Lund University Cardio Assist System
MAA	Midlands Air Ambulance
MAU	Medical Assessment Unit
MCV	Mass Casualty Vehicle
MEOC	Mobile Emergency Operations Centre
MERIT	Medical Emergency Response Incident Team
MI	Major Incident
MINAP	Myocardial Infarction Audit Project
MISU	Major Incident Support Unit
MIU	Major Incident Unit
MP	Millennium Point
MP	Member of Parliament
MTFA	Marauding Terrorist Firearm Attack
NACC	National Ambulance Coordination Centre
NARU	National Ambulance Resilience Unit
NASMeD	National Ambulance Service Medical Directors
NED	Non-Executive Director
NHSCB	National Health Service Commissioning Board
NHSE	National Health Service Executive
NHSLA	National Health Service Litigation Authority
NHSP	National Health Service Pathways
NICE	National Institute for Health and Clinical Excellence
NLC	National Leadership Council
NOS	National Operation Standards
NpfIT	National Programme for IT
NSF for CHD	National Service Framework for Coronary Heart Disease
OD	Organisational Development
OOH	Out of Hours
ONS	Office for National Statistics
ORCON	Operational Readiness Consultants
PAC	Public Accounts Committee
PALS	Patient Advice and Liaison Service
PbR	Payment by Results

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Trust us to care.

PDR	Personal Development Review
PCC	Primary Care Clinic
PCI	Primary Percutaneous Coronary Intervention
PCT	Primary Care Trust
PFI	Private Finance Initiative
PHTLS	Pre-Hospital Trauma Life Support
PIs	Performance Indicators
PLS	Paramedic Life Support
POMIS/STOMIS	Purchase Order & Stores Management Information Systems
PoP	Point of Presence
PPEG	Public & Patient Engagement Group
PRF	Patient Report Form
PSIAM	Priority Solutions Integrated Access Management
PTS	Patient Transport Service
QGC	Quality Governance Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Performance
REAP	Resourcing Escalatory Action Plan
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RPST	Risk Pooling Scheme for Trusts
RRV	Rapid Response Vehicle
SfBH	Standards for Better Health
SCR	Serious Case Review
SHA	Strategic Health Authority
SI	Serious Incident
SLA	Service Level Agreement
SOC	Strategic Operations Centre
SORT	Special Operations Response Team
SOM	Standard Operating Model
SOP	Standard Operating Procedure
SPC	Statistical Process Control
SPA	Single Point of Access
SR0	Senior Responsible Officer
SSAG	Staff Survey Action Group
SSP	System Status Plan
STEIS	Strategic Executive Information System
STEMI	ST Elevation Myocardial Infarction
STREAM	Strategic Reperfusion Early After Myocardial Infarction
SWOT	Strengths, Weaknesses, Opportunities & Threats
TAAS	The Air Ambulance Service

Trust us to care.

TAS	Telephone Answering Service
TMIU	Temporary Minor Injury Unit
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
UCS	Unscheduled Care Service
UHB	University Hospital Birmingham
UHCW	University Hospital Coventry & Warwickshire
UHU	Unit Hour Utilisation
UPS	Uninterruptible power supply
USAR	Urban Search and Rescue
UTC	University Technical College
VAS	Voluntary Aid Services
VCS	Voluntary Car Service
VLE	Virtual Learning Environment
VPO	Vehicle Preparation Officer
WAHT	Worcestershire Acute Hospital Trust
WAN	Wide Area Network
WBA	Work Based Assessment
WDC	Workforce Development Confederation
WM	West Mercia
WMAS	West Midlands Ambulance Service
WNAA	Warwickshire and Northamptonshire Air Ambulance
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
YTD	Year to Date

February 2020

Trust us to care.